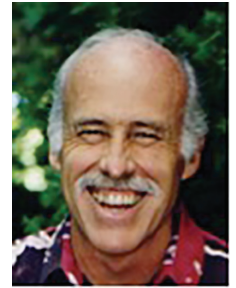


The Connection Between Spontaneous Remission of Cancer and MindBody Medicine

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The emerging science of mindbody medicine offers a possible explanation for spontaneous remission of cancer. Psychological triggering factors may be involved in some cases. Working through unresolved psychological issues should be included in all patients' treatment programs.

Perhaps the most powerful demonstration of the natural healing power of the mind and body is the “spontaneous” disappearance of a normally fatal disease such as metastatic cancer. This stunning event has been recorded by medical doctors repeatedly in the annals of medicine. Without “adequate” treatment, and sometimes no treatment at all, cancer and other diseases simply go away. While the patient celebrates, befuddled doctors find no way to fit the event into their belief systems and most simply ignore this remarkable event. However, a few have looked into spontaneous remission, thereby contributing to the emerging science of mindbody healing.

Probably the most common evidence for spontaneous healing is the medically documented case report on a single patient. For example, a patient undergoes exploratory surgery for cancer and the surgeon finds widespread disease. The patient is sewn up and sent home to die, but returns ten years later, often for some other medical problem. The current physician reviews the medical record and finds the previous surgical report, along with X-ray and other documentation of cancer. He repeats the diagnostic work-up and can find no current evidence of the “deadly disease”.

Spontaneous mindbody healing does not only apply to cancer, but is found in a wide range of diseases, including infections, trauma, diabetes, heart disease, skin disorders, depression and many others. Writing in *Spontaneous Remission, An Annotated Bibliography*, Brendan O'Regan and Caryle Hirshberg provide 334 references for spontaneous remission for diseases other than cancer, as well as a summary of the research on cancer regression.

Searching for a Mechanism

In the early 1900s, Dr. William Coley, a New York surgeon found that some of his cancer patients experienced remission of their cancer when they contracted erysipelas, a bacterial infection caused by *Streptococcus pyogenes*.

The fever associated with the infection somehow marshaled the immune system to rise up and kill the cancer. He then developed “Coley’s Toxin” therapy whereby a bacterial extract was injected into the patient, producing a severe fever and in a significant number of his cancer patients the tumor regressed. Chemotherapy and radiation appeared on the therapeutic landscape and Dr. Coley’s treatments were mostly forgotten.

The majority of speculation since the 1940s has focused on immunological theories, which is no easy task since medical understanding of the mysteriously complex immune system is in its infancy. An internal army of trillions of cells marching to the signals of communication molecules, called cytokines, and governed by thoughts and emotions, both conscious and unconscious, makes the immune system hard to map and difficult to explain, to say the least.

Nonetheless, medical scientists offered a range of speculation for spontaneous remission based upon some combination of angiogenesis mechanisms, oncogene function and a host of growth factors and signaling molecules, such as tumor necrosis factor alpha, alpha interferon, transforming growth factor beta, lymphokine activating cells and many more. As with many areas of research into the wisdom of the body, it is difficult to see the forest for all the trees.

Placebo – The Power of Belief

Writing in 1957, Dr. Philip West described a patient with metastatic cancer who pleaded for experimental drug called Krebozian, which was touted in the press as a “wonder drug”. After one dose of the medication, the patient’s cancer “melted like snowballs on a hot stove”. The patient recovered fully and resumed piloting his own plane. When the man later read in the news that Krebozian was “worthless” as a cancer therapy, his cancer once again began to spread in his body and he was

hospitalized, dying a few days later.

A placebo is a treatment that produces a positive result simply because the patient believes the treatment will work. The placebo itself has no intrinsic medicinal properties to produce that benefit. Placeboes have been shown in endless medical studies to produce a 35-45 percent improvement in whatever medical condition is being treated. Even doctors who are otherwise skeptical about the psychological aspects of illness accept, and often utilize, the power of placeboes.

Indeed, the placebo research is as disturbing to the mindset of physicians as is spontaneous disappearance of “lethal” cancer. Doctors are trained in “molecular medicine” which is based on the belief that the body is a sophisticated machine and you can influence the biochemical and physiological dance of molecules, cells and organs with other molecules such as drugs as well as surgery. The notion that successful medical therapies may be in large part only due to the body’s natural self repair systems mobilized by the belief that the treatment is working is disconcerting.

Cancer and Psychological Patterns

It just may be that death rates are staying at high levels because the cancer establishment is barking up the wrong tree. Despite all the effort and money spent on developing them, chemotherapy, radiation, and surgical therapies have not greatly improved survival rates for most forms of cancer and they create intense side effects that themselves sometimes produce fatalities. If the body is the messenger for emotional issues, then cancer therapy may be one of the most egregious examples of killing the messenger. To me, our failure to make dramatic breakthroughs in cancer treatment after all this time and expense indicates that we should investigate other avenues. The most promising path in my opinion is to help patients heal emotionally and attitudinally while giving them treat-

ments that enhance their immune system. Conventional treatments, of course, tear down the immune system, a very risky approach that often backfires.

