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Cover Page Footnote

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Spontaneous/Radical Remission of Cancer: Transpersonal Results from a Grounded Theory Study

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This grounded theory study aimed to collect hypotheses for spontaneous or radical remission (RR) of cancer, which is a remission that occurs without medical treatment, or with medical treatment considered inadequate to produce the remission. Interviews were conducted with 20 RR survivors and 50 non-conventional healers from 11 countries. Results showed that three underlying beliefs emerged: 1. Cancer thrives under certain conditions; 2. Illness represents blockage; and 3. A body-mind-spirit interaction exists. Six factors believed to be possible causes of RR also emerged: 1. Diet change; 2. Deepening spirituality; 3. Increasing happiness; 4. Releasing suppressed emotions; 5. Taking supplements; and 6. Using intuition. Three additional factors emerged among RR survivors only. This paper takes a closer look at those findings that involved transpersonal elements.

Keywords: ***spontaneous remission, radical remission, cancer, complementary medicine, alternative medicine***

The *spontaneous remission* of cancer, also called *spontaneous regression*, is defined as "the disappearance, complete or incomplete, of cancer without medical treatment, or with medical treatment that is considered inadequate to produce the resulting disappearance of disease symptoms or tumor" (O'Regan, 1995, p. 2). Many researchers, including the author, believe that "spontaneous" is a misnomer because such remissions most likely do have a cause, albeit one that science has not yet identified (Barasch, 2008; Frenkel et al., 2011; Gotay, Isaacs, & Pagano, 2004; Launso et al., 2006). As such, this kind of remission will be referred to in this paper as *radical remission* (RR).

Over 1,000 case reports of RR have been published in the academic literature since 1899 (O'Regan, 1995), and approximately 20 new cases are published each year (Challis & Stam, 1990). It seems likely that many more cases have occurred but not published, because many physicians do not have or take the time to submit a case for publication (Kappauf, 2006; Seachrist, 1993). Unfortunately, publication is currently the only way of tracking such cases, because the U.S. National Program of Cancer Registries has no method of distinguishing RRs from remissions that occur due to conventional treatment. It is estimated that RR occurs in 1 out of every 60,000 to 100,000 cancer patients across all cancer types (Cole, 1981); however, as noted, the true incidence rate is likely higher due to under-reporting. It is interesting to note that of 20 individuals reporting RR who were interviewed for the research presented in this paper, none represented cases that had been published in the literature—a fact that supports this suggestion.

Little research has been conducted on the topic of RR. Instead, the field has been limited to case reports (e.g., Bir, Fora, Levea, & Fakih, 2009; Kappauf et al., 1997; Oquinena et al., 2009), one annotated bibliography (O'Regan, 1995), and a few qualitative studies (e.g., Frenkel et al., 2011; Huebscher, 1992; Schilder, De Vries, Goodkin, & Antoni, 2004; Ventegodt, Morad, Hyam, & Merrick, 2004). This lack of clinical research could be due to the fact that RR is rare, and also because researchers may be worried about damaging their reputations by investigating RR (Seachrist, 1993). In addition, it is inherently difficult to study something that one cannot explain. Despite the paucity of RR research to date, history has demonstrated that it is imperative to study anomalies, because doing so can lead to paradigm shifts of understanding (Kuhn, 1962). In the case of RR, research could lead to new understandings on how to remit cancer.

Due to the overwhelming lack of hypotheses for RR in the literature, the present study sought to collect a range of hypotheses for RR upon which future, match-controlled trials might be based. Hypotheses for RR

were purposefully collected from two groups that have been largely ignored in RR research to date: RR survivors themselves, and non-conventional healers. The former group is considered important because survivors may have access to important lifestyle change information or hypotheses regarding the cause of remission that typically is not included in the publication of RR data. Also, because RR is by definition not the result of conventional medicine (O'Regan, 1995), collecting hypotheses from non-conventional healers provides an alternate perspective from practitioners who often seek to elicit or support spontaneous bodily healing responses such as those that characterize RR.

Methods

This study was designed as a retrospective, grounded theory study that included hour-long, open-ended interviews with 50 non-conventional healers and 20 individuals who have experienced RR. This study received approval from the Committee for the Protection of Human Subjects at the University of California at Berkeley.

In Phase I of this study, 50 healers (46 non-conventional healers, three integrative physicians, and one PhD researcher) from the United States and ten other countries were interviewed. Translators were used where necessary. The author undertook a 10-month research trip during which in-person interviews were conducted in the following countries: United States (Integrative Medicine) including Hawaii (Kahuna healing tradition), China (Traditional Chinese Medicine), Japan (Integrative Medicine and Kampo healing tradition), New Zealand (Maori healing tradition), Thailand (herbal cleansing tradition), India (Ayurveda and Yoga healing traditions), England (Integrative Medicine), Zambia and Zimbabwe (African Traditional Medicine), and Brazil (Spiritualism healing tradition). In addition, an over-the-phone interview was conducted with a healer from Ireland (Celtic healing tradition). These countries were chosen purposefully for their diversity of healing traditions. It is hoped that future studies will provide enough funding to be able to collect RR hypotheses from additional world regions. In addition, because it was expected that RR subjects would be eager and willing to share their healing story, this study's limited resources were allocated to allow in-person (as opposed to over-the-phone) interviews for subjects working as healers, who were expected to be less trusting of a researcher inquiring into their healing methods.

