

Chapter 1

The Beginning of an Answer

When is enough, enough? Is it when you catch someone in a blatant lie? Or when you can no longer endure terrible abuse? We've reached the point where enough is enough. Wasn't it in 1971 that President Richard Milhouse Nixon said we were declaring war on cancer and to achieve victory would take just 10 years? Well, 1981 passed and no victory. 1991, 2001, and 2011, and it looks like nothing has changed - another decade of defeat. Why have we been losing this war, like many of our recent military conflicts? World War II was our last clear military victory. The Salk and Sabin vaccines were our last clear medical victories. We keep losing or, at best, achieving a stalemate because of our inflexible thinking. The military talks about adapting and overcoming. But we continue to wage our cancer war with a hard-headed, rigid approach, without any real adaptation, and certainly no overcoming.

Basically, cancer is still being treated by burning (radiotherapies), cutting (surgeries), and poisoning (chemotherapies). It always has been this way and promises from these fields have failed to live up to our hopes. Once in a while "they" get it and try to play with our immune systems to fight cancer. Monoclonal antibodies ("smart bombs", the media called them), Interferon, and Interlukin failed miserably. Anti-angioplasty was another attempt. It failed to cut off blood supply and thus starve tumors. Then the anti-medical establishment got on their bandwagon and preached vitamins and supplements, particularly Linus Pauling's Vitamin C. The trouble is numerous studies have shown that Vitamin C actually can be carcinogenic. Vitamin C is an acid. Vitamin B12 causes poisoning reactions. I could go on and on, but I hope you get the point that vitamins and supplements can be almost as bad as chemotherapies at irritating and poisoning a person's systems.

Then we have the energy healers who put their healing energy into the poor, sick cancer victim. Their techniques never have been shown to work and it is obvious they are confused about direction. They are not putting in a healing energy. They are taking out irritation. At least, the Reiki massage therapists know this and shake their hands to rid themselves of the irritation they are absorbing. Nothing, other than excess vitamins and supplements, is worse for the cancer patient than to be massaged by an irritated human being.

The nutritionists are next on the list. Eat this, not that, and cancer will subside. Avoid sugar, caffeine, red meat, processed foods, etc. They fail to look at the world at large, where pockets of humanity are almost cancer-free, and yet they eat a lot of wrong things - red meat, fatty dairy products, low fiber - and still do not get cancer like Americans and Europeans. Cancer patients should eat whatever they can to keep up their strength. They should not eat any

one food habitually because it can become an irritant. The basic concept is one of irritation. Everything we have ever correlated with cancer has been an irritant. There are exogenous irritations (cigarette smoke, alcohol, the sun, etc.) and endogenous irritations (chronic anxiety, worry, and a type of depression that makes us the “Prozac Nation”). Endogenous irritation is far more powerful than exogenous. We all have been exposed to unbelievable levels of exogenous irritation. However, the environments in some areas of the world today are actually cleaner than they were in 1970, but cancer in those areas continues to increase. As cancer spreads throughout the world as if it was caused by a virus like swine flu, we are forced to see that heredity, nutrition, and virology as well as carcinogen theory do not account for these sudden shifts in cancer increases. When I first wrote about cancer in 1984, the expectation was that cancer would strike 1 out of every 8 or 9 Americans. At present, the statistic has shifted upward to 1 out of every 2 or 3 Americans facing cancer in their lifetime. These statistics are most relevant to heredity theories. When it comes to heredity, I will have much more to say in later chapters. The BRCA1 and BRCA2 genes are now the big bugaboos. Where were these breast cancer genes in 1940 or ‘50? Why were Eastern European Jewish women not noticed back then as having a greater incidence of breast cancer? Why were Catholic nuns the number one breast cancer victims in those days? Why now are these genes suddenly resulting in the mutilation of young women, when a generation or two ago, young women rarely got breast cancer? The American Cancer Society tells women to get mammographies whether or not there is a family history. They point out that eighty-percent of women with breast cancer diagnoses have no family history. When I started writing in 1984, 40,000 women in the United States died that year as a result of breast cancer. This past year, 40,000 women in the United States died as a result of breast cancer! We need logic to win this fight. Have we changed our heredity, pursued a dirtier environment, or changed our eating habits for the worse in one generation? The truth is our genes have not changed. Our environment is, in many ways, cleaner. And more and more people limit the bad foods that the American Cancer Society recommends limiting or eliminating.

So enough is enough. We cannot exist as a society and continue to fight this way - Richard Nixon style. It will destroy us economically and physically. We need new ways to get past the false totems. We need new ways to treat cancer other than burning, cutting, and poisoning. We need to dismiss the idea that our defeat is because “cancer the disease” is about 110 different diseases. The truth is that we have a cancer any time our cells start reproducing in a rapid and random way, when there is no good metabolic or morphologic reason for them to do so. It does not matter if this occurs in our stomachs, lungs, bones, brains, ovaries, prostates, etc. It is a cancer if the cell reproduction mimics infantile growth. It is a cancer if we are not healing a bone fracture, yet have a growth rate similar to healing. It is a cancer if cells reproduce to cure

a disease that actually is not there. Cancer is the rapid and random reproduction of cells for no good reason. That's what it is. Forget the excuses that it occurs in many different parts of our bodies - enough already.

How can I say all this when we know cancer treatment certainly has increased longevity for the cancer patient? Perhaps, we are looking at statistical game-playing. Diagnosis of cancer has significantly improved, that is true. The earlier the diagnosis the better, right? Yes, of course, if the cancer is localized and not systemic. It is of enormous value. Perhaps the cancer can be removed surgically and no evil cells escape from the primary site. However, the surgical intervention that possibly can cure, can also distribute these bad-guy cells. Survival statistics can be misleading. If a woman in 1955 was diagnosed with breast carcinoma, it had been present for several years. Now, in 2011, the diagnosis is made in a year or two, versus 1955 where three or four years passed before diagnosis. If survival totalled seven years in this form of breast carcinoma, two years are added to the survival rate because of the early diagnosis - not necessarily better treatment. It is a nasty and deceitful shell game that the medical profession has been perpetuating on us all. It makes us believe progress is being made when that does not seem to be the case. It gets us to donate more and more money to research protocols that have led nowhere for decades.

In the beginning of my research and writing about cancer, I asked about the parts of our bodies that do not get cancer and why. I was more interested in that issue than what parts do get cancer. I discovered that all the parts that are close to cancer-proof have one thing in common: they have the means to discharge irritation almost immediately.

Have you ever seen a startled or overstimulated newborn? Of course, you have. But if I asked what reaction you saw to this overstimulation of her nervous system, you probably would say she curled up into the fetal position. Slightly older infants will, but a newborn will arch her back, extend her arms and legs out rigidly like a skydiver, and her fingers and toes will be separated and also rigidly extended. This is the Moro Reflex. It is a reflexive reaction in newborns to overstimulation. Some evolutionists have theorized that this reflex allowed infants to latch onto branches when we lived in trees. It is more likely a discharge to prevent overwhelming levels of stimulation in the tiny body from having a terrible effect on the rapidly-reproducing cells of normal growth at this earliest stage of life. Remember the teacher telling us we would wind up the size of the Empire State Building if growth continued like this for too long? The Moro Reflex answers the first questions of cancer-proof body parts. When was the last time you heard of someone getting a primary site cancer in a finger or toe? Probably never, although there is skin, bone, etc., in fingers and toes. We bite our nails and tap our fingers and feet to discharge irritation. Autistic children shake their hands to discharge irritation. Fingers and

toes are almost never primary sites for cancer. They discharge irritation effectively right from the beginning of life.

Have you ever heard of or encountered someone with a cancer of the bicep, the quadricep, or the gastrucnemeus muscle? Voluntary muscles rarely get cancer. When it does happen, the “myosarcoma” is a horror. Voluntary muscles discharge irritation through movement - they flex or extend. They are relatively immune to cancer.

Neurons or nerve cells also are devoid of cancer. Yes, there are brain and spinal cord tumors. So how can I say that nerve cells are immune to cancer? In spinal cord and brain tumors, it is the support cells that reproduce cancerously. The astrocytomas or gliomas we hear about are happening in the cells that support the nerve cells. The nerves themselves first get irritated and then discharge the irritation in a flash through the axons. That is how our nervous systems work. The nucleus of a nerve cell cannot be irritated sufficiently to induce the genetic material to cause reproduction of the cell. Thus, spinal cord injuries with destroyed nerve cells are permanent.

Medical personnel will argue that these cells are “post-mitotic” and cannot reproduce. Fingers and toes, of course, have cells that can reproduce, but voluntary muscles and neurons do not. Muscles get larger when we exercise because each cell gets larger (hypertrophy), not because we create more cells. These cells are not able to reproduce due to their unique function of discharging irritation.

Irritation is the basis for cancer and emotional irritation is the most destructive kind. The type of isolation and depression plaguing America and Europe is epidemic. Its spread correlates precisely with the increase in cancer statistics. At the same time this depressive dynamic gets set up in us, we learn to be addicted to irritation. This shows itself later in life. A certain type of person uses cigarettes, alcohol, marijuana, and/or Lexapro to combat their depression. This “anaclitic (or infantile) depression” and an addiction to irritation get established when the nervous system’s hard drive is being programmed, as we enter the human race and see light for the first time.

Why is it that the Surgeon General warns people that cigarette smoking is harmful to their health, but does not warn them that the type of personality that causes them to smoke two packs a day can be as lethal as tar and nicotine? We come to a curious phenomenon. Although our century has given special credence to the idea that the mind can influence the welfare of the body, the sophisticated cancer researchers, their eyes glued to their microscopes in the pursuit of answers, have failed to look up long enough to study the behavior of their patients, not when they are smoking or breathing polluted air, but the manner in which they relate to other human beings. One does not need a microscope to study human interaction, only a willingness to use

one's eyes, ears, and intelligence to observe, listen, and compare. If one does, what one learns can be startling.

Because psychological factors have been given only slight acknowledgement by cancer researchers, the complex biological aspects of cancer have not been integrated with these psychological aspects. Yet this integration can provide the answers to all of the questions that remain about cancer.

If we understand how cancer is caused rather than emphasizing what causes cancer, we can get those answers. In the 2nd Century B.C., Galen, the famous Greek physician, observed that women who were depressed and melancholic were more likely to get breast cancer. During the Renaissance, cancer was referred to as the “black bile of depression”. The wisdom is ancient, but what is new is not looking at the entire person and focusing instead upon a liver, a lung, a lymph gland, or an oncogene. Our obsession with oncogenes has been so extreme and unproductive for decades that it would be funny were it not contributing to our pursuit of false totems and causing the deaths of millions.

Oncogeneticists do not care that genes get affected by how a person relates to other human beings. They cannot study what Galen or Renaissance doctors saw through a microscope. They cannot see how people interact with their eyes glued to the ocular lens. If they could look up long enough to recognize their failure and foolhardy obsession, they could see why cancer exists and why it is spreading throughout the world. But, perhaps, this is fraught with a truth they simply do not want to see. It is a truth that tells us we are living our lives in a carcinogenic way and that hard choices must be made to reverse the progression of cancer and win this awful war. What remains critical is whether or not we have the courage to face these issues and change.

When I first submitted my manuscript to a publisher, I encountered an amazing phenomenon in a medical editor at one of the largest publishing houses in the world. He had read my manuscript with intense interest because he had undergone three operations, radiotherapies, and chemotherapy. In our telephone conversation, he made it clear he was waiting to die.

I asked him if he had ever considered dealing with the emotional aspects of his disorder. He replied that his oncologist had told him that he had been given the most potent forms of treatment. To give him any more would result in certain death. When he had asked the doctor if there was anything at all that could be done, the doctor said there was not.

The editor told me all of this, having read my manuscript, because he fit the description of the cancerous personality very closely and that the background I described as precancerous coincided with his own experience. He also knew of studies with mice and rats that demonstrated that “stress” was somehow involved with cancer.

But when I asked him again if he would be willing to investigate the emotional aspects of his disorder, he replied that he was so busy with his work and family that psychological treatment would be far too inconvenient.

I asked him if my manuscript made any sense to him. He repeated that he felt it was vitally important. I asked him then why he would not follow the recommendations in it. He ignored the question. It was hard to believe, but this man was telling me that he would rather die than deal with the feelings connected with his cancer. He simply did not want to allow them into his consciousness.

As I have said, it has been known for a long time that irritation - chemical, physical, and emotional irritation - causes cancer. Knowing this, it is terribly frightening to recognize that we have almost no control over the chemical-physical environment we live. It is perhaps even more frightening to recognize that one's own personality dynamics and psychological defenses can be the most potent carcinogens.

There are many different types and categories of cancer. Some are manifested as tumors, while others are apparently pervasive, such as lymphomas. Some, such as leukemia, seem to target specific age populations (the young and the very old), and others, such as testicular or cervical cancer, are obviously related to gender. How then can we make any generalizations about these different types of cancer? We must go back to the idea that cancer can only be considered cancer if it has two characteristic symptoms: rapid and apparently random reproduction of cells. The medical establishment still cannot tell us what agent or mechanism actually sets up this complex chain of events. They can study tumors or leukemia, but do not have an actual explanation of their causes. They certainly speculate, but are at a loss for actual answers. When I first started studying and writing about cancer, the above was true and, unfortunately, it still is true decades later. Back then, studies were done repeatedly demonstrating lifestyle issues and correlations with cancer. Before it became epidemic, the effects of divorce on women was widely studied. The only ones still studying this are the Scandinavians. Yet the effects of divorce have been shown to increase the risk of breast cancer in women in numerous studies. Now that there is an enormous increase in divorce, the studies on marital instability and cancer have stopped! Oddly enough, there were studies demonstrating suppression of immune functioning and divorce, but these are no longer being done. Widowhood and remaining unmarried until the age of forty also correlated with cancer. No one spoke about these studies back then either. But now, they are not even being done.

We have documentation that immune systems can be less effective in individuals suffering from extreme anxiety and/or depression. But were married women subjected to less extremes of anxiety, pressure, and depression? Married women do get breast and cervical cancer. But if a woman is married and then unmarried, the odds increase. At least they used to.

We don't know if this is still true because the studies are not being done. Could this be due to a need for political correctness in a world where divorce is not only acceptable, but now the norm?

When the effects of nuclear testing fallout were studied in Utah Mormons in those days, they had a significantly lower rate of cancer. In Southern California, Mormons did not get any kind of cancer at the "normal rate," even those unrelated to environmental pollution, smoking, or drinking. Mormons are not supposed to smoke or drink, but they are allowed to breathe. They used to have lower cancer rates. The studies stopped being done.

Mormons in Southern California, Utah, or anywhere else are all taught the same things - that life should be managed through principles of moderation. Perhaps even more important, Mormons belong to someone or something other than themselves. They no longer are being studied by researchers on this level. Maybe they have changed or, more likely, their lifestyle is seen as archaic and out of touch with much of America. Marriage, family, and children are not the priorities they used to be.

Albert Schweitzer, when asked if he encountered cancer among his native patients in Africa, replied that he had never seen a case until other white men arrived. Schweitzer made it clear, however, that he was not saying there was no cancer among his contemporary African Blacks. He was saying merely that with the other diseases he had encountered, he had never seen cancer prior to the arrival of the influence of Western civilization. As previously stated, the World Health Organization recently claimed that cancer is spreading like a virus into places in the world where it had been a relatively rare phenomenon. As American and European values get incorporated into "cancer-free" societies, cancer is rapidly appearing at levels that even the WHO cannot miss. Can we reasonably say that the genes of these people are instantly changing? Can we assume that in every one of these places there is a sudden increase in pollution or the building of a nuclear reactor? Are their dietary habits changing to bacon, hot dogs, and chocolate? No, but are their value systems being threatened and their attitudes toward marriage and child-rearing changing? Are their lives more pressured, as with Schweitzer's African patients? We can only hypothesize because we are not studying these situations.

All the old animal studies show that white mice can be stressed into cancer. But if stress itself was the big emotional carcinogen, then New York, Chicago, Denver, Atlanta, and any other large city, with noise pollution, job pressures, and the need to compete and win, would be ghost towns.

Looking for a unified explanation of the causes of cancer is like going down the corridor of a maze and being blocked, then trying another avenue, and then another, and then another. But if you go airborne and look down on the maze starting the observation at the destination, you soon will find yourself able to see the one path that goes through.

The destination is a theory that dismisses the contradictions and answers the unanswerable with reason and observations of the whole person. We cannot afford to allow our scientists and researchers to continue to lead us down blind alleys. Cancer now is the number one cause of death in America. For the first time in history, cancer is causing more deaths than heart disease. We know that cancer comes from genetic instability. We know that every human being has cancerous cells in them at any one time. We know that medical science's obsession with oncogenes has gotten us nowhere.

What if there is a theory that answers all the unanswered questions about cancer? What if a true prevention and treatment plan could be presented that went beyond the cutting, burning, and poisoning of modern medicine?