In my experience, cancer demonstrates the unity of mind and body more consistently than any other disease. Drawing both on my own background in medical practice and extensive research literature, I believe the majority of adults with cancer will exhibit the following patterns:

- Significant childhood stress, either from major traumatic events or diffused throughout early life;
- Repression of emotion that begins in childhood and continues in adulthood, thus thwarting the efforts of the unconscious mind to discharge its stored contents (shadow projection);
- The inability to handle repeated shadow projections and other stresses of adult life, resulting in a sense of being trapped and the eventual feeling that "this is too much, I can't take it any more";
- The inability to find a sustained creative purpose that generates a passion for life;
- The sustained stress and the attitude of giving up suppress the immune system to the point that death, via cancer, offers the only way out of the pain.

Childhood Stress

Several studies have found that the childhoods of cancer patients are frequently marred by major emotional trauma. For instance, Scottish researcher David Kissen, who examined the personality traits of lung cancer patients, discovered that a large number of them had lost an important loved one such as a parent, brother, or sister during their childhood. He published his research in the *British Journal of Medical Psychology* in 1967. Other researchers have noticed that cancer patients commonly suffered a break in their family's unity during their childhood due to divorce, death, or prolonged separation from one or both parents.

My interviews with cancer patients have often uncovered similar emotional blows. Patients will mention loss of, or separation from, a parent, as well as other parent-based traumas such as emotional, physical, or sexual abuse. All such incidents unleash tremendous anger, pain, guilt, or other powerful emotions in the young child's consciousness. The pain is too great and the child too young for the storm of strong emotions to be felt and released, so the child represses them, simply to survive. (Repression is an unconscious process while suppression is a conscious

Table 1
Taking Responsibility for the Experiences in Your Life

The single most important thing you can do to begin the healing process is to take responsibility for the experiences you have created in your life. You have created all the experiences in your life in co-creation with other people around you. Taking responsibility shifts you from a helpless and powerless victim who blames those around him or her for problems, into an active person seeking to understand and transform problems. In doing so, you take back the power that you have given to others and you can use it to heal your own wounds, tell the truth to yourself, and start the path to greater self-knowledge, happiness and fulfillment in your life.

Step 1: Make a list of all the good things you have created in your life, perhaps your family, spouse, your work (or some aspect of it), your church, social club, etc. List things you are proud of or feel good about.

Step 2: Make another list of all the problem areas in your life - the things that bother and challenge you. Examples include diseases, marital conflict, job dissatisfaction, and family problems. Take time to contemplate these issues so your list can be as complete as possible. You may include social or global problems like environmental pollution, but you are co-creating these issues with millions of people, so their resolution is more challenging than close personal problems.

Step 3: For each item listed above, write down who or what you have blamed for the problem in the past. Possibly you blamed your boss at work, or your spouse or child, etc. If you have already taken responsibility for an issue, that is good. But if you haven't, take time to make your list carefully and accurately. You have given your power away to these people or things. You erroneously thought that they held the keys to resolution of the problem, not you.

Step 4: Now take each item on the list and consider it as your creation (or co-creation with another). Take your time and feel the feelings that arise within you. Now next to each item, write down the emotion that could have surfaced or is surfacing in relation to the problem. The emotion holds the key for transformation. If you release an emotion underlying a problem, that problem may not appear again in the same form in your life. The process also takes time and the underlying issues may be complex and overlapping, so be patient. You have taken the first steps on a path toward reclaiming your personal power. If you have trouble finding the emotion beneath a problem, imagine one of your more emotional friends and consider what emotion they would feel.

Step 5: The next step is just as important as the previous one, so take your time to do a thorough job. For each item on your list from Step 2 write two or three paragraphs (or more if you need to) that describes how the problem developed and how it has been sustained over time, all based on your perspective. Also write the reasons, as you understand them, for the problem. For example, if you have a problem with your spouse, write down possible reasons, such as, "he doesn't listen to me", or "he is too busy for me", etc. If the problem is a medical illness, write down the reasons that you can think of. An example would be, "I don't eat the right foods", or, "my work is too stressful". Take your time with each issue. You want to uncover your thoughts, beliefs and attitudes about the problem.

Step 6: Now take each paragraph from Step 5 and pull out any thought or belief that may have contributed to the problem. For example, "people don't meet my needs", or, "people don't listen to me", etc. You want to find the thoughts that create your problem. Each of us maintains negative thoughts and attitudes about ourselves and others and these become a self-fulfilling prophecy based on the power of thought to create experience. If I believe it is hard for people to get to know me, I will always create circumstances that fit my belief. Take your time and contemplate each problem carefully. Each problem you create for yourself usually has a combination of unmet emotion and dysfunctional beliefs behind it. It is important to identify these formative aspects of consciousness. By identifying these dysfunctional beliefs you can then change them. Most of them took root in your childhood.

choice not to express emotion.) Even infants can experience these intense feelings. For example, the newborn separated from her mother and given to adopted parents, seeds the pain of the loss of the most important person in her life into the shadow of her unconscious mind.

The childhood stress that contributes to adult cancer need not be so focused on particular events. In fact, chronic stresses such as lack of parental affection are sometimes even more devastating to the child's developing psyche. All of us need love to thrive, but children need it most of all. Ideally, parents will offer their children the unconditional support, nurturing, and loving attention that builds self-confidence and esteem. Indeed, healthy personality development depends on this. When a child can take his emotional problems to a loving parent, the emotions are expressed and he comes to understand his problem and grow from the experience. Over time, children in such families learn that feelings are natural and that it is okay to be angry or cry and be vulnerable. Thus, instead of being suppressed into the shadow of the mind for future replay, the inevitable traumas of childhood are released naturally – the best possible outcome for both health and happiness. Just as importantly, these children learn how to express painful emotions and they better understand the difficult lessons in life.