Any physician or healer who had treated cancer within the last ten years was considered eligible for an interview; however, interview preference was given to those healers whose patient(s) had experienced RR. In addition, academic researchers were interviewed if they had conducted extensive research on RR. The hour-long interviews were open-ended, beginning with the question, "What hypotheses do you have for why RR may occur?" Demographic information of the healer was collected at the conclusion of each interview. Table 1 reports demographic characteristics of the 50 healers.

In Phase II, 20 adults who claimed to have previously had cancer, and who reported having experienced RR, were interviewed by phone. Claims were verified on the basis of medical records where these were available. Due to resource constraints, only English-speaking RR subjects were recruited in Phase II. Any adult who previously had cancer of any type or stage and who subsequently experienced RR as defined by O'Regan (1995) was considered eligible. The hour-long interviews were open-ended, beginning with the question, "Why do you think you healed from cancer?" At the conclusion of each interview, demographic information was collected. Table 2 reports demographic characteristics of the 20 RR subjects. Phase I and Phase II of this study occurred simultaneously, not sequentially, because Phase I subjects often had referrals for Phase II subjects and vice-versa.

Due to the rarity of RRs, snowball sampling techniques were necessary to recruit subjects. To begin recruitment for Phase I subjects (Healers), approximately 50 introductory emails were sent out to relevant healers whom the author had either read about in books, articles, or websites, or who had been referred to by colleagues. In addition, a general inquiry email was sent out to all professional colleagues and known relevant professional organizations, requesting healer interview recommendations. Networking techniques were also used in order to build relationships with contacts who had connections to potential Phase I subjects. An additional source of Phase I subjects came from asking both Phase I and Phase II subjects, after their interviews, whether they had any recommendations for other potential healer subjects. All leads were followed up with, usually via email but sometimes via phone, until 50 healers had been identified and interviewed.

To begin recruitment for Phase II subjects (RR Subjects), an introductory email was sent to any potential RR subjects about whom the author had personally read.

This step led to two of the 20 RR Subject interviews. In addition, all healers interviewed were asked for potential RR referrals; this step led to four of the 20 RR Subject interviews. Next, the researcher followed up with participants from a public lecture on RR; this step led to one of the 20 RR Subject interviews. The author also sent out an email to colleagues, relevant health/cancer organizations, and authors who write about cancer in order to ask for referrals to potential Phase II subjects. This resulted in 11 of the 20 RR Subject interviews. A personal acquaintance referred one RR interviewee, and the final RR Subject interview resulted from a cancer patient who found this study's website via Google, contacted the author directly, and referred an RR Subject whom he knew personally.

The sample size for both phases (Phase I, $N = 50$; Phase II, $N = 20$) was large enough to conduct a meaningful content analysis on each according to qualitative research standards (Crabtree & Miller, 1999). All interviews were audiotaped, transcribed, and made anonymous. Open rounds of coding using Atlas TI software were followed by subsequent rounds of axial and selective coding, which continued until no new codes emerged, suggesting data saturation (Lincoln & Guba, 1985). Coding began immediately after each interview and was ongoing throughout the study. The 20 RR Subject and 50 Healer transcripts were coded simultaneously, because the study's goal was to collect as many hypotheses as possible for RR, both from those who had personally experienced RR personally (RR Subjects) and those who help elicit RR (Healers). However, differences did emerge between the two subject groups, and these differences will be discussed in the Results section.

In order to improve reliability, an independent reviewer blind-coded ten randomly selected transcripts (five Healers, five RR Subjects). There was a high level of agreement between the codes developed by the independent reviewer and those of the author, though five novel codes were generated by the independent reviewer. It is noteworthy that these novel codes did correlate with specific author sub-codes—that is, these five existed as more specific sub-categories of codes created by the author, but not as top-level codes. All transcripts were subsequently re-coded by the author to include the five new codes. Result reports are illustrated with excerpts from interview transcripts and from field notes taken during the interview process.

Results

Two broad categories of codes emerged from the qualitative data: 1) Underlying beliefs about health/illness, and 2) Hypothetical causative factors for RR. A code was categorized as an underlying belief if it referred to a belief that guided one's choice of factors. A code was categorized as a factor if it referenced an activity—either physical, mental/emotional, energetic, or spiritual—that was purported to help remit cancer.

