

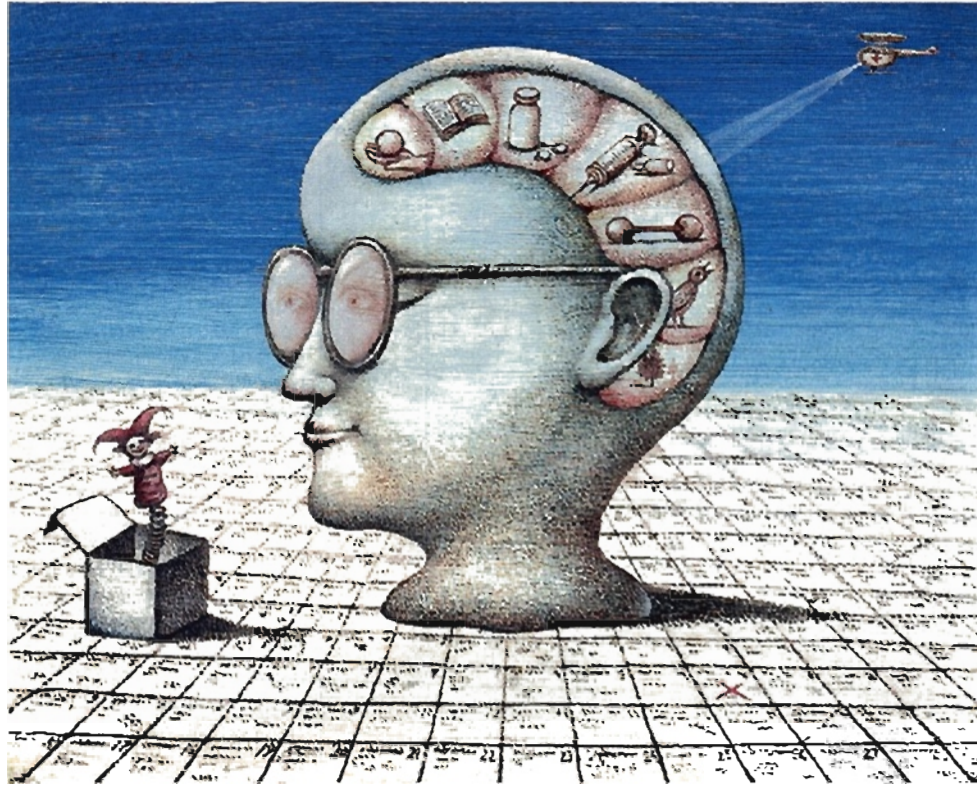
Laughter and Hope

THE EARNEST young psychiatrist recalled his patient sadly: "We knew the cancer was there, but it was temporarily under control. In therapy we were dealing with issues he just couldn't face. Unfortunately, he repressed and repressed more as we got nearer to a breakthrough. That's when he started somaticizing like crazy — turning his thoughts against his body." That is an account of therapy given to a 21-year-old man during the weeks that a stomach tumor finally took his life. The psychiatrist was suggesting that the man's mental attitude had contributed directly to his death.

One can only hope that this completely baseless conjecture was not communicated, even by indirection, to a man who had a right to die without blaming himself. And one must also hope that the current spate of popular theories, attempting to link mood and attitude with the outcome of major illness, is not burdening other dying or chronically ill patients with a sense of guilt.

Norman Cousins's "Anatomy of an Illness as Perceived by the Patient" threw down the gauntlet a decade ago to the medical establishment's supposedly smug ignorance. It gave a vivid account of his recovery from the usually incurable collagen disease known as ankylosing spondylitis. From the moment he entered the hospital, Cousins was second-guessing his doctors. He concluded that they were taking an unsafe amount of blood from him for testing (untrue); he theorized that he was ill because he had developed something he called "adrenal exhaustion" (speculative, unlikely), and he reasoned that he was getting too many different medications (quite possible). He checked himself out of the hospital, took massive doses of vitamin C and watched scores of funny movies. Improvement began almost immediately, and, after several years, his recovery was essentially complete.

More recently, a book by the surgeon Bernie Siegel, "Love, Medicine, and Miracles," has been on best-seller lists for nearly a year. In it, he pushes Cousins's more or less level-headed optimism to the point of seeing "Jungian synchronicity" in the connection between the right attitude and recovery from illness; finding a real, if unidentifiable, link where rationalists find only coincidence. He writes about Stephanie, for example, a cancer patient who learns to "hope and pray," and gets better. And Harold, a middle-aged, colon-cancer patient who begins to get well only after Dr. Siegel points out that Harold does not seem to want to live — and gets him to change his attitude. On the other hand, in patient after patient who does die, Dr. Siegel is able to point out the weakness of character that helped to cause the death.



PETER SIS

Current popular claims about the power of the mind over illness can, at least in some cases, be dangerous.

There are, indeed, some patients who just, unpredictably and without medical explanation, recover on their own. We can cheerfully grant Cousins and Siegel the existence of such patients. They are well known to the medical profession as "spontaneous remissions" — cures that seem to come out of the blue.

Dr. Siegel refers to a study that found seven such cases among all the patients with colorectal cancer diagnosed between 1900 and 1966. He believes that this is an underestimate; it might be an overestimate, but let's grant the point. Let's even grant that the real number is 10 times higher — 70. Millions died of colorectal cancer during that period, and millions of others were cured by medicine and surgery. If, of these millions, 7 or 70 "cured themselves," what have we learned? And the same question may be asked with regard to the several thousand, among hundreds of millions of patients with all forms of cancer, who have recovered spontaneously. How did they do it?