Unfortunately, most cancer patients have lived a different past, one that is often wanting in parental love and support. For various reasons, their parents weren't capable of loving to the extent that a child requires and deserves. Often the parents were overly strict, emotionally distant, and unable to express love. Finding no outlet for emotional pain, the child learns to stuff feelings, steadily adding to the brimming stores of the unconscious mind. If this pattern is not reversed, it lays the foundation for serious illness or other bodymind damage later in life.

The residue of this syndrome shows up



in research. Psychologist Lawrence LeShan interviewed 250 hospitalized cancer patients and then compared his findings with interview results from 250 patients hospitalized for other diseases. When he analyzed the data, he found a striking consistency among the cancer sufferers. They recalled a grim childhood during which they felt lonely and isolated. Their described their relationship with either or both parents as tense or hostile. The lack of parental closeness made them feel that deep relationships weren't possible with people outside the family, either.

It's actually more common to find lack of parental love and nurturing in the backgrounds of cancer patients than focused emotional trauma such as divorce or a parent's death. For example, psychologist Claus Bahnson at the Jefferson Medical College in Philadelphia interviewed cancer patients and found that their childhoods were generally marked by "cold, strict, aloof relationships with their parents. Another study examined psychological and personality traits of 1500 physicians and looked for associations with the development of illness over a period of 25 years. The strongest relationship revealed by far was the tie between a variety of cancers and lack of closeness to parents.

Suppression of Emotion Throughout Life

Research on the psychology of cancer patients consistently reveals a pattern of suppressing emotions, a harmful impulse I'm convinced starts in childhood after recurrent emotional pain. In fact, the non-expression of emotions is considered a hallmark of the cancer personality.

In the late 1970s, psychologist Lydia Temoshok studied 150 patients with malignant melanoma at the University of California, San Francisco School of Medicine. She noticed a distinct similarity between them -- they were "so nice" and never seemed to air negative emotions of any kind. Even in the face of terminal illness,

they failed to voice fear, sadness, or anger.

Dr. Lawrence LeShan also noted cancer patients' lack of truthful emotional expression. They are almost "too good to be true," he observed in a 1961 issue of *Psychiatric Quarterly*. In his book, *Mind as Healer, Mind as Slayer*, Dr. Kenneth Pelletier wrote: "...cancer victims are frequently described by their friends as exceptionally fine, thoughtful, gentle, uncomplaining people." There is certainly nothing wrong with being thoughtful, gentle and uncomplaining, but when these traits serve as a cover for suppressed anger and pain, they may invite illness.

The emotional denial I have seen in my own cancer patients sometimes reaches ludicrous proportions, particularly with female breast cancer sufferers. As I often say to my patients, you could be standing on the toe of someone with breast cancer, ask her how she's doing, and she would reply "Fine." Everything is fine with some people with cancer, it seems, but they use their sweetness to divert others from what is sometimes a lifetime of anger and pain hidden within. It may be more socially acceptable to cover true feelings with a façade of niceness, but the medical consequences can be serious. The nature of the bodymind offers us a stark choice: express your feelings, or your body will.

I believe that emotional wounds stored in the unconscious mind seek release and healing by replaying themselves in our lives. I call this process emotional wound healing, which is similar to physical wound healing which occurs, for example, when you cut finger. In other words, our unconscious emotional pain will influence our conscious choices in life, leading us to unknowingly set up circumstances that will allow us to experience the original traumatic feelings. For instance, if a child is abused or abandoned, there is a lot of pain, tears, and hurt that may be too much for the small child to fully release, so the pain is repressed into the unconscious mind. Later in life the pain will resurface when the person unknowingly creates a similar experience of abuse or abandonment. Now the person can feel and release the pain, or deny it again. If the person denies these feelings and explains them away with all kinds of reasons, the hurt is suppressed back into the unconscious mind and the process of emotional wound healing has failed.

Replayed circumstances often differ somewhat from the original source of the emotional wound, obscuring the fact that the emotional dynamics of both circumstances are the same. For example, after a



Table 2

Transforming Your Stress Into Personal Signals for Self-Knowledge

Step 1: Make a list of the areas in your body where you commonly feel stress. Start listening to what your body is telling you during your normal daily activities. As you notice stress reactions, make a note and grade them on a scale of 1 to 10, with one being the least intense and ten being the most intense you can imagine. Listen closely to see if you can pick up stress before it reaches its usual levels.

Step 2: For each stress experience there is an underlying emotion that has triggered your body's reaction. Anger, fear, resentment, anxiety, shame and guilt are a few common emotions that activate the body for action. For each stress experience, jot down on a piece of paper the corresponding emotion and review them at the end of your day.

Step 3: Using your list of emotions and bodily reactions to them, contemplate each one to see why you react in the way you do. For example, if you feel anger at slow freeway drivers, consider if the reactive emotion is helpful to your day or not. Sometimes our emotional reactions are not so clear. For example, you may feel anxiety at work and not really understand why you feel the way you do. Make a list of these 'not so clear' reactions. They represent areas of yourself that you need to understand better.

