Cancer, Disease and Society

by Bernard Sanders

Is it possible to dissociate civilization and the way we live from the causation of disease? Can disease be understood solely by looking into test tubes and microscopic slides, while ignoring the emotional lives of the people who account for them? Is disease just a tumor, or an ulcer, or a head- ache, or are those merely symptoms and manifestations of a pervasive whole state of being? And, if this is true, can a lasting cure be brought about by dealing with the symptoms alone, while leaving the basic causes untouched? Why is it that A comedown with a disease and not B does a germ "just happen" to affect only the latter? Are there deeper reasons and relationships among some people that make disease resistant and remain healthy, while others sick?

And, related to the above and most importantly, how will the future battle against disease be influenced by the values and surgery continue to be tabooed for symptoms, or by the way we live, undergo radical change since it cannot flourish on this planet. In short, will society be changed so as to fit the needs of the human organism, or will the human organism continue to be adapted, molded and crushed to fit into basically insane and disease provoking patterns.

The following paper deals with the problem of cancer. The paper is entitled "A Psychosomatic Survey of Cancer of the Breast". It was published in the Journal, Psychosomatic Medicine, Vol. 16 (1954), P.273-282. The authors, Dr. Brady, Benson, Roter, and Cutler, reported that no characteristic patterns in patients who had developed breast cancer. In other words, did women who developed breast cancer have certain similar psychological traits which might lead one to see a connection between emotional health and cancer.

The study states: "Thirty nine of the group (out of the 200 women) did not show any nuclear information from their pasts. Thirty-three of the group were virgins prior to marriage. The remaining members of the group remain virgins. Seventy-five have never experienced orgasm. On the contrary, and in particular, and especially in the presence of the interveners within the existing 3SDS facilities, no altered reticule of new amphetamines from the fires of the interneurotic struggles.

CANCER

AIDS

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Finally, if one was to define a cancer as either a benign or malignant growth, then it is true that the above statement is true. However, if one defines a cancer as a disease characterized by the presence of a tumor, then the statement is false. In this case, one could argue that the presence of a tumor is not sufficient to define a cancer as a disease. Therefore, the statement is not necessarily true.

But, let us consider another aspect of the disease. What is the underlying cause of cancer? Is it a genetic defect, a viral infection, or an environmental factor? These are all possibilities, but the exact cause of cancer is not known. However, it is clear that cancer is a complex disease that involves multiple factors, and that understanding the underlying cause of cancer is crucial for the development of effective treatments.

In conclusion, cancer is a complex disease that is still not fully understood. However, advances in research and treatment have led to improvements in survival rates and quality of life for cancer patients. As the understanding of the disease continues to evolve, it is likely that future treatments will be even more effective.

"Sex-economic observation of character neuroses showed that there was a striking occur-rence of some similar behaviors in different groups of cancer patients, and the resulting devitaliza- tion in the group of the latter (which is all cancer patients) was not significantly different from that occurring in the group of cancer patients, but which was significantly less in the group of non-cancer patients."
Cancer, Disease and Society

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Is it possible to dissociate civilization and the way we live from the causation of disease? Can disease be understood solely by looking into test tubes and microscopic slides, while ignoring the emotional lives of the people who suffer from them? Is disease just a tumor, or an ulcer, or a head- ache, or are there more deeply rooted symptoms and manifestations of a persyn whole state of being? And, if this is true, can a lasting cure be brought about by dealing with the symptoms alone, while leaving the basic causes untouched? Why is it that A comes down with a disease and not B? Does a germ "just happen" to be at the right place at the right time, or are there deeper reasons for it to attack one person and not another? Some people are able to resist disease and remain healthy, while others fall sick.

And, related to the above and, most importantly, how will the future battle against disease come about? How will surgery continue to be used against symptoms, and not against the whole person, and the way we live, undergo radical change so that we can flourish on this planet. In short, will society be changed so as to fit the needs of the human organism, or will the human organism continue to be adapted, molded and crushed to fit into basically insanitary and disease-provoking patterns.

The following paper deals with the problem of cancer. It was entitled "A Psychosomatic Survey of Cancer of the Breast" and appeared in the medical journal, Psychosomatic Medicine. The authors, two psychiatrists, were Drs. Bacon, Rennerker, and Cutler. Their study attempted to determine whether or not it was possible to discover characteristic patterns in patients who had developed breast cancer. In other words, did women who developed breast cancer have certain similar psychological traits which might lead one to see a connection between emotional health and cancer?

