Faith and Healing

By JEROME GROOPMAN

Recently, a woman whose breast cancer was in remission called me. Cost-cutting at work had left her tense and angry. "I’m worried that all the stress I’m under will weaken my immune system," she said, "and then my cancer may come back." My patient is a believer in "complementary" approaches to health and disease, so in addition to taking prescribed hormone blockers, she does yoga exercises, drinks green tea and visualizes her blood cells on patrol against recurrent tumor growth. When I raised the option of a support group, she told me she preferred to work solely with her psychotherapist.

In my work as a specialist in cancer, blood diseases and AIDS, hardly a week goes by when patients do not bring up the above interventions, as well as Buddhist meditation, qigong, acupuncture, megavitamins and macrobiotic diets. In “The Cure Within,” her splendid history of mind-body medicine, Anne Harrington tries to explain why we draw connections between emotions and illness, and helps trace how today’s myriad alternative and complementary treatments came to be. A professor and chairman of the history of science department at Harvard, Harrington has produced a book that desperately needed to be written. Some 60 million Americans use these therapies in the effort to combat serious diseases like cancer and AIDS, as well as the normal physiology of aging. In the United States, office visits to providers of complementary and alternative medicine now outnumber visits to primary care physicians. The costs of such care approach $40 billion dollars a year. Books, talk shows and Web sites present riveting testimonials of clinical benefits from Eastern breathing techniques, dietary supplements, positive thinking and prayer.

Doctors like myself are schooled in the cause and effect of changes in DNA, cells and tissues. We apply this biology to identify what is wrong with a patient, then recommend a medication, procedure or behavioral change that will ameliorate the physical problem. “Quite often, this physicalist way of thinking about illness works,” Harrington writes. “Patients take the antibiotic and recover from their infection, learn to inject themselves with insulin and normalize their blood sugar levels, have surgery and learn that their cancer has gone into remission or take the antidepressant and find they can get out of bed again in the morning.”

Sometimes, of course, standard treatments don’t work or simply don’t exist. And sometimes tests fail to uncover any physical cause for a patient’s suffering at all. But such failures, Harrington argues, explain only part of the widespread dissatisfaction with mainstream medicine. Of equal or greater import, she writes, is medicine’s failure to address the “existential” aspect of illness, to answer the questions “Why me? Why now? What next?” Doctors usually frame their answers to such questions in language that forgoes any meaning for the individual. Whether cancer will return is a matter of statistical likelihoods derived from the study of large groups of patients — or, in lay terms, “bad luck.” There is no meaning in randomness, and for the patient no sense of control. Perhaps someday genomic research will help predict the particular behavior of each individual’s cancer, but for now doctors cannot say with any precision who will relapse or why.

As patients, we may be modern in many ways, but we find such uncertainty hard to accept. Throughout history, Harrington rightly argues, people have strained to make “personal sense” of illness and suffering. Western cultures, like

all cultures, have traditionally provided people “a stockpile of religious, moral and social stories to help them answer the
great ‘why’ questions of their suffering, and to connect their experiences to some larger understanding of their identities
and destinies.” But today, she writes, the story offered by mainstream medicine “is as impersonal as they come.”

In fluid prose and with the precision of a detective story, Harrington offers a taxonomy of the main narratives that we
draw on to try to make sense of disease, whether they emphasize our ability to heal ourselves or more magical
interventions. The root of most of our mind-body narratives is the Bible and other religious writings that describe the
struggle against “possession” by demonic forces. While Jewish mystics offered incantations and other rituals to expel
dybbkus, the Gospels associate the powers of exorcism with belief in Jesus. Harrington cites the Gospel of Mark, in which
Jesus casts out a spirit that has caused **convulsions**, foaming at the mouth and gnashing of teeth — an accurate clinical
description of **epilepsy**: “If you can believe, all things are possible to him who believes. ... Deaf and dumb spirit, I
command you, come out of him and enter him no more!” Belief in demonic possession and its exorcism by priests,
common to cultures the world over, remained part of Catholic theology, essentially unaltered, until 1999.

Harrington uses the term “power of suggestion” to describe the skeptical narrative that science ultimately developed to
explain cases in which an authority figure, whether a priest uttering incantations or a doctor administering a placebo,
cures afflictions that may have no organic cause. Much of what today strikes us as quackery in fact originated in attempts
to apply scientific ideas to healing the body. For example, the 18th-century Austrian physician Franz Mesmer, inspired by
Newton’s ideas, moved mineral magnets around the bodies of his patients in order to manipulate supposed invisible
fluids that, like the oceans, responded to planetary gravitation. The patients reported powerful sensations of energy
coursing through their flesh and experienced involuntary movements to the point of violent convulsions; many were
cured or much improved. Next, Mesmer found he could trigger the same effects simply waving his hands over the patient.
He assumed that he himself was the source of healing force, which he called “animal magnetism.”

Mesmer was succeeded by Jean-Martin Charcot in France, and later **Sigmund Freud** in Vienna, each of whom sought to
identify the nonphysical causes of their patients’ symptoms and tried to devise cures outside of chemical pills and
surgical procedures. These efforts, Harrington observes, ushered in another narrative of healing, one she calls “the body
that speaks.” Charcot and Freud called the underlying condition “hysteria,” and used hypnosis and the “talking cure” to
relieve their distraught, usually female patients of those fits of **blindness**, coughing and **paralysis** that supposedly
reflected buried traumatic memories or taboo childhood fantasies. Doctors treating traumatized male soldiers during
World War I called it “shell shock.”

