

Psychology

The power of positive thinking



Helen MacKillop/Science Photo Library

The campaign for sainthood for Mother Mary MacKillop began in 1927. In the late 1800s, the Australian nun was a diligent campaigner for educating the poor and the cofounder of a new religious order, but the prayers of two cancer survivors after her death are what ensured Mary's canonisation later this year. In 2009, Mother Mary was credited with her second miracle after a woman in New South Wales was pronounced clear of inoperable lung cancer and a secondary brain tumour. The woman had no standard treatment but wore a relic of Mary's clothing and prayed to her daily. The first miracle attributed to Mother Mary was the similar healing of a woman with leukaemia.

Such is the aura of mystery surrounding cancer in the Catholic Church that one of the highest honours of catholicism can be bestowed on those credited with overcoming it. It might seem odd for the church to use the biological randomness of disease remission in some people and not in others to confirm its doctrines. But the attempt to give power to the efforts of the afflicted individual, rather than putting trust solely in medical treatments, is not exclusive to religious practice.

The notion that individuals who adopt a positive outlook improve their chances of surviving cancer has been controversial among the medical community, but is widely accepted in patient culture. The use of mental exercises to influence healing—eg, the Simonton approach—is reminiscent of motivational techniques used in business in which imagining the desired outcome will help deliver that result. For those who are able or willing to do so, the belief that a proactive mental approach can better ensure recovery is undeniably powerful; it

puts patients in a position of control over their treatment and their fate.

In *Smile or Die: How Positive Thinking Fooled America and the World*, which was published late in 2009, American writer Barbara Ehrenreich details the overwhelming clamour for positivity that she encountered after being diagnosed with breast cancer. She found online patient networks to be restricted mainly to expressions of optimism towards treatment and recovery. Negative attitudes, anger, or frustration were either not allowed space or were criticised as wrong and harmful, and above all necessitating change for the sake of survival. Ehrenreich concludes that pessimism is suppressed out of fear; because it is a threat to the belief system shared by many patients that mind-over-matter is possible for cancer. A firm non-believer, she deconstructs the theory that a positive attitude boosts the immune system and improves one's physiological capability to fight cancer—noting that the effect of mental techniques on improving immune function are unclear, as is the role of the immune system itself in fighting cancer.

Although the mind-body-cancer connection is an appealing topic for research, particularly for behavioural scientists, there is little evidence that emotions can affect cancer survival. Patients who receive support such as counselling or guided relaxation might have higher scores on quality-of-life measures, but this has not translated into improved survival. Some clinicians worry that patients might feel obliged to take part in such activities to extend their lives. But however wary the medical community becomes of the message that patients should develop an optimistic outlook to treatment,

the notion will remain part of the cultural landscape for those afflicted with cancer. As psychiatrist Jimmie Holland suggests in her 1999 book *The Human Side of Cancer*, "people who truly believe don't need (or look for) scientific proof of the connection [of a survival benefit with positive thinking]...what probably matters most in the long run is that your view is consoling and comforting to you." Like religion, the always-be-positive belief system is an enormous source of stability for the daily trauma of living with cancer—for those inclined to follow it. Holland is adamant that cancer progression is unaffected by attitude, and that families and clinicians must support whatever views or approach a patient takes; a cancer diagnosis is not the time for an individual to reprogramme their attitudes or coping mechanisms.

Still, it is easy to see how a life-long pessimist or stoic can feel isolated, as Ehrenreich did, by a peer environment that is dominated by a focus on attitude as a key to survival. One blog entry by a relative of a patient with cancer stresses "a negative attitude will most certainly doom a patient". Ehrenreich was especially offended by a sentiment she frequently encountered among the online breast-cancer community that the diagnosis should be viewed as gift, a stimulus for positive spiritual transformation. Even the website of a large US health-insurance provider tells patients that they "can be taught how to better manage their treatment through improving or refocusing their attitude about the diagnosis", and ends with the didactic message: "the Chinese language uses the same symbol for the words 'crisis' and 'opportunity'".

Jill Jouret