I will explain how all cancers are formed and why some of us are vulnerable to our cancerous cells while others are not. But, most importantly, I will present a treatment method that can be applied to all cancers with no side effects or depreciation of the quality of life. This method has been shown for 35 years to extend life, increase the quality of life, and, in many cases, reverse the process of cancer.

Chapter 2

The Beginnings of Cancer

Ever since Pasteur, the medical profession has been conditioned to look for the germ, the virus, the “thing” in searching for the cause of a disease. Although there is considerable evidence that certain personality types are more prone to heart attacks than others, cholesterol and tobacco remain the experts’ hands-down favorite causes.

Psychological studies have been completely ignored by cancer researchers. Science continues to search for a simple and direct explanation for cancer while ignoring the complexity of the interaction of psychology and biology.

Everyone would be delighted if an effective anti-cancer vaccine could be found, but we do not appear to be anywhere near this. It may, in fact, be impossible. To find out why requires a serious study of the psychology of cancer.

Psychologically, cancer can be viewed as the ultimate primitive psychosomatic representation of an extreme separation of the self-contained positive and negative forces motivating our lives. It is a resistance to the integration of the basic, biologically-determined drives of aggression and libido (destructive and constructive forces). Cancer is a blatantly narcissistic dysfunction (a self-contained problem), which is evidence of the conflict of these most primitive drives. It is an attack upon the self in which the forces of life are overwhelmed by the person’s unconscious, self-destructive needs. Cancer is a clash of the forces that Freud and other early psychoanalysts first recognized as innate drives. Most important, cancer can be viewed as the bodily expression of a person’s inability to cope with internal or external stimuli. Cancer can be considered to be the accumulation of irritation that triggers a learned bodily defense. This conditioning to irritation can be very specific (a tumor) or pervasive (lymphoma or leukemia).

If you have been conditioned to direct your rage at your upper digestive tract, excess gastric juices will be secreted. Hydrochloric acid will be the primary internal carcinogen. You literally will be eating up your own stomach lining.

Against external carcinogens, we have the protection of the skin, nasal hairs, and the ability of the digestive tract not to assimilate some irritants into the bloodstream. We also have an immune system to form antibodies, antigens, benign encapsulating cysts, white blood cells, and so forth. However, there are no natural, effective screening methods to prevent direct access to the cells by internal carcinogens.

The effects of smoking and drinking provide examples of the interaction of external and internal carcinogens. If an individual needs to be soothed emotionally by using either of these

drugs to excess, he is most likely attempting to contain feelings that are capable of overproducing internal carcinogens.

Kurt is an exceedingly hard-working owner of a small, successful business. His work is seasonal, as is his increase in smoking. Kurt made this observation himself:

When business is busy like this, I smoke maybe two or three packs a day. In the off-season, I can hold it down to maybe one or one and a half packs. But then I just sit around and always worry about how the business will survive until the next busy season. I mean it always has survived. I've been doing it for almost twenty years, and by now you would think I'd know and not worry so much. The really crazy part is that when the busy season comes, I have to worry more. I have to worry about the crumbs I hire quitting on me. Then I have to worry about whether enough work is coming in. So I guess it's a never-ending battle of anxiety. By now you'd think I would have learned that this business is a survivor. The question is whether I'm a survivor, too. Sometimes I think I could drop dead from all this aggravation. My wife and kids keep asking me to quit smoking. What they don't know is how much more I smoke than they think. Once in a while I even have to take Xanax to settle down, when the cigarettes aren't enough. If I gave up cigarettes now, you'd have to cart me off to the funny farm. I hate to admit it, but I really need them!

Kurt is a perfect example of an individual at high-risk for cancer. Not only is he a heavy smoker, but he also is a heavy generator of internal carcinogens. This interaction of carcinogens from the outside and from the inside can cause an explosion. The explosion is cancer.

Paradoxically, alcohol and tobacco also can serve as suppressors of the production of internal carcinogens. This should be taken into account by a physician and concerned family members before pressuring an individual to stop their use. Internal carcinogens can be far more damaging than external ones. The internal carcinogens must be dealt with first. If the external carcinogen is removed too soon, it is possible to cause greater damage through the body's reaction to the unchecked feelings released.

This should not be interpreted as an excuse for anyone to continue smoking or excessive drinking. Drug abuse is a symptom of deeper-rooted problems, and the superficial and premature removal of a symptom or defense can have serious emotional consequences.

Cancer patients often have a history of their psychology attacking their biology. To understand this, we must start at the beginning - the point at which internal and external influences cannot be separated. It is at this point that they have the greatest potential for interaction. The beginning is really the beginning: pregnancy and infancy.

Only recently have we begun attempting to investigate seriously the influences to which the fetus is exposed. In the last ten or twenty years, we probably have learned more about its vulnerability than throughout all of mankind's previous history. We have a much better understanding of genetics and are learning more and more about the influence of environment on the fetus. *We know that certain drugs taken and certain illnesses occurring in the first trimester can result in serious deformity of the fetus.* We

know that women who smoke during pregnancy give birth to babies of below-average weight, who also are more likely to suffer respiratory problems early in life. Alcohol abuse can cause retardation.

We are just beginning to explore scientifically the emotional influences upon the process of pregnancy. We know that the fetus is likely to move less in the second or third trimester when the mother is listening to soothing music.

We also know that the mother is going to produce internal carcinogens in the course of her pregnancy. No woman can go through an entire pregnancy without periodic elevation of such chemical irritants. And these chemicals can cross the placental barriers. Why then are not all babies born with some manifestation of suffering?

As a point of interest, almost no one is born with cancer. Blastomas do exist and can show up in infancy, but, according to the neonatologists, they actually are not cancers. Babies can be born with embryological cells that should have turned into something else, but instead continue to reproduce at an embryological rate. If a retinoblast does not differentiate into a rod or cone of the retina, it may continue to reproduce as embryological tissue. It looks like cancer, but it is a genetic anomaly. Therefore, we can rule out the “infantile cancers” as cancerous. They are not. They are embryological cells that should have turned into rods, cones, bone cells, or neurons, but instead continue as undifferentiated embryological cells. The baby is protected from cancer and other serious damage by a three-fold system of defense:

1. The baby can move and dissipate irritation through the movement of the voluntary musculature.
2. The fetus’ own systems for the production of internal carcinogens are still developing. They cannot add substantially to irritants the mother provides. The nervous system also is not fully developed in terms of its insulation. Discomfort and pain may be less severely experienced.
3. The mother and developing baby are a psychological unit. They are one. Expectant mothers frequently enjoy the sensation of life and can soothe and comfort the fetus through words and by touching their abdomens. This identification and fusion with the fetus is highly protective. It is the most important factor in the protection of the unborn. The mother’s defenses, both physical and emotional, serve to absorb the fetus’s irritations. This phenomenon will be explained later. First, we must take into account some additional issues of human development.

Assuming a healthy baby is the outcome of fertilization of the ovum and a successful pregnancy, what can we say to describe this vulnerable little creature? One word seems to sum it all up: hypersensitive. The baby, as LeBoyer and others have observed, is a bundle of rawness. A comforting blanket can feel like sandpaper to this skin that has just emerged from months and months of soothing suspension in the amniotic fluid. Eyes that have never seen light are suddenly overstimulated by even the deliberately dull lighting of a hospital delivery room. Ears that have heard only the softened and muffled

noises passed through the mother's tissues and amniotic fluid suddenly are subjected to the powerful stimulation of even soft voices and perhaps loud medical procedures. Smell and taste have their first opportunity to affect the long process of learning to discriminate.

I have always been amazed by how powerfully sleeping newborns react to smells. The irritating molecules actually seem to cause pain. The body twists and the face contorts in response to pungent odors. Tastes appear to evoke similar responses. Vitamins or iron supplements, perhaps two of the most frequently administered medications, can cause a sudden recoiling, a contortion of the face, and even tears. I have observed newborns being exposed to overstimulation of their senses while they were asleep. The reactions were similar to the alert-and-awake state. Physical stimulation of touch, sight, or hearing appeared to elicit less intense reactions. Chemical stimulation seemed to be the most irritating. The chemical reactions are, in my opinion, more potent and more primitive. Lower animal forms continue to rely upon them throughout life. The human animal, at birth, appears to be hypersensitive to them. The use of "smelling salts" to revive an adult who has fainted clearly demonstrates that the "chemical senses" of taste and smell are more potent than the physical senses of touch, sight, and hearing.

At birth, the baby is introduced immediately to external and internal stimulation that is more than he can tolerate. During the first several months of life, he can defend against such stimulation by withdrawing into sleep or through movement of the voluntary muscles. At this point in human development, the individual is the epitome of narcissism (self-containment). The baby does not have the ability to separate or differentiate among the environment, the people in it, and himself. The baby's cognitive or thought processes are nowhere near that of an adult. Obviously, we do not know what babies can be capable of thinking, but it appears that everything that stimulates, either from the inside out or the outside in, is transposed immediately into sensory-motor reactions. The baby feels, and the feelings are transposed immediately into bodily experiences. The baby does not have the psychological defenses of an adult, or even a child at later stages. Hunger is reacted to with extreme irritation or distress, perhaps even pain. The need to eliminate bodily wastes also is an irritating and tension-producing situation that is followed by relief.

Psychoanalytic and biological theories state that the newborn enters this world with two basic drives. One is aggression, which provides a stimulus to obtain gratification. It is this drive that permits the baby to attempt to throw off intermittent states of overstimulation. The baby does this with the voluntary muscles. This kicking, clutching, and crying have the components of tantrums. When the child is about two years old, we begin to characterize this discharge of the irritation that the toddler finds overwhelming as "throwing a tantrum." Most of us react to this not as a signal of extreme distress as we did with the newborn, but as the emotional blackmail of a "spoiled brat."

Similarly, we almost always view such immature behavior in adults as obnoxious and possibly dangerous. We rarely stop to consider where this pattern may have come from or what it

actually means. Many cancer patients throw tantrums, but they do not seem to serve as curative catharses. However, they do indicate that these people are in a state of hyperirritation and are overwhelmed.

Aggression is viewed by most of us as a negative emotion. We equate it with anger or hostility, but it need not be solely in the service of negative goals. For the newborn, it can be used to make the baby's needs known. Simply stated, aggression is a vital, necessary aspect of life which must be integrated with other life-sustaining drives to help preserve the individual.

Libido is the other drive that is viewed as innate. In the Freudian sense, it is the force that motivates us to seek pleasure. Another way to view libido in the newborn is the force that seeks tranquility. The baby is growing at an unbelievable rate. This growth, like healing, is believed by some to be painful and aggressive. A mending bone or a healing ulcer can cause pain. Both have cells that are reproducing rapidly to aid healing. Rapid mitotic growth (growth by cell division) in the newborn can also result in discomfort. The baby can be viewed as going through a healing-like process in all areas of her body. This physical and, perhaps, emotional pain must be dissipated or severe consequences can result. At times, nothing seems to work to dissipate it; but, most of the time, the baby can gain relief through contact with others. Most often, this person is the mother. Libido in the newborn is simply the drive that seeks an escape from stimulation. The escape route is through the mother.

Margaret Mahler, an expert on early childhood development, calls this stage of life the "autistic stage." It usually lasts for the first two or three months of life and is the essence of self-containment. Mahler recognizes that growth is aggressive at this point in life and possibly painful. At the autistic stage, the baby has no ability to moderate basic drives.

Thus, the baby can be considered to be devoid of psychological defenses. It is the development of these defenses that marks the beginning of modulation of the drives. The newborn is the human being at the most sensitive, vulnerable, and impressionable stage of life.

We all have a tendency to ascribe more mature feelings to this newcomer. We assume that the baby is angry when she, in fact, is letting us know that she is in a state of hyperirritation. We misunderstand the successful discharge of irritation as love. Because of our emotional needs, we attribute to the baby a greater range of feelings than the baby is capable of. This permits greater emotional attachment to the baby.

In reality, the baby cannot clearly distinguish herself from her mother (or other caring individuals). Without something outside of herself to attach irritation or pleasure, the baby is not capable of rage or love. The baby is simply able to experience irritation or the lack of it.

In the course of the autistic stage, the baby is conditioned into more advanced feelings. The parent (or surrogate) provides the conditioning that educates the child. Any kind of irritation in the autistic stage will bring forth outbursts of distress, including crying, flailing of arms and

legs, and arching of the back. This unspecific reaction of the newborn to all irritation provides no clue to the cause of the outburst, and requires parental response based upon logic and knowledge of the baby's very limited physical and emotional needs.

A new parent's initial responses are likely to be based on trial and error, but the chances of successfully reducing irritation are good because of the limited needs of the baby. After several weeks, the parent will be able to respond to the baby's signals in a more direct, non-random manner. Once the mother can begin to tell which cry or movement relates to which need, then the baby is being conditioned to repeat the behavioral signals. If the baby does, gratification arrives much sooner. If the baby's mother is not tuned in at this very early point in development, the baby will learn very little about giving off signals for gratification or how to relate to the outside world.

This conditioning is on a physical sensate level only. It does not require thought or the ability to relate cause and effect, only the ability to feel, react, and be rewarded. This conditioning may involve thinking, but thought is not necessary for physical learning to take place. Single-cell organisms also have clear-cut behaviors. Very primitive, simple beings can learn, that is, be conditioned. Even plants have responses (called tropisms) to stimuli, which indicate an ability to adapt.

The autistic stage of life usually is viewed as devoid of any potential for learning, but recent observations have indicated that the newborn is more aware sensorially than previously assumed. However, the ability to take in from the environment is secondary to the lack of moderation of the drives. There is no learning within the sensory system that will help moderate the levels of hyperirritation until conditioning takes place. The baby's intense ability to feel is indicative of the lack of moderating psychological defenses.

It is the rawness and immediate accessibility to aggression and libido that make the autistic-stage baby susceptible to unconscious learning, mainly within the involuntary nervous system. This learning precedes consciousness as we understand it for the more mature individual. Autism appears to be a stage beyond cognitive or even emotional reach.

What can be conditioned in the first several weeks of life that will reduce tension resulting from irritation? If all goes well, it can be a wonderful, lifelong ability to be comfortable with intimacy and relating to others. If, from the beginning, the baby has been taught how to be comfortable with unconditional loving, he will be accepting of such displays of caring directed at him as an adult.

If things do not go well, the learned response will be a dynamic for cancer. As an adult, this individual will reflect a basic trait that I have observed across the board in cancer patients. He will have developed emotional defenses to prevent himself from being unconditionally loved

and accepted. He will be uncomfortable, embarrassed, and even provoked if love is directed at him.

The newborn baby cannot condition himself. Whether or not the conditioning is excellent or horrendous, the caregiver, usually the mother, is, in a sense, an involuntary participant. She can offer the baby only what her unconscious will permit, what she has experienced and been taught, and what her life circumstances will allow. Motherhood can be a joy. It is also a difficult job, which in our present society is far too frequently put down. Mothers are the individuals best suited for the early stage of rearing babies. Mothers cannot be perfect, nor can they be substituted - not even by fathers.

Let me explain this highly controversial statement.

A great deal has been written about the emotional impact of pregnancy. For many women, this is one of the most delightful times in their existence. However, one cannot deny that fear and discomfort are also significant aspects of carrying a child. Coupled with a lack of control over what is happening to one's body, they facilitate a vitally important regression.

Whether it is the first or fifth pregnancy, it is very difficult for any woman to be nonchalant about her situation. Having had other children may reduce fear to some degree, but each pregnancy represents a new unknown.

The first trimester of pregnancy is a shock to many emotional and physical systems. This serves as the initiator of the maternal regression. A feeling of being dissociated or "spaced out" is not infrequent. A hypersensitivity to irritation also is initiated. Certain smells and tastes can be repulsive; noise or glare can be more irritating than usual; touch can be experienced as abrasive at times.

By the second trimester, any ability to deny the pregnancy is taken away as it starts to show. The thought of not being able to say, "Okay guys, I've had enough. I think I'll just go home now," becomes a stark reality. The pregnancy is a one-way street at this point. A primitive feeling of vulnerability usually begins in the latter part of the second trimester as the abdomen enlarges and the future mother senses that her ability to fight or flee is greatly reduced.

Strange urges for food can be a result of this phenomenon. They can test the husband's willingness to be unconditionally giving and loving. A caring husband should never label such requests as absurd. At this point, the 10:00 p.m. or 3:00 a.m. feeding of the baby is taking place through the emotional and physical apparatus of the mother. She is unconsciously experimenting with the future. As her fears and loss of control over her body continue, she will regress more and more. She will need frequent reassurance from her surrogate mother - her husband. Women usually are aware that they are testing at this point. As one woman reported:

I asked Jim to go out and get me some ice cream last night. At 11:30 p.m., we were getting into bed when I felt like I had to have some vanilla fudge or I'd die. Jim had just gotten under the covers and turned out his light. I love him so much! He got right out of bed and got dressed to go get it. When he went out to the garage and turned on the car, I ran out and stopped him. I felt really crazy. I told him not to go, that the stores would all be closed. He said he knows an all-night deli that has ice cream. I told him I had changed my mind and didn't really want any. He sort of shrugged, came over to me, hugged me, and said that I was a nut case, but he loves me anyway. I felt so warm and cared for. I kissed him, and we went upstairs and made love.