Step 4: Using your list of stresses and emotions, consider what thoughts, if any preceded the stress reaction. What do these thoughts say about you? Are they necessary or can they be dropped in the days to come? Do you understand why you have these thoughts?

Step 5: Make a list of the diseases or problems you have in your life that are, or may be stress related. Common examples include headaches, fatigue, high blood pressure, upset stomach, heart palpitations, depression, anxiety, and drug or alcohol use. Consider how long your body has been calling your attention to the problem you are experiencing. All symptoms and diseases are messages from your bodymind. How well have you listened to yourself in the past? How well do you understand the messages now?

Step 6: Make a list of the things you currently do to reduce stress in your life. Examples include alcohol, tranquilizers, anti-depressants, shopping, eating, exercise and communication with others. How well do these methods work for you? Have they led to greater self-understanding, or are they ways to ignore what your body is trying to tell you? How well have you honored your bodymind as you make your way through your day?

Listening to the messages coming from your bodymind is an essential part of self-healing. By doing the exercise outlined above daily, you will transform a bothersome stress reaction into a signal to "look within". You will shift your stress system from a liability, which produces symptoms and diseases to an asset, which can guide you in your process of transformation and self-understanding.

failed relationship, we may start a new relationship with someone whose personality appears to be entirely different. But eventually we find ourselves confronting the same issues we failed to resolve in the previous go-round. Or we will find ourselves facing self-esteem issues at work that have their origin in problems with our parents. Even though the circumstances are different, the emotions are the same. It our consciousness' intention that we will finally allow ourselves to take responsibility for our part in creating the events that trouble us, and fully experience the emotions those events engender.

If we do this, our emotional wounds can heal and the formerly bound-up energy dissipates and stops eating away at our

bodies. Our psyche's persistence in offering us the opportunity to re-own our traumas is perhaps the most powerful tool for self-healing available to us.

This tool is no less available or effective for the cancer patient than anyone else. Unfortunately, though, it is the nature of the cancer psyche for patients to feel that fully experiencing any deep emotion would open a floodgate that would overwhelm them. In the majority of cancer patients, the shadow is bulging with pain, anger, and other uncomfortable emotions associated with a difficult childhood.

Human consciousness is wise enough not to give us more than we can handle, so shadow projection can be trusted to parcel out emotion in bite-size chunks, but it is

understandable that cancer sufferers would fear otherwise.

Dr. LeShan noticed several features of this pattern in cancer patients he studied, leading to what he called the "despair syndrome." In a paper published in *The Psychiatric Quarterly* titled "A basic psychological orientation apparently associated with malignant disease," he writes:

... a barren and hopeless state, in which the afflicted individual experiences an extreme sense of unrelatedness to everything around him. Despair engulfs him to such an extent that love cannot bridge the gap, nor can he express such emotions as anger, resentment, jealousy and hostility in order to ease the loneliness. He sees no possibility of ever attaining any satisfaction or meaning in life, and in spite of any effort he may make, there is no hope for the future.

Dr. Goldfarb and his colleagues at the St. Vincent's Hospital and Medical Center of New York found similar psychological symptoms in their testing of cancer patients. They characterized it as "... pre-neoplastic [pre-tumor] feelings of hopelessness, helplessness and despair, as well as inability to express hostility and inability to accept loss of a significant object."

Many other researchers share these same conclusions. My sense of how the pre-cancer psyche leads to cancerous tumor growth is as follows: Since the cells of the immune system are in constant communication with emotions through the bodymind's neurotransmitter network, they "feel" the pre-cancer patient's despair and hopelessness. If the message is sustained long enough, the natural killer cells (designed to kill aberrant cells such as cancer) and other immune cells acquiesce to the demands of consciousness and loosen their vigilance against cancer, permitting the illness to develop in the body. It is as if the immune system responds with primordial sympathy, "Okay, just as you wish, you won't have to take it anymore. Cancer will solve the problems in your life."

As we've seen, it is not stress alone that causes the pre-cancerous suppression of the immune system. It is also the inability to express, and thereby discharge, the intense emotions associated with the stressful experiences. But the effects of stress can be offset by a life lived with creative purpose. People who "follow their bliss" find that their chosen vocation or avocation generates enthusiasm, creativity, and passion for life, like a battery that never seems to run out. They are so pumped up most of the time that they can endure considerable stress without being beaten down by it.

Living life with passion nurtures the body almost across the board, improving immunity, digestion, and cardiac function, and relaxing the body's musculature among other benefits. Every cell in your body has a powerful sense of purpose. The cells in your lungs absorb oxygen and release carbon dioxide. Your brain cells manage bodily functions, store and recall information, and create ideas, plans, and other thoughts. Skin cells defend you against invasion from the environment. The list goes on and on. But although we don't know how, we can see both from research and through our own eyes that the bodies of people who aren't dedicated to a purpose begin to deteriorate. If you, the sum of those 100 trillion cells have no inspired purpose for living, if someone affects the cells to lose their own passion to do a good job.

So it is with many pre-cancer patients. Their purpose in life has been lost or never discovered in the first place. Cancer patients don't necessarily lead lives that look different on the surface; they have jobs, families, and typical outside activities. But their living is often colored with a sense of obligation, drudgery, and depression, lacking the animation, direction, and drive of a meaningful existence. Certainly, there are many exceptions to this pattern – people of great ambition and vitality whose lives are cut short by cancer for reasons no one can understand. But I have seen the profile just described so often that I would be remiss not to mention it.

