

Early childhood emotional trauma: an important factor in the aetiology of cancer and other diseases

GERALD A. HARRIS

MNRHP, DHP(NC), MCA(HYP), UKCP Hypno-Psychotherapist

Abstract: The purpose of this article is to view the evidence to support a connection between early childhood trauma and subsequent cancer. This trauma has a critical period and must occur within the first 7 to 8 years of life and its long latency period will await the necessary trigger, in later life, which will activate the cancer. The important part played by repressed emotions will be explored, in this early age group, which would appear to be the significant missing link connecting early trauma to later emotional and physical diseases, including cancer. However, this trauma does not have to proceed to its inevitable conclusion, but, with the right intervention, this process can be successfully treated and the "time bomb" awaiting the activating trigger can be successfully defused. Furthermore, to look at the part played by stress, caused by the trauma, together with the repressed emotions and how they suppress the immune system and therefore prevents it from performing its normal function, that of fighting disease and how, by resolving the trauma and eliminating the associated stress, it can reactivate the immune system, thereby allowing it to perform its natural function. The intervention will be discussed, explaining the method used and how any primary and secondary traumas are located and dealt with.

Key words: Cancer; Oncology; Repression; Rejection; Emotions.

Correspondence to:

TERESA BURGOYNE

Institute; Nottingham University Hospital Trust

Respiratory Nurse Specialist

RGN, ENB 100.

tburg@tiscali.co.uk

As a result of working with many clients, presenting with many varied symptoms, it became apparent that, if we experience any emotional trauma, up to the age of seven or eight, we come to certain beliefs, at a subconscious level. Unfortunately, these beliefs, in many cases are incorrect, because up to this critical period in our maturation, we have no logic or reason or intellectual reasoning, therefore we are unable to question these beliefs which, during our formative years, become part of our personality, creating a conflict with our conscious and true belief. Because these beliefs are at a subconscious level, we have no knowledge of them and therefore, if untreated, could go on affecting our behaviour and health for the rest of our lives or until some very important emotional trauma in later life should trigger off the earlier traumas, as the death of someone very close.

Dr Morton Reiser speaks of the long latency period, when he says that "an event that changes the organism, changes it for all succeeding times and therefore, the effects of very early psychological trauma on psychobiologic growth may have a very long latency and even though long forgotten, may play an important role in setting the stage for later disease manifestations (Reiser 1966). However, the author believes that the change of which Dr Reiser speaks of, does not have to be permanent, but with the right intervention can be changed and that the time bomb, waiting to go off, can be successfully defused. Some people are fortunate in that, due to the severity of their symptoms, they seek help and address the root cause of their problems and provided that these are resolved properly, it can result in better health and less likelihood of disease.

Margaret came to see the author some fifteen years ago, saying that she had had breast cancer and was in remission and although she did not wish any treatment, she simply wished to know WHY she had had the disease in the first place. On investigation, Margaret had a number of traumas, all relating to rejection in early childhood and after regressing to each individual trauma, resolving same and releasing the associated feelings and emotions, the same question was asked "what subsequent affect did this trauma have upon

Margaret"? In each case the answer came back, "CANCER"

Dr Gabor Mate also speaks of a long latency period, when he says that "In most cases of breast cancer, the stresses are hidden and chronic. They stem from childhood experiences, early emotional programming and unconscious psychological coping styles. They accumulate over a lifetime to make someone susceptible to disease. Research has suggested for decades that women are more prone to develop breast cancer if their childhoods were characterized by emotional disconnection from their parents or other disturbances in their upbringing; if they tend to repress emotions, particularly anger, if they lack nurturing social relationships in adulthood and if they are the altruistic, compulsively care giving types" (Matè 2003)

In one study psychologists interviewed patients admitted to hospital for breast biopsy, without knowing the pathology results and were able to predict the presence of cancer in 94 per cent of cases, judging by such psychological factors alone. (Wirsching 1982)

In a similar German study, 40 women with breast cancer were matched with 40 controls similar in age, general health history and lifestyle considerations. Again, on psychological grounds the researchers were 96 per cent successful in identifying who was and who was not diagnosed with breast cancer (Bahnsen 1981).

