
BETWEEN GUILT, ANXIETY AND HOPE

Receiving a cancer diagnosis is always a shock. There is probably no other physical illness that has such a severe psychological impact on the person concerned. For a long time, researchers sought to find the cause of the disease in the personalities of the patients themselves. This was a fatal mistake, as our author shows on the basis of how the issue was treated in the past.

Perhaps you've also experienced a situation in which a good friend suddenly announces, "I have cancer." At first, you don't know what to say. You want to cheer your friend up and be optimistic. And so, even before you've thought about it, you find yourself saying: "You'll be alright, you'll make it. You're such a positive person." But what if your friend doesn't "make it"? What did you really just say? That, if your friend dies, it will be because he didn't put up a good enough fight, didn't nurture enough hope, or that he didn't have a sufficiently positive attitude towards his illness?

For many years, researchers in the fields of psychosomatics, psycho-oncology and psychoneuroimmunology have been studying how much influence the psyche has on the physical body. To date, research findings have shown that there are complex and by no means clear relationships between the body and emotions when it comes to the way diseases develop and how they are successfully overcome. Even so, whenever people generally talk about cancer, they often claim that it is caused by suppressed feelings, for example, that stress and anxiety have a negative impact on the healing process, or that a positive attitude helps. Assumptions like these can help actively deal with cancer – but they can also be seen as shifting blame onto the person who is ill and thus creating an additional heavy burden. The extent to which scientific research and social attitudes can influence each other and shape how cancer sufferers are treated is shown in the psychosomatic models used in the past regarding cancer development.

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VIEW POINT

BETTINA HITZER

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ILLUSTRATION: SOPHIE KETTERER

THE STUDIES FOCUS ON WHAT ATTITUDE THE FEMALE PATIENT HAS TOWARDS HER SEXUALITY

In ancient times, melancholy was associated with the development of cancer. However, in the 19th century, such assumptions were increasingly viewed as obsolete. Cancer came to be understood as a disease that originates at the cellular level at the latest after Rudolf Virchow developed his cellular pathology theory in 1858 – for it suddenly appeared impossible that feelings might influence cells, which could now be seen under the microscope. Even so, practicing physicians (who soon also included female physicians) had clearly not abandoned the idea that such a connection might exist. Medical handbooks repeatedly warned doctors against telling patients that they had cancer, since the diagnosis could cause them to lose all hope and plunge into despair. They claimed that such an approach was also medically damaging, since the anxiety that this engendered allegedly reduced the already low chance of recovery.

The physical effects of anxiety also attracted attention among specialists in psychosomatic medicine, a discipline that attracted renewed interest at the start of the 20th century in connection with the new field of psychoanalysis. Anxiety was declared the number one cause of disease. However, most psychosomatics experts assumed that diseases are only caused by anxiety if they stem from functional disorders that later become chronic. Even as late as 1947, Viktor von Weizsäcker, one of the founding fathers of German psychosomatic medicine, expressed the view shared by most of his specialist colleagues when he claimed that when it came to cancer, a psychosomatic explanation foundered “on the rocks of material processes.” However, attitudes began to change soon after the Second World War. This was due to a complex series of factors.

During the 1930s and 1940s, experimental cancer research pursued new hypotheses and increasingly focused on physiological processes. Researchers no longer attempted to discover a single, specific cause of cancer, but instead began to regard it as a multi-factorial phenomenon. It now appeared more likely that the psyche might also be involved, particularly since up to then, laboratory research and conventional therapies (operation and radiation) had hardly increased the chances of recovery.

In the U.S., psychosomatic medicine had become so well established by the end of the 1930s that it laid claim to recognition as a full-fledged medical discipline. It had close links with the field of psychiatry and made use of psychometric methods at an early stage on its way to attaining scientific acceptance. These included personality tests such as the Rorschach test, named after the Swiss psychiatrist who invented it, which at the end of the 1930s began its meteoric rise to become one of the most frequently used psychological test procedures for decades to come. People who take this test are asked to state which animals and plants or objects come to mind when they are presented with a series of inkblot images. During the early 1950s, this test was also administered to cancer

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patients. The aim was to find out whether specific personality traits or conflicts might play a role in causing cancer.

Initially, these studies focused almost entirely on patients with breast or cervical cancer. The reason given for choosing these two forms of the disease was that they were the most frequent cancers occurring among American women. Yet why were no studies performed on men with stomach and lung cancer, which at that time were the most prevalent forms of cancer among men? It is quite clear that here, the study's design was influenced by contemporaneous debates regarding the role of women in society. Indeed, the results of the studies mainly focused on two aspects of personality: the relationship between a patient and her mother, together with her own maternal nature, and her feelings about her sexuality. At the time, precisely these two aspects of femininity were extremely controversial and attitudes towards them were changing.

Against the background of the attachment theory developed during the early post-war years, mothers who were unfeeling, unable to form attachments or who showed ambivalent behavior towards their child, were viewed in a negative light in the U.S. This applied to the discussion surrounding schizophrenia as well as to psychosomatic cancer research. Here, cancer was frequently also regarded as a type of organic psychosis, i.e. a pathological development that takes on a physical form in conjunction with schizophrenia. It was assumed that an unfeeling mother had a major impact on how her daughters dealt with emotions. The daughters did not learn how to perceive and express unpleasant emotions that were not socially acceptable. They "functioned", but the price for doing so was suppression and self-alienation, as well as latent depression, and later on in life they were unable to cope with the experience of loss.

