Tintern Philosophy Circle

Tuesday 17th July 7.30 pm at The Rose & Crown, Tintern

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Topic: Does illness have a meaning?

Speaker: Judith Stares

If two men of the same age have heart attacks resulting in equal damage to their hearts, why is the man who is single and depressed more likely to die of heart disease in the following year than the man who is married and not depressed?

If a woman suffers from rheumatoid arthritis, why might the condition be relatively stable when her life is calm, but flare up when she has a conflict with her grown child?

Why do people with little decision-making power in their jobs have more heart attacks and gastrointestinal disorders than their supervisors? How is it possible that asthma sufferers will have better lung functioning after they start writing about troubling experiences in their lives? And why is social isolation just as hazardous to one's health as smoking, obesity and lack of exercise?

I must acknowledge that these questions form an introduction to the book 'Why do people get ill?" by Darian Leader and David Corfield.

Nowadays we speak casually of an illness being psychosomatic, as if to indicate it isn't real or serious, but the examples I have just given refer to life-threatening illnesses such as heart disease and asthma. What is going on?

It has been estimated that 50% of GP visits are for medically inexplicable complaints – the most common diagnosis in general practice is non-illness in the worried well. But this talk is not about the usual observations of psychosomatic illness - the other and more important side of the coin is what about the patients who DO receive a conventional diagnosis of illness – could our thoughts and feelings play a part in making our bodies ill with actual medically recognizable diseases

Research has shown that no single major illness is exclusively caused by the mind. What matters are the potential connections between mind and body. It seems there are times when the body is left more open to ill health – particularly significant are moments of separation and loss.

This is by way of explanation. Human beings are processing creatures and we need to make sense of our lives. Speaking and writing are the most obvious examples of how we do this, but what happens if these methods of communication are unavailable – fear of revisiting an event, whether it is conscious or not, might be overwhelming; articulacy can be a major problem. Is it possible that, in some cases a bodily illness could take its place.? From the common cold to malaria, heart disease or cancer, the interplay between mind and body gives us a vital clue to the understanding of health and disease.

If relations with other people can affect our bodies, how does this happen. How can mental experience change our physiology? New research suggests that the immune system is, in fact , key and is in constant dialogue with the brain. Psychological difficulties can have a direct effect on how our immune systems respond to threats. This is one pathway by which mental experience can open up the body to illness.

When tissue changes caused by an external agent were captured under a microscope it created a universal template for causality in medical thinking. And when a cure is found it produces a kind of awe. There is certainly something wondrous when we witness the effect of antibiotics on bacteria, insulin therapy in diabetes or l-dopa in the management of Parkinsons. But these life-saving developments are not the same thing as a proof of a single cause. Many more factors play a part in the recovery of a patient.

Some years ago work was carried out at the Common Cold Unit of the Medical Research Council in Salisbury, which has now closed. To obtain guinea pigs the unit was promoted as a holiday opportunity. Volunteers were allowed to enjoy walks on the isolated Salisbury Plain, but forbidden from going into town. In return they submitted to rhinovirus or a placebo to be squirted up their nostrils every day, and they would have to blow their noses into collection tubs, Despite these inconveniences many volunteers found the ‘get away from it all’ conditions attractive – there was always a waiting list and couples met, married and even honeymooned there.

Thanks to the enthusiasm of these volunteers the researchers reached a number of conclusions. They found incontrovertibly that emotional distress is linked to a greater risk of infection and difficult life events increase the chances of actually catching a cold. It is not the single, isolated factor of exposure to a germ that will make us ill.

Today the emphasis is on genetics, with similar effect, treating genetic factors as external agents entirely responsible for illness. But very few disorders can be attributed to a single gene. How a gene expresses is highly dependent on its biochemical environment, and this environment is mediated by the pathways between our thoughts and our bodies. Tremendous advances are now being made in our understanding of epigenetics.

The timing of why people get ill when they do is often symbolically significant. Hearing bad news, for example, has been shown in some cases to herald heart problems or exacerbate autoimmune disorders. If this can happen it means something very important. It means that the words we hear can affect us deeply, in the very tissue of our bodies. There is the possibility that the very words I speak today may cause anger or discomfort for some – happily, there is also the possibility of them provoking a release of a more benign chemistry leading to enlightenment! Words are a big responsibility – we ignore them at our peril.