We cannot leave the subject of passion without mention of the deepest passion of all - spirituality. Clearly no experience can ignite the fires of passion more than a personal experience of God. History is replete with examples of great power and accomplishment coming on the heels of a divine inner revelation. National polls show that 90% of Americans believe in God and the importance of religion in their lives. And, medical research is repeatedly showing the healing power of faith, prayer and contemplation of a higher power. Perhaps the fire of religious conviction can be rekindled, or ignited for the first time.

The Only Escape from Pain: Death

At John Hopkins University School of Medicine, psychologists Pirkko L. Graves and John W. Shaffer and their colleagues carefully followed the health of 1000 medical students between 1948 and 1964. Over the course of the study, the subjects completed detailed questionnaires about their mental attitudes; their answers were compared to their illness patterns over the

sixteen-year research period. The results showed that people who considered themselves "loners" and went through life with little expression of emotion had the highest cancer rates; those that "acted out their emotions" had the lowest rates (although they weren't necessarily psychologically healthy – they tended to be anxious and easily upset, for instance). The authors of the study concluded that the "personality profiles of the cancer patients were very similar to those that committed suicide."

Decades earlier, another study, also of Johns Hopkins medical students, had reached similar conclusions. Beginning in 1946, Caroline Bedell Thomas correlated five conditions – coronary heart disease, hypertension, mental disorders, malignant tumors, and suicide – to the life habits of the subjects as they reported them on questionnaires. The profiles of those who developed cancer and those who later killed themselves were strikingly similar. They tended to be "low-gear" types who rarely expressed emotions and who had colder, more remote relationships with their parents than subjects who developed the other conditions studied. Perhaps cancer is a socially acceptable way of committing suicide for those who find the pain of life too much to bear.

The noted psychologist Lawrence LeShan discovered similar findings in his research on cancer patients. In *You Can Fight for Your Life, Emotional Factors in the Treatment of Cancer*, Le Shan writes: "To make the point even more strongly, many of the patients specifically expressed the idea that for years they had felt there was no way out of the emotional box they found themselves in short of death itself."

It would be nice if we could say that since we're honing in on the psychological attributes of the cancer personality, that we could heal cancer with psychotherapy. But we're not there yet. We still have lots to learn about the exact psychology of cancer and the precise bodymind mechanisms by

which psychological processes become disease. Nonetheless, the research literature and my personal experience with patients clearly shows that psychological healing, whether in individual psychotherapy or in group therapy, can favorably influence the course of illness for cancer patients. It has been shown to prolong life and to improve the quality of remaining years, and in some cases to lead to a cure. Perhaps as time goes on we will be able to precisely focus on the key emotional and attitudinal issues for the cancer patient and get better results.

I believe psychological intervention should be a part of every cancer treatment plan. Reducing fear, expressing emotions, releasing dysfunctional beliefs, reviving enthusiasm for life, improving self-esteem, and forgiveness can offer powerful and transforming experiences to anyone, and they may be what the bodymind is calling for with the experience of cancer.

And what we're learning about the cancer personality certainly does indicate steps that all of us are wise to take if we want to prevent disease. That starts with taking responsibility for the things that trouble us and expressing emotions as they occur. I can't promise that everyone who does this will be disease-free all their lives, but certainly expressive living is far more healthful, emotionally and otherwise than the alternative.

Developing an Action Plan for Patients

In the future doctors will recognize the unity of mind and body, as well as the enormous wisdom and natural healing power that is built into us all. While it is too early to explain the psychophysiology of spontaneous remission, we know enough to take action to increase the chances of recovery.

After cancer is de-bulked using surgery, chemotherapy, radiation, thermal ablation, and/or an alternative therapy, it is essential to evaluate and change the conditions in the mind and body that allowed the cancer to grow in the first place and then create a healing plan using the following principles of mindbody healing:

Take responsibility for the disease

Cancer is not a death sentence or a fearsome enemy to fight in battle, but rather it is an experience that is created or defined, from consciousness for the purpose of growth, self-knowledge and healing. Cancer is the red light on the dashboard telling us to pull over and change by resolving stress, improving diet and living with wisdom and harmony. The purpose of cancer is healing, not death. In order to



heed this powerful message, you need to take responsibility for the experience and transform the fear into faith that you have the resources within and without to create your own healing path.

Transform fear into faith

Fear is natural in the beginning and should be expressed, but do not run an endless worrisome storyline in your mind. Instead focus your attention on the solutions that will lead to healing. Fear suppresses the immune system, while faith, hope, prayer and happiness enhance immunity.

Express emotions and release dysfunctional beliefs

The majority of cancer patients describe a stress/conflict that occurred in the few years prior to the diagnosis of cancer. Since research has shown that cancer patients usually have difficulty expressing their emotions, the “unsolvable” stress builds up into despair and a sense of hopelessness. (For some cancer provides a way out of the pain.) Making the unconscious mind conscious, fires the transformational healing process, and, according to Carl Jung, is the essence of the spiritual experience. Having the courage to express the sorrow, grief, anger, fear and emotional pain is a foundational issue. Emotional support from family, friends, counselors and support groups is available to everyone.