"Generally speaking, the earlier that these traumas occur, the more profound an effect they are likely to have on us. Controversially, these traumas can be prenatal, when feelings and emotions are able to pass from the mother to the foetus. Illness, accident, anxiety or distress suffered by the mother, is likely to cause foetal trauma. Graham Gorman (Gorman 1997) has researched these matters in detail, relying only on corroborated, recovered perinatal memories. He says that the effect on the foetus is to cause terror of extinction. The trauma is imprinted on the foetal mind and stays permanently, as a warning. When any later event reminds the person, unconsciously, of the original perceived threat to survival a defensive reac-

tion takes place. As well as causing various anxiety states and low self-esteem in the adults the imprinted traumas had caused a lowering of immunity to a variety of physical diseases. The connection became clear during Gorman's regression of the subjects. Gorman did not accept any cancer patients among his subjects but he saw some in his general hypnotherapy practice. In a private communication in 1996 he wrote, "Every cancer patient I have seen had experienced a severe trauma within a few months before they sought medical advice. Examples were, collapse of a client's company, being fired from job, tragic death of an adult daughter and so on. The extreme reaction traced back to an unconscious, primary, prenatal trauma. This had left an unconscious impression that death was a certain escape from intolerable stress."

Although the unborn child had no means of understanding the traumatic feelings, the adult can translate these unconscious memories by means of regression therapy.

Separation

Birth is a very important part of this critical period, in respect of bonding with mother. Previously, young babies were separated from their mothers at birth for varying reasons but now, where possible, having realised the importance, skin-to-skin bonding takes place immediately at birth. It is vitally important that the mother child bond is not broken during this critical period, otherwise, if there is separation from mother, then the child will feel abandoned, unloved, unwanted and rejected. This question of separation is, now, taken very seriously by the medical staff and when young children are hospitalised, where possible, the mother is admitted with them. In those early years it is mother and mother alone who represents survival, both physically and emotionally to the infant (Gorman 1997). And if separation occurs, for whatever reason, it's as if the child is saying, "why has my mother left me" and it will come to the irrational and illogical conclusion that "she doesn't love me, otherwise she would not have left me" To put

this into perspective, it is one of the greatest psycho traumas that we can experience and will, therefore, be repressed very deeply. Unfortunately, it will not stop there, it is as if the child is saying "but why doesn't my mother love me" generally, it will not blame the mother, it will blame itself and again, it will come up with another irrational and illogical answer and feel, "it must be my fault, either I must be unlovable or there must be something wrong with me, or my mother and later, other people, would love me" (Gorman 1997) and this could be the beginning of an inferiority complex.

But just because a mother does not show love, it does not mean for one moment that the mother does not love the child, it may be that she did not learn to show love, that she was not given that love from her parents and therefore, she will find it difficult or impossible to show that love to the child. We must learn that love, from our parents, in an appropriate way, because the way that we are loved will affect the way we are able to love others.

It could be helpful at this stage, to make an important point. It is not the memory of the incident or trauma that is important, it is the feelings and emotions that are connected with the incident that are more important. If we have or retrieve the memory of the incident, but are being protected defensively from the feelings, then it is very unlikely that the incident will be resolved. If, however, we are unable to retrieve the memory, but experience and release the feelings associated with the incident, then the chances are that the incident will be resolved. In order to resolve early childhood trauma, contrary to the belief of some therapists, it is not always essential to know what it was that caused the trauma in the first place. Provided that the person does not need to re-evaluate the experience and look at it again with the mind of a fully matured adult and not how it was originally viewed with a somewhat inexperienced childish mind, then it is possible to resolve the trauma at a subconscious level, without bothering the conscious mind, as long as the feelings and emotions are released in their entirety, as was the case with James, an eleven year old boy, who had experienced intractable back pain from the age of eight

and whose subconscious had indicated that he did not need to know what had caused the problem and as it was no longer serving any purpose, was prepared to resolve it within three days. On the third day the pain left him.

This indicates to us the importance of Emotions. They are one of the principle links between the mind and the body. The author is not suggesting that early childhood trauma alone is responsible for cancer or any other disease for that matter; there are other factors that must be present, such as personality, social factors and coping styles. Neither can we say that cigarette smoking per se is responsible for lung cancer, otherwise everyone that smoked would develop lung cancer and conversely, some people that develop lung cancer have never smoked.