By the third trimester, emotional changes are occurring at a rapid rate. Mood swings are more pronounced. Weepiness can occur for no apparent reason; an increase in hypersensitivity to different kinds of irritation can take place. The expectant mother already is experiencing many of the significant emotions that the newborn will experience. As pregnancy reaches its climax, the unborn baby and mother are remarkably similar in emotional orientation. At times, the mother may feel she is losing control of her emotionality. The adult part of her psyche may condemn the emergence of infantile feelings; however, all of these feelings are both natural and necessary.

The more comfortable the woman is with her emotional state prior to pregnancy and the more supportive her marital relationship, the more likely she will be able to be in touch with all her feelings during pregnancy. The more she can be in touch with all her feelings and express them, the more adequately she will regress to the baby's emotional level.

If the mother-to-be has a weak grasp of her feelings and reality prior to pregnancy, she will, most likely, resist regressing. She will fear permanently losing control of her emotions. At birth, she and the baby will be at two different emotional points.

After delivery, our adult baby is tired from both physical exertion and emotional overstimulation. She can be simultaneously euphoric and agitated. She requires rest and soothing to regroup her forces. The highly volatile and extreme feelings of pregnancy will continue, and she will remain highly sensitive to irritation, both chemical and emotional.

During the next three months, the emotional state of the mother can have enormous consequences for her child's future. Why are these first three months more important, in many regards, than any other stage in life? Why are the mother-baby interactions so vital to all later development? The answers to these questions are provided through the concept of mother-baby fusion. It is this fusion, or lack of it, that makes the crucial difference.

Chapter 3

Fusion

The previous chapter explained how the mother and baby arrive at the same emotional point at the time of birth. She gets there through regression; the baby gets there through intrauterine development. The mother's regression permits a fusion or bonding between the baby and herself.

According to psychoanalytic theory, while pregnant, the mother-to-be views herself and her baby as being "one in the same." The baby is in the mother. At the same time, the mother is emotionally in the baby. At birth, either the fusion of pregnancy continues and intensifies, or it abates. If the fusion is permitted and encouraged to continue, the mother will continue to function in and out of an autistic emotional state known as the *primary maternal regression*. She will experience infantile feelings and sensitivity at times, but she also will have the ability to use more mature defenses and function as a normal adult.

The truly beneficial aspects of the primary maternal regression center upon the mother's ability to feel like a baby. She will be one-half of the hypersensitive unit of mother and newborn. She may have extremes of feeling, which medical science explains hormonal adjustments after delivery. Psychologically, these extremes can be explained as the normal infantile extremes of the autistic, or first extrauterine, stage of life. Some of the mysteries of the baby have ended. She can see, hear, touch, smell, and taste the baby, who now begins the lifelong process of interpreting all of these sensory clues which we call learning.

If the mother cannot regress to the purity of feeling that pregnancy normally induces, she can be overwhelmed by the birth of her baby. She can feel disconnected from the strange creature with whom she has so little in common. If her regression stops just short of autism, she will be at a point in emotional development called the anaclitic depression. This is an infantile depression that has nothing to do with more mature depression. She is stuck at a point of regression where she cannot tolerate the impingement of others. She wants to be alone and yet suffers extreme emotional pain if left alone. Post-partum depression can be, in part or largely, a resistance to fusion with the child.

In the treatment of precancerous and cancer patients, this concept of the infantile, or anaclitic, depression is vitally important. In Chapter 12, I will have a great deal to say about it and about reversing it as a means of aiding in cancer treatment.

In most cases, the fusion will take place in pregnancy and continue for some time after birth. In terms of the beginning of cancer, fusion is most relevant during the first few months of life. The baby is the human being in his most vulnerable and impressionable state. Chemical and physical irritants from the inside and outside are helping to stimulate enormously rapid growth through cell division (mitosis). This process, at times, can be aggravated or even painful. When we consider that healing usually is based upon mitotic growth and is painful, just imagine if every organ system in your body was experiencing the sensation of healing!

What prevents the newborn from exploding from such internal overstimulation? First, the wiring of the newborn's system has not yet been properly insulated throughout the body. This prevents her experiencing the intense discomfort that such focusing would cause. Second is the psychological concept of emotional entropy.

Picture a bowl of piping hot soup. If you place a spoon in it and get up from the table for a few moments, when you return and pick up the spoon, the metal burns your hand. The heat energy from the soup has sought a balancing of energy forces among itself, the air, the table, the bowl, and the spoon. The ceramic bowl, the air, and the table are not as good conductors of heat as a metal spoon.

The system of hot soup and spoon is an entropic one. Heat (i.e., energy) seeks a balance. It moves from the area of greatest intensity to an area of less intensity until both are balanced at a reduced level of intensity. An evenness, or homeostasis, results. This is a natural phenomenon of physical science. It is also a natural process in the psychological management of irritation for the infant.

If we change the hot soup to the baby and the metal spoon to the mother, the dissipation of autistic-stage irritation can easily be seen as occurring through the psychological fusion of mother and baby. The soup heats up sufficiently, and the baby is obviously irritated. The source of irritation does not matter. The mother, because of her emotional investment in loving her baby, can be considered an oversized, room-temperature spoon. When the upset occurs in the baby, she is there to absorb it. The hot soup fits into the huge spoon, and the heat can be rapidly and efficiently absorbed and equalized throughout the system. Psychically, the mother and baby are one system at this point, which increases the efficiency of this emotional entropic reaction.

A fusion must be present to help facilitate the entropic reaction, but after frequent and intense irritations from the baby, the mother herself can become less patient. The spoon is absorbing too much heat.

This is most likely to happen if the mother starts off irritated, with her emotional needs not being met by significant others (e.g., her husband or parents). The better she is cared for, the better she will be able to care for the baby. The cooler the spoon, the more it can absorb. The mother's irritations should be absorbed and dissipated by caring and concerned loved ones. If these people want to help and love the new baby to the greatest degree possible, they will first meet the new mother's emotional needs. She is the priority.

What happens if there are aberrations of this phenomenon of emotional entropy? If the baby is consistently left to cry out his irritation on his own, the entropic soup-spoon system becomes totally self-contained. The baby will begin to learn different mechanisms to keep things in, right from the beginning of life. This state of oneness actually can kill.

The physiology of the newborn is highly vulnerable. As cells rapidly reproduce, they are vulnerable to a process of genetic instability that may have immediate severe consequences if the self-containment is extreme. More likely, the biology will be thrown slightly out of whack in terms of future susceptibility to irritation.

The death of babies from marasmus is not the same as Sudden Infant Death Syndrome (SIDS). SIDS results from a neurological defect that causes the baby to stop breathing. With marasmus, the baby exhibits lethargy, passivity, and a refusal to fuse with others, prior to dying from “no apparent physical causes.” Marasmus is the most extreme reaction to lack of emotional entropy between mother and child.

Studies show that the risk of marasmus increases if the mother is less than twenty years old, unmarried, poor, and has had no prenatal care. The risk is higher among the lower socioeconomic levels of our society. Those least at risk are Asian-Americans, while poor Blacks are at the other extreme. Twins and triplets run a greater risk than single births. Boys are victims more often than girls. In short, the circumstances that prevent a primary maternal regression and subsequent fusion with the newborn appear to relate directly to marasmus.

The next step down in severity from marasmus is a conditioning for childhood autism. It cannot be diagnosed in an autistic-stage child. It refers to the youngster who never leaves this stage. The child behaves as if there is no outside world. He is incapable of responding to other people. He is incapable of protecting himself from dangers in his environment and usually does not develop an adequate means of communication with others. He has avoided developing a concept of the other as a means of defending himself against a fear of being overwhelmed by the significant other.

The autistic child appears, in effect, to have turned off all his mental apparatus in order to tolerate nurturing by an unconsciously hostile, even murderous, mother. She does not act maliciously or abusively. She does not have conscious intent to do the baby harm. As a matter of fact, she may be obsessive about doing all the right things. She is not a voluntary contributor to the problem. In a sense, she is as much a victim as the infant. Blaming her for her unconscious rage towards her baby would be like blaming people for what they dream. Her need to do everything right, to be the perfect mother, is a means of denying this unconscious rage.

Mothers of autistic children do all the right things. Consciously, they feel all the right things. However, it is only the tip of the iceberg. The one-eighth of the mass that is above the surface represents the conscious feelings of the new mother. It is the seven-eighths below the surface that the baby can sense far more readily than adults. Babies, animals, and adult schizophrenics can tune into unconscious feelings like long-range radar detectors. We all have seen babies scream whenever certain people come near. No one can hide unconscious feelings from a baby.

The newborn has a limited means of escape from a mother with unconsciously hostile feelings. Physically, he cannot escape. But mentally, he can resist and, thus, sacrifice learning to relate emotionally to this significant figure.

Autism, in my opinion, results from the dissipation of irritation to avoid marasmus. The mental apparatus is sacrificed to prevent death caused by overwhelming emotional irritation.

Remember that emotional irritation results in chemical change at all stages of human life. A state of hyperirritation can result in an overwhelming excess of genetic instability in the rapidly-dividing cells.

Psychoanalysts are still being taught that if a person's mind is insane, then his cells cannot be insane, that is, cancerous. The theory is that the mind is attacked rather than the body. The internalized rage, as analysts would see this primitive response to irritation, is stored in the mind instead of the body. This is a nice, neat formula for entropic shifting within a self-contained individual. Schizophrenics certainly are self-contained. Whether they are children or adults, the fixation at the autistic stage is easily discernable.

According to this theory, schizophrenics should not develop cancer. However, I saw many actively schizophrenic patients who had cancer while working at a state hospital in New York. There was no apparent difference between the cancers of non-psychotic people and schizophrenics.

Schizophrenia is not an alternative to cancer. It is only an alternative to marasmus.

As the child attempts to turn off the unconsciously hostile feelings of his mother, he is learning to turn off the entire world, for the mother is the newborn's entire world. While the baby should be developing a connection, the person he should be connecting with is far too frightening. Thus, the baby stays within himself. While the basic dynamic for schizophrenia limits the baby's sensitivity to his environment to prevent overwhelming degrees of irritation, this defense does not achieve its intended purpose. If the baby really could turn off all awareness of his mother, he would be living his early life in a totally fusionless state, which would result in marasmus. Instead, the future schizophrenic still can dissipate some irritation to the outside, to mother. He can learn factual things and even survive in a hostile world as an adult. But to do so necessitates that he allows sufficient irritation inward to establish chemical changes and, thus, genetic instabilities. The predisposing factors for future cancer are established.

Schizophrenia is an inefficient adjustment. If, as many theories postulate, the purpose of schizophrenia is to contain rage and screen out the fear object, i.e. mother, it fails miserably while permitting the dynamic of different psychosomatic disorders.

Schizophrenic adults and children are aware of a great many of the irritations and stimulations that impinge upon them. They are aware of chemical irritation to a far greater extent than most of us. Their mental apparatus simulates smells, tastes, touches and, more commonly,

sights and sounds, so that they may continue the sensations of early infancy in an unconscious attempt to undue them. We all hold onto what is familiar rather than what is best for us. We do this as a means of expressing our desire for someone to fuse with who can repeat the original mistakes.

Like cancer, schizophrenia runs in families. And like cancer, it can be viewed as a learned characteristic passed on from one generation to the next. However, the fact that schizophrenics can be treated successfully with modern psychoanalysis tends to devalue the theory that it is hereditary.

Cancer, like schizophrenia, is a defense against marasmus. In schizophrenia, the attempt to dissipate hyperirritation is through the mind. In cancer, the hyperirritation that does not get adequately dissipated during early infancy is stored in the body's cells, through a process such as genetic instability. At the same time, a conditioning takes place in the mind and body to maximize irritation, to be self-contained, and to view life as a fundamentally irritating experience.

Cancer seems to be the baby's least severe reaction to an overwhelming degree of irritation. The result is not immediate. The genetic instability and psychological conditioning that now predisposes the individual to cancer later in life is a slow process. Let us examine how it happens.

We begin with mother and baby as a twosome once again. In this case, the mother has successfully regressed to the baby's emotional level, and the emotional entropy (soup-spoon) is operating well. When the baby feels irritation, the mother soothes him, and the irritation goes from his involuntary nervous system to her. The baby's cells continue dividing rapidly in a normal, healthy way.

But if periodically the mother adds powerfully to the baby's irritation or does nothing to siphon it off, the dynamics for cancer, both biological and psychological, will be established. Rather than overwhelm the baby and have cells die from irritation, or the baby succumb to marasmus, the irritation is channeled into the baby's core to be stored as an unstable gene, ready to be activated in the face of subsequent irritation. Cancer is stored as a landmine implanted in the individual. The instability in the genes is a bomb with its detonator set to go off. All that is necessary to trigger the explosion is sufficient irritation in the future.

The question arises as to why the baby does not develop cancer immediately. The answer is that, at the autistic stage of life, the baby's cells first would have to reach instability, then become malignant, and then be diagnosed. All of this can take months or years to happen. According to Dr. Rita Harper, former Chief of Neonatology at North Shore University Hospital in New York, almost no babies are born with cancer. This, and Greene's identical twin study,

should help reduce fear that cancer is hereditary. Of course, these studies have been largely ignored.

The development of cancer is, at least, a two-step proposition. First, activated genes are stimulated next to the gene that later will become unstable. This probably occurs during infancy. The activated gene stores the cell's ability to respond to irritation by reproducing through cell division. This can be the normal biological dissipation of irritation during infancy.

If after the irritation, the new mother soothes and comforts the baby, the cells that reproduce will be normal, and the landmine will be surrounded by healthy tissue.

If fluctuation of feeling is the predominant style of a mother's interaction with her newborn, more and more landmines will be laid down. Unfortunately, this is how many children are raised. It probably happens more frequently today than when I first began writing. But if love and caring predominate, and if the episodes of unsoothed hyperirritation are few and short-lived, the baby will have a far better chance of not developing cancer due to fewer initial stage instabilities.

The mother's communication of irritation does not have to be conscious or direct. Her unconscious irritation is far more devastating. Babies are magnets for unconscious feelings. Any mother who can admit to herself that she feels hostility towards her new baby at times is less likely to set up the dynamics of cancer. When she does not want to know, probably because she does not trust her impulses, the baby is at the greatest risk. This is when the landmines are laid down and a psychological conditioning is established to maximize irritation throughout life. Remember that we do not do what is best for us, we do what is familiar. If, from the beginning of life, the baby is conditioned to add irritation to existing irritation, he will maintain his hypersensitivity to all irritants throughout life. Whether these carcinogens are emotional, chemical, or physical is unimportant. Any one of these can activate the landmine. If very few genetic instabilities occurred in the earlier stages of life, then the responses to irritation will be other psychosomatic disorders. If genetic instabilities could occur in utero, babies would be born with cancer.

To summarize:

1. The most severe disorder caused by lack of or incomplete fusion is marasmus. This occurs because of the emotional-chemical irritations of infancy remaining within an almost totally self-contained system within the baby's body.
2. The intermediate alternative to infantile death from irritation is schizophrenia. In this case, the mental apparatus gets sacrificed in an attempt to ward off irritation from the outside. It does not work, and therefore schizophrenics can develop cancer.
3. The least severe consequence of intermittent hyperirritation is the establishment of biological and psychological dynamics for future cancer. This is a delaying tactic that

prevents infantile death from hyperirritation. It is so extremely internalized that it goes unnoticed in small children. More mature communication ability is necessary to discern the precancerous state.

The following hypothetical case histories, based upon people I have known and studies pertaining to the relevant facts, will help to clarify these stages of development.

BRIAN

Emily is twenty-two years old and single. She lives in a large city in the East. She has been employed as a factory worker, a domestic, and an office cleaning woman. She cannot hold a job for very long. At the time of the birth of her fourth child, this petite, attractive woman was unemployed and had no man in her life. Emily's family lives in the South. She has had no contact with them since she ran away at the age of sixteen with a local boy who became the father of her firstborn, a son named Charles. Each of her children was fathered by a different man. Maintaining relationships is not one of Emily's fortes; she does not consider it an issue in her life.

Emily has become pregnant almost every year that she has been away from her parents. Prior to the birth of her fourth baby, Brian, she had two daughters. She also miscarried just prior to Brian's conception.

Emily drinks wine and beer to excess. She rationalizes that getting drunk this way is acceptable because she is not drinking hard liquor. No one ever told her not to drink during pregnancy; no one ever told her anything during pregnancy. She has never had prenatal care.

At six years old, Charles already demonstrates serious problems. He shows almost no emotion, regardless of the circumstances. He does what he is told when he is told. The two girls, Mary and Elizabeth, seem relatively emotionally stable and bright. Emily candidly admits that girl babies were always easier to care for. She talks of dressing them in the cutest outfits she can afford.