Among the more than 25 underlying belief codes that emerged, three were most frequent among all 70 subjects. For the purposes of this study, "most frequent" refers to qualitative codes that appeared at least once in 95% or more of the 70 (50 healer and 20 RR) interviews. The first of these three most frequent underlying beliefs was the belief that cancer cells thrive under certain, sub-optimal conditions in the body-mind-spirit system, and that to remove cancer, one must change those underlying conditions. For example, Healer #27 from Japan said:

> My understanding is [that a] cancer cell is not [a] malignant cell, but [a] sacrificed/delinquent cell… adapted to the wrong circumstances . . . . In our body, cancer cells never arise up in the heart or small intestine, because the heart and small intestine are warm and [have] high blood and high content of oxygen . . . . My idea is [that] when mitochondria become decreased/shrinked, then [a] normal cell becomes cancerous.

In general, subjects believed that, if changes were made to improve the underlying conditions in the body, then currently existing cancer cells would naturally die off and be removed from the body by its own waste removal systems.

The second of the three most frequent underlying beliefs that emerged was the belief that any illness, including cancer, represents a blockage or slowness somewhere in the body-mind-spirit system, whereas health represents a state of unhindered movement. For example, RR Subject #19, who healed from pancreatic cancer, described this belief as follows:

> I think the etheric body—the energy body—organizes the physical body based on thoughts or emotions that are either flowing or blocked . . . . When nothing is done to release those [blocked] emotions or thoughts, or to change them, eventually it moves into the etheric field, and sometimes even into the physical body. And

that's what causes what I call "dis-ease." And again, it's still just energy that's stuck.

Many subjects believed that these illness-causing blockages can occur on either the physical, emotional/mental, and/or spiritual level of existence, and that blockages on the emotional/mental or spiritual levels can eventually lead to physical blockages (i.e., physical illness) if they are not properly addressed.

Finally, the third of the three most frequent underlying beliefs that emerged from the 70 interviews in this study was the belief that a body-mind-spirit interaction exists, and that "energy" permeates all three of these levels. This belief will be discussed in greater depth, especially as it pertains to transpersonal studies.

This third underlying belief was coded in the analysis phase whenever a participant mentioned the belief that a change in the body, mind, and/or spirit aspect of a human being could lead to a change in one or both of the other aspects. This third underlying belief relates to the first underlying belief in the sense that the "conditions under which cancer thrive" may exist at either the physical, mental/emotional, or spiritual level. Also, this third underlying belief implies that, regardless of whether the conditions that need to be changed are on the physical, emotional, or spiritual level, making a change on any of the levels could cause a change to occur on the other two levels, because of their interconnected nature. Finally, this third underlying belief also relates to the second underlying belief in the sense that a blockage (or area of slowed movement) can occur at either the physical, mental/emotional, and/or spiritual level.

As an example of the third underlying belief, Healer #23 from India described her view of the body, mind, and spirit interaction as follows:

> What we say about Ayurvedic system of medicine is we have a very different philosophy about the health. We are not talking only about the physical health. We are talking about the mind, the spirit, and body—all these things . . . so that's why we are not talking about only the physical health. So, we are discovering the mind, spirit, and body also and how it can be maintained. . . . While I'm examining a person, I'm seeing what kind of body constitution this person has and what kind of mental constitution this person has. Because, you know, body and mind both are interrelated, both are connected.

This third underlying belief (that a body-mind-spirit interaction exists) also contained three additional sub-beliefs which emerged from the qualitative data. These three sub-beliefs are as follows:

A body-mind-spirit interaction exists:

a. Thoughts/emotions affect the physical body
b. Energy is in everything (e.g., in the body, mind, and spirit)
c. Spirit may be the primary aspect of our being; mind and body follow it

The first sub-belief was by far the most frequent of the three sub-beliefs to emerge, and it was coded whenever a participant discussed the notion that a person's thoughts and/or emotions[1] have a direct, causal effect on the state of one's physical body, either positively or negatively. "Negative" thoughts and/or emotions were always discussed as having an illness-producing effect on the body, while "positive" thoughts and/or emotions were always discussed as having a health-producing effect on the body. The kinds of thoughts and emotions that were described as having a negative, or illness-contributing effect on the body included: fear/worry/anxiety, anger/resentment, grief/sadness, and depression/no will to live. The types of thoughts and emotions that were described as having a healing effect on the body included: non-worry/calmness/relaxation, forgiveness, happiness/love/joy, and a strong will to live/purpose for living. For example, Healer #27, an oncologist from Japan, explained his theory on how the inability to express emotions can lead to illness, including cancer:

> HEALER #27: Western medicine is unknown cause of cancer [i.e., does not know the cause of cancer], but our system is clear of the three factors of the cancer cause. Cancer is the rear end [final consequence] of alexithymia—losing the sensation of the expression of feelings/emotions. Most of the cancer patients first, before suffering from cancer, they are suffering from this alexithymia. Alexithymia causes blood pressure [to go] down, and lowering of temperature, because emotion is not being expressed . . . . For example, atherosclerosis, hypertension, diabetes, high blood pressure, and cancer—all of them same issue—all come from alexithymia, the weak expression of emotion. But the worst people of the alexithymia suffer from cancer.