In the early 1960's a British surgeon, David Kissen, working in Glasgow carried out some interesting research into the connection between cigarette smoking and the repression of emotion and he discovered that smokers who were unable to express emotion, were five times as likely to develop cancer and he further concluded that the greater the repression, the less amount of cigarette smoking required to be at risk of cancer (Kissen and Hysenk 1962). Kissen's findings were later replicated in a most spectacular way by German, Dutch and Serbian researchers, conducted over a ten year period, in the former Yugoslavian industrial town of Cvenka. The general purpose of the study was to investigate any relationship between psychosocial risk factors to mortality, utilising what the researchers called rationality and anti-emotionality(R/A). It was found that if 10 or 11 of the 109 questions asked, relating to the repression of anger, were answered in the affirmative, the incidence of cancer was 40 times higher than in the remaining smokers who answered positively to about 3 questions. On the other hand, it was found that no smokers had any incidence of cancer unless they had R/A scores of 10 or 11, suggesting that smoking alone is not sufficient to cause cancer, another important fact (Gossarth-Maticek 1985), indicating how emotions in conjunction with other factors can result in disease. These emotions are rooted in early childhood experiences which have been

biologically imprinted and have become part of our personality for which we have no conscious recall, but which will continue to affect us, in some cases, for the remainder of our lives. However, these negative imprints can be located and "wiped out" resulting, sometimes, in a significant personality change.

Candace B Pert talks of how trauma and blockage of emotional and physical information can be stored indefinitely at the cellular level, stored within the psychosomatic network. She goes on to say that how she has come to believe that virtually all illness, if not psychosomatic in foundation, has a definite psychosomatic component. It is the emotions that link the mind and the body and offers us a new way to think about health and disease. (Pert 1977). She believes that the body is the unconscious mind, where repressed traumas, caused by overwhelming emotion can be stored in a body part, thereby affecting the way in which we experience that part or the way in which it functions or does not function, whichever the case may be.

The author is reminded of John, whose sight was severely restricted from the age of five until fifty-nine, with hysterical blindness and was told by doctors that there was nothing wrong with his sight, other than normal deterioration, in relation to his age. Once he was able to bring back into consciousness the traumatic incident and release the associated emotion, which had caused his sight to be affected in the first place, his sight gradually returned.

Psychoneuroimmunology (PNI)

Of the many advances in the neurosciences over the past four decades, the realisation that the immune and the endocrine systems are profoundly affected by the emotional state and conversely, that these systems can change the emotional state, has helped to refocus the attention of physicians and researchers on the interrelationship between the mind and the body. The scientific basis for understanding the mechanisms whereby these processes are communicated was largely due to the research of Hans Selye (1956), in the early part of the twentieth century.

Selye and his collaborators showed how the hypothalamus and the pituitary gland play a critical role in controlling the release of stress hormones, particularly the glucocorticoids, which modulate immune function. Equally, it is now known that the products of the immune system can communicate and modulate the functioning of the endocrine system. The hypothalamus provides the anatomical conduit for relaying the responses of the organism to stressful stimuli, not only to the endocrine organs, but also to the autonomic nervous system, which innervates the tissues of the immune system. Perhaps for the first time, the science of psychoneuroimmunology helps to provide a rational basis for psychosomatic medicine, which for decades has tended to be marginalised as a subject of limited scientific merit (Song 2000).

At the heart of the PNI system is the HPA axis, which incorporates the hypothalamus, the pituitary gland and the adrenal gland. When the brain interprets a danger or a threat, either real or imaginary, the hypothalamus is activated, which causes the pituitary gland to secrete a hormone called ACTH, which in turn causes the adrenal gland to release cortisol. The hypothalamus also activates the adrenal gland to release adrenaline, the hormone which sets in motion the sympathetic nervous systems "fight or flight response" (Matè 2003).

Psychological influences make a decisive biological contribution to the onset of malignant disease through the interconnections linking the components of the body's stress apparatus; the nerves, hormonal glands, immune system and the brain centres where emotions are processed. (Matè 2003). Dr Gabor Matè believes that the biologic and the psychological components should no longer be treated as separate systems, but as an interrelated system. Evidence is accumulating that cancer is a disease in which psychological factors may play an important part in its aetiology (Collas 1964).