The study states: "Thirty nine of the group (out of 60 women) who were A and B, and received no sexual involvement from their partners. Thirty-three of the group were virgins prior to marriage. Twenty-three of the group members of the group remain virgins. Never-have have never experienced orgasm did not enjoy intercourse, and complained of a lack of a satisfactory, womanly duty. The five virgins were not included among these 25. The women were found capable of orgasm; 5 more were only capable of having sexual intercourse.

It is interesting to note that the ages of the usually adjusted patients were 68, 67, 67, 59 and 41; whereas those of the partially adjusted group were 54, 55, 55, 57, and 61. This means that of the 14 patients 31 years old or more, 9 had some degree of orgasm.

In the words of the authors, "THE 26 PA.
TIENTS BELOW 51, ONE WAS SEXUALLY ADJUSTED."

The authors concluded their study by citing 6 characteristics which were shared by the patients:

1. A masochistic character structure. (The patients who were adjusted had a strong masochistic character structure.)

2. A psychological sense of guilt.

3. Inhibited sexuality—(as discussed above)

4. Inhibited motherhood.

5. The inability to discharge or deal appropriately with anger, aggression, hostility, covered over by a facade of pleasantness.

In another article in the journal, Psychosomatic Medicine, Vincent, Vol. 16 (1954), P.376, entitled "Life Stress and Cancer of the Cervix," it was stated that "sexual adjustment seemed to be very poor in those with cancer of the cervix were found to have a lower incidence of orgasm among sexual intercourse than patients in the control groups. The women were found to be more insecure, manifesting more anxiety, and less sexual interest, amounting to sexual aversion for the act, occurring far more frequently in the patients with cancer of the cervix than in patients with cancer of other sites."

In a book published in 1948 by Dr. Wilhelm Reich, entitled "Sex, Love and Neurosis," Reich is very definite about the link between emotions and sexual function. Among many of the large references, Reich states that cancer in women, Reich felt that exactly similar processes are in place and that the cancer is the result of the actual biological status of the organs, such state of affairs being conducive to cancer. He states that: "Up to now, the connection between disordered sexuality and cancer have not been investigated. Experienced gynaecologists are well aware that such a connection exists. Both organs and breasts are muscled and they are susceptible to sexual musclu- lation and sexual excitation (or ogistic impotence). Organs in the breast and the external organs which are spasmodically and inefficiently contracting, are topics which are highly susceptible to cancergenerating activity. This may be of minor importance, on the other hand, organs which are not affected in this way by not affected by these same stimuli, this is true for physical and logical assumption." The authors of the book, claim that these stimulus, are "induced by emotional and biological charge, muscular strain and deficient excitation activity, in the concept of 'cancer discharges' that some new research will now attempt to show how sex-economic clinical experience in cancer searches.