INTERVIEWER: So, do you think alexithymia is the cause of cancer?
HEALER #27: The main cause.
INTERVIEWER: And is this alexithymia causing the mitochondria to decrease? [earlier in the interview Healer #27 had theorized that a decrease in mitochondrial function causes cells to become cancerous]
HEALER #27: It [alexithymia] is causing lowering blood pressure and lowering temperature—and low temperature destroy[s] the function of the mitochondria.

RR Subject #4 also embraced this notion of one's thoughts having a causal impact on one's physical body:

> Being diagnosed with cancer set me off on this spiritual journey in which I eventually came to realize I have control over everything that happens in my life. And it's basically through your attitudes and your thoughts. So, if you focus on the negative, you'll attract negative to you. If you focus on the positive, you'll attract positive to you. Like, we create everything. There is no real solid stuff. It's all energy that's vibrating into a solid. It's your thoughts that create everything. So, yeah, we're God's reality show.

The second sub-belief to emerge under the larger belief, "A body-mind-spirit interaction exists," was that all three of these aspects of a human being are made up of the same "energy," which is vibrating at different speeds, and which explains why a body is palpable, while thoughts/emotions and the spirit are not. This sub-belief provides a theoretical base for any treatments that involve "energy," such as acupuncture, Reiki, et cetera, because it explains how a treatment that involves only "energy" could cause a physical change in the body. For example, Healer #26, a physician from Japan, believed that everything in this world is made up of energy that is vibrating at varying levels:

> FIELD NOTES: Healer #26's philosophy about health is inspired by quantum physics and string theory, and he believes that everything in the universe —including sounds, cells, and thoughts— is energy that is vibrating at the quantum level. Therefore, he also uses 'Cymatics' on his patients, a small machine developed in England based on Dr. Peter Guy Manners' sound research that can be programmed to emit a certain vibration that will purportedly 'retune' any unhealthy tissue or organ back to its normal, healthy vibratory frequency. According to his theory, each organ/tissue has its own, unique frequency at which it alone should vibrate. For example, small intestine cells would vibrate at a certain frequency, while lung cells would vibrate at a different frequency.

Similarly, RR Subject #12 also believed that the basic element of life is energy:

> We are energy first, and as you get closer to matter, to gravity, we get denser and we end up with this physical-ness. But you take away that gravity, you would not be so dense. Nothing holds your molecules and atoms together other than gravity. Quantums are packets of energy, like a magnet. Without those things, you would float apart. So we really are just energy.

The third and final sub-belief that emerged under the larger belief, "A body-mind-spirit interaction exists," was the sub-belief held by many, but not all, subjects that the spirit may be the primary aspect of a human being, while the mind and body follow. In other words, although these subjects believed that the relationship between the body, mind, and spirit is indeed interactive in the sense that changing one aspect may impact the other two to some extent, they fundamentally believed that all energy originates in the spirit. In other words, they believed that all energy begins at the spiritual level, then flows through the emotional and thought pathways, and finally flows into the physical pathways and takes shape in the body. In this schema, a blockage first occurs on the highest spirit/soul level; if it is not addressed/unblocked, it will create a blockage on the emotional level. If it is still not addressed, it will eventually create a blockage on the physical level, and manifest as illness. Therefore, these participants believe that removing the blockage at the spiritual level is the most important step in healing, as doing so will automatically remove the blockage at the emotional/mental and physical levels. For example, Healer #15 from the UK explained her theory on the soul's relationship to the body:

> I would say that the ills of the world and the ills of the body—or the ills of a personal individual—have happened because of this amnesia, this forgetfulness

> of identity. And when I come back to the identity itself—the soul—then I'm in charge of this vehicle [the body], this chariot, which is very precious, that I'm then able to use it well, I'm able to make good use of it, I'm able to take care of it well, I'm able to be the master. . . . And so coming back to the awareness of the self, the soul, is absolutely critical at this moment in history. And when I know who I am, I use this vehicle in the right way and when I forget, then the eyes, the ears, the physical senses take over and there are accidents. I see things and I interpret them in the wrong way. I hear things and I allow it to pollute my mind. I say things and I wish I hadn't. So, it's like when the driver loses consciousness, then there's going to be an accident. But if the driver is aware and in charge, then the vehicle carries you to the destination.

The three major underlying beliefs described above, along with the three sub-beliefs of "A mind-body-spirit interaction exists," guided the 70 Healers and RR Subjects in making decisions about which treatments to pursue to remit cancer. Therefore, in addition to the underlying beliefs that emerged, more than 75 hypothetical causative factors for RR also emerged from the qualitative data. Of those 75, six factors were the most frequent among all 70 Healer and RR Subject interviews, meaning that these six factors appeared at least once in 95% or more of the 70 total transcripts. The first of these six most frequent factors is that the vast majority of RR Subjects believed it was important to change their diet toward more vegetables, fruits, grains, and beans, while reducing or eliminating meat, sugar, dairy, and refined foods. For example, RR Subject #15 who healed from breast cancer explained:

> You can't eat sugar, flour, dairy products. It's mostly vegetables, fruit and no red meat whatsoever, a little chicken here or there, or fish, but I didn't do a steady diet of that. It was mostly green stuff. And juicing cabbage is very important.