Anger and Love

Two of the principle emotions are anger and love. When the organism is deprived of love, at an early age, it will cause repressed an-

ger. Although repression, in many cases is a defensive mechanism, it can cause chronic stress, which in turn can result in the suppression of certain biological mechanisms.

As we are now well aware, the question of parental love is so important to long term health and in 1957 Funkenstein et al undertook a longitudinal prospective study of 126 Harvard University students who were recruited on the basis that they were in good physical and psychiatric condition (Funkenstein 1957). Some 35 years later L.G.S.Russek and G.E.R.Schwartz interviewed 116 comprising of four groups of the original students, over a ten year period, resulting in some interesting results. They found that of the students who rated their parents high in love and caring, in group one, only 25% had been diagnosed with physical diseases including, cardiovascular disease, cancer and asthma. Whereas, students who had rated their mothers and fathers as low in love and caring, in group four, 87% had diagnosed diseases in midlife. The other two groups fell in between (Russek 1997).

The author is reminded of the man who's Anger, and tension, was experienced by the pain in his neck, which immediately left him as he released the feelings associated with his trauma, which had caused the original anger. Anger is a very important emotion and we must be able to express it and deal with in an appropriate way otherwise, if we are unable to express it and "bottle it up", it can have a very profound and negative affect upon our health in the future, in fact continual repression of emotions will cause chronic stress, which in turn will result in a biochemical turmoil.

The work of Greer, for example, demonstrates that women, under the age of 50 affected by cancer, express less anger than members of a healthy control group of the same age (Greer 1975).

Rejection

It is so important that, when we are born, we crave for love and attention and if it is not there, for whatever reason, we feel rejected, unloved and unwanted and unfortunately, it

becomes a belief and will, in the majority of cases, remain so until seven or eight years of age, when it then becomes part of our personality and as, in many cases, it will be in contrast to our conscious belief and we will be totally unaware of it and it will therefore, cause a conflict and accordingly, there will be a symptom/s at this stage. The author is reminded of Thomas, a doctor, who presented with almost daily migraines and when he was asked the question, at a subconscious level, are these migraines serving any purpose, the answer came back, "the pain that he is feeling is the outward manifestation of the inner turmoil he is experiencing" Upon investigation into this, it transpired that, at the age of four an incident took place which caused him to believe, at an unconscious level, that his father did not love him, a belief that he had never held in the conscious state. Once this had been brought into consciousness, corrected and resolved, he had no need for the symptom any longer and it disappeared. The only way that he had been able to deal with the inner emotion, was to convert it into a physical symptom. Whenever there is a conflict between the conscious mind and the unconscious, there will always be a symptom/s and the unconscious mind will almost always succeed in any conflict, as it is stronger, as we see in the various compulsions and obsessions.

This feeling of "perceived" rejection and I use the word perceived, because it is rarely ever true, although it might just as well be, because whether it is true or not, it will eventually become a firm deeply embedded belief. This feeling, will cause the person to feel totally worthless, he/she will feel unloved, unwanted and rejected, will probably have relationship problems and they will find that they will be unable to give the necessary commitment, to the relationship, because the closer that they allow themselves to get to anyone or the closer that they allow that person to get to them, in theory, the more that they can be hurt and that is the situation that they will be so afraid of, further rejection and therefore, it will want to be avoided at all costs. The person will grow up with a lack of confidence, a lack of self worth and self-esteem. This perceived rejection, will also cause a great sensitivity and therefore,

the person concerned will be very sensitive to any further rejection and will actually see rejection where there isn't any.

The author came across a very good example of this when working with Mary, a lady who suffered from severe depression and who had attempted suicide on a number of occasions. The depression had been triggered off by the death of a close family member and was later followed by the death of a further five members of the same family. On investigation, it was found that each death, had been experienced by Mary, only at a subconscious level, as rejection but, as soon as it was brought into consciousness, it was resolved, because consciously Mary knew that the various members of her family, although they had left her, it was not due to rejection. Mary is now working as a counsellor in a doctor's surgery.