There is also the well-known incidence of 'anniversary reactions' which imply that a watch is ticking and it isn't the one on our wrist. A few interesting statistics here: Three of the first five US presidents died on the 4th July, two of them who had signed the Declaration of Independence dying on its fiftieth birthday. More recently it was widely observed that Churchill passed away on the anniversary of the death of his father who had so powerfully influenced him. The forms of time keeping are for the most part unconscious. When an event can't be processed or made sense of, it seems it may leave its traces in the body, This might exploit a vulnerability or, in some cases create a replica or copy of someone else's symptoms. This suggests that the systems for storing, recording and registering must be highly active throughout our lives. Whether our understanding of time is linear or relative it would be sensible to remain open to such a suggestion.

Words and beliefs clearly contribute to both illness and its cure. There are huge prejudices when it comes to thinking about how pervasive suggestion is, and especially how it is present in all medical encounters. Other cultures have traditionally understood and capitalized on this. Case histories abound of cures being effected by incantations and shamanic procedures. Words get into our heads and continue to influence us even years after we have heard them, even though these words may remain outside conscious thought. They mould our very

experience of reality, of what we believe we see, hear and even touch. It could be argued that every single medical transaction involves a form of hypnotic suggestion.

Likewise the laying on of hands can still have a powerful effect. Patients in the West often admit their disappointment if their doctor hasn't examined their body during the consultation. Something that the imposition of the 7-minute surgery visit makes it almost impossible to provide.

Medical anthropology shows us how the language used in a culture will determine people's experience of the body. Feelings of a blowing sensation in the ears, a dryness in the chest, or the painful contraction of the genitals into the body might be uncommon in the West, yet they form part of the common currency of illness in other parts of the world.

A British doctor working in Nepal described one of his consultations to me. Health and illness in Nepal is all about the spirit. Illness occurs when evil spirits take the spirit of the patient and this makes them unwell. Nepalis tend to somatise all illness and have no concept of mental illness or psychological problems. A young woman came to see him carrying her baby. She gave a month –long history of abdominal symptoms, tiredness , headache and weakness, despite having walked many miles to the clinic over rough terrain and claiming to be eating well. He noticed that the baby was about a month old and asked her how soon after the baby was born did the symptoms appear. It was at the same time. The baby was a girl – the patient's fifth child – all girls. In the Nepali culture boys are highly prized. The young woman became upset describing her background and the doctor became confident that her symptoms were due to psychological factors, not just her disappointment but that of her husband and family and the gossip in the village about her not being able to have sons. There were no facilities for other tests, but the doctor in question confirmed that even if the patient has presented in the UK he would not have requested them. Medicine is very much about pattern recognition, and this girl's symptoms fitted no known pattern. This was a positive diagnosis,not a diagnosis of exclusion.

Through the interpreter the doctor reassured the patient that it was not her fault she had no sons, but naughtily suggested that it was due to her husband's sperm! The lady departed a lot happier than when she arrived, and the interpreter got very excited at this explanation!

We in the West are not immune from the power of suggestion from a powerful figure and shouldn't feel superior. The act of a consultant

communicating a diagnosis has been compared to the ‘hex’ or ‘spell’ familiar from witchcraft, and the ‘second opinion’ to the effort to find a more powerful witchdoctor to undo the hex! t

The most frequently used ‘drug’ in general practice medicine is actually the doctor themselves. What matters is not just the pills in the bottle, but the way they are prescribed and the manner of the doctor. Research in this area is often grouped under the heading ‘placebo effect’.

There is no human being who does not operate on an everyday level using placebo mechanisms. Thought itself, we could argue, is a placebo, since it invites us to follow false paths in order to avoid pain and supplies false rationalizations of these detours. On a daily basis we construct mistaken explanations of reality in order to protect ourselves from what we don’t want to know.

Placebo studies turn up some curious details. Injections have higher placebo effects than pills, and large pills do better than smaller pills, although very small pills score higher than average-sized ones.