Seek guidance from within and practice meditation

There are powerful and untapped resources with the mindbody, which can be accessed through faith and the development of intuition or inner knowing. Seek guidance from the “higher power” that exists within you, which can be called by whatever name you chose. Quieting your reactive and fear based mind chatter will help you to understand that who you really are is who is listening to your thoughts.

Improve nutrition

Eat whole natural foods. My preference is a macrobiotic diet primarily vegetables, fruits, grains, and beans, while eliminating meat, sugar, dairy, and refined grains, but this is not necessary for mindbody healing to occur. Consider monitoring the pH balance of your body.

Use nutritional supplements to boost the immune system and detoxify the body

Chemotherapy kills cancer cells but it also weakens your immune system. Find a functional physician to help you design an intelligent supplement program to rebuild your immune system and detoxify your body. Supplements help to repair the

“internal milieu” of the body, which has low oxygen levels, poor cellular nutrient intake, impaired repair and regulatory systems, toxin buildup, and gradual immune deterioration as some of the problems that allowed the renegade cancer cell to grow.

Exercise to reduce stress, improve moods and mobilize immunity

Walking and rebounding on a mini-trampoline are excellent to improve lymphatic circulation and oxygen levels in your body.

Follow your excitement and find passion in your life

Your immune system will work better if you find passion and happiness in your life. Following what excites you is your connection to your heart and your spiritual nature.

Group Support

Starting with Dr. David Spiegel in 1989 and followed by many other researchers, it has been shown that cancer patients live longer and feel better when they participate in social support groups and are encouraged to express their emotions about their illness and about life in general.

Psychoneuroimmunology

Because of the modern medicine is mostly governed by the molecular medicine paradigm, most doctors try to explain the phenomenon of remission by changes in the immune system and not changes in consciousness. The idea that consciousness governs the body, as demonstrated by the placebo effect and the new burgeoning field of psychoneuroimmunology, or PNI, is a pill too large to swallow. Consequently, the majority of research into the remission of any disease is devoted to biochemical and immunological mechanisms and not into the mechanisms of consciousness, or, the attitudinal, emotional, social and other psychological experiences that were part of the remission and may strongly influence immunity through yet to be discovered mechanisms.

Case Histories of Cancer Recovery using MindBody Medicine

Jan – Lung cancer, Stage 4

In April 1995, Jan complained of a dull pain in the chest. A CT scan revealed three tumors in her left lung and seven in her right -- and the disease had spread. Her liver housed three tumors, she had another in her pancreas, and yet another was causing her abdomen to swell. Biopsy showed lung cancer, Stage IV. A registered nurse since 1971, the soft-spoken Midwesterner understood the gravity of her diagnosis.

Though her mother had died of lung cancer at 42, Jan had thought her fate would be different. She worked out three times a week and had what she assumed was a fairly healthy lifestyle. Unlike her mother, she never smoked.

When her abdominal tumor was removed eight days after her diagnosis, it had ballooned from the size of a nickel to an 8 by 11 centimeter mass. One oncologist gave her three to six weeks to live, and another suggested three to six months. She grabbed onto the more promising prognosis and agreed to participate in an experimental chemotherapy trial, hoping to extend her life by a month.

But just three weeks after receiving the first dose, she dropped 46 pounds from her already slender 118-pound frame.

Stress/conflict prior to diagnosis

She worked full time as an RN and maintained two other jobs, all the while taking care of her husband and two teenage sons. Her already high stress levels escalated into a storm of pain, sorrow and guilt when her husband discovered an affair she was having. After many agonizing years, the divorce finalized in 1985 and the court awarded custody of her two sons to her husband, which “crushed her”. It was “too much to bear”. She “couldn’t let go of the guilt” even though her husband sons lived in the same community and would come over almost daily.

Childhood stress

Our adult dramas are based upon the conscious and unconscious programming of childhood, when children automatically suppress painful and intense emotions in order to survive. In addition, they create survival-oriented beliefs that remain mostly unconscious and operate throughout life, until they are discovered. Jan was certainly no exception. Her father was an alcoholic and her mother “would beat me because she was mad at my father”. Jan “lived in fear” as a child, worried that “her mother would kill her of one of her siblings”. In addition, Jan was raised Catholic, which led her to believe in a “punishing God”.

These deep and painful unconscious emotional wounds from childhood fuelled her suffering after the divorce leading to feelings of guilt that she “could not let go of”. There seemed to be no way out of the hopelessness, helplessness and despair.

Recovery

In addition to changing her diet, Jan continued seeing her internist. “He listened to my lungs, and we talked about sadness

and death.” She realized that sadness was her “biggest emotion” and she had suppressed so many tears in the years prior to her diagnosis. Instead of accepting her fears, she had suppressed them and taken medicines to cover them up. Her feelings were coming from her heart and she could release them, which is called the “natural therapeutic experience”. Instead of fighting her illness, she embraced it to learn from it. She read books on positive affirmations and replaced her fearful thoughts with thoughts of what she would do when she recovered.

One year after her diagnosis, Jan turned the corner. “I was still weak, but I could feel that I was getting better.” And soon she got proof. The CAT scan that had delivered a deadly diagnosis one year earlier now brought miraculous news: The tumors were gone.

Jan is now 18 years into remission and her disease has produced a profound transformation in her life. Her friends “loved her to life” and “gave her a sense of value”. The punishing God in her childhood became a loving and forgiving friend who guides her in her life.