In the authors experience, almost all depressions, whether endogenous or reactive, have had a very strong component of rejection and repressed anger from early childhood.

In Quantum Healing, Deepak Chopra talks of the pioneering studies of Doctor Lawrence LeShan in the 1950,s correlating emotions to cancer, he "went back into the childhoods of cancer patients to find the black seed that poisoned their psychology" (Chopra 1989) and he theorised that it lay dormant in the subconscious mind for years, before inducing their disease. LeShan wrote in excess of seventy papers on varying aspects of cancer and personality and in 1959 he wrote a very comprehensive paper where he reviewed the literature and theories of the early pioneers, concerning the effect of personality structure on the etiology and development of neoplasms (Le Shan 1959).

The trigger

LeShan says that, even in the eighteenth and nineteenth century, the concept that severe emotional trauma contributed to the onset and development of Cancer was not regarded as radical (LeShan 1959). He goes on to give a very comprehensive discussion on the various theories of the early pioneers in this field. Amongst one of the most consistently

reported psychological factors is the loss or breakdown of an important emotional relationship, generally the death of someone very close, prior to the onset of the cancer. However, the author believes that this emotional trauma is only the trigger which activates the dormant cancer and that other predisposing factors occur much earlier.

Dr. R.R.Grinker, Sr., may well be referring to the above when he says "we know that there are a number of cancers which are accidentally found in autopsy which seem to have nothing to do with the death of the patient. What then would stir these up into activity? What role does the psychological process have in relation to other factors in facilitating or stirring up new growths, after they have been quiescent for some time? This whole area is of extensive importance and about it, so far, little is known" (Grinker 1966) Dr.Grinker endorses this when he says that "Carcinoma is often latent and present without symptoms and signs for many years prior to its overt exhibition. In other words, the onset of symptoms cannot be indicative of the onset of carcinoma. Carcinoma may have been present for years before the precipitating factor of object loss" (Grinker1966).

The author believes that this is a good example of the cancer lying dormant awaiting the subsequent trigger, to activate it for example the death of someone close, the break up of an important relationship, the birth of a child or some other emotional trauma. Another important trigger can be redundancy or the loss of an important job, which can trigger rejection," they don't want me, I'm not good enough".

This question of the loss of an important relationship, has been reported by many observers. However, LeShan and Worthington decided to test this hypothesis in respect of marital cases. They predicted that, if this theory was correct, then the cancer rate would be highest in the widowed group and progressively lower in the divorced group, even lower in the married group and finally, lower still in the single group. A survey of cancer statistics showed that, in all cases where reliable statistics had been published, the predictions were correct (LeShan1956). Using similar methods, Peller was able to

show that widows, in all age groups, had a higher mortality rate than spinsters or married women (Peller 1940).

LeShan talks of the study of Tarlau and Smalheiser (1951) and the advent of the clinical psychologist, with their new methods and techniques and how they validated the work of the early eighteenth and nineteenth century oncologists (Tarlau 1951). LeShan goes on to describe the research of Greene in a small study of 20 patients all suffering from lymphoma or leukaemia, 17 of whom reported a loss of support relating to a separation of a parent figure, generally the mother (Greene 1954). In a continuation of this research, Greene, Young and Swisher reported on 32 women with a similar diagnosis and came to the conclusion that one of the principle factors, determining the development of a lymphoma or leukaemia may be separation from a key figure as it was inferred that all these women had an unresolved attachment to their mother (Greene 1956).

There is much evidence to support the theory that group therapy can be very supportive and helpful. It provides the opportunity to meet other people who are suffering from the same or similar symptoms and to see how other people have coped with those symptoms.

Cancer patients, just like other patients, must be given hope. There must be a good rapport with the team that is looking after them, they must be told and believe that whatever intervention or method of treatment is being given that it will be successful and if this is accepted by the patient, it can result in powerful biological changes taking place within the patient. What the mind expects to happen, will happen.