As newborns, the boys cried all the time. Charles stopped crying when he was about eight months old. He has rarely cried since. Brian stopped crying, for the most part, when he was about four months old. He stopped crying completely when he died, at the age of five months and three weeks.

After Brian's birth, Emily was unable to care properly for him. She was depressed and agitated. When he cried, she could not stand it. She was afraid to pick him up because she was worried about dropping him. Emily knew that her inability to care for Brian meant that something was very wrong, so she followed the advice of a concerned nurse and attended a free post-natal care course given in a city hospital. The nurse practitioner who taught the course immediately diagnosed her with post-partum depression. She recommended that Emily see one of the psychiatric social workers. At this suggestion, Emily flew into a rage, protesting that she

was not crazy and did not need a, “God-damned shrink.” She stormed out of the classroom and never returned. She taught Charles how to care for his baby brother, and devoted herself to her girls.

Once, when Brian was two weeks old and crying, Emily could not tolerate his behavior. She placed him and his carriage in the bathroom and closed the door. Brian cried for an hour and a half before he fell asleep. From that time on, the baby’s crying resulted in solitary confinement.

By the time Brian was four months old, strangers felt uncomfortable with him. His facial expression was bland and sad. If anyone approached him, he looked away. If he was picked up, he cried, then screamed, then went rigid in the hands that held him. He was not a pleasant child to be near. No one wanted to hold him.

At five months of age, Brian began to lose weight. One night, while he was sleeping in the bathroom, his mother was out with friends, and little Charles slept, Brian died. Emily came home at four in the morning. She was not going to risk waking him up by opening the bathroom door. When she decided, on second thought, to look in, she saw what she thought was a sleeping baby. Charles found his half-brother at seven a.m. He woke his mother with tears in his eyes. The cause of death was listed as marasmus (today it would be SIDS). There was an autopsy and the pathologist could find no physical cause of death. Brian became another statistic in the research annals of marasmus. Brian died from a total lack of love.

We continue to look at SIDS (marasmus) as another unsolved medical tragedy. The demographics have changed somewhat over the years, but the lack of bonding has never been explored directly. Males still are more likely to die from it; multiple births and poor economic conditions contribute. All lead up to the perfect storm for marasmus death. It is easier to blame mystical neurological defects, sleep position - tummy or back, and even allergic reactions. The basic demographics scream at us, but we ignore them. In the United States, these demographics scream about dark-skinned Americans. Although it happens within the white majority, it is more likely within the black minority. Years ago, research was done in Denmark where similar living conditions and life circumstances were present for mothers and their children. Obviously, the women were white, as were the male babies who succumbed to SIDS (marasmus).

LORRAINE

Janet and Michael have a shaky marriage. Their only reason for marrying was Janet’s pregnancy. Michael is an attorney who spends most of his off-hours on the golf course. His firm specializes in corporate law, and it is not uncommon for Michael to work until midnight. Janet

was aware of this when she married him, but she believed that she could, at least, break him of his fanatic obsession with golf.

Janet was working as a paralegal in Michael's firm when they began dating. She had been an elementary school teacher for one year when she decided that she honestly could not tolerate all of those children at once. She had resorted to strict discipline and, of course, a revolution had ensued.

People describe Janet as a nice "girl" who is a bit too tightly wired. In reality, Janet, a perfectionist, becomes very upset when she thinks things are not right in her world. A slightly overcooked dinner is a disaster. She is obsessed with the fact that she gained quite a lot of weight after her pregnancy, but she fails miserably at dieting.

Before the baby was born, she decided that Michael's dog had to go because it was dirty. Her cat was moved from inside to outside. Any room in her house could be used as an emergency operating room.

Janet insists on doing things on time. She is the kind of person who becomes livid if someone else is late. She is always at least five minutes early. She is intolerant about most things. Heaven help the person who lights up a cigarette near her!

Janet has few friends, and her in-laws dislike her. She makes people feel uncomfortable. She is aware of this, although no one has talked to her about it. Her anger is just below the surface, just below the awareness of herself and others. Something is just not right about her.

Janet's parents are dead. Her mother died of lymphoma when Janet was seventeen. Her father died of a heart attack in a private psychiatric hospital the year before her wedding. He had been in and out of psychiatric facilities most of Janet's life. He was totally withdrawn during most of her formative years.

Before the baby was born, Janet read everything she could find out about childcare. She knew all of the psychological theories about intrauterine development, birth, and early childhood. She decided that her child should be brought into the world correctly. She and Michael took Lamaze training, but after four hours of labor, she could not persevere and accepted Demerol and scopolamine. The baby, Lorraine, was healthy and weighed nine pounds, two ounces.

Breastfeeding was advocated in the Lamaze classes, but Janet complained of discomfort and inconvenience. Lorraine's loose bowels movements, normal in early breastfeeding, nauseated Janet every time she had to change her.

Janet felt that she had failed a significant test of womanhood, "natural childbirth," when Lorraine was born. Unconsciously, she condemned Lorraine for being so large and thus setting her up for failure. When she was unsuccessful at breastfeeding, she consciously blamed herself. But, under the surface, she believed that Lorraine was insatiable and would suck her very life

away. She tried demand feeding, and again failure ensued because she was not tuned into the baby's needs. Success came, she thought, when she resorted to scheduled feeding. Her pediatrician told her to adhere rigidly to the schedule and let the baby cry. Rigid adherence to schedules was something Janet was used to and enjoyed. At times, she let Lorraine cry herself to sleep hungry.

When she cared for the baby physically, she attempted to hide her hostile feelings beneath a facade of sweetness and gentility. When Lorraine cried, Janet felt slapped in the face.

When Janet felt too upset, she would put the baby down. On occasion, she would scream at her newborn to shut up, but that was rare. Most of the time, she just felt uncomfortable with the baby.

It never occurred to Janet that she was entitled to some time away from the baby, that she needed a break. To her, this would have been another admission of failure. Michael was no help and made it clear that the stress of his job was overwhelming him. Whenever she spoke of any feelings, he retreated. Janet was raising her baby alone, a horrendous situation for anyone.

Janet first noticed Lorraine's lack of interest in outside objects when Lorraine was about eight months of age. Lorraine was already an extremist in reaction to stimulation. She either screamed or was indifferent. There was no middle ground.

By three years of age, Lorraine still had not learned to speak. She sat for long periods rocking back and forth, seemingly oblivious to whatever went on around her. If anyone touched her, she flinched. If she was picked up, she screamed and pushed away. She would shake her hands as if trying to get something off that was stuck to them. Lorraine was diagnosed as autistic by several different psychiatrists and psychologists. She had never emotionally left the first stage of her life. Her mother's unconsciously hostile feelings towards her resulted in Lorraine's sacrificing her mental apparatus in order to become insensitive to this additional irritation. She was using a psychobiological defense, which attempts to accomplish the same thing that Abilify does, against her mother's unconsciously hostile feelings. She was cutting down on the irritation from the outside so that it could not add to the irritation from the inside. Lorraine learned to turn off the outside world.

By the age of five, Lorraine and her parents were receiving professional help, but Janet remained convinced that nothing would work. For Janet, that may be tragically true. For Lorraine, a corrective re-experiencing of the autistic stage means permitting her emotions to mature. Her therapists spend hours forcing her to pay attention to them. She was, at first, terrified of their coercion. But when she began to realize that they would not add to her irritation and soothe it instead, she began to allow them in. Her therapists also understood that her fits of rage are really an expression of hyperirritation from an infantile stage. There is good cause for optimism for this little girl.

It is miles away from political correctness to say that autism's sudden increase is due to lifestyle as opposed to vaccines, food additives, environments, pollution, etc. In one generation, childhood autism has increased dramatically, and the answers so far have been simplistic and politically correct. They get us nowhere. Several decades ago, childhood autism mostly occurred in the male children of professionals. Dad was a physician, lawyer, or CEO. Mom stayed home to raise the baby and did everything right. She often was bright and educated. But those were the days before the women's movement, so bright, educated women were mildly coerced into traditional roles. The frustration was enormous for many women. Most handled it well, so childhood autism was a statistical rarity. Now, women are working fulltime, frustrated by having to do everything, and the babies are feeling it. One out of 110 will be autistic. It used to be one out of 100,000.

ALICE

Susan was thirty-five when she conceived for the third time. She wanted a boy. Her husband said he did not care. Half-jokingly, she told him that if this baby was a girl, he would have to make up for it by agreeing to another pregnancy.

Susan and John had been married for nine years at this time. Their eldest child was a boy of seven named Robert. The second child was a three-year-old named Mary Ann.

Susan did a lot of caring for others during this pregnancy. Robert had frequent bouts with ear infections, which responded to antibiotics but flared up after brief respites. Her husband seemed somewhat detached, although he did go out occasionally for midnight ice cream cones. He complained about her lack of interest in sex, which predated the pregnancy and was exacerbated by it. John argued that he could not be as giving as he would like unless Susan showed some consideration for his needs, but he complimented her on how differently she behaved in all other regards during this pregnancy. At times, when she seemed to be off in her own world, he retreated to his hobby of making furniture.

Susan's labor and delivery went well. She went to the hospital four hours prior to delivering Alice. Intense labor lasted less than an hour, and she required no drugs. Susan decided not to breastfeed because of the inconvenience it caused. She did part-time work in her husband's store and wanted to return as soon as possible.

Alice was an adorable baby, and although Susan regretted that she was not a boy, she related well to her. But she did have a mild feeling of depression that lasted for two weeks after the birth.

With this baby, they decided not to have live-in help. John's mother had assisted them after the births of the first two children, but this time Susan assured John that she could handle everything herself. For the most part, she could - even through Robert's ear infections

continued, Mary Ann behaved just like any other four-year-old, and John remained unaffectionate, although he assisted with looking after the children.

The pediatrician remarked on Alice's beauty and apparent good health, but he expressed concern for Susan's depleted look. He recommended a blood workup and urine analysis. He counseled her to take proper care of herself.

During Alice's fifth week of life, for no apparent reason, she started waking up more often during the night. Susan suspected that something was wrong, but the doctor gave Alice a clean bill of health and brushed off the sudden change in her sleep cycle as one of those things modern medicine could not explain. Susan thought irritably to herself that they probably did not even think about the issue. She felt that science had better things to investigate than why babies wake up for no apparent reason.

On Alice's first wakeful night, Susan had been sympathetic and concerned. She sat and walked holding her baby, noticing how small and fragile-looking this tiny human was. She studied her little fingers, amazed at their perfection. The tiny nails fascinated her. As Alice settled down, her hands and feet stopped the random movements of an irritated baby. Their eyes met just prior to the baby falling asleep in Susan's arms. A glow permeated every inch of Susan. She was in love with her baby. She sat staring at her for fifteen minutes, watching her facial expressions change. There was something almost mystical about this fusion, and Susan did not want to break the spell. When she finally put Alice back in her crib, the baby twitched a little bit as her mother's hand left her back. Susan immediately placed her hand gently on the baby again. Alice slept peacefully for the rest of the night.

By the fourth night, the mysticism was gone and so was the fusion. When Alice woke up screaming, Susan shuddered. She rolled over in bed and tried to follow her own reasonable, five-minute rule. If the baby did not stop crying in five minutes, she would get up. Susan was enraged at being awakened again. All she wanted to do was sleep like John, who was out to the world. But it was his busy season, and she felt much too guilty to wake him.

After three minutes, she leaped out of bed, put on her robe, and stormed into the nursery. She grabbed Alice and changed her. She realized that she was very upset, but she would not blame this adorable baby for it. She fed Alice while trying to control and deny her desire to kill her. Alice obviously was irritated, but she soon stopped crying in the presence of such irritation from her mother. This was no longer just self-containment. Alice was absorbing Susan's irritation entropically.

This irritation immediately translated to self-produced chemical irritants. The activator gene was switched to the on position, in accordance with epigenetic theories, to permit the type of subsequent genetic shifts that has been directly related to many forms of cancer, such as urinary, bladder, breast, lung, lymphoma, and bone.

At the same instant, Susan was teaching Alice to hold in her feelings when she was hyperirritated. She was teaching her to be resistant to the unconditional expressions of love that should be part of everyone's life. She was teaching her to resist fusion as a means of dissipating irritation throughout her life. Alice would grow up to seek out people she could care for rather than allow herself any conscious desire. It was too dangerous to have childlike or infantile needs.

An hour later, Susan was lying awake in bed, still very upset and guilty about her reactions to Alice, but calming herself down. Unable to sleep, she went to check on Alice. She picked her up gently. Again, the mysticism of the fusion was obvious. Alice's cells were now dividing in a normal, healthy way, surrounding the unstable cells from the episode of hyperirritation. The landmine was buried and hidden. Fluctuations like this occurred throughout the early months of Alice's life.

Thirty-nine years later, Alice was married and had grown children. She worked for a textile company and was exposed to various chemicals used in the dyeing process. Her nineteen-year-old son was serving as a helicopter gunner in the U.S. Marines. While out drinking with a friend, her son was in an auto accident. The car was demolished and he was killed.

Alice was overcome with grief. Her husband turned to alcohol and other women. Ten months after her son's death and her husband's falling apart, Alice was diagnosed with pancreatic cancer. Emotional and chemical carcinogens had triggered the landmine that was set up in infancy.

As her cancer progressed, Alice became more and more infantile. She eventually had to be fed, became incontinent, and could not walk. She was unable to think clearly or, eventually, even to speak. She cried pathetically. Her body and mind had returned to total autism. Two years after her diagnosis, Alice died at the chronological age of forty-one. Her emotional age was close to zero.

As male-female relationships took a nosedive following World War II, cancer rates rose proportionally. Alice's parents' marriage is not unusual; as a matter of fact, the usual is divorce. The decline of the quality of marriage, lack of support for women in pregnancy, and the surrogate mothering of childcare have increased at a rate that correlates with an increase in cancer. However, it is easier to look at mutations, environment, heredity, and viruses rather than at our lifestyle and the decline of the American family.

Chapter 4

Biological Concepts of the Causes of Cancer: Genetics & Virology

Billions of dollars, many of the world's most intelligent minds, and a century of focused research have created the concept of oncogenesis and the heredity factor for cancer. It is as wrong to deny relevant genetic laws as it is to blame them for disorders we do not understand. The world has paid painful witness to a propaganda of genetics which, over and over, has resulted in horrors such as genocide. Millions have perished, the victims of "legitimate" geneticists, proving that certain peoples were inferior because of hereditary genetic factors. Scientific approaches were used to justify the slaughter. We now have taken up the mantle of National Socialism (Nazism) without even realizing it. Instead of overt indictments of different races, we unconsciously have accepted the geneticists' views. Blacks are inferior intellectually because they are born that way. Are Jews still conniving, greedy, unethical creatures because they, also, are born that way? Are Southern draws indicative of inbreeding and representative of lower IQs? Ask yourself honestly if you have any of these genetic stereotypes in your mind. We may not want to admit it, but most of us probably do. We push away from such thoughts now because we do not want to think of ourselves as bigots. Genetic research has gone so far as to blame almost every human trait, disorder, and susceptibility to disease on heredity. Divorce, violence, risk-taking, anxiety, depression, schizophrenia, autism and, of course, cancer have all been blamed on genetic inferiority. Forgive the rantings of a man born on the very last day of World War II who, throughout his intellectual development, had the genetic proofs of National Socialism presented as unjust as the Salem Witch Trials. The dangers of genetics are manifold: not being responsible for our kids (they are born that way), not keeping an open mind to non-genetic ideas, and the deaths of innumerable innocents.

Biogenetic engineering is so thoroughly misunderstood by governments that there is almost no valid legislation to control an industry dedicated to money rather than the safety of the human race. Some believe AIDS actually was one of their mistakes when the World Health Organizations' small pox inoculation program took place in Central Africa. Few were eating green monkeys and fewer two-year-olds were having sexual relationships. Yet we cling to these absurd explanations of how AIDS evolved while not daring to look at the bioengineering of the small pox vaccines that were used.

Most of the ten trillion cells that make up the human body have nuclei that contain genes, the basic carriers of hereditary traits. These genes are organized as strands called chromosomes (red bloods cells are a notable exception in that they have no nuclei or genetic material). Each gene is made up of the chemical DNA, deoxyribonucleic acid. We really have progressed in our

knowledge of DNA and chromosomal aberrations. However, the entire emphasis on hereditary genetics and cancer is undermined by a simple concept. If we have trillions of cells in our body, what is the likelihood that at any one time we do not have some cells reproducing for no good metabolic or morphologic purpose? The reasonable answer is we all have cancer cells in us, 24/7, for life. Trillions of cells all behaving properly is not likely. Johns Hopkins Medical College adheres to this logic. The only reason then to discuss hereditary genetics is to debunk the incomprehensible waste of time and money we have devoted to this ridiculous position. If we find genes we think cause cancer, we have no way of correcting it. Are we to cause terror in women and then mutilate them so they can sleep at night? That's the BRCA gene story and breast cancer terrorism. Remember that the gene must always exist, yet women without it still lead the world in breast cancer. But we must stay focused on the topic at hand - hereditary genetics as it pertains to cancer. I will try to control myself with regard to this horrific lack of logic, but I cannot promise you that I will be able to do so!