Another first-hand case history I received from a British GP who early in his career was called upon to visit the home of a patient with severe stomach pain. This patient had already been investigated at length for an organic cause, but no abnormalities were found. He insisted that what he needed was an injection for pain relief. He vociferously maintained that pills were no good and that only an injection would suffice. My newly qualified doctor did something which would never be dared today - he gave the patient an injection of sterile water. A week later another house call was urgently requested. The doctor asked the patient if the previous injection had done any good, expecting to be asked for a repeat. Instead, the patient exclaimed:” Oh no, it was much too strong – it laid me out for days. This time I only want a smaller dose.”

Demands for medication and the current over-prescription of antidepressant medication might be worth studying here, as it highlights what society pressures people to accept as a valid means of confronting sadness and pain. Prozac is consumed so widely in Britain that traces of it can now be found in tap water.

Truth, false news and alternative facts are not newcomers on the health scene. As recently as 1961 90 percent of doctors interviewed in a study would not usually reveal a cancer diagnosis to a patient. However, by 1978 97 percent of doctors <u>would</u> give their diagnosis to the patient.

One might think that this startling change is due to improvements in cancer therapy itself, so that diagnosing the disease is no longer equivalent to delivering a death sentence, but this is certainly not the case for all forms of cancer. It has often been argued that if the patient thinks the disease is serious and if this belief is supported by those around the patient, the medical diagnosis may well only reinforce a downward spiral. The diagnosis almost becomes a cause of death. Words are impacting here powerfully on the body. If we agree that suggestion is so important then in the interests of the patient's health why not tell them that they have one condition and not another. Doesn't this raise the very basic issue of truth versus the best interests of the patient.?

It seems as if truth wins out here over best interests in many cases. The main explanation for this is legal. Doctors and hospitals don't want law suits To choose truth over well-being is an ethical decision. With some cancer cases it appears that truth triumphs. But the reverse seems to hoild for conditions such as depression. Is it the gravity of the condition that determines the choice?

Diagnosis also poses the question of what it means to have an illness. Many syndromes which were never traditionally counted as illnesses have become so. Low blood pressure in Britain would normally be a cause for celebration – in France and Germany there are more people being treated for low blood pressure than being treated for high blood pressure in the UK.

The physician Francis Crookshank wrote in the British journal of Medical Psychology in 1931 that emotional weeping would one day be reclassified as 'paroxysmal lacrimation' with treatment by local application (a handkerchief) a salt free diet and restriction of fluid intake – and failing that removal of the tear glands. A prediction which has become not far from accepted truth.

There is a powerful tendency for people to move in the direction of labels. Like their patients, doctors often disagree about labels . Certain doctors are well known in the trade to be believers in chronic fatigue syndrome, while others are sceptical. This ambiguity is also often the case with decisions about the benefits of surgery. Advice on the pros and cons of even major surgery can vary dramatically.

We now have current and well disseminated information in the UK concerning knee surgery. One cohort of patients underwent

laparoscopic surgery for relief of knee pain – the second cohort were merely subjected to three incisions around the knee, with no surgery taking place. Recovery and relief from pain were identical in both groups. One might ask Is there a place for placebo surgery??

Do the Phillipino surgeons who we dismiss as charlatans have some intuitive understanding which enable them to carry out their pseudo operations and claim success?

If we view illness and health in a different way we are now presented with a difficult ambiguity. There can be no one rule for an approach to somatic symptoms. Sometimes aiming to remove them can be risky. Interestingly, a similar argument has been made regarding so-called mental illness. Researchers have tried again and again to see if certain mental illnesses accompany or exclude certain physical ones. Some have argued that if indeed psychiatric symptoms can protect people from organic ones, there is a certain risk in curing psychiatric symptoms. If the mental symptoms are defence mechanisms, efforts to realign the mentally ill through drugs may increase the risk of somatic illness in people who are protected against it.

It sometimes helps our understanding to read the musings of those many philosophers and writers who have been able to turn their illnesses to account. Montaigne in his Essays describes very lucidly his battle with kidney stones. His calm acceptance of the body's vulnerability to illness is seen as a price worth paying for its ability to open us up to physical pleasure and delight.