The clergy tried to recapture lost ground in the healing realm, whether in the form of Christian Science or the “power of
positive thinking” promoted by the decidedly mainstream pastor Norman Vincent Peale of the Marble Collegiate Church
in New York City. Scientists, of course, were not so quick to yield, probing ever deeper into the question of the mind’s
effect on the body. For example, the Harvard physiologist Walter B. Cannon discovered that emotions could ramify
through the body in unexpected ways beyond “hysteria.” In studies of digestion done in the 1930s, he discovered that
animals experiencing distress or rage showed inhibited peristalsis, the ordered muscular contractions that move food
through the gut. Tests showed elevated levels of adrenaline in the animals’ blood, which Cannon determined was involved
with biochemical self-regulatory processes connected to the “fight or flight” reaction crucial to survival in the wild.

But Cannon also saw implications for human beings. “In the modern era,” Harrington writes of his research, “life had
become so fast paced, so uncertain and consequently so anxiety-provoking that many people went through their days as
if they were cats faced with dogs perpetually barking at them.”

Hans Selye, a Czech physician and biochemist at the University of Montreal, took these ideas further, introducing the
term “stress” (borrowed from metallurgy) to describe the way trauma caused overactivity of the adrenal gland, and with it
a disruption of bodily equilibrium. In the most extreme case, Selye argued, stress could wear down the body’s adaptation
mechanisms, resulting in death. His narrative fit well into the cultural discourse of the cold-war era, where, Harrington
writes, many saw themselves as “broken by modern life.” Selye’s ideas, in her view, were “especially appealing to people
who knew they felt worried or unwell, but were perhaps no longer quite persuaded by the doctrine of bad nerves that had helped their parents and grandparents make sense of their experiences of malaise.”

Selye’s work prompted further research on the impact of family dynamics, interpersonal relationships and community ties on health. Most of this work initially focused on the heart and hypertension, prominent in the public mind following President Eisenhower’s cardiac crisis. Later, scrutiny was extended to the emotional dimensions of the other great specter of the time, cancer. If stress lay at the root of so many modern maladies, Harrington writes, then “healing ties” might be the prophylactic, if not the cure, for cancer as well.

In 1989, David Spiegel, a psychiatrist at Stanford, published a widely reported study of 86 women with advanced breast cancer, all receiving conventional medical therapies. Some were randomly assigned to weekly support groups, where they spoke openly about their fears and hopes and were taught self-hypnosis to manage pain and stress, while others were simply given routine care. Spiegel reported that the women in group therapy lived twice as long, 36.6 months, as those in the control group, who lived 18.9 months. (As point of comparison, Herceptin — the most promising new drug for women with advanced breast cancer — extends patients’ lives by a median of five months compared with those who receive chemotherapy without it.) Spiegel’s research seemed to support the assertions of Bernie Siegel, a surgeon at Yale, who in his best-selling “Love, Medicine, and Miracles” (1986) claimed that emotional turmoil was a cause of breast cancer and that dramatic remissions could occur if patients simply gave up their emotional repression, without chemotherapy or radiation.

During her visit, Harrington asks the women whether they thought Spiegel’s group therapy was helping them live longer. “A silent snort went around the table,” she writes. “No, they said, they did not believe the premise of the study — not really. Why not? I asked. Their answer was clear: the evidence was not there for them; they had seen too many people in their group die.” But then one woman surprises Harrington, and the reader, by saying she doesn’t care about Spiegel’s hypothesis. “I don’t think it matters to me at all,” she says. “That’s not why I joined the group.” Why, then, did she stick with it? To learn “how to live better with cancer and how to die better from cancer, something that they could learn nowhere else in their culture.”

In her final chapter, Harrington offers close observations of the interactions between the Harvard cardiologist Herbert Benson (and later the neuroscientist Richard Davidson of the University of Wisconsin) and the Dalai Lama and his Tibetan monks. She admits longing for scientific support for what is, in essence, an “Orientalist” conception, that the “Other” holds wisdom and therapeutic treasures beyond those imaginable to us in the West. Some of Harrington’s wish is fulfilled in the biology of the placebo response. Recent studies show that belief, even in inert treatments, can have profound benefits in relieving pain, likely via release of endorphins and other mediators in the brain. But despite several decades of concerted research in the field of psychoneuroimmunology, to my scrutiny no robust effects of meditation or other relaxation techniques that could combat illnesses like cancer or AIDS have been identified.

Harrington concludes with the questions that her students at Harvard regularly ask: Which mind-body narratives are “true”? Are all the stories we tell ourselves about illness equally valuable? Harrington has already answered these queries in part in the voice of the woman with breast cancer in the Stanford study. Yet, she has still been “haunted” over the years by unusual events, like the case of a man whose tumors seemed to melt “like snowballs on a hot stove” in response to a “worthless” cancer treatment that he nonetheless believed in. The physicist Freeman Dyson once noted that, to a
scientist, an event like the spontaneous remission of a tumor is viewed as occurring at the asymptote of probability, one in several million, but through the eyes of a believer it becomes not mathematics but a miracle. Harrington shows us that, whatever science reveals about the cause and course of disease, we will continue to tell ourselves stories, and try to use our own metaphors to find meaning in randomness.

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