CHAPTER III: MIND-BODY MEDICINE

Conclusion: Feeling and Healing

Now the big surprise from our earlier studies in this was that not only were we helping these women live better, but also we had some evidence that we may have been helping them live longer. This is from a paper that we published in the *Lancet* in 1989 from an earlier study that had similar psychological outcomes. I did this study originally because I was so irritated by the "wish away your cancer" idea, that I thought we should do it. We had done a randomized psychotherapy trial. We showed in this earlier study that women were less anxious and depressed. I was quite shocked to discover that they also live longer. By 48 months, all the controls had died and 1/3 of the treatment sample were still alive. It was on average an 18-month difference in survival. Now the ultimate outcome was about the same, but there was a highly significant difference in survival time. Now this, I'm glad to say, is an area of active research. There are 5 randomized trials that show that psychotherapy has an effect on survival time for metastatic breast cancer and for other kinds of cancers. However, there are also 5 randomized trials that show no effect of psychological support on survival. I'm glad to say there are no randomized trials that show that you actually kill people by putting them in psychotherapy. So the trials are not randomly distributed. Five of them show that psychosocial intervention extends survival. Five of them show no effect. One that's been widely cited was a very good study done by Pam Goodwin in Canada. Using our method in a large sample (235 women), she showed, like we did, that they reduced the stress and pain, but there was no difference in survival. So it's still an area of understandable disagreement and debate. Cancer treatment has changed. It's harder for a patient to be alone with cancer, I'm glad to say, than it was 20 years ago, and that may be a factor. There are several other big trials going on. We have another study ongoing, and there's one in Melbourne, Australia, as well. We need more research to determine whether or not living better means living longer. But at least it's possible that helping people cope better with the illness may have some effect on the rate of cancer progression, as well as on their quality of life, via some of these mechanisms that we've talked about here. Through reregulating the hormone system, the cortisol and

other hormones may have an effect directly on tumor progression, or through their suppressive effect on immune defense. So there are a number of ways in which helping people manage the stress of illness—providing them with better emotional support, helping them cope more actively with the disease, helping them deal with the strong emotions, with the disruptions to emotion, cognition, and social support that come with traumatic stress—may have an effect on their body and how their body copes with the progression of the illness, not just on how they cope with the progression of the illness.

So in summary, what do we know now? The first point is that mind matters. Stress and hypnosis are altered mental states that can affect brain and body function for good or ill. Since they occur naturally during times of stress, it makes sense to mobilize altered mental states like this to help people alter their perception and possibly alter the way their bodies respond to illnesses like cancer and certainly the way their bodies respond to pain and anxiety. Hypnosis, in fact, alters brain processing of pain and anxiety, and that leads, clearly, to better medical outcome. In cancer, we know that depression and cancer are a bad combination, that diurnal cortisol dysregulation predicts the rate of cancer progression, and that supportive/expressive group therapy improves emotion regulation, reduces distress, and may have an effect on survival time, leading me to the conclusion that feeling may lead to healing.

This work has been supported by a number of agencies for which I'm very grateful: the National Institute of Mental Health (NIMH); the National Cancer Institute (NCI); and the National Institute on Aging (NIA). The State of California wisely uses some of its tobacco tax revenue to fund research on cancer, including breast cancer. The John D. and Catherine T. MacArthur Foundation Mind-Body network has supported this research for many years. The Charles A. Dana Foundation in Brain Sciences, the Nathan S. Cummings Foundation, and the Fetzer Institute among others, and I'm grateful to all of them for supporting this work over many, many years.

This is our center on stress and health. A wonderful, dedicated group of researchers who devote their careers to these kinds of studies. Here's Jessica during her Mona Lisa

imitation— she gets a lot of teasing about that.

I want to do a slight plug for our Stanford Center for Integrative Medicine. As noted at the beginning, this is our fifth anniversary. We're delighted to have inquiries either via our phone number (650-498-5566) or through visiting our Web site stanfordhospital.com/clinicsmedservices/clinics/complementarymedicine/. Some of the programs we have are evaluation and treatment planning, medical acupuncture, biofeedback, hypnosis, massage, meditation, and group therapy. We have a wonderful cancer supportive care program that a medical oncologist from San Francisco, Ernie Rosenberg**,** started. The details of his program are available at a different Web site (www.cancersupportivecare.com), if any of you are interested in that. We have nutritional counseling, naturopathy, and we're now up to about 10,000 visits a year, so the program has grown substantially, and I'm grateful to the support of the hospital and the many clinicians who participate in the program.

Shakespeare said, "When we our betters see bearing our woes, we scarcely think our miseries our foes. The mind much sufferance doth o'erskip when grief hath mates, and bearing fellowship." But just to remember also that the mind-body relationship is nothing to fool around with, this man is asking, "What happened here, sergeant?" The sergeant says, "It's a placebo overdose; we're pretty sure he only thinks he's dead."