A very good example of the above was a recent television programme in which Professor Kathy Sykes, explained how she had travelled to the U.S. to meet a Dr. Bruce Moseley, who was an orthopaedic surgeon. Dr Moseley carried out an experiment, some five years or so ago, in which he tested the placebo effect. Before operating on the two groups of patients, all suffering from damaged patellas, Dr Moseley made sure, to the best of his ability, that he had convinced all the patients, that he personally expected

them to get well as a result of the operation. With the one set of patients he carried out the conventional operation, he cut the knee open, scraped away the debris from the worn out patella and sewed it back up again. With the control group, however, he cut the knee open and without moving the debris, sewed it back up again. Amazingly, the control group, who were unaware that they had been selected, reported recovery of the use of the knee at exactly the same rate as those who had undergone the conventional operation and five years later the knee was still performing well (BBC 2006)

Intervention

So what is it that we need to do to locate, address and treat these buried traumas? Firstly, we must have a quick and affective method of screening patients in order to determine those with buried traumas, then to locate the traumas by means of a diagnostic scan. The author works on the basis that the unconscious mind knows everything about the clients history, which is all recorded in the subconscious mind and therefore, it will certainly be aware of all relevant traumas and provided that there is no repression and that any defence mechanisms can be successfully overcome, it should be possible to locate the primary trauma, together with any secondary traumas. It may be that not all the traumas will be divulged in the first scan, due to either partial repression or being too deeply buried. However, with the help of some ego boosting therapy, together with further scans it should be possible to locate all traumas. But it must be remembered that, in order that therapy can be completely successful, all traumas must be located and resolved, all feelings associated with the incidents released and all ties with the past severed, in order that all connections with those past traumas are completely isolated.

It is of course possible that in resolving certain important traumas, lesser ones will self resolve, which will become apparent when repeating the scan. There are two main procedures in performing a scan; the first is by means of an ideomotor response (IMR), as a means of a non verbal communication. Al-

ternatively, one can do a verbal scan, simply by setting up verbal contact with the unconscious mind and commencing with the clients current age and working back and asking at each age "did anything happen when Mary was (?); which is in anyway connected to the symptoms Yes or No? One could simply enquire; "Is this cancer in anyway connected, either directly or indirectly, with any incident or incidents from the past - Yes or No"? If the answer is yes, then it could be a comparatively easy exercise in tracing back to the original trauma.

Having completed the diagnostic scan, a quick and affective method is required to address and resolve the traumas. Whilst treating cases of Dissociative Identity Disorder (DID) or as it was termed in earlier days Multiple Personality Disorder (MPD), the author developed a short termed therapy, which is similar to Ego State Therapy, as developed by Jack and Helen Watkins (Watkins 1997). The author works on the basis that the unconscious mind is made up of many different parts and that each part has its own function that works independently of all other parts and just as overt parts are created in DID, so covert parts are created with every trauma, which causes the part to become fixated. By resolving the trauma, it releases and allows the part to mature and eventually, to re-integrate back into the main personality. The author believes that by regressing cancer patients back to their original primary trauma any medical treatments that they are receiving might be considerably enhanced.

This whole question was only recently bought to the forefront of my mind by the unfortunate death of a very great friend of mine, someone as close as I believe any brother would have been, who died of Cancer, which triggered off in me a very early childhood emotional trauma and opened up a door which had been firmly shut, since my very early childhood. This triggered off a bladder tumour, together with a great deal of repressed emotion and it was necessary for me to travel on a personal journey in order to correct some very early subconscious beliefs, which were quite contrary to my conscious ones and which had become part of my personality. This trigger, almost immediately, put into perspective some twenty years

work in dealing with early-repressed childhood traumas. It wasn't until I began to treat patients, suffering from perceived rejection that I began to recognise that I had similar symptoms. Although, I was able to recognise the source of my clients symptoms, I was at a loss to understand where my own had emanated from, as at a conscious level they just did not accord with my long held conscious beliefs and I had no evidence on which to substantiate anything to the contrary.

Gerald Harris unfortunately died after writing this article; his cancer being well advanced when it was found, this has now become his legacy, and 'memorial paper'

Further work is necessary to look at a group of newly diagnosed cancer patients, or alternatively, cancer patients in remission, who would be prepared to undergo screening, in a formal trial in order to test the hypothesis that early childhood trauma is indeed, in conjunction with other factors, a very important component in the aetiology of cancer and other diseases. Is it possible, that patients who develop cancer and have a childhood trauma, if it is resolved early enough may they go on to remission?

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