



## Editorial

# Cancer and The Mind—Do We Still Believe Galen?

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PSYCHOLOGICAL RESEARCH in the study of cancer has existed for centuries. Many authors have tried to establish links between psychological problems and the onset of cancer. Galen, in the second century AD, thought that melancholic women were predisposed to breast cancer. With these or similar statements, many authors interested in this topic, introduce their articles. What they usually do not report in their introductions is the fact that Galen also thought that the blood was the source of all "humours", and was a great advocate of blood-letting, employing it frequently, sometimes to the extent of almost depleting the patient [1]. Since then, haematology has become established as a specialty of medicine, and blood-letting is no longer regarded as a miracle cure. However, we still hear Galenesque remarks about the possible links between cancer and psychology, despite the general failure to prove this hypothesis.

Ginsberg and associates, who report a case-control study on life events and the risk of breast cancer [2] in this issue of the *European Journal of Cancer* (pages 2049–2052), reaffirm the fact that most studies investigating the links between cancer and the mind continue to be methodologically flawed in face of a frustratingly complex issue, and suggest that the very persistence of the idea might be due to the fact that it is so hard to prove or disprove. This single characteristic is unlikely to explain the persistence of this idea throughout the centuries, and other reasons may contribute. Ginsberg and associates hit upon another explanation in their introduction when they state that when clinical observations cannot be fully explained within the usual frame of reference, it is tempting to look for a more 'metaphysical' reason for these phenomena.

To patients and caregivers, cancer is often uncontrollable, meaningless and unjustified, and it is understandable that

the wish for control and meaning becomes important to some in such a situation. Thus, they look for psychological reasons to explain the malignancy, when other explanations fail. One often observes that although such explanations are associated with self-blame and guilt, they are still perceived as more tolerable than the otherwise senselessness of cancer. Charlatans of all kinds profit from these circumstances, misleading patients to feel they have control over their disease, giving individuals short-lived relief which is invariably followed by a sense of deception, despair and depression. It is a different situation when patients themselves search for meaning and put their experiences in perspective. In these circumstances, the search to re-establish control and a sense of coherence is often successful and followed by acceptance and serenity. It is, therefore, important that scientific results which suggest a possible link between the mind and the onset of cancer should be treated with the greatest caution. The fact that Galen suggested a link between melancholia and breast cancer does not make it true. To date, there exists contradictory results with regard to every hypothesis on cancer and the mind, and the fact that we still have severe methodological problems associated with such research has to be emphasised. Ginsberg and associates admit the methodological limitations of their study; which is an important point in their publication.

1. Cumston CG. *An Introduction to the History of Medicine*. Dorchester, Dorset Press, 1987, 153–184.
2. Ginsberg A, Price S, Ingram D, Nottage E. Life events and the risk of breast cancer: a case-control study. *Eur J Cancer* 1996, 12, 2049–2052.