The second factor was that the vast majority of subjects discussed the importance of experiencing an internal sensation of divine, spiritual energy. Again, this particular factor will be discussed in depth due to its transpersonal nature. This factor was coded during the analysis phase whenever a subject described achieving a transcendent state, or deepening her/his connection with a higher spiritual force/energy in order to help remit cancer. Both Healers and RR Subjects discussed this factor frequently. For example, Healer #24 from India described the relationship between spiritual connection and physical healing to his patients in this way:

> This "box" [points to his body] is made for the divine, so divine is living inside of everyone. . . . And if you think that now you are suffering with something [an illness], at least now become aware of that [divinity inside of you] and awaken that divinity, involve that divinity, and tell to that divine force, divine being, divine light, divine consciousness, to help you, to protect you, to save you, to cure you, and involve the divinity—grow your faith in the divine in you. This is not your home, this is not your box. This box belongs to the divine, this light belongs to the divine. This is divine's home. What we call "My life," it is not your something. It is the divine's home. And you with your ignorance [did] not take care of this home, and now this home is in danger [i.e., illness has occurred], so at least now tell to the owner of the home, "Please, teach me. I am not able to keep you good with me, but please come out, help me. Guide me and make your home best, make your home good."

Healer #15 from the UK also described the way it feels when a person connects to spiritual energy and directs it toward physical healing:

> Where you're in deep communion, in deep conversation, or even in deep silence, but just in the presence of the divine, that's meditation. And so when the soul is focused on God and there's that union, communion, you see, this is what yoga is. "Yoga" means "union," connecting the self with the Supreme. So in that state of union what happens is you're drawing that light, that light, that energy, not just into the soul but from the soul and the rays extend out into the body also. It's like the warmth of the sun. You can feel that energy, not just on a superficial level on your skin but you can feel your body absorbing that warmth and that energy within itself in the same way as a soul takes that light and might through God's love, through prayer, through meditation. It actually is a process of healing. It actually helps the body heal.

From the patient perspective, RR Subject #4—who healed from lung cancer—was surprised to have the following transcendent experience during meditation while he was healing from cancer. He believed that this experience combined with the overall deepening of his spiritual beliefs were the primary reasons for his healing:

> It was a 10-day silent retreat where you couldn't speak, you couldn't acknowledge other people in the room and you just meditated for like 14 hours a day. And I had this experience that I can't explain. It was just like all of a sudden there was a flash and in my eyes I could see rivers of energy swirling around and at the same time felt that same thing through every cell of my body, and there's a word for it, but I forget what the teacher said it was, but he explained that, "You felt your soul. You felt your true essence." And I said, "Did I feel God?" And he kind of smiled and said that some people may call it that.

RR Subject #3 described a similar transcendent experience that occurred near the beginning of his cancer recovery period, an experience which he believed played a pivotal role in his physical healing:

> And so I kind of open my eyes and I look over and I see that it's not really the bathroom light. There's something in there moving, and there's someone in there, and then there was a woman walking out of there and she was just shrouded in light and I couldn't see her face exactly but she was beautiful and—just this beautiful, beautiful light, and I can't describe the color, but it was like the perfect light. She was walking slowly over to me and she didn't say anything, but she held out her hand. And then she was right beside me, and she reached out her hand, and she put it on my head, and in that instant, I just, from my head down, slowly, it [the light] trickled like it was paint oozing down my body, inside and out, like every—every nerve in my body, every part, piece of my body could feel it and it just flooded me and I just kind of laid there with my eyes closed. I closed my eyes, and just let it take me over and it was just this feeling of—I think it was the feeling of, of, of perfection, of pure, pure love, of unaltered charity, of bliss, of ecstasy, of every—I mean, of perfection. And it flooded me for several seconds, and I held onto it.

It is interesting to note that none of the subjects in this study described their spiritual beliefs or spiritual experiences as having had a negative effect on their cancer recovery. However, some subjects did mention having had negative or neutral religious/spiritual experiences in the past. Nevertheless, such negative or neutral experiences were usually only brought up in order to contrast the positive spiritual experiences that they did have during their cancer recovery.

The third of the six causative factors that were most frequent in this study was the factor of increasing love and happiness in one's life in order to help regain health. For example, RR Subject #5 explained it this way:

> FIELD NOTES: [RR Subject #5] said that the energy/spiritual healer whom he saw flooded his lymph system with energy, and that after the treatment he felt like "a teenager in love." He said he felt love toward everyone and everything. He said the treatment made him realize that if he could only find a way to feel that level of unconditional love all of the time, then he would be healed from his cancer.

Subjects reported different ways of achieving this feeling of love/joy. For some, the feeling arose naturally during their cancer journey, while for others, the feeling was the result of intentional mental/emotional practices, such as meditation, energy treatments, visualization, or psychotherapy.