Let us remain focused for a moment longer and begin our discussion of hereditary genetics where it probably makes the most sense - Popeye and Olive Oyl's adopted son, Swee' Pea. If you are old enough, you certainly recall the endearing way our favorite sailor, in his gravelly voice, referred to his son, Swee' Pea. He did call others by this endearing name, but his adopted son actually was named Swee' Pea. Everyone in previous generations who went through military training had a Sergeant, perhaps in a tender moment, refer to them as Sweet Pea, such as, "Sweet Pea, get down and give me fifty," (pushups, that is). So, Sweet Pea is a term that has been joked about for decades. But Sweet Peas and Gregor Mendel were no joke. Remember high school biology and Mendel's Square? He studied sweet peas and developed the concept of dominant and recessive genes. Red peas and white peas, will lead to pink peas a good percentage of the time. Gregor developed these ideas in **** and, to be honest, we have not seen anything as significant in hereditary genetics since. What follows is the idea that if both parents carry a recessive gene for RH-factor, for example, the risk for a damaged fetus and baby is present. If one has it and the other does not, the risk does not exist. The same is true for Sickle Cell Anemia, Tay-Sachs Disease, and Cystic Fibrosis. Interestingly, if one identical twin has any of these disorders, the other one will have it 100% of the time. Not so with cancer. There are numerous studies that show one identical twin can have a type of cancer and the other will not. The best donors for bone marrow transplants for leukemia and lymphoma treatments are identical twins or, at least, family members. Remember that 80% - 90% of all breast cancers do not have a family history behind them.

The dominant-recessive issues of Mendel have challenged many high school students for generations. Mendel's work only seems to attack a hereditary genetic factor for cancer. From sweet peas we can jump to sweet corn - still in the garden with our genetic ideas. We said

previously that genes were located in the nucleus and arranged in neat strings, like pearls, called chromosomes. Science has always believed that the positioning of these genes (pearls) along the chromosome was fixed and set. Then along came the brilliant Barbara McClintock. Long ago, McClintock presented a seminar at Cold Spring Harbor laboratory on Long Island. Her topic was genetic translocations in corn. She was largely ignored for years, but continued her work independently. In March 1983, McClintock won Israel's Wolf Foundation Award. She also won other significant scientific awards, including the Albert Lasker Basic Medical Research Award. Since 1946, many Lasker award winners have subsequently received the Nobel Prize, as did McClintock in 1983.

More recent research has demonstrated that genetic material is at times unstable in ways other than genetic translocation. The field of epigenetics has evolved to answer why some identical twins are not truly identical. The genes in one twin have been effectively changed, and these changes can occur even in the womb. That is not to say that most identical twins are not identical. On rare occasions, they appear very different. The concept of gene activation also comes into play. At any one time, genes can be switched on or off. Their role in aberrant growth or "disease" states are determined by seeing the genes thought to be responsible in an activated state. Yet much of today's research leaves out the concept of genetic activation because it presents a contradiction to the heredity factor and cancer. When I started writing, the foundation of epigenetics was being established. We believed that the process permits irritation to be transformed into stored energy and is most probably the biochemical phenomenon of phosphorylation. All living organisms possess the chemical compound adenosine triphosphate (ATP). ATP is capable of storing large amounts of energy. If, under the influence of biochemical irritation, ATP gives off a phosphate group, this group can attach to an available hydroxyl group (OH) for the bonding. The phosphate on this amino acid is then a potentially volatile source of sudden energy. This could account for the instability of nucleic material since a detonator has now been placed in the landmine (Weinberg, R. 1983). Today, many researchers view the methane molecule as the culprit causing the instability, instead of a phosphate group. This means that everyone sees cancer as having unstable genetic material at its core. Cancer has for decades been viewed as a multistage proposition. First, an injury to the genetic material occurs which sets up the cell to become cancerous. Then, subsequent exposure to irritation results in this landmine being activated.

What does all this mean? Do cancer cells have something wrong with their genetic material, something that makes them unstable? This idea goes back for decades; it is nothing new. The more money we give these researchers, the more they will confirm that the genetic material of cancerous cells is unstable for various and sundry reasons. Yet we continue to behave as if their discoveries are new and relevant. These researchers and the media love to

claim a hereditary link to the instability. They almost never discuss that genes can be on one instant and off the next. They also claim that hereditary genes change radically in one or two generations, which is unlikely.

Genetic translocation became the answer to a puzzling phenomenon McClintock observed in sweet corn (white or yellow). Corn, *zea mays* in scientific terms, is the same species whether it is sweet corn or the colorful Indian corn of Thanksgiving. The difference in coloration in corn is caused by a few genes. The color changes seemed unimportant to many, but this phenomenon provided McClintock with a clue to something basic and fundamental to the science of genetics. She discovered that it was caused by a change in the chromosomal ordering of the genes. The string of genes that compose the chromosomes was not the rigidly ordered strand of pearls the scientific community assumed it to be. Upon microscopic examination, McClintock found that the genes shifted from one position to another. The genes were “jumping”.

The color purple, for instance, remained constant if the genes were left undisturbed. But after a “shock”, genetic elements (genes) jumped and translocated to a position alongside the purple gene. The next generation of that kernel produced golden brown or bronze-colored kernels.

McClintock’s work has been used to explain how bacteria rapidly become immune to an antibiotic, how hereditary diseases occur, and how evolution itself may have taken place.

Keep in mind some of the more relevant facts of her discovery:

1. Genes can shift position along chromosomes.
2. A shock is necessary to activate the process (e.g., antibiotics are a shock to bacteria)
3. Too much of a shock can result in too much shifting for the cell to survive.

Genetic translocation can be viewed as a two-stage process. First, the irritation results in the activator gene becoming activated. Then the neighboring gene, or blob of DNA, jumps position. The activator stage can occur in infancy.

The genetic shift can occur in response to later irritation. However, it is possible that the entire shift occurs in infancy and that further irritation later in life triggers this gene to cause rapid cell division. For simplicity’s sake, I will refer to the infantile change and the adult precancerous biological posture as a genetic instability.

In the case of marasmus, repeated shocks to the nuclei and genetic material can result in overwhelming numbers of completed instabilities, which have not been discernible to medical science in the search for a physical cause for such infant deaths.

In the less severe or shorter term states of hyperirritation, it is possible that only the activator stage gets triggered. Perhaps far fewer instabilities occur, throwing off biological function so slightly as to go unnoticed.

At the beginning of life, most of the organ systems are undergoing rapid growth through cell division. At birth, the lungs, for example, have only ten percent of the alveoli (air sacs) that the fully developed lungs will have. The gastrointestinal linings are still forming, as is the liver, endocrine systems, bones, etc. Everything is growing extremely rapidly through a process referred to as neoplasia.

Other types of growing processes and growth spurts can take place later in life. If an individual desires to enlarge his or her biceps or other muscles, growth can be accomplished through exercise. The exercise results in growth through the individual cells getting larger, not through an increased rate of cell reproduction. This type of growth is technically referred to as hypertrophy. It is not relevant to cancer, but neoplasia is.

You probably have heard that if the rate of growth in the first few months of life were to continue unabated, we would all end up the size of the Empire State Building. Just consider what might happen if such rapid growth rate were to be reactivated somehow at a later time in life.

Cancer is a rapid and random reproduction of cells that function to reproduce and steal nutrients from the body. Suppose that cancer is a reactivation of the rapid cell division of infancy, but, because the organ systems have already been formed, the cells have no place to go. Instead, they form malignancies. When a tumor reaches maximum holding capacity for the cancer cells, spreading or metastasizing of the cancer follows.

If one looks at cancer cells through a microscope, one sees that they resemble the organ cells from which they originated. They are, however, misshapen and distorted in appearance.

If one fractures a bone or develops an ulcer, cells are activated toward rapid mitotic growth through the irritation of the injury and the influence of hormones. This is part of the normal healing process. But, in the case of cancer, healing is not the object. Growth becomes an end in itself.

Cancer is infantile growth and adult healing gone astray. Cancer is a reactivated infantile neoplasia with no place to go. This reactivation is caused by carcinogens, both chemical and emotional.

With a viral disease such as yellow fever, everyone bitten by a carrier mosquito gets the disease. In the case of another viral disease, the "common cold", infectivity is, believe it or not, rather low. In one study in England only ten percent of the individuals exposed to others suffering at the height of their colds contracted the infection. Measles, mumps, and chicken pox add to the list of apparently puzzling facts about viral effects. Once you get these illnesses, you are immune most of your life.

Cancer is like none of these viral diseases. We all get bitten by the "carrier mosquitoes" of cancer. Namely, depression, chemical pollutants, x-rays, etc. But we all do not get cancer. No one on a hospital oncology (cancer) unit walks around attempting to guard against viral

infection. Doctors and nurses do not even wear masks or gowns. And, if one is unfortunate enough to develop cancer, this certainly does not provide future immunity. Instead, the risks of reoccurrence are great.

When a bacterial infection is underway, the cells are surrounded by these “germs”, which feed upon them. Bacteria are highly vulnerable to antibiotics because they remain outside the cell. They are also living organisms. When a viral infection occurs, however, the virus enters the cell and causes the genetic material in the cell to reproduce more of the same virus. Once inside the cell, antibodies have no effect on the virus.

DIAGRAM

In discussing genetics, I mentioned DNA, which makes up the genes. DNA also makes up the core of viruses. This genetic material found in viruses is also found in cancer cells, but, most important, it is also found in normal cells. These substances can be activated by certain enzymes in many cases, but, unfortunately, the DNA or RNA, which is synthesized by the DNA, in viruses is not readily accessible to enzymes because this material is encapsulated in a protective protein coating. The viral protein (antigen) induces the body to make specific antibodies, which will attack only viruses in that family. The coil of DNA or RNA (nucleic acids) is encased in the protein coating like a spring in a box waiting to pop out. The encapsulating protein coating of the container or box-like formation is called a capsid. Interestingly, this protein coating is very similar to the chemical makeup of the cell membrane. But, by being outside the cell structure, the body views it as a foreign protein or an antigen. Therefore, antibodies are produced, even though the membranes are similar.

DIAGRAM

Viruses attach themselves to the cell membrane and, like a sperm on an egg, dissolve the membrane, and inject the nucleic acid into the cells. The virus is like a hypodermic needle, the material being injected is the nucleic acid, and the capsid is the syringe.

There are two major theories as to the evolution of viruses. The first is the Green-Laidlow hypothesis* that follows: all creatures who lead basically parasitic lives discard structures and functions that are unnecessary for survival. Fleas, which are related to flies, have lost their wings. Tapeworms have no alimentary (digestive) canal because they absorb nutrients through their exteriors. According to Green and Laidlow, viruses may have evolved from malaria parasites, protozoa, or bacteria.

Another hypothesis, presented by C.H. Andrewes**, noted British virologist, is that viruses are produced by the cell's own nucleic acid. Again, it is assumed that some irritant from the outside first enters the cell to stimulate the liberation of DNA or RNA. It then can be expelled, receiving a protective coating of protein from the cell membrane as it is on its way out. The virus is suddenly present without there having been any apparent cause of infection.

This no “apparent cause of infection” is important. Suppose this second evolutionary process could take place. A cell that had suffered from a translocation or other instability is somehow stimulated to expel the unstable nucleic acid of the gene fragment. As it leaves the cell membrane, it is coated with protein, and we have nucleic acid enclosed in a capsid, in other words, a virus. Virus production may be an alternative to more severe consequences of genetic instability in different organ systems. The wide variability of viruses can easily be accounted for by the wide variability of genetic material. Viruses can be a mechanism for managing instability as an alternative to cancer. Thus, viral “infections” that appear to be highly psychosomatic at times (e.g., the common cold) may be a cellular technique to manage emotional irritation that has been transposed into noxious chemicals (adrenaline, stomach acidity, etc.). Everyone may have body organ (somatic) instabilities, but not everyone gets cancer as a result of irritation. However, we all suffer from “viral infections”.

I am not saying that viruses cannot be communicated. Once formed, they can infect and stimulate others of a similar genetic makeup - man to man, dog to dog, plant to plant - to replicate the original virus, and on occasion across species. Bird and swine flus are examples.

Whether the viruses are submicroscopic organisms or byproducts of the cells defense against an unstable gene, they are irritants, and carcinogens to some. The papilloma virus and cervical cancer is a good example. Papilloma seems to correlate to cervical cancer, however, it does not directly cause the cancer. Instead, it acts as an irritant. Most women with it will not get cervical cancer, but many women without papilloma viral infections will. Thus, the pharmaceutical industry touting Gardasil as anti-cancer is not being completely honest. It is anti-papilloma, but it does not prevent cancer of the cervix. Women who get inoculated should continue to get regular pap smears.

The fact that viruses can exist for decades without sustenance tends to support the idea that they are unique and non-living entities. They do not reproduce themselves; they get the cells to do it for them.

If cancer is a reaction to irritation, then one man's virus may be another man's trigger mechanism for cancer. We know that emotionality affects the immune system, which determines our receptivity to all infections. Under certain types of emotions we are far more vulnerable to colds and other diseases. What sets up this predisposition? Genetics and virology have not answered this question.

If viruses are as lethal as many assume, it seems likely that one or another virus would have claimed all of us and all other life forms on this earth before now. The body's ability to form antigen and antibody defenses apparently is what has saved us.

Having listened to patients explain how they suffer from frequent bouts of rhino viruses, the “common cold”, it greatly interested me that many could not recall when they had contact

with people with colds. They did usually report suffering from anxiety and/or depression. The more pressured, the greater likelihood of falling victim to a cold.

A number of variables must be taken into consideration here. The immune system is less efficient under emotional duress, the cold sufferer may have been in contact with unknown carriers, and, perhaps, we produce our own viruses under the right conditions.

A number of viruses seem to be seasonal. Polio was the dread of summer for years. The new year brings a wave of cold infections. Influenza used to prefer January, now has evolved into a year-round infection.

Most virologists seem to agree that no specific season or weather conditions are relevant to the common cold. Chilling does not seem to be a major factor; rainfall and wind seem to be immaterial. But sudden seasonal changes do appear to be important.

Mental health professionals have long observed that not only colds result from seasonal climatic changes. Ulcers and colitis, which certainly are not viral, appear to be more difficult to tolerate and manage at these times; most of us are still confident that they are psychosomatic disorders that lead to subsequent infection.

Seasonal changes in climate may not be an adequate physical or chemical explanation for bodily changes, but this climatic phenomenon does create shifts in routine and in patterns that can be superficially slight but provide sufficient degrees of emotional irritation for some individuals. This irritation may or may not be noticed at the time, but may trigger the discharge of the unstable gene.

Another significant fact is that the irritation of receiving several inoculations at the same time seems to increase the risk of getting a cold. A study was done long ago at Great Lakes Naval Training Station where recruits received many vaccinations at one time. The instructors did not. The "boots" frequently got colds, while the instructors exposed to the same viruses did not. The study assumed this was due to physiological duress from the chemical compounds injected into the new sailors. The anxiety and fear to which rigorous military training subjects the inductees was ignored. I believe if adequate studies were done on college and graduate students around the time of final exams, the frequency of colds would be shown to correlate.

It is common as well as scientific knowledge that children's colds are more virulent and communicable than adult colds. Is it possible that the rate of growth in children has something to do with this? After infancy, growth slows down, but still remains rapid until adulthood. This rapid reproduction of cells through mitosis can be characterized by numerous instabilities in some children. If their defense against the somatic misplaced nucleic acids is the production of

viruses, is it possible that they would emit far greater concentrations of viruses? This could account for the long-observed phenomenon of children's colds being far more infectious.

After millions of dollars, thousands of man hours, and discovering the viruses involved, we still have no cure for the common cold. Perhaps the mechanisms are more internal than previously assumed. We have been looking at this from the outside in and the inside out. Is it possible that, as with cancer research, we have been ignoring the whole person?

It is possible that the spontaneous generation of viruses is one form of defense against cancer by expelling misplaced nucleic acid before it can trigger cancerous reactions. Let us hope we never prevent the common cold.

The generation of viruses in response to environmental influences was first demonstrated by Andre Wolf after World War II. These genetic phenomena are easier to study in bacteria than in more advanced organisms. Ptashne, Johnson, and Pabo have demonstrated that E. Coli bacteria generate viruses if exposed to ultra-violet radiation. According to C. H. Andrewes, the body is known to produce legions of viruses that produce no symptoms at all in humans. Therefore, spontaneous generation of viruses need not result in illness. These viruses can be merely the outcome of the cell's natural defense against unstable genetic material. Susceptibility to viral infections and, perhaps, the spontaneous generation of viruses may indicate, to some extent, an unusually high degree of sensitivity to irritation.