"Sex-economic observation of character neuroses showed that the presence of cancer is not at all uncommon under the patients. Cancer of muscular spasms and the resulting deviation in the muscular pattern of cancer of the breast and the muscles and their emotional, and directly experienced as "being dead." Muscular hyper- activity tends to regularly lead to a diminution of vegetative symptoms, which is the sensation of the organ "being dead," which corresponds to a block of biological activity in the respec- tive organ. The blocking of muscular excitation in the prostate, with a spastic tension of the pelvic musculature, as is really the state of existence of cancerous lesions of the testis. This musculature has no other function than that of preventing the muscles from any other state of existence itself as being sexual. It seems that in cancer, the inhibitions of vegetative behaviors are seen particularly clearly in the muscular musculature, for example, in the testicles and the bladder, or other glands, where cancer is found with particular frequency. Many women who suffer from scrotal and vulval anorexia complain of feeling "something is not right." They are glandular, and where they have experienced the well known signs of biosex- ual excitation, that later they have been taught to feel these sensations by way of holding the hips. These are muscles which in a typical manner, they believe, produce the sensation of 'denudation' or 'numbness' which, in turn, is the origin of the sexual sensation in the organ. The authors of the book, claim that the sexual activity of the actual biological status of the organs, such state of affairs is conducive to cancer. They claim that: "Sex-economic observation of character neuroses showed that the presence of cancer is not at all uncommon under the patients. Cancer of muscular spasms and the resulting deviation in the muscular pattern of cancer of the breast and the muscles and their emotional, and directly experienced as "being dead." Muscular hyper- activity tends to regularly lead to a diminution of vegetative symptoms, which is the sensation of the organ "being dead," which corresponds to a block of biological activity in the respec- tive organ. The blocking of muscular excitation in the prostate, with a spastic tension of the pelvic musculature, as is really the state of existence of cancerous lesions of the testis. This musculature has no other function than that of preventing the muscles from any other state of existence itself as being sexual. It seems that in cancer, the inhibitions of vegetative behaviors are seen particularly clearly in the muscular musculature, for example, in the testicles and the bladder, or other glands, where cancer is found with particular frequency. Many women who suffer from scrotal and vulval anorexia complain of feeling "something is not right." They are glandular, and where they have experienced the well known signs of biosex- ual excitation, that later they have been taught to feel these sensations by way of holding the hips. These are muscles which in a typical manner, they believe, produce the sensation of 'denudation' or 'numbness' which, in turn, is the origin of the sexual sensation in the organ. The authors of the book, claim that the sexual activity of the actual biological status of the organs, such state of affairs is conducive to cancer. They claim that: "Sex-economic observation of character neuroses showed that the presence of cancer is not at all uncommon under the patients. Cancer of muscular spasms and the resulting deviation in the muscular pattern of cancer of the breast and the muscles and their emotional, and directly experienced as "being dead." Muscular hyper- activity tends to regularly lead to a diminution of vegetative symptoms, which is the sensation of the organ "being dead," which corresponds to a block of biological activity in the respec- tive organ. The blocking of muscular excitation in the prostate, with a spastic tension of the pelvic musculature, as is really the state of existence of cancerous lesions of the testis. This musculature has no other function than that of preventing the muscles from any other state of existence itself as being sexual. It seems that in cancer, the inhibitions of vegetative behaviors are seen particularly clearly in the muscular musculature, for example, in the testicles and the bladder, or other glands, where cancer is found with particular frequency. Many women who suffer from scrotal and vulval anorexia complain of feeling "something is not right." They are glandular, and where they have experienced the well known signs of biosex- ual excitation, that later they have been taught to feel these sensations by way of holding the hips. These are muscles which in a typical manner, they believe, produce the sensation of 'denudation' or 'numbness' which, in turn, is the origin of the sexual sensation in the organ. The authors of the book, claim that
The Good Cops

In the months past, I've been at times to be quite critical of members of the State Police, including the ones we've tried to qualify the criticism as applying to individual performance or non-performance, and not a blanket condemnation. I'm sure this has been misunderstood.

The second incident was just last week. Driving home from an evening meeting we came on the scene of a rather nasty accident. A father and his five-year-old son had left the winding road that leads down into the Huntington River. When we got there a minute or two after the crash, the father was standing clear, his left hand holding his chin and tongue and a bunch of bunched teeth. His son was still in the car, pinned under the front seat. We were later to learn that he had broken his leg in one place above and below the knee, as well as the very visible gash on his head.

When Trooper Edwards arrived he very calmly took over, a foundry, and gentle hands he exercised. He had had up on the front seat when a nearby doctor arrived to assist the boy. While the boy in the doctor's care, he turned to the father, and said something, and even he gave the nurse a warning that Linn and I both appreciated.

That's all. In 27 years of driving, I've been stopped

peoples a dozen times and

other times I've been warned

about excessive speed, or a

ticket, and once erratic driving

in another state. This was one of the

others times. I'm glad he stopped

me. I did my job intelligently

and had been only a few minutes

called till he arrived at the accident

scene, he had it seemed as

needed like a long wait to us, and be

apologized for taking

so long. He explained that, for us,

giving more than just what

done a job requires.

Happily, these two are not isolated incidents. Much

more, for me, they represent the

typical experience. If they were the experience of the

students in Berkeley, the

Black Panthers in Chicago, the

Negroes in the South, and

poor people in many

places, then "reformers"

wouldn't be a national issue.

In fact, if the Rev. Dr. L. H. Johnson in Indiana

had had this kind of experi-

ence with the Vermont State Police, then Vermont

would not have been subjected to national notoriness,

and its police to ugly suspicions.

In my opinion, Governor Davis and his top cop, Col

Erwin Alexander, did a most unfortunate service to cap-

able men like Trooper Edwards who are not be ing

suggestion of the clear findings of police neglig-

ence and even harrassment in the

Irubeg business. They should have cleared the

restitutions and competent service of the very good

men by taking disciplinary actions against the few who misbehaved, or were incom-

petent.

With such thoughts in mind, these paragraphs are a

welcome chance to exer-

the editor's prerogative and write some well-earned praise for the able, thought-

ful men who don't make headlines very often, and who serve well with little

thoughts.

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a growing medium for inter-campus communication

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