'You are not dying because you are ill; you are dying because you are alive. Death kills you perfectly well without the aid of illness'. He writes. A personal hero of mine, Montaigne is a great role model for us all when it comes to disease and suffering.

The author John Updike had a lifelong battle with extreme psoriasis. Having sought relief in countless areas he was eventually able to find help in a new form of treatment – a kind of light therapy. Yet once he was cured he wondered whether there was not, after all, an intimate connection between his skin condition and his abilities as a writer. 'Only psoriasis', he writes' could have taken a very average little boy and made him into a writer'.

This is not, of course, a way of saying that illness is good, it is rather a way of reminding us that when we ask ourselves what we truly want and

need in life that the removal of illness (as with other adversities) might, in some cases at least, make getting closer to that more difficult.

That it can help to find meaning in an illness, was recognised by Nietzsche, who said that it is not suffering that human beings cannot bear, but meaningless suffering.

But sometimes in seeking meaning in illness we can entertain extravagant and unrealistic thoughts about it, which can make matters worse. In Albert Camus' novel The Plague, Father Paneloux tells his congregation that the plague has come to their town, Oran, as a punishment for their sinful ways. This is an error found many times in human history, even up to today. Susan Sontag in her book 'Illness as Metaphor' gives examples such as tuberculosis, cancer and AIDS – all of which have been used as metaphors sometimes to blame and sometimes to control. Once it was leprosy, which has now had a wholesome de-dramatization into Hansen's disease (after the Norwegian physician who, over a century ago discovered the bacillus)

The metaphor she seeks to abolish is: 'I have this disease because I am a bad person, This illness is a punishment'. Kafka is an extreme example of this. When he suffered his first attack of tuberculosis in 1917 he wrote 'I don't believe this illness to be tuberculosis but rather a sign of my general bankruptcy' meaning his spiritual condition. It is an instructive case because it shows the lengths to which some will go to find meaning in their illness. If you had been Kafka's friend you would certainly have encouraged him to be gentler on himself..

Norman Cousins, in his classic work 'Anatomy of an Illness' describes how, having fallen ill with a very rare, untreatable and extremely serious collagen disease; and being told he had a one in a thousand chance of recovery checked himself out of hospital and into a hotel. He was well versed in medical literature and remembered reading about the idea that negative emotions could have a negative effect on the body. He abandoned standard treatment and instead devised his own interventions including large amounts of Vitamin C and a store of comic films to cheer himself up. Incredibly his physical symptoms started to abate and he made a full recovery.

Of course we know that many illnesses have spontaneous remissions which can't be easily explained. Cousins grants that all his efforts may have had purely a placebo effect, but that is neither here nor there. Instead he puts his recovery down to the evidence of the will to live. Cousins is in many ways an exception, and well-read on medical matters. His aim is certainly not to dismiss the massive advances

made by modern medical science, or to claim that we could do without them. Nor is he claiming that diseases such as his are caused by negative emotions or cured by positive ones. What he does believe is that immunity to illness can be reduced by distress and increased by good spirits.

This information has implications for us all according to Susan Sontag who writes: "Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place".

Health is never a matter of the body alone, but always involves the whole self. Discovering meaning can transform the experience of illness. The work of healing is often a work of narration, a real therapeutic relationship means that the physician must help patients to edit their stories.

Remember the words of Hippocrates: "It is more important to know what sort of person has the disease that what sort of disease the person has."

***References**:*

Why do people get ill? – by Darian Leader and David Corfield

Illness as metaphor ;Aids and its metaphors - by Susan Sontag

The Wounded Storyteller – by Arthur W. Frank

On Being Ill – by Virginia Woolf

Hunger Strike – by Susie Orbach

How to deal with Adversity - by Christopher Hamilton

On Experience – from Essays by Michel de Montaigne

Anatomy of an Illness – by Norman Cousins

About the author

Judith is a freelance journalist and editor of a national news agency. After a career which included time as a foreign correspondent in various world trouble-spots, she began to specialize in health and medicine, investigating illness and treatments in other cultures, including China, Russia and the USA. Philosophy has been a lifelong preoccupation, encouraged by extra-mural courses at Oxford and membership of several philosophical discussion groups. Exploring the power of the mind has informed much of her thoughts and writings.