She transformed self-punishing guilt and sorrow with self-love. “I’m no longer afraid,” and “I don’t care about impressing others, and I don’t judge myself.” “All the cells in my body are different,” she adds. “I’m really not the same person I was before.” Perhaps the purpose of cancer is healing and not death.

Marlene – Melanoma, stage 3

In 1983, at the age of 37 years, Marlene had a mole widely excised, which turned out to be melanoma. No further treatment was given. One year later she felt a lump on the right side of her neck which was removed, along with node dissection, which found a “few melanoma cells”, but no chemo was advised at that time.

Approximately one year later, she developed abdominal pain, weight loss and anemia, requiring blood transfusions. Abdominal evaluation and exploratory surgery resulted in a 20” small bowel resection. Six abdominal tumors were identified, showing metastatic melanoma. She was told there “was nothing more we can do for you”, except for an experimental drug that “might increase her life by one year”.

Stress/conflict prior to diagnosis

Marlene’s education prepared her for the intellectual side of life. She attended an all-girls prep school, and then on to an eastern college, and finally graduate school. She began her career in state government and

later worked in the financial services field.

She married a man “just like her mother” in 1973, who already had two children from a previous marriage. In addition to the stress of the new children and a husband who was busy at work and unable to help, she maintained her work as a stockbroker, which was “always” stressful for her. Over the years, her husband gradually became mentally and physically abusive and she endured the family and work stress for 15 years prior to her diagnosis of melanoma.

By the time of her cancer diagnosis, she felt like a “wreck”, with a constant trembling in her hands and bouts of anxiety and depression. She felt overwhelmed and saw no solution to her work and family problems. She wrote later in her book, *When Hope Never Dies*: “I realized that one of the major characteristics I shared with my mother was that we were both constantly struggling for our survival, and that our way to survive was by constantly staying busy.” She also wrote: “Beneath all my church-going and respect for the traditions of my religion, beneath the veneer of faith, there was a terrible fear that controlled and drove my life. It was the source of my physical, emotional and mental tension. It was the source of my disease.”

Childhood stress

Marlene’s childhood was “okay” until her father died when she was 11 years old. Her mother, who was not a nurturing person to begin with, became depressed at the loss of financial security and status. Her mother was forced to work and Marlene had a babysitter everyday and became “the mother for her younger brother”.

Her mother’s emotional stress gradually intensified and she became physically and mentally abusive, with bouts of anger and violent outbursts. Marlene entered her adult life “never wanting to get married” and unable to express her anger or tears.

Recovery

In 1986, she began psychological counseling, in order to “to cope with her fear of death”. She realized her life had been a fearful struggle for the past 15 years, which must have weakened her immune system and made her vulnerable to cancer. She began to understand that the source of the “terrible fear” that “controlled and drove her life” was the death of her father. It was at that time when “my mind took over my life completely and buried my heart”.

She read *Love, Medicine and Miracles*, by Bernie Siegel, and many other similar books, which helped her to take respon-

sibility for the lessons she had created in of her life. The emotions she had buried to survive childhood, along with mostly unconscious primitive beliefs, became the programming for the dramas arising later in life. She realized that the stressful challenges in life were actually opportunities for healing the wounds of childhood, but only if the feelings were felt, owned and released. She realized how she had suppressed so much emotion in her life. The early joy and excitement of her family and work had transformed into a dreary, repetitive landscape of worry, frustration and eventually despair.

She felt better and lighter as emotions poured out of her during her inner child writing sessions. She became a friend and a loving parent, to the wounded little girl that lived inside her unconscious mind. As the months passed it became clear that her years of denial and suppressed feeling had solidified into her cancerous cells. But instead of a death sentence, the cancer had become a reminder to live her life in truth and self-love, instead of fear and denial. Her cancer had become her teacher.

She conceived her last son Joseph within two years of her terminal diagnosis and, against the advice of her doctors, continued with her pregnancy. Joseph was born healthy and is currently attending college.

Marlene is now a 22-year terminal cancer survivor and author of *When Hope Never Dies*. She replaced her struggling life with a passion for living and helping others. She has been a guest speaker at holistic health conferences nationwide, appeared on national TV and radio talk shows, and has been featured in magazines such as *Ladies Home Journal* and *Your Health*.

In Chapter 14 of her book, she writes:

Healing oneself begins as a process of peeling away one layer at a time, discovering how we have physically and mentally imprisoned ourselves. . . . My “terminal” cancer sentence caused me to realize how little control I had over my destiny. The control I had so carefully exercised over my life turned out to be killing me! Losing the arrogance of “being in control” and searching for the universal connection with all life that is within each of us was perhaps my hardest lesson.

Gina – Breast cancer, stage III

In 1994, at the age of 34 years, Gina discovered a lump in the upper and outer portion of her left breast, but did not have it checked. Her grandmother died of breast cancer at a young age so when Gina first felt the lump she “knew what it was”. She felt “consumed by fear”, but wanting it not

to be cancer, she lived in denial for two years. Then in July of 1996, when the skin around the lump began to wrinkle, she went to see a surgeon.

After an examination, the surgeon announced that she had “locally advanced breast cancer”, and recommended immediate bilateral mastectomy. A biopsy later verified his diagnosis.