Dr. Siegel would have us believe that these patients had a better attitude; they laughed, created, prayed or concentrated more, and most of all they had a stronger will to live. He would also like all the seriously ill patients who read his book to believe that, with the right attitude, they can become members of this tiny cadre of spontaneous survivors. The reality is that no one knows why spontaneous remission occurs, and it is sporadic enough to admit of many different explanations: Genes that fight tumors effectively only after they are fairly advanced? An infection that is somehow bad for the tumor? Drinking water or beer that has a chemical component that enhances the immune system? A change in the weather? I'm being somewhat facetious, of course — none of these explanations is supportable with evidence, but each of them is as credible — or, rather, as incredible — as the psychological one.

I was taught as a medical student that it is not the job of the physician to take away the patient's hope. Patients should be told the truth, but not slammed over the head with it. The terminally ill person who says for the fourth time, "I still think I'm gonna make it, Doc," has nothing to gain from hearing again, in different words, the same grim prognosis. Denial is adaptation; those of us who have not yet been terminally ill should not render judgment as to its ultimate moral value.

But it is also not the job of the physician to provide the patient with unrealistic expectations — any more than it is to provide quack nostrums. Dr. Siegel has four questions he puts to cancer patients, the last of which is, "Why did you need this illness?" Imagine dying of cancer and having your doctor put this question to you, not casually, but officially and determinedly. You are supposed to see the illness as the outcome of your need to change jobs, say, or get sympathy from others; recognizing this and filling the need more directly will enable you to overcome the illness. There is no credible evidence — none — that such effects

Melvin Konner is the Samuel Candler Dobbs Professor of Anthropology at Emory University and a nonpracticing physician.

are real. Or, for that matter, that laughter or vitamin C can cure ankylosing spondylitis. Mr. Cousins and Dr. Siegel, in the most lucid passages of their books, recognize that they are talking about, at best, a placebo effect — an effect caused by the patient's belief that an efficacious treatment is being applied. This is usually thought of as sugar pills masquerading as medicine, but it can also be laughter, vitamin C, prayer, positive attitude, drawing pictures, writing poems, taking control of your life, reading about your illness or visiting a witch doctor. The whole field of medical anthropology concerns itself with the possible effects of treatments that have no scientific basis but that may work because patients believe in them. Indeed, the reality of voodoo death — documented death following the placement of a hex by one person on another — must in itself give pause to the skeptic who doubts the power of mind over body. Every medical journal pays tribute to placebo effects by favoring, as most rigorous, those studies that include a sample given placebo alone. Only a drug that is more powerful than placebo can be judged truly effective.

DR. SIEGEL DOES talk about many effects that are certainly real. For example, the patient who is so discouraged as to withdraw from needed treatment is likely to get worse — but this is no mystery. He notes, too, that his father was once discharged from a hospital with too little information about his condition. I have seen a patient die in that circumstance, and I applaud any emphasis on improving the doctor-patient relationship — which would affect every aspect of recovery from illness through education, placebo effect and simple old-fashioned comfort. Even — perhaps especially — the patient who will not get well is entitled to some of that.

There are situations in which psychosomatic effects have been shown. The right attitude — not to mention techniques such as hypnosis — can help fight pain and reduce the need for painkilling drugs, or even for general anesthesia. (One of Mr. Cousins's most convincing claims is that 10 minutes of belly laughter afforded him two hours of drug-free relief from pain; there is scientific evidence for this.) Properly su-

pervised — and not necessarily religious — meditation can help some hypertensive patients reduce their blood pressure. Childbirth-preparation classes and the presence of a supportive coach during birth can reduce the pain and duration of labor. And recovery from surgery may be faster in patients whose beds are near a window with a view than in those who look out on a blank wall.

More intriguing scientifically is a host of studies in the burgeoning field known as psychoimmunology. In animals and humans, many studies show that psychological stresses influence components of the immune system — such as T-cell or natural killer-cell activity — and that they also influence incidences of various illnesses. Many studies have now established, for example, that bereavement puts people at risk for illness, and also that it changes hormonal and immune-system measurement. But these studies present a confused pattern. Some even indicate that increased psychological stress can improve the body's ability to fight disease. This field is at the very beginning of its history; one day it may produce conclusions about psychological stress and serious illness, such as ankylosing spondylitis and cancer, but it hasn't yet. Our best hope in fighting such illnesses is basic research, prevention, cure.

Meanwhile, taking control of your health is still a good idea. The management of any illness goes better if the patient plays an active, informed role. And though we shouldn't be always second-guessing them, doctors do make mistakes. Most important, perhaps, is the control we can take before getting sick. Changes in diet, exercise and substance abuse, which depend on changes in attitude, enable us to postpone or avoid many illnesses.

But mortality is always there, just around the corner. One of the reasons formulations like those of Mr. Cousins and Dr. Siegel achieve such popularity is that they tell us what we want to hear: that we can gain complete control over our own mortality. This is ultimately an illusion. It would be nice to know that when illness catches up with us we can act against it with maximum effectiveness; and yet, as death overtakes us, accept that outcome with a certain amount of grace. ■