The fourth causative factor found in this study regards many of the subjects' belief that because illness represents a state of blockage, it was healthy to release any emotions that were "blocking up" the mind-body-spirit system. This typically meant emotions they were holding onto from their past (e.g., fear, anger, nostalgia, grief, etc.). For example, RR Subject #13, who overcame liver cancer, described this belief as follows:

> I didn't really know how to express the anger…But that anger lodged in my liver . . . . And understanding that pattern [of anger] doesn't mean that it [the anger] goes away, but it does mean that I can know it when it happens, and I can manage it now, which I couldn't before.

The fifth causative factor found was that many subjects took various forms of herbal or vitamin supplements, believing that these would help to detoxify the body and/or boost their immune system. RR Subject #18 described his complex supplement regimen:

> I got myself on IP-6 . . . . Since IP-6 is the messenger molecule, it needs a message to carry, and that is made of trace minerals. I added a trace mineral supplement, but the molecule is still considered a free radical by the body, so I added Vitamin C to allow free radical passage from the blood stream through the cell walls. Then Aloe Vera juice—Vitamin E—to aid in cell reproduction and recovery. . . . Added some anti-parasite herbs and come Thanksgiving, was doing quite well.

Finally, the sixth frequent causative factor that emerged from this study was that the majority of subjects discussed the importance of using intuition to help make treatment-related decisions. For example, RR Subject #19, who healed from pancreatic cancer, described her experience with intuition this way:

> At that diagnosis appointment, I was sitting on the table or whatever you call it—the bed—and I—are you ready for this one? I heard a little voice in my head. I never heard voices before. I heard a voice that said, "Not that way, not this time." . . . And I just knew that that voice meant something.

In addition to the aforementioned six factors (1. Diet Change; 2. Spiritual Connection; 3. Increase Positive Emotions; 4. Release Suppressed Emotions; 5. Herbal/Vitamin Supplements; and 6. Follow Intuition), which were the most frequent among the 70 pooled Healer and RR Subject interviews, there were also three other factors that emerged very frequently among the 20 RR Subjects only. They were, "Taking control of healing decisions"; "Experiencing an increase in social support"; and "Having strong reasons for living." A full description of these three additional factors may be found in this study's complete dissertation (Turner, 2010).

Discussion

In this study, three underlying beliefs about health in general were found to be very frequent among all 70 subjects. These were the beliefs that: 1. To remove cancer, one must change the conditions under which cancer thrives; 2. Illness represents a state of blockage or slowness, while health represents a state of movement or flow; and 3. A body-mind-spirit interaction exists, and energy permeates all three of those levels.

The first underlying belief represents a departure from the traditional, allopathic view of cancer, which sees cancer as cells that need to be killed and removed from the body, at which point a person waits to see if the treatment killed all of the cancer cells, or if some survived and the cancer may therefore grow back (National Cancer Institute, 2005). In contrast, the view that emerged in the present study sees cancer as a disease that only grows under very specific conditions; if those conditions are changed, the cancer cells will be unable to survive and will die off, and they will not re-grow as long as the new conditions persist.

The second underlying belief—that illness indicates a blockage somewhere in the body-mind-spirit system, while health indicates a state of unblocked movement—is consistent with Eastern medical traditions (Xutian, Zhang, & Louise, 2009) and holistic medical traditions (Ventegodt et al., 2004), although it is not currently supported by conventional Western medicine theory. This belief offers a way to characterize the wide variety of treatments that may bring about RR in the sense that, if a treatment brings about movement anywhere in the human system, it can be viewed as health-inducing. In other words, the belief that illness equals a blockage and health equals non-blockage/movement could represent the common thread among all of the RR treatments that emerged in the present study.

The third underlying belief in a body-mind-spirit interaction, especially as it pertains to transpersonal studies, is found to be consistent with Eastern medical traditions (Xutian et al., 2009; Chan, Ho, & Chow, 2001) and with other traditional healing systems around the globe (Pedersen & Baruffati, 1985; Helman, 2007), although it is largely unsupported by conventional Western medicine theory (with the exception of perhaps Psychoneuroimmunology). Some have argued that before René Descartes' separation of mind and body, the vast majority of world healing traditions considered the body, mind, and soul to be inextricably linked (Lagerlund, 2007). However, Descartes (1984) theorized that the body, mind, and soul are connected via the pineal gland ("the seat of the soul"), and that the soul/mind primarily controls the body, although the body can sometimes control the mind when people act out of instinct. The theory that emerged from the present study suggests that rather than the mind controlling the body, as Descartes suggested, the mind and soul interact with the body in ways that can have tangible effects.