As previously stated, antibodies have little effect upon viruses once they are within a cell. But the spread of viruses can be halted in an entirely different way - Interferon. For many years, we have known that an infection by one virus (cowpox) may protect cells from another virus (smallpox) through a process called interference. The man who first "scientifically" observed this phenomenon was the English physician, Edward Anthony Jenner. He was watching Europe be ravaged by smallpox. He put down his flute and his research into cuckoo birds long enough to take note of the dairy maids' immunity to smallpox. They simply were not contracting the viral disease. But why? He noticed that they all had sores on their hands called cowpox from milking the cows. He was so confident that the cowpox led to the smallpox immunity that, in 1796, he

took cowpox pustules from a girl and scraped them into an eight-year-old named James Phipps, thus giving him cowpox. Then he tried to infect the boy with smallpox. He found a way of preventing a dreaded viral disease and coined the term “vaccination”. For his ideas, the Royal Academy of Medicine threatened him with loss of credibility for his valuable research on cuckoo birds. It took five years for European medicine to utilize his ideas.

Interferon appears to be the modulator of this process. It is a low molecular weight protein that is made within the cells. It can work on viruses where antibodies cannot. Virus damage or misplaced nucleic acid stimulates the cells to produce Interferon. It works against viruses of different families, not just the stimulator. It appears to be species - specific in that one animal type of Interferon will not work in other animals. It prevents the spread of viruses from one cell to the next, containing the virus within the original cell.

Until now, there has been no dramatic success with treating cancer with Interferon. In fact, if Interferon causes the containment of viruses within the original cell, it actually can trigger or cause cancer within the organism. Anything that would prevent the expulsion of misplaced nucleic acid can, in actuality, deprive the cell of a defense against evolving into a cancerous unit.

Researchers at the National Cancer Institute in Washington, D.C. reported a study that casts grave doubts upon the use of Interferon in treating cancer. In laboratory experiments, Ewing’s Sarcoma, a bone cancer usually afflicting children, “invaded” healthy cells by an increase of three, seventeen, and twenty-two times the normal rate, depending upon which of the three basic forms of Interferon was used. The research leader admitted that this was an unexpected result. The study states, “Clearly, the relative importance of the effects of interferon on the tumor and the patient must be assessed for each type of tumor.”

Viruses do provoke cancer in subhumans when administered in conjunction with carcinogens, and the effects are frequently explosive. In 1909, Francis Peyton Rous found that viruses cause a sarcoma, a malignant connective-tissue tumor, in fowl. Rous’ sarcoma has been

intensively studied ever since. And we have all heard of the use of white mice, rats, etc., to study pervasive cancers as well as tumors.

It is significant that these viruses that cause cancer in rats and mice do not cause it in humans. So why is it that the scientific community continues to study the cancer-causing viruses of subhumans to seek answers for human cancer? Viruses frequently have very different effects across species. The mumps virus is related to the dog distemper virus; the Coxsachi virus in man causes hoof-and-mouth disease in cattle.

Laboratory research also has ignored the psychology of chickens, mice, and rats. If my basic premise that irritation is a necessary component of the causation of cancer is correct,, then the degree of sensitivity to irritation will make one species far more susceptible to cancer than another. As we go down the phylogenetic ladder, the hypersensitivity of subhumans is a survival mechanism. Watch a rat in action. All the observable senses are far keener than man. Touch, taste, smell, hearing, and sight are honed to a razor's edge. Dogs have a sense of smell estimated to be one hundred times as keen as humans. Observe the startle reaction of a group of chickens. They jump out of their feathers far more often than we jump out of our skins. They are more sensitive to both chemical and physical irritants or stimuli. If a human approached this degree of sensitivity, he would be locked up in a mental institution.

All of this convinces me that cancer-related experiments on such animals are close to irrelevant in terms of human studies. Different carcinogens cause mice to develop tumors. Viruses, which can be considered irritants, also cause such reactions. Science has not been comparing apples to oranges, but apples to elephants! An example may help clarify this vitally important issue. Simian Virus 40, which has cross-species effects that support this aspect of my theory, was found in batches of polio vaccine, but long undetected because it does not produce changes in Rhesus Monkey cultures used for making the vaccines. In man, it produced no harmful effects that we know of. But if hamsters are injected with Simian Virus 40, tumors are produced. In summary, viruses can serve as carcinogens. More important, the cell quite possibly produces noxious viruses as well as harmless ones as a means of dealing with the

misplaced nucleic acids of genetic instabilities. If these nucleic acids cannot be expelled, perhaps because of the generation of Interferon, they can, particularly in conjunction with other carcinogens, trigger a cancerous reaction.

But if we look only to carcinogens, or viruses, or genetics, or psychology for the cause of cancer, we will get nowhere. They *all* are related to the cause of cancer.

In the early 1980s, young homosexual men were showing up at St. Vincent's Hospital in New York City suffering from an unusual combination of symptoms. The most unusual was Kaposi's Sarcoma. Purple blotches on the skin were the telltale sign of this cancer. But Kaposi's Sarcoma was supposed to happen only to very old, Mediterranean men or people taking immunosuppressive drugs as part of an organ transplant. In both of these cases, the immune system is turned off and the cancer evolves. Once immunosuppressive drugs are stopped in the case of organ transplants, the Kaposi Sarcoma disappears. However, in St. Vincent's, there were twenty-something homosexual men with a disorder they should not have developed. It took a relatively brief period of time to identify the cause as HIV. The target cells for this virus were lymphocytes. They were being destroyed in these patients. HIV infecting these lymphocytes was discovered because it was there to be discovered. Lymphocytes are part of the white blood cell system that defends us against bacteria and cancer.

Since 1909, Rous' Sarcoma in chickens has stimulated a frantic search for the virus that causes cancer, but to no avail. Even with modern techniques to uncover viruses, nothing of consequence has ever been found by our "experts".

Chapter Five

Cancer a Learned Response

She is so quiet and shy,
He talks all the time and reveals everything.
My husband accuses me of everything he is guilty of.
My wife is a space cadet. She flakes out all the time reading romance novels.
He gets violent.
She is promiscuous.
He's an alcoholic.
She is eating herself into an early grave.
He's a pathological liar.
She can't face facts.
He's cheap.
She can't hold onto a dime.
He jogs seven miles a day.
She never moves a muscle.
He's insecure.
She's grandiose.

We all have defenses. Some are so obvious to others that we think of them as problems. Some are so subtle that we accept them as personality or character traits. A defense is a learned pattern of behavior that enables the individual to ward off certain noxious stimuli in the environment. A defense is a survival mechanism; in this sense, it is a good and necessary thing. Freud, at first, believed that a person who is subjected to traumatic events in infancy and early childhood suffers in later life from the residual feelings that surrounded the original event. The facts or ideas that describe the trauma get repressed in the unconscious. But feelings cannot be repressed and, instead, are stored within the body's systems. They remain there for an individual's entire life and cause symptoms that, at best, are an inconvenience and, at worst, can result in death. The basic orientation of Freudian analysis was to reunite these repressed ideas with the "free-floating" feelings in the body. The use of interpretation within the therapeutic relationship was to be the medium for this reunion.

But what Freud actually found was that connecting the feeling with the idea did little to change the symptoms or the defenses. So he adopted other methods of treatment (working through) when he discovered that the ghosts haunting the body could not be laid to rest by the

mere presentation of an explanation of their existence. Telling someone that he does not like women because his mother was rotten to him does not get the patient to give up woman-hating.

For our purpose, a defense is a learned pattern of behavior that permits survival of the organism. It is an excellent adaptation in early life to a truly terrible set of circumstances. Usually, it is an adaptation to repeated exposure to negative stimuli or irritations. Soldiers, for example, do not usually get post-traumatic stress disorder from one horrible experience. This is true for babies as well. An isolated incident will rarely cause the child to learn to adapt to a negative set of circumstances. Learning at almost all stages requires repetition. One does not start off playing the piano like Rubinstein.

One traumatic event as the cause of great suffering makes for entertaining reading in novels and for interesting television shows and movies. But in real life if the noxious stimuli were infrequent and short-lived, there will have been insufficient conditioning to establish permanent defenses.

What makes a psychological defense a problem in adulthood is that the infantile learning no longer fits the circumstances. The maintenance of what is originally learned is a part of the human condition. It is hard for us to break old habits because it is hard to abandon patterns of behavior learned in infancy and childhood. In order to continue to use our primary learned defenses, we have to distort how we view reality. When this becomes an extreme system, the person's defenses are considered to be insane. In milder instances, the distortion of reality to maintain a learned defense is far more subtle. Either way, the defensive patterns are nothing more than misapplied and misplaced conditioned responses. The original stimulus is not there, so we fabricate it through this distortion of reality. Pathological defenses are based upon humans doing what is familiar, not what is best.

Peter was an eight-year-old who appeared to be a typical suburban schoolboy. He had two adolescent sisters who were all wrapped up in their equally adolescent boyfriends. His father was an engineer employed by a large defense-related industry. His mother was a past PTA president and a member of her church's women's organization.

Peter's room was decorated with a basketball, catcher's mitt, model airplanes, and pictures of athletic stars on his walls. He had a few friends, but he usually had to call them if he wanted to play with them. He was not close to any of them. His father had tried to interest him in model building, but Peter preferred his obsessional pursuit of fan material from baseball heroes.

Peter was a quiet boy who seemed withdrawn and somewhat depressed. He was uncomfortable with intimacy on any level. His worship of baseball stars was a defense against involvement with other people.

Peter's mother invited a neighbor and her son to lunch because of her concern about Peter's lack of social contact. As the two boys began to play electronic games together, Peter

became more and more disagreeable. He chose games that only one person could play at a time, and he made sure that he picked games at which he was an expert. His average playing time was ten minutes a turn. His friend, who had never played these games before, had little success and usually finished his turn in one or two minutes. Peter would then resume his demonstration of expertise. At first, the friend was fascinated watching him, and he asked questions in order to learn the technique. But Peter became obviously annoyed by questions and interruptions. Before long, the other child wanted to leave.

This was not the first time this kind of thing happened, and Peter saw it as another justification for his withdrawal and self-containment. This boy, like all the others, did not like him. After all, Peter had shared his games with him and was still rejected. The next time Peter's mother suggested having a friend over, he ignored her. The repetition and maintenance of the defense was complete.

Peter's defense of withdrawal and self-containment was a survival mechanism from earliest infancy. His mother had not been able to relate to the boy she thought she had always wanted. When the infant Peter sensed her hostile feelings, he attempted to turn them off, with his body and mind storing the negative stimulation. Because his mother did not like him, Peter generalized that other people did not like him either. He was afraid that they were feeling what his mother felt. His defense of withdrawal and self-containment helped kill him. At the age of ten, Peter died of acute leukemia.

Let us look more closely at the process. Defenses are self-propelled, so to speak. Each time a defense works, there is a reason to keep it. Then there is reinforcement and validation of its continued use.

Leukemic children usually appear to have always been withdrawn and somewhat depressed. Frequently, the parents share a similar constellation of defenses. Leukemic children also share the common psychological denominator of not being able to accept unconditional love, particularly when hyperirritated. They cannot be soothed or comforted; they seek to maximize irritations.

All psychosomatic disorders appear to be centered within the involuntary or autonomic nervous systems. Even disorders of voluntary muscles are more related to the involuntary aspects of these muscles. For instance, posture and muscle tone are not controlled by the area of the brain that controls voluntary functions of those muscles. We normally do not have to think about these things. But psychosomatic stress can be focused on these muscle groups, resulting in backaches and muscle spasms.

No one says consciously, "Now that I am upset, I am going to overly secrete hydrochloric acid into my stomach, so that I can eat away at my stomach lining and develop a peptic ulcer." We learn this unconscious and automatic process as a means of defense against most destructive

forces in our environment. We learn these things when feelings are more important than thought. We learn our predisposition to psychosomatic disorders in the earliest stages of our lives. The question remains as to what this conditioning is.

In the first three months of life, we have the human being at the greatest degree of vulnerability to stimulation and irritation. He has lost the protection of the womb. He has no means of intelligently processing the stimulation that impinges upon him from the inside as well as the outside. He is the epitome of rawness. There is only one thing that prevents the overwhelming of the newborn. This is the emotional entropy of the mother-baby fusion. The capacity for entropy is no more learned in the mother and baby than it is in the earlier example of hot soup and a spoon. It is just there. The irritations (hunger, gas, noise, smells, etc.) are decreased by this first psychological and biological defense.

The baby, at this point, has very limited physical needs. His cries and body language serve as an alarm system to initiate physical and emotional nurturance from the mother. There are just so many things one can do to meet the relatively simple biological needs of the newborn. The procedures get repeated and repeated. Relatively quickly, the mother will learn the language of her newborn. For example, hunger may be communicated by the loudest, most demanding, and prolonged crying of the baby. At the same time, his body will communicate by a tightening of the stomach, a drawing up of the legs, a red face, and the waving of both arms. He appears to be in pain, and he probably is. As mother learns to understand her newborn's communications, she will inadvertently be rewarding this use of cries and body language through simple conditioning. Thinking is not involved. The baby is reinforced each time he gives the same signal and the mother responds in the same positive way. This learning precedes consciousness as we understand it for the more mature individual. It is on an organic, bodily level. Autism is the stage that precedes cognitive learning.

Once these groupings of the baby crying in a certain way and the baby getting rewarded in a certain way are well-established, the child is out of the autistic stage. He is well on the important road to learning that there exists an inside and an outside of himself. He is on the road to learning that others exist in this world.

If the mother meets his needs and fuses with him, he is being conditioned into a lifelong proposition of accepting love and caring when he is hyperirritated. If the mother cannot meet his needs adequately, then he is conditioned to hold his irritation in, to be afraid of having others add to it, and to produce an increased level of internal chemical agents that soothe one area while irritating another. As the stimulus is not being met by a loving outside response, it is directed inward.

In later life, irritating stimuli from the inside and the outside will result in this same response of keeping it in. At the same time, something in the genetic material may be changing ever so slightly. Cancer can be viewed as one mechanism the organism uses to process irritation.

Why do some people get cancer from irritation while others get a peptic ulcer, for example? The answer lies in the history of the conditioning. If the aberrant learning occurred in the autistic stage, the landmines will be there to explode in a later biological regression to infantile growth. If, however, one makes it through the autistic stage with a minimum of genetic instabilities, then all subsequent conditioning for self-containment of irritation will fall upon healthy tissue. The hydrochloric acid of the stomach may be overproducing, but if the tissue and cells include many genetic instabilities, then the risk of one or several of these cells being triggered into infantile growth due to additional of irritation is present.

An individual who develops an ulcer instead of a stomach tumor is far less likely to develop a subsequent cancer of the stomach. However, having one benign psychosomatic disorder does not indicate a protection against subsequent cancers in other organ systems.

This brings us to another important issue of conditioning with regard to cancer. Why is it that some organ systems only rarely succumb to this disorder? The medical profession focuses its attention on the organ systems that easily can become malignant. Only a few academics and research people study on those that appear relatively immune: the voluntary muscles, the nerve cells, and the extreme appendages - the fingers and toes. Red blood cells are also immune, but they have no nuclei. Without a nucleus, the cell cannot reproduce itself through division. Red blood cells come from nucleated cells which produce them.

While cancer of these systems occasionally can occur, we rarely hear about anyone dying from a primary site cancer of the biceps, triceps, lower back muscles, etc. The skin, bone, and connective tissues immediately near them, yes; the voluntary or striated muscles, very rarely. When this does occur, it is a true horror of pain and discomfort. But it is a relatively infrequent occurrence. This is true because of the following:

When a baby is born, the organs that most clearly can discharge tension and irritation are the voluntary muscles. All the child has to do is move an arm or leg, tighten the stomach, arch his back, and the irritation is dissipated. Organ systems that cannot discharge as readily and are subjected to a large degree of irritation are far more vulnerable. Their movement is no more relevant to discharging irritation than the movements of breathing to the lungs or peristalsis to the stomach. The more stationary systems are more vulnerable.

Another reaction newborns have is the Moro Reflex. If the newborn is overstimulated, i.e. irritated, he will arch his back, extend his arms and legs out from their core, and move his fingers and toes fully until extended. He will not clutch up into a fetal position at this stage. The

fingers and toes are the exit point for irritations in the tiny baby. Fingers and toes are rarely primary sites for cancer.

Now we come to one of the most fascinating aspects of this theory. Many of us know someone who has suffered, and possibly died, from a brain tumor. We know that nerve cells are not capable of even normal division while in the body. People with spinal cord injuries in which the cord is severed have no chance of recovery. The cells are destroyed and do not regenerate. If the entire cord is not severed, neighboring cells and pathways can assume some functioning with some “recovery”. Nerve cells, which will be referred to as neurons from this point on, are “postmitotic”; they do not divide.

Irritation on some level is necessary to trigger cell division. Whether the irritation is the normal high hormonal levels of infancy, injury, or carcinogens, something gets to the nucleus and the genetic material inside. Neurons have viable nuclei with a full complement of chromosomes. It is their physiological function that prevents them from dividing, either normally or malignantly. When an irritant reaches the cell membrane of the neuron, an entire electrochemical system is activated to discharge the irritant and pass it on as an electrochemical signal to the next neuron, all the way to the brain. This function of neurons prevents the nucleus from being irritated enough to cause cell division. If there were enough irritation to overcome the electrochemical functioning of a cell, it would kill it before it could nudge it into division.