This personality assessment was initially regarded as (one) specific cause of breast and cervical cancer. However, towards the end of the 1950s, women with other forms of cancer and male cancer patients were also included in personality studies. The notion of a personality structure that caused all forms of cancer, or which made a person more prone to developing the disease, began to take shape. It gained even more traction after researchers presented the results of laboratory studies that appeared to confirm the existence of a cancer personality.

This development came about after the concept of stress gained enormous acceptance during the mid-20th century. The term was originally used in physiology, but now also came to be regarded as a psychological phenomenon. Now, it was possible to conduct experiments on animals to examine whether rats who were emotionally neglected due to early separation from their mothers or subjected to maltreatment with electric shocks



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were more likely to develop tumors than their less stressed counterparts. What's more, psychosomatic research could be combined with research into carcinogenic substances. Were rats or mice who were well cared-for less prone to illness from the carcinogenic effects of tar than anxious test animals who were kept in isolation? Some test series appeared to justify such assumptions, and were cited as further scientific evidence for the results of the psychosomatic cancer research.

During the late 1960s, these results – which were condensed and simplified to create the concept of a cancer personality – attracted a surprising amount of media attention. They were taken up by members of the student movement and politicized. In West Germany, the cancer personality model was used as an example when discussing whether certain feelings and types of relationships were pathological – at both an individual level and within society as a whole. Were there not noticeable parallels between conformist, bourgeois citizens and the cancer personality, i.e. the friendly facade behind which negative feelings were hidden and suppressed, the self-alienation perpetuated in the name of respectability, conflict avoidance and the submission to authority that it entailed?

It was questions like these that interested Fritz Angst (fear), son of a Zurich industrialist, who under the pseudonym Fritz Zorn (anger) published the autobiography “Mars”, one of the trendsetting books of the late 1970s and early 1980s. He regarded his own cancer as being the result of the many tears he had been unable to shed as a consequence of his bourgeois upbringing, where expressing one's feelings was frowned upon. To this extent, he claimed – and this was a new development – that cancer also had a positive side, that it was a wake-up call that had made him aware of the sickness in his soul. For him, the cancer diagnosis opened up the opportunity to make radical changes to his life, and to live in the right, “authentic” way, even if he only had a short time left to do so.

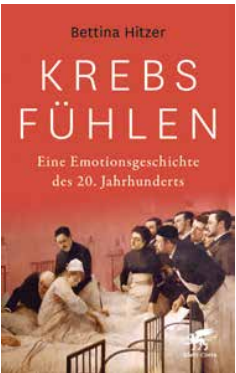
Fritz Angst-Zorn died in November 1976, just before his book was published. His ideas about what cancer stood for were shared by many. The number of self-help books that regarded a cancer diagnosis as being a turning point in life and the start of a new, more honest way of living sky-rocketed. A different attitude towards oneself also supposedly promised a better chance of recovery.

However, there were also those who disagreed with such psychosomatic explanations of cancer. The pointed criticism of the American intellectual Susan Sontag attracted broad attention. As a former breast cancer patient, Sontag denounced such psychosomatic interpretations of illness, since in her view, they placed the blame upon the shoulders of the patient. However, by the time her essay *Illness as Metaphor* was published in 1978, the

concept of the cancer personality was already the subject of controversy within the psychosomatic medical field. One criticism, for example, was that no serious information about the original personality structure could possibly be provided by studies whose subjects had not only experienced the shock of a cancer diagnosis, but were also severely ill and under the influence of painkillers.

Despite methodological innovations, no satisfactory arguments could be presented in response to many of the objections, and as a result, an increasing number of psychosomatic specialists decided to abandon the search for personality factors that might cause disease. Instead, medical practitioners turned their attention to the psychological side- and after-effects of cancer. These questions became more urgent during the 1970s, when chemotherapy became an established form of treatment.

Unlike an operation or radiation therapy, this treatment lasted for weeks or even months. Even those medical practitioners who had previously not taken psychosomatic medicine seriously began to realize that psychosocial support was needed in order to enable patients to endure the hardly tolerable side-effects and continue with the therapy. This led to the creation of psycho-oncology, which aimed to improve the wellbeing and quality of life of patients and as a result to potentially increase their chances of recovery. However, belief in the concept of a “cancer personality” is still widespread among the general public and it often carries – unbeknown to them – the “cultural baggage” described in this article.



THE BOOK

Bettina Hitzer

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In the medical research field, psychoneuroimmunology – which was established during the 1970s – questions the role of the psyche in a new way. The purpose is to find out how the interplay between the psyche, nervous system and immune system(s) works. It seems plausible that such interrelationships can influence the progress – and possibly also the development – of cancerous diseases. This approach is congruent with general cancer research, which is currently working intensively to find out how the body’s own immune system can be activated in a targeted way for the treatment of cancerous diseases, or be given additional support through the introduction of specific antibodies. The first medications of this type have already been approved. Even so, it remains entirely unclear whether this method will be successful in the long term. However, this is not a question that can be answered by looking back at history. Rather, history shows how public discussion and attitudes towards the body and role models influence research, and how in turn, the concepts of disease that are created in the medical field not only produce treatments, but also have an important impact on the way in which sick people are perceived and treated in society.