The first sub-belief that emerged under the spirit-mind-body belief is the sub-belief that thoughts/emotions

have tangible effects on the physical body. This was one of the most frequently appearing codes in this study. The vast majority of RR Subjects and Healers interviewed believe that habitual thoughts and emotional tendencies can either help or hinder physical health, depending on their content. One only has to look at the allopathic medical concept of the placebo effect to see that this sub-belief has some scientific basis. The word "placebo" often carries negative connotations, because it implies that a drug works no better than one's imagination. However, it could just as easily carry a positive connotation, because it implies that one's thoughts are as equally powerful as drugs. One study that compared six of the most widely prescribed, FDA-approved anti-depressants found that 80% of their effectiveness had been duplicated in placebo control groups (Kirsch, Moore, Scoboria, & Nicholls, 2002). In other words, the placebo sugar pill was 80% as effective as the anti-depressant. The placebo response can also lead to negative effects, a phenomenon known as the "nocebo" effect (Hahn, 1997). One of the most famous nocebo effects observed with cancer patients occurred when 40 out of 130 control cancer patients (30%), who were unknowingly receiving a placebo drip of saline instead of experimental chemotherapy, lost all of their hair (Fielding et al., 1983). In other words, their belief that they were receiving chemotherapy caused their hair to fall out. While a placebo response does not occur in all control subjects in all studies, the fact that it occurs at all indicates that thoughts/emotions can indeed have a tangible effect on the physical body.

Clinical results from the emerging field of psychoneuroimmunology (PNI) have added to the evidence that thoughts/emotions have a tangible effect on physical health. Cohen, Tyrrell, & Smith's (1991) landmark PNI study published in the *New England Journal of Medicine* showed that thoughts and feelings may depress the immune system. Physically healthy subjects took surveys regarding their stress levels and then received nasal drops that contained the common cold virus, after which they were quarantined. Even after controlling for other variables, those who scored higher on the stress surveys were more likely to develop a cold, while those who scored lower on the stress surveys were less likely to develop a cold. In other words, the mental/emotional feeling of stress seemed to create sub-optimal conditions in the person's immune system, thereby allowing the virus to take hold. In addition to this finding, another landmark study found that the same cell receptors that receive mental and emotional information in human brains are present on nearly every cell in the human body (Pert, 1997); this finding provides a possible mechanism for how one's thoughts and emotions may affect the entire physical body.

Meanwhile, studies from the emerging field of epigenetics have shown that while genetic flaws—including "cancer" genes—may be inevitably inherited, these flawed genes still need to be expressed (i.e., "turned on") in order to have a negative effect on one's health (Lomberk, 2007). A recent epigenetic study showed that lifestyle changes (e.g., dietary change, stress management, exercise, and psychosocial support group) can turn off disease-promoting genes, including oncogenes (Ornish et al., 2008). Taken together, results from the fields of placebo research, PNI, and epigenetics provide considerable evidence for the sub-belief that emerged in this study, namely that thoughts have the ability to affect the physical body.

However, there has been insufficient evidence to show that certain personality traits have an impact on cancer survival, for example, the "Type C" personality (Temoshok et al., 1985) initially thought to be cancer-prone, or the "fighting spirit" personality (Greer, Morris, & Pettingale, 1979) once thought to be more likely to survive cancer. In addition, there is a danger with this sub-belief of making cancer patients feel guilty for having caused their illness with their thoughts, or for not curing their illness with enough positive thoughts. In reality, it is quite possible for a cancer patient to have all of his thoughts and emotions in order, and yet still not experience a radical remission. Therefore, further research is needed in order to determine the exact extent to which thoughts may have the ability to strengthen the immune system's ability to eliminate cancer cells.

The second sub-belief that emerged under the body-mind-spirit belief is the notion that energy is in everything—including in the body, mind, and spirit. Specifically, subjects described energy as something that vibrates at different frequencies depending on its function, such that the energy of the physical body vibrates at a lower frequency than energy on the mental/emotional level, which in turn vibrates at a lower frequency than energy on the spiritual level. Cancer was often described in the present study as vibrating at an unusually low level, which, if raised (e.g., as a result of energy treatments) may go into remission. This idea that there is an all-pervasive energy provides a hypothetical

explanation for why spiritual or mental/emotional treatments may have effects on the physical body. While the medical literature is flush with theoretical articles that agree with this sub-belief (e.g., Rindfleisch, 2010; Rosch, 2009; Gordon, 2006), technological limitations make testing this energy theory exceedingly difficult (Sutherland, Ritenbaugh, Kiley, Vuckovic, & Elder, 2009). It is hoped that new instrumentation that can measure these purported energy levels will be developed soon, and that such instrumentation will allow for testing of this theory, comparable to how the development of the microscope allowed for the testing of germ theory.

The third and final sub-belief that emerged under the body-mind-spirit belief is the notion that there is a hierarchy of significance in which the spirit/soul is the primary aspect of human beings, followed by the mental/emotional aspect, followed by the physical body. Many world religions agree with this belief that humans are, at their core, divine or made up of divine energy (Ellwood & Allen, 2007), although this belief has not been studied in allopathic medicine. While it would be extremely difficult to design studies that could adequately assess this theory, documented cases of purported spiritual healings (e.g., Benor, 2001; Zachariae et al., 2005; Wright, 2008) may provide potential examples of this theory in action.

In addition to the aforementioned underlying beliefs, six hypothetical, causative factors for RR were found to be most frequent among the 75+ factors that emerged from the 70 Healer and RR Subject interviews. These six most frequent factors were: 1. Changing one's diet (to mostly vegetables and fruits, whole grains, and legumes); 2. Experiencing a deepening of spirituality; 3. Feeling love/joy/happiness; 4. Releasing suppressed emotions; 5. Taking herbs or vitamins to detoxify and to improve immune function; and 6. Using intuition to help make treatment decisions.