Then what of brain or spinal cord tumors? Neuropathologists have told me that it is the supportive cells that become malignant in these tumors. The insulating cells of the sheath can become malignant. More typically, it is cells such as the glial (supportive) cells that absorb this irritation and reproduce malignantly.

There remains the issue of neuroblastomas, a malignancy of neuroblasts. These are the embryological cells that give rise to the neurons. On occasion, they remain as residual embryological tissue after birth. When this happens, they can reproduce as more neuroblasts. Tragically, this usually affects children one or two years of age. But these are not cancerous neurons. It is not impossible for a neuron to be malignant. However, no one I spoke to on a professional level who studies these issues had ever seen or heard of such an occurrence.

These organ systems are important because of their relative immunity to cancer. They share the property of being unable to be hyperirritated during the autistic stage of development. Thus, they cannot develop genetic instability as a defense against being overwhelmed by irritation. Voluntary muscles, fingers, and toes discharge immediately through the simpler defense of movement. Neurons discharge or totally shut down in response to hyperirritation. Cells must be vulnerable to hyperirritation to undergo instability.

Let us return to the matter of conditioning as it affects later cancers. We have seen how cancer can be conditioned inadvertently in our newborns. To better understand some of the

subsequent issues in this book with regard to medical and psychological treatment, we must start with the basics of learning theory. How can we stop or extinguish a defensive pattern once it has been conditioned?

Several years ago, I was treating a paranoid schizophrenic at a hospital. She explained to me how the powers that be had stolen both her inventions and her writings. Her pen name was Herman Hesse, and she had invented radar during World War II, she said.

Every other therapist she had contact with had confronted her with the fact that she was Jane Smith from Brooklyn, New York, and was born after World War II took place. And every other therapist had been dismissed immediately by her. When she first came into my office, she reported that there was a plain, unmarked car in the lot outside. It was the FBI after her.

Patient: They want to kill me rather than ante up for what they stole from me.

Analyst: What was that?

Patient: You won't believe me either, but I invented radar and wrote some very successful books.

Analyst: You aren't going to tell me anything that would get them after me, are you?

Patient: Are you afraid of them, too?

Analyst: Listen, I know how unethical and corrupt government people can be.

Patient: Okay, then what should we talk about?

Analyst: Hold it a minute. Did you hear anything at the door? (I got up, opened the door, looked up and down the hallway, and sat back down.) No one there, but I could have sworn I heard someone listening to us.

Patient: Are you always so afraid of other people?

Analyst: What do you think?

Patient: I think you are just like me.

This cemented a relationship that permitted this truly brilliant young woman to leave the state hospital system. A great deal of additional work ensued, but this first exposure convinced her that I was safe because I was like her. The purpose of her distorted reality was to maintain her feelings of being sufficiently important to be persecuted by government agencies - or anyone. My respecting and going along with such defenses made it possible for her to relinquish her investment in them. Eventually, she told me that she was becoming aware of her distortions, but continued them because they felt so good.

This is an important point. We maintain our conditioned responses, which we call defenses, because of the emotional involvement in them. Any attempt at correcting or reversing these defenses using thought as the medium is a waste of time.

It is also important to remember that the more invested an individual is in her earliest learning, the more likely her parents had a need for her to be a good, quiet baby. This means that she would have had to internalize her upsets, impulses, and irritations.

If I had told my patient that the FBI car was really owned by the New York State Office of Mental Health and was used to ferry patients around, in all probability, any possibility of successful treatment would have been destroyed immediately. She would have felt misunderstood, and she would have dismissed me as merely another dumb shrink in the state system.

This type of psychotherapeutic intervention is referred to as a reflective technique. It amounts to walking downstream with a patient rather than attempting to walk upstream in the therapeutic river. It gives the patient the opportunity to perceive the analyst as safe enough to re-experience the patient's earlier fusion with him. Thus, it permits an emotional re-education.

This important concept of psychological reflection requires explanation. We can condition a pigeon to press a lever. After numerous repetitions, he learns that every time he presses the lever he gets another pellet of food. Now, how do we get the pigeon to stop pressing the lever? There are several options. The simplest is merely to cut off the supply of food pellets. Eventually, the pigeon will learn that pecking at the lever means that nothing will happen. This is a long, drawn-out process with frequent reoccurrences of lever-pressing optimism.

We could also arrange to shock the bird every time he presses the lever. This is a much faster but inefficient mechanism for extinguishing conditioned responses. Reoccurrences of the previous learning happen in spite of the punishment.

The third option is the most direct and, for some reason, the least obvious. We can get the pigeon to stop his food-seeking behavior by feeding or satiating the drive motivating the conditioned response. He will not be the least bit interested in pressing the lever as long as he is satisfied. But as soon as he is hungry again, he will fall back on the conditioned response to the stimulus of hunger.

The realm of psychopharmacology provides viable examples of the use of reflective techniques. In the case of the hyperactive child, the use of Ritalin or Adderall or other central nervous system stimulants results in the temporary reduction of hyperactivity. For the most part, the medical descriptions of why and how these drugs work to calm the hyperkinetic child are vaguely summarized by stating that the drugs have a "paradoxical effect".

If psychological reflection is taken into account, the effects of these stimulants upon the hyperactive child may be viewed as a satiation of the motivation of the conditioned response of hyperactivity. This, of course, assumes that hyperkinesis is an emotionally-conditioned response. Adding a drug that causes agitation or a hyperactive state to a conditioned response of extremes of movement results in a satiation of the response. Once this satiation occurs, the child

is temporarily calm. Reoccurrence of the response follows the wearing off of the drug. The same thing usually happens if we place hyperactive children in a moving car. They will frequently calm down as effectively as if they had been given Ritalin. The car's movement satiates the conditioned response. After the ride, the hyperkinesis returns.

Some fascinating work was done by Stanislas Groff on the experimental use of LSD in the treatment of schizophrenics. LSD-25 is a psychotic mimetic; that is, it causes the individual to experience mental functioning similar to that of a psychotic. Groff administered LSD-25 to psychotic, neurotic, and "normal" groups. The psychotic group manifested rapid but short-lived symptom abatement; the neurotic group showed slight improvement, marked by a rapid return to previous symptoms (conditioned responses); the normal group showed symptoms of psychosis.

This experiment demonstrates that if LSD-25, which acts to mimic psychosis, is added to a pre-existing psychotic state, it will temporarily satiate the conditioned responses of psychosis and temporarily extinguish the symptoms. With the psychoneurotic group, the marginal improvement can be viewed as the effect upon marginal symptoms. With the normal population, the LSD-25 would be oppositional to the mature and adequately conditioned responses of this group. Only when the drug was added to pre-existing symptoms was there a temporary satiation of the emotional aspects of the conditioned response.

In the paranoid individual, the conditioned response of grandiosity defends against feelings of being weak and ineffectual. The use of drugs such as neuroleptics makes the individual feel weak and tired. Thus, these drugs can be viewed as attacking the conditioned responses of the paranoid rather than satiating them.

What does all this have to do with cancer? Reflective psychology can be used as a succinct and precise explanation of why most medical interventions work initially to cause an extinction of the conditioned responses of maximizing irritation and self-destruction that I find in cancer patients. In medical terms, psychological reflection can explain how and why remission (reduction or eradication of symptoms) occurs after medical intervention. It also explains why the conditioned responses (symptoms) of cancer all too frequently reoccur (spontaneous recovery of the conditioned response).

The next chapter discusses these medical issues.

Chapter Six

Modern Medical Techniques

Barbara was diagnosed with breast cancer two years after her divorce. She is thirty-eight years old and has two daughters. She has not been able to find anyone desirable to date. Usually, the men with whom she has brief relationships are not interested in anything permanent.

Barbara had a malignant tumor removed from her left breast. She also had eleven lymph nodes in her armpit removed surgically. Her initial emotional torture was hearing that she had cancer, followed immediately by the additional conflict over what type of surgery to have.

“I consulted three different surgeons before I had my lumpectomy. The first one wanted to do a mastectomy. The second recommended taking what he saw as the safest route, a radical mastectomy. The last one I saw recommended the lumpectomy. He showed me studies that seemed to prove that, if the lump is small enough, it is as successful as the more severe disfiguring procedures.

“After the operation, the oncologists (cancer specialists) began on me. I went to seven of them for opinions. I got seven different recommendations. They all took the time to explain what the recommendations were based on. Most recommended radiation and chemotherapy in close proximity. Some said I should have received radiation during surgery. Others said chemo should have been started sooner. The radiologists made it clear that neighboring tissue could become cancerous as they burned the tissues already affected. They all said that treatments were more precise and exact than ever before, but explained that there were risks.

“When it came to chemotherapy, the divergence of opinion was unbelievable! Seven doctors told me to do seven different things. Most included the same drugs, but added or subtracted from the list. I don’t know what they based their choices on. Some wanted to knock the cancer out with a sudden, powerful onslaught. Others said if we did that, we would be very limited in future treatment. These guys recommended that I start gently and moderately so if the cancer came back or spread, there would be more options.

“Which makes more sense to you? I don’t know. Both arguments seemed very logical to me. But what do I know? I’m not a doctor. Maybe I was wrong in researching the whole thing so thoroughly. Anyway, what it literally came down to was that I had to pick my own poison! Everyone of them explained that chemotherapy was based on poisoning and killing the very rapidly-reproducing cells in my body. This would mean the cancer cells, too, of course.

“What finally happened was that I went with a doctor who recommended a moderate approach. That seemed less scary to me, but, to be honest, I still don’t have any idea which makes more sense. Dr. Schwartz was someone I could relate to. He listened and seemed to be

genuinely concerned. I know this is weird, but I had similar feelings about the doctor who delivered my babies. I trusted these men; something was different about them. Another doctor said that I might still have a chance of surviving if I listened to him. He scared me so much that I just about ran out of the office. Schwartz is the nicest and more reasonable, even though I still don't know how to reason about any of this. He told me that I should talk to someone like you. He said there is so much we don't understand about cancer and that maybe stress and other feelings have something to do with it.

"Dr. Schwartz told me that in most cases breast cancer is systemic, that was his word. I guess it means they spread a lot. He said that by the time a lump was large enough to be felt, malignant cell masses have been around for two to five years. They most likely have spread throughout the body and can cause other tumors - you know, metastasize. He said a lot goes into the fight against this spreading. Dr. Schwartz believes feelings have a lot to do with all this. He said he's seen enough women with similar life histories to question the psychology of this part of it. His recommendation seemed to mean he cared and that you would have the time to handle the emotional parts of it. But he always sat and talked with me for some time.

"When I got really scared, he told me that he would be my doctor no matter what. Once in a while he put a hand on my shoulder as I left his office. It always made me feel warm and calm all over. The fact that Michael Schwartz, M.D., is a gorgeous hunk does not hurt in the least either!"

Whatever the organ systems involved or diagnosed as the primary site, the surgical procedures for treating cancer basically amount to the same thing. The earlier the diagnosis and the more localized the malignancy, the smaller the amount of the body that is cut out. Surgery is a highly sophisticated medical specialty. Fortunately, new trends in surgery cause less disfigurement than in the past. For example, until recently almost everyone with colon cancer had a colostomy. Today, only about one patient in seven requires it. Limb cancer does not necessarily result in an amputation today. Instead, when possible, only the cancerous part is cut away, and radiation is applied.

Although less severe than it used to be, cancer surgery remains nothing more than cutting out parts of the body.

Radiation therapy is based upon exposing the cancerous, or likely to be cancerous, tissues to the burning effects of radioactive agents. These can be generated by technical machinery or isotopes. Radioactive tubes or capsules may be placed upon the body for short periods of time. This is practical only if the cancer is relatively close to the surface. For more deeply buried cancer, the capsules or tubes may be surgically implanted. After a period of several days, they must be removed before too much healthy tissue is destroyed. Techniques for determining dosage and administration are highly sophisticated. They are getting progressively more and

more sophisticated in the attempt to limit the risk of inducing subsequent cancers and destroying neighboring tissue.

Implant radiation is often preferable in order to avoid damaging neighboring cells. The surgeon usually implants radioactive pellets or weaves a radioactive thread in or around a tumor. Pellets and threads have been used for gynecological, lung, pancreatic, head, and neck cancers with good results. Intraoperative radiation allows healthy organs to be moved out of the way to allow exact placement of the radioactive agent during surgery. Up to four times the dosage can be given intraoperatively as opposed to traditional external therapy.

The type of radiation used is likely to change in the near future. Neutron radiation is being investigated by the National Cancer Institute as a more efficient, lower energy, higher kill ratio agent than the traditional X-ray radiation.

However, all this technology boils down to is burning cancerous tissue out of existence.

Chemotherapies are based upon the property that all cancer has in common - a rapid and apparently random reproduction of affected cells. Most cancers have different periods or cycles of growth. The idea is to have a regimen of poison available that will kill rapidly-reproducing cells during the growth cycles of cancers. Normally, four or five drugs will be utilized to make sure that one is present to intercept the cancerous reproduction along this time continuum. If one chemical does not kill the cancer, the next cycle will be covered by the next chemical.

Chemotherapies have the obvious problem of having the worst side effects. Techniques are being devised to test which drugs the patient's cancer cells will respond to. Dosages are being experimented within terms of lower, but more frequent, exposure.

However, at this time, any agent entering the body to kill rapidly-reproducing cells will kill healthy rapidly-reproducing cells as well as cancerous ones. Thus, hair loss is a common side effect, as are nausea and diarrhea.

In short, standard procedures for chemotherapies for cancer rest on the basic premise of poisoning the cancer cells.

This leaves us with the disconcerting fact that standard modern cancer treatment is based upon cutting, burning, and poisoning. Granted these procedures are being used with the utmost care in administration in order to limit the damage to neighboring healthy tissue. But they still add up to cutting, burning, and poisoning, and they all have uncomfortable and even painful side effects as other healthy tissue gets sacrificed.

In biological terms, the side effects of standard medical procedures are obviously negative. But, psychologically, they are wonderful! In fact, they are an important cause of the success of these medical techniques. The practitioner will say that the removal of cancerous cells is the critical issue. However, the negative side effects may be as important as, if not more important than, the excising through cutting, burning, and poisoning.

Now, we can integrate the discussion of conditioning and psychological reflection with popular medical treatment.

Let us go back to our pigeon. Remember that we have several options to get him to stop pressing the lever in order to get a food pellet. If we stop supplying the pellets, eventually he will stop pecking, although he will still give it an occasional optimistic try.

If we shock him each time he presses the lever, he will soon stop. But, again, he will try to sneak a peck relatively quickly if he is hungry enough.

However, if we feed him to his limit (that is, satiate his hunger drive), the motivation for food-seeking behavior is suspended. When he again experiences hunger, he will press the lever unless we feed him again. This satiation of the drive of the conditioned response is the basic psychodynamic issue of medical treatment for cancer.

Since cancer may be viewed as a conditioned response of hypersensitivity in the face of irritation, it is the fulfillment of the infantile conditioning for destruction through self-containment. What then are we doing when we cut, burn, or poison cancer patients? We are, in effect, satiating the pre-existing conditioned response. We are adding so much insult to injury that the initial injury gets suspended.

First, we scare patients to an extreme degree - we tell them they have cancer. This fear is a psychological aid in that it facilitates the necessary emotional regression.

Then, in a controlled way, we inflict enough discomfort and pain with our techniques to overwhelm the system. We extinguish the conditioned response.

Medical people call this the process of remission. The cancer has been fed its virgin and can slink back into its cave until it is hungry again. As long as the cancer is being psychologically reflected by medical techniques, the disorder can slow down. The pigeon (unconscious dynamics) has been fed. The lever goes unpressed until the need for food (self-destruction) arises. The hypersensitivity that was originally conditioned is being thoroughly overwhelmed by the administration of enormous amounts of irritation. The need to self-destruct is being buried under the destruction of healthy and cancerous cells. The food is cutting, burning, or poisoning.

A rather rare medical occurrence was reported to me by a physician. A fifty-two-year-old man suffered a heart attack upon hearing that he had a large colon cancer that required surgery. The heart attack precluded the colon operation. Three months later, tests of all kinds could find no trace of colon cancer. Two years later, there was still no sign of cancer. What had happened? The physician said that he believed the healing enzymes were produced by the body in response to the heart attack. In his opinion, this cured the cancer.

I believe the conditioned response of self-destruction was satiated by the immediate fear of annihilation from the heart attack. A serious heart attack is terrifying. It adds an

overwhelming irritation. The pigeon has now been fed. The self-destructive patient no longer needs the irritation of cancer.

Some patients, through treatment, may have enough irritation added to the infantile hypersensitivity to irritation to keep them well-fed for a lifetime. The cancer appears to be gone. Cure is a word most medical people are reticent to use in regard to this disorder, for the cancer can rear its ugly head again years later. Thus, a more appealing way to put it is that the *disease is in remission*.

