

# Is cancer all in the mind?

Argument rages over the theory that patients can worry themselves to an early grave. **Simon Wessely reports**

There is little new in the suggestion that cancer has psychological origins. For many years it was thought that depression was a cause of cancer, although a recent long-term study, published in the *Journal of the American Medical Association*, found no evidence for this, suggesting, instead, that depression is an early sign of cancer.

The argument continues, but one curious aspect is that, although imputing a psychological origin to any presumed organic disease usually causes dissension and passion, the debate over cancer has been conducted at a relatively low temperature. Until recently, that is. The normally calm pages of the *British Medical Journal* have carried a series of critical articles questioning the basis of what must be the most extraordinary claims ever made for the origin of cancer. At the heart of the dispute lies the ever controversial figure of Hans Eysenck, until recently professor of psychology at the Institute of Psychiatry, and his Croat collaborator, Ronald Grossath-Maticek.

Grossath-Maticek, and later Eysenck, have long put forward the idea of the cancer-prone personality. They were not the originators of the theory that a certain personality style, loosely interpreted as someone who bottles up their emotions and cannot deal with external stress, is associated with a range of cancers, but they are among its most enthusiastic proponents.

In the late 1960s, after an 11-year study, Grossath-Maticek presented data suggesting that

people with this style of personality were more likely to develop cancer. Of 901 people with this personality, 347 died of cancer. Of 946 people with what the researchers regarded as a healthy personality, only three died of cancer; people with the unhealthy personality were 121 times more likely to develop cancer. This finding was staggering — yet it was virtually ignored. It was just too unbelievable.

Grossath-Maticek embarked on a further series of studies to prove his detractors wrong. He undertook a clinical trial, in which people identified as having the cancer-prone personality were divided into two groups. One received a form of psychotherapy designed to alter their personality, the others nothing. It worked dramatically: none of the 50 who received the treatment died of cancer, while 16 of the controls did die from cancer.

Yet still no one took much notice. Finally, Eysenck and Grossath-Maticek conducted a further randomised trial, published two years ago in *Behaviour Research and Therapy*. Group therapy again seemed to prevent cancer. Untreated subjects were six times more likely to die of cancer, and three times more likely to die of heart disease.

Despite everything, many doctors continued to ignore these findings, particularly cancer specialists. However, no one can still claim ignorance of the work, since two psychiatrists have used the pages of the *British Medical Journal* to tackle Eysenck and Grossath-Maticek head on.

In a penetrating article, Tony Pelosi and Louis

Appleby subjected Eysenck and Grossath-Maticek's series of papers to a critical analysis, which they have followed up with a second piece this week. According to the two psychiatrists, who had both trained at the Institute of Psychiatry, the claims were too good to be true.

First, those with the cancer-prone personality died at an extraordinary rate — 121 times faster than the controls. Second, it is generally regarded as difficult, if not impossible, to change a person's personality. Personality is established by the end of adolescence and psychiatrists who try to it usually have immense patience and forbearance, and are happy to see even minor changes.

What was being claimed by Grossath-Maticek was not only an effective way of altering personality, but something even more extraordinary. Grossath-Maticek wrote a book which contained all the treatment details itself. All that he then needed to do was give it to the patient and discuss the details — apparently resulting in the same success.

Of course, Professor Eysenck, the most influential psychologist of modern times, has faced many assaults before (including, unforgivably, physical ones). It would take more than a couple of psychiatrists to ruffle him.

And so it proved. His replies made no concessions to his critics. In essence, his reply was "either you believe these findings, or you don't". He was certainly correct on one point. If his results are true,



Under attack: Hans Eysenck's theory that personality can be linked to cancer is questioned

then doctors have been scandalously negligent in ignoring what is the most dramatic breakthrough in the treatment of cancer for many years.

So is the medical establishment making a catastrophic mistake? Probably not. The literature on the psychological causation of cancer is complex and contradictory. It seems unlikely that an effect as massive as that claimed by Eysenck and Grossath-Maticek could have gone unnoticed.

Of greater concern is that this affair has drawn attention away from the real progress that has been made in the psychological management of

cancer. In a series of careful studies spread over many years, British psychiatrists and psychologists have described the psychological impact of both the diagnosis of cancer and the painful treatments that frequently follow. They have shown the effect of coping strategies on the prognosis of breast cancer — those who show either a "fighting spirit", or those who deny that there is any danger, seem to do better.

Suggesting that psychological factors can influence prognosis seems more plausible than suggesting they are the cause of the illness, as claimed by Eysenck. It has also been

shown that doctors can be taught to break the bad news in more sensitive ways, which will in turn decrease subsequent distress.

The provision of psychologically-skilled and compassionate care for those with terminal illness is one of the most impressive parts of our health service. It may be more rewarding to concentrate on providing better psychological care for those with cancer than pursuing the elusive goal of a psychological cause for the illness.

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