Instead of the recommended double-mastectomy Gina opted for a lumpectomy and axillary lymph node dissection in order to spare her breast. The surgery revealed that the cancer had spread to 12 axillary lymph nodes. She was told, “she had only six months to one year to live” and needed therapy immediately.

Stress/conflict prior to diagnosis

At 17, Gina dropped out of college and left for Israel to stay in a Kibbutz, a move that angered her parents terribly. She was happy with her boyfriend until her parents “forced her” to marry him. After years of turmoil, her husband gradually sided with her parents as they continually tried to control the marriage. The marriage became a “nightmare” and she divorced in 1986, which “devastated her parents”. She felt abandoned by her husband and her mother, who “was awful to me, because I did not do what she wanted.”

She studied nursing during this time and became an RN, but her personal life continued with drama and relentless conflict with her mother. She met a new boyfriend who turned out to be a drug addict, creating recurrent emotional dramas in her life, such as police arrests and passing out in public. He left her in 1994.

During this time of cancer growth, her health was deteriorating in general. “I didn’t feel good. I was in terrible pain due to my back injury. I was weak. I was overweight and very out of shape. Basically, I looked terrible. My hair was unhealthy. I had a terrible case of colitis. I had blood in my stool and urine. I had dark blue black circles under my eyes.”

Amidst all this turmoil and loss with personal relationships, she felt abandoned by her parents as well. She felt her “parents did not care about her.” She felt overwhelmed and hopeless. At one point before the cancer diagnosis, she recalls thinking “if I got sick maybe my parents would stop their life and love me.”

Childhood stress

Gina was the first of two children. Her father was a busy physician who wasn’t around much, leaving her with her mother who was a “narcissist,” intent on “control-

ling everything”. She “frequently yelled, screamed” and was “extremely critical”. She often made threats to get her way. If Gina did not do what her mother wanted, she would threaten suicide. She recalls her parents would go out almost every night, leaving her alone and frightened. Her mother “didn’t know how to nurture” and Gina felt like “she did not have a mother”.

All the while, her parents were pushing her to be an “over-achiever”. If she did not obey, they would take something from her. She felt unable to trust. She had high levels of stress in school and experimented with drugs and alcohol.

Her childhood stress seeded into her unconscious mind fear, abandonment, grief, anger and other powerful emotions that created the relationship dramas later in her life. However, she lacked the tools to express and release the emotional pain, and, instead became caught in recurrent cycles of pain, sorrow and despair.

Recovery

“My doctors initially recommended a stem cell transplant, but I chose instead to have a lumpectomy and node dissection, followed by nine months of chemotherapy, six weeks of radiation, and Tamoxifen for two years.”

After surgery, Gina vividly remembers an epiphany, a vision, in which I actually “saw” her death. “I saw my family at my funeral. I saw my parents glancing at their watch, impatiently wanting to get on with their life.” She realized that dying wouldn’t work and she had “wasted her life trying to please her mother”. She realized she could be happy without her parents and “decided to not hide who I am”. “An incredible will to live came over me and I totally woke up. And in that waking up, I SO wanted to live.”

Her healing within consciousness rested on a blend of Eastern and Western approaches: a psychotherapist and a spiritual teacher from India. During years of visits, the therapist helped her to explore the “story line” of her childhood and release anger, frustration, sadness and feelings of abandonment. She gradually uncovered the truth in her life story and released the dysfunctional beliefs and intense emotional pain. During the same time, she felt an “outpouring of kindness” as she listened to discourses from Ganga-Ji, an Indian teacher, who taught her meditation and detachment. She learned to “stop buying into the drama as real”.

Almost 19 years since her cancer diagnosis, Gina says, “I found myself because of my illness - I fell in love with me”. For Gina and many cancer survivors, the disease creates healing and in many ways a “new person”.

Exercises to Encourage Mindbody Healing

Exercises are included with this article to help practitioners introduce their patients to the emotions, thoughts and beliefs that underlie their problems in life and how they are actively participating in their illness. Awareness alone will bring change to some extent. You may want to make an appropriate referral.

The exercises included in this article are excerpted from *Edgework: Exploring the Psychology of Disease, Beyond Diet & Fitness*, by Ronald L. Peters, MD, MPH. Chapter 14 of *Edgework* contains a comprehensive set of exercises designed to promote healing in mind and body.

References

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Ronald Peters, MD, MPH

Ronald Peters, MD, MPH is the medical director of MindBody Medicine Center in Scottsdale, Arizona. The Center provides comprehensive care using integrative medicine, naturopathy, acupuncture, harmonic medicine, hypnotherapy, intravenous therapies and more. Dr. Peters graduated from Stanford University with Honors and the UCLA School of Medicine. He also earned a Masters of Public Health at the UCLA School of Public Health.

He has 35 years of experience in nutritional biochemistry and holistic health care. He has studied with Master Teachers for 20 years, leading to an understanding of the formative power of the conscious and unconscious mind. After years of study and clinical application of the principles of mindbody healing he summarized his experience in a book titled, Edgework, Exploring the Psychology of Disease, Beyond Diet and Fitness. Edgework reviews mindbody research and points to the power of conscious and unconscious emotions and beliefs in creating life experiences as well as governing the physical body.

Dr. Peters has had successful medical practices in California and Oregon. He is an accomplished writer and lecturer and is highly effective in helping people learn from their disease and restore health in mind and body. He also teaches mindbody medicine to physicians. www.MindBodyMC.com