Other patients may need periodic feedings to satiate the self-destructive drives. Eventually, they cannot be fed anymore, for the feeding itself can be lethal. The patient dies, usually not from the direct effects of the cancer, but from its destructive side effects. Pneumonia, other infections, cardiac problems, and general wasting away typically are the causes of death.

The suffering medical procedures cause, however, can be as important as an attempt to excise cancer directly. Too often, subsequent tumors or reoccurrences may appear, and the medical practitioner must sadly admit that some cells may have gotten away from the surgeon's knife, the radiotherapist's burns, or the chemotherapist's poisons. Modern medical procedures are more than a little questionable. Studies have been done that scientifically prove that, on average, they shorten life and destroy the quality of life. (Abel 1992; Ventegodt, Merrick, and Levenson 20____.)

It is also possible that any individual with precancerous cells in one organ system will have them in others. In advanced metastasized cancer, it seems almost as if the cancer is trying to get out of the body. Now even fingers and toes can become secondary sites.

Those autistic children who shake their hands and wiggle their fingers may be trying to rid themselves of something to which we have been blind: *Cancer is the body's reaction to any and all irritation severe or habitual enough to reach the unstable genetic material.*

Chapter 7

Carcinogens: Tangible and Intangible

For years, there have been media scares that make it seem as if *everything* is carcinogenic. One Thanksgiving, it was cranberry sauce. Cigarettes, saccharin, the sun, X-rays, microwaves, air pollution, water pollution, red meat, nitrous amines, the pill, etc., all have been labeled as lethal.

To keep things in perspective, two research scientists did a tongue-in-cheek experiment on albino white rats. They implanted quarters and dimes in the rats' abdomens. Sure enough, almost every rat subjected to these implants developed cancer somewhere in the abdomen and died. The researchers hypothesized that even close proximity to this highly-toxic pollutant could be a risk and suggested that it be removed from the environment. With almost reckless disregard for their own safety, they asked that everyone in the country send their quarters and dimes, preferably in rolls, to them. They would brave the danger in order to help their countrymen avoid the probability of getting abdominal cancer and succumbing like the rats!

Americans are obsessed with chemical and physical carcinogens. The latest, and perhaps most popular, area of carcinogen concern centers on nutrition. This is a tangible over which we have some control.

Scientific investigation into the nutritional aspects of cancer received support in 1980 when the National Cancer Institute began to study diet and cancer. As a result of this investigation, the institute recommended a 30 to 40 percent reduction in consumption of saturated and unsaturated fats and the inclusion of grains, fruits, and vegetables in our daily diet. Citrus fruits and carotene specifically were emphasized. It also was recommended that alcohol be consumed only in moderation. (For years, physicians have observed that alcoholics were more likely than other people to suffer from cancer of the digestive tract.) Smoked, cured, and pickled foods were singled out as high-risk additions to diet, and it was pointed out that barbecuing and other high-temperature cooking appear to form carcinogens in food. Much public attention now is being focused on free-radical ions as carcinogens. These are liberated and charged chemical elements from food that some believe serve as a trigger mechanism for cancer.

The combination of irritants being consumed at the same time certainly would seem to increase the risk of cancer. Thus, if you smoke and drink, the esophagus, respiratory tract, and the larynx are doubly battered. Nonsmoking alcoholics are more likely to get only colon or rectal cancer.

It is important also to consider the volume of food consumed. People who overeat are obviously putting a greater strain on their digestive systems. It is worth noting that in those supposedly healthier countries, where low amounts of fat and red meat are consumed, low amounts of food in general are consumed.

What are we to believe? It is true that there is an increased risk of breast and colon cancer in countries where large amounts of red meat and fat in general are consumed. However, in these same countries, air and water pollution levels are higher, and these industrialized nations seem to function with a different mental set than underdeveloped nations. In any event, in nations where meat is a luxury and being a vegetarian is a necessity not a choice, the contamination from other carcinogens, tangible and intangible, may be far less than ours.

We do know that consuming pesticides and other industrial pollutants through our food is irritating to our systems. What we do not know is whether eliminating free-radical ion foods, meats and fats, processed foods, smoked, cured, and pickled foods, barbecued food, saccharin, alcohol etc., will be shown to lower the frequency of cancer in humans.

Many people are turning to vitamin supplements as a means of cancer prevention. However, what research has been done in the field is mainly with animals and is inconclusive. In addition, megadoses of vitamins actually can be harmful, and it is wiser to concentrate on a well-balanced diet.

Recently, a review of the actual effects of vitamins, minerals and other supplements was done in Denmark. The researchers reviewed hundreds of thousands of studies. What was discovered was startling. These additions to diet actually shorten life and have other serious health risks. The results of this study was in the American media for about a day and was inaccurately attacked by our “experts”. Anything in excess can irritate our cells. Vitamins and minerals are not exceptions.

Most important, manipulating our diets and vitamin intake is something within our control. It makes us feel that we have some power over our lives. Actually, in the face of cancer, we may be creating a false totem.

Some people can eat fatty, barbecued hamburgers, pickles, and potato chips, drink beer, and smoke cigarettes while working in a polluted city on a sunny day and never develop cancer. It is true that they may succumb to something else before cancer can develop, but some will live to an old age while immersed in carcinogens. The puzzling questions for researchers in this field *can* be answered by looking at the *intangible* carcinogens (emotional and life events).

These intangibles are intangible only because we choose to ignore what we cannot observe and understand simply and directly. The major carcinogen for all of us is an aberrant processing of all irritants. The body may be under attack from different kinds of stimuli. If we have been conditioned into a precancerous personality, we are going to get cancer. If we have

not, the risks are far less but are still there, since no one can be raised without any genetic instabilities. However, the fewer and less intense their occurrences, the less likely the tangible carcinogens will fall on target. The chemicals our bodies produce also will have fewer target sites.

Through experimental work done with biofeedback (REF), we have been able to demonstrate that bodily functions, previously believed to be psychologically inaccessible, can be conditioned. We can *learn* to increase or decrease functions such as heart rate, blood pressure, etc. Thus, we have a scientific basis for believing that we can learn to produce or not produce internal carcinogens such as adrenaline or hydrochloric acid. Our defense systems can handle adequately the isolated explosion.

Adler and Cohen of the University of Rochester conditioned mice to suppress their own immune systems. The research was confirmed at two other laboratories

The precancerous personality is the ultimate carcinogen. What creates this personality? As genetic instabilities are being laid down due to hyperirritation of the newborn, certain psychological conditioning is taking place. One cannot occur without the other. The first stage of extrauterine life is the significant-age category biologically because of rapid mitotic growth like none other in life except, perhaps, with cancer.

It is important to note that hormone levels in many malignant tumors are the same as in the infant (REF). In a normal adult lung, there is no ACTH (a growth hormone). In a cancerous adult lung, ACTH is at the same level as a newborn's lung. This adds credence to the theory that cancer begins in the autistic stage. It also suggests that cancer is, in some ways, a biological return to this stage of life.

Psychologically, the baby is vulnerable to instabilities because of a lack of adequate emotional defenses in the face of irritations of all kinds. The precancerous personality has a need to maximize irritations to levels similar to that experienced in infancy. Such an individual will always make a mountain out of a molehill. On top of this need to make the worst rather than the best of any situation, he will have a self-contained system of processing this hyperirritation. Not only does such a person obsess about how terrible things are, but life events in life over which he has no control fit right into this need to repeat infantile hyperirritation. Remember, we do and feel and think that which is familiar, not that which is best for us.

Patient: Tomorrow, I am going on vacation. After all these plans to go to Europe to ski, we are finally having snow forecast in New England. I knew this would happen.

Analyst: Can you change your plans?

Patient: No, we sent in the money, and the kids really want to go. Tonight, it's supposed to start snowing, and I don't know if we will even take off as planned. Have you ever spent hours in an

airport waiting for the weather to clear? How about with three kids? It drives me crazy. I begin to feel sick to my stomach and usually get a headache. The airlines don't care. But then, I guess, I'm happy they aren't taking off in bad weather. The food they serve usually stinks. My wife always manages to get a cold just before we leave, and then I get it when we are in the middle of vacation. At least, snow conditions are always good in the French Alps, but the skiing is not the least bit challenging compared to Colorado or Jackson Hole, Wyoming.

Analyst: Why don't you just stay home and relax for two weeks?

Patient: Are you kidding? My house is an asylum!

Analyst: Are you saying it doesn't matter what the circumstances are, you still feel irritated by just about everything?

Patient: I guess that's what I'm saying. And I can't complain to June anymore. She tells me to knock it off, that she can't stand it. She can't change the weather anyway!

For this patient, life was a continuum of upsets and irritations. Getting caught in traffic was a disaster. Business, at which he was a spectacular success, was a never-ending source of emotional irritation. Something could always go wrong. Success was never enough, nor did it provide security and confidence. The balloon could always burst.

This kind of person will always twist his insides over what could go wrong, not just what does go wrong. He is two steps ahead of each anticipated catastrophe. His endocrine system is in a constant state of hyperdrive. Worst of all is his apparent lack of adequate psychological defenses.

The precancerous individual, lacking the emotional entropy that should have been taught in infancy, will be unable to fuse with anyone else as a means of dissipating irritation. He most likely will be able to experience intimacy only when he is caring for someone else. This is safe. To be loved and cared for, however, results in emotional discomfort and uneasiness that is easily detected. The precancerous individual cannot conceal it. Most of the time, he rebuffs caring with bodily reactions of blushing, stiffness, and an obvious need to push away. It is easy for a person attempting to soothe a precancerous individual to feel rejected and angered by his reactions.

Let me give an example. Two men have had a horrendous day at work. Upon arriving home, the first one says, "Come over here, honey. I need a hug. Today was rotten in the office. Kids, what went on in school? Just sit for a minute and talk to me about it." The precancerous individual enters his home saying, "Just keep the kids away from me for a while. I had a rotten day, and I don't want to be with anyone. Let me have an hour or so alone watching the game, and I'll settle down. Just keep them quiet!"

If, at the same time, he attempts to soothe his irritation with external carcinogens, the problem is intensified. He may be a chronic cigarette smoker and/or alcohol abuser. He may also have a “thing” for one type of food that makes him feel better (a lot of depressed people are chocolate addicts), and any one nutrient in great and habitual excess can become a carcinogen.

He can soothe his emotional upsets by retreating into isolated activities. At the peak of irritation, absorption with woodworking, books, music, etc. can be indicative of the precancerous individual’s self-contained entropic system.

Mood swings also are a clear symptom. The ability to express rage is no more than an indicator that an individual is hyperirritated. He will hold onto his anger after a genuine apology. Righteous indignation has its roots in the precancerous conditioning of the autistic stage.

On the other hand, this individual may be depressed a great deal of the time and never express rage. He can be candy-coated as compensation for the anger and irritation he holds inside. The important issue is his inability to accept being loved. Significantly, the John Wayne macho image comes to mind. Men like this would not cry for their mothers in the face of overwhelming irritation. Even the threat of annihilation would not cause them to allow fusion to occur.

Tough is one precancerous characteristic, distant is another. In our society, men still resort to both more easily. Women usually are confined to the latter. The precancerous personality will permit friendships as long as they are not very intimate. He will allow friendship in which the other individual receives. He is an excellent giver. This serves as a defense against the discomfort of receiving. Usually, his social adaption is somewhat extreme. He may join many groups, or he may be reclusive and withdrawn. In either event, the purpose is to resist intimacy and loving.

The fear of closeness stems from the residual fears of events in the autistic stage. When the baby was already irritated, he did not need a mother whose irritation would overwhelm him. Throughout life, the precancerous individual resists truly close contact with the irritating mother. This becomes generalized to the world at large as well as to significant others: a spouse, siblings, children, and friends.

This early conditioning has other effects that often are overlooked. The precancerous personality will have instances of elevated functioning of the senses. Many cancer patients have told me that they see, hear, and smell things before others do. At times, they begin to doubt their own perceptions. This is not paranoia, but rather a conditioned hypersensitivity in one or all sensory systems. This may be an asset in war, but it can have serious consequences any other time. One patient reported seeing a dozen deer in the forest when his camping partners saw only the one on the road. Imagine his consternation when he pointed them out and no one else could see them! One patient reported that she could smell things long before other people. She soon

learned not to mention it. The question “Did you hear that?” quickly gets suppressed so that others will not think one is hallucinating.

Touch and taste also can be more sensitive. Reactions bordering on allergies or allergies themselves are not uncommon. Wool or terrycloth can be unbearable. The appreciation of spicy foods or the total avoidance of them also are part of this diagnosis.

The most obvious of the psychological symptoms of the precancerous personality is the ultimate autistic residual - the drifting away, the “spaciness.” When overwhelmed, the precancerous individual will frequently exercise this option. He will show no significant signs of schizophrenia, but he can retreat totally into his own inner space. Teenagers call such people “space cadets.” Precancerous individuals move in and out of this state, which seems to be a refuge for them. If they are impinged upon, they will be aggravated, if not totally enraged.

Any survey of the causes of cancer that does not include the assessment of autistic residuals ignores the central carcinogen in our lives.

The question asked in Chapter 1 can now be answered.

Why do divorced or widowed women get breast and cervical cancer more frequently than married women? Because of a sudden disruption of their relationship, their emotional entropy. A terrible relationship is better than none at all. Even if the marriage was very bad, it could have served to siphon off some irritation. With the end of a sexual relationship, the sexual organ systems will be the focus of undischarged irritation.

If you lose a parent before the age of seven, your risk of cancer increases because the emotional entropy was abruptly ended.

Other situations in life correlate to cancer. A combat soldier exposed to annihilation goes through severe emotional regressions. As his comrades are killed, emotionally entropic relationships are abruptly ended. Add a potent external chemical carcinogen coincidental with this return to early emotionality, and cancer could be a likely outcome.

The fact that dioxin, as in Agent Orange, can cause instabilities in the sperm of Vietnam veterans exposed to it is confirmed by the high incidence of birth defects in their children. If the chemical irritated the body cells, the veteran faces cancer. If it focused on the spermatozoa, the veteran’s children pay the price of the instabilities.

It is not uncommon for someone to develop cancer while serving a jail term. The loss of a child is also a significant trigger. Again, we have abrupt endings of emotional entropic systems.

The study in southern California and Utah of the Mormons’ relative immunity to cancer in the face of chemical and physical carcinogens concluded the reason was that Mormons do not smoke or drink. However, many people who get cancer do not smoke or drink. The difference is that the Mormon church preaches belonging to and conducting oneself with consideration for

the group. Mormons are taught emotional entropy as part of their religion, while the rest of us all too often are taught to feel like bigots if we believe our roots and affiliations are of primary importance.

As groups get blended into the melting pot, the individual's sense of dissociation can result in a greater incidence of distortion of emotional entropy and thus cancer. When Americans lived in separate ethnic communities, the cancer rate was lower. At that time in our history, the extended family also was common. Mothers were not alone with their young. A sister-in-law lived upstairs. A grandmother or an aunt lived with the family or nearby. When the irritation of raising a newborn became overwhelming, someone stepped in to help. They did not ask permission; they simply took over for a while. The new mother's irritation was thus diminished, and she could more easily relate lovingly to her infant. In countries where this family dynamic still exists, the cancer rates remain low.

There are other categories of people who tend to be precancerous. There is a higher incidence of cancer among the young. In the case of youth, the rate of growth, while less rapid than in the newborn, is still high. But, more important, any behaviorist will tell you that habit strength or learning is most intense the closer it is in time to the original conditioning. The fact that so many youngsters get pervasive cancers seems to indicate the power of autistic stage learning. Leukemia is all too common in young people. The white blood cells intended to protect us from invaders instead are reproduced cancerously.

The elderly have the highest incidence of cancer. It is safe to assume that instabilities can more easily be activated with the vulnerability that age brings. Even middle age provides evidence of this increasing vulnerability. In women over thirty-five, the chromosomes start to degenerate, leading to instabilities of the genes in the ova and subsequent birth defects. The immune system becomes less efficient as people age, but what is most important is that the elderly usually have lost significant relationships through the deaths of loved ones. The survivors suffer the abrupt ending of their emotional entropic systems. How many times have we heard of an elderly husband dying, followed almost immediately by the wife developing cancer?

The sudden end of an entropic relationship seems to tip the scales. However, prolonged existence without such a fusion causes even individuals outside the usual categories to be vulnerable. Serial relationships and promiscuity indicate an inability to relate intimately. Sexual gratification is very different from the intense fusional love that sex can facilitate in an entropic relationship.

Reoccurrence of herpes is far more frequent in people with self-contained entropic defenses. Originally, the AIDS syndrome occurred primarily in sexually promiscuous homosexual males. The lack of an entropic relationship makes the individual more vulnerable.

Emotional entropy may be viewed as the central processor of all kinds of irritation. It bridges the gap between the biochemistry and psychology of human existence. The concept of emotional entropy integrates nutritional, viral, and genetic theories of the causes of cancer with circumstantial life events. The awareness of the existence of the precancerous personality permits us to take preventive measures against the disorder.