This study's findings are similar to other studies that have been conducted both on RR subjects and on cancer patients in general. For example, in terms of diet, a large US study (N = 1,490) showed that breast cancer survivors who ate five servings of fruits and/or vegetables a day and were physically active had a 50% reduction in mortality compared to women who did not eat or exercise as much (Pierce et al., 2007). Similarly, another lifestyle change study that involved dietary, vitamin, exercise, relaxation, and support group components showed that the program slowed the progression of early, low-grade prostate cancer in men (Ornish et al., 2005).

In terms of spirituality, other qualitative studies have also reported that RR subjects experienced a deepening of spiritual or existential beliefs prior to remission (Wagner, 1999; Dige, 2000; Mehl-Madrona, 2008). The current study's finding also relates to Sephton, Koopman, Schaal, Thoresen, and Spiegel's (2001) exploratory study of 112 women with metastatic breast cancer, which showed that those who scored high on spirituality measures also had higher immune counts, even after controlling for demographic, disease status, and treatment variables. Sephton et al.'s finding may explain a mechanism behind the apparent relationship between increased spirituality and physical health. Additional psycho-neuro-immunological (PNI) studies that investigate the relationship between spirituality and immune function are therefore warranted.

In regard to feeling love/joy/happiness, this finding is in agreement with another RR study, which found that RR subjects reported an increase in "intensely poignant activities" prior to their remission (Schilder et al., 2004). In a similar study, Mehl-Madrona (2008) also found that RR subjects reported significant improvements in self-esteem prior to their remission. In terms of releasing suppressed emotions, other studies have also found that RR subjects reported releasing suppressed emotions such as sadness, anger, helplessness, fear, or guilt prior to their remission (Ventegodt et al., 2004; Schilder et al., 2004; Mehl-Madrona, 2008). Regarding herbs and vitamins, various clinical studies have shown that certain herbs and vitamin supplements increase immune markers and suppress cancerous tumor growth (Cassileth & Deng, 2004; Craig, 1999; Blot et al., 1993); however, results have been largely inconclusive when testing the impact that such herbs and vitamins have on cancer survival in larger clinical trials (Gaziano et al., 2009; Zhang et al., 2008). Finally, little to no research has investigated the role intuition may play in cancer survival; however, the rising popularity of consensus decision-making between physicians and patients (Legare et al., 2013) may facilitate such research.

In addition to the six aforementioned factors for RR that were highly frequent among both Healers and RR Subjects in this study, three additional factors were highly frequent among RR Subjects only, but not nearly as frequent among Healers. The reason for this discrepancy could perhaps be because these three additional factors pertain to the cancer patient's internal mindset and social circumstances—both areas in which healers cannot

easily intervene. The first, "Taking control of healing decisions," is supported by various other studies which have found strong activism in RR subjects (Frenkel et al., 2011; Schilder et al., 2004; Huebscher, 1992). The second factor, "Experiencing an increase in social support," is supported by other RR studies which have found that RR subjects experienced increased social support prior to their remission (Schilder et al., 2004; Mehl-Madrona, 2008), and by numerous other studies which have shown that social support is associated with increased survival time in cancer patients overall (Chou, Stewart, Wild, & Bloom, 2012; Kroenke, Kubzansky, Schernhammer; Holmes, & Kawachi, 2006; Reynolds et al., 1994; Waxler-Morrison, Hislop, Mears, & Kan, 1991; Weihs et al., 2005). Finally, the third factor that was frequent among the RR subjects only, "Having strong reasons for living," is consistent with one RR study which found that RR subjects "decide on life" (Huebscher, 1992), as well as with another RR study which found that RR subjects "refuse to accept death as their immediate prognosis" (Mehl-Madrona, 2008).

In summary, the findings from the present study are supported by findings from similar qualitative studies done on other RR subjects, and from experimental studies conducted on cancer patients in general. Therefore, it is recommended that future research test these nine hypothetical factors for RR in quantitative, controlled settings.

Limitations

Because this study was qualitative, the findings cannot be generalized to a larger population, nor are they causally conclusive. Rather, these findings represent a foundation of hypotheses that should be tested in a clinical setting before any conclusions can be drawn. Also, due to the retrospective nature of this study and the fact that medical records were not available in all cases, some subjects may have remembered events inaccurately or partially, or may have made false claims. Finally, the voluntary nature of this study may have favored the recruitment of more extroverted RR subjects, thereby representing a sub-set of the overall RR population.

Conclusion

The results from this grounded theory study provide a concrete foundation of hypotheses for why RR may occur; therefore, researchers are encouraged to begin testing these hypotheses in controlled studies. Transpersonal researchers in particular are encouraged to take the transpersonal findings from this study and designing quantitative studies that might validate or disprove these transpersonal hypotheses—namely 1. The underlying belief that a mind-body-spirit interaction exists and that a change in one level will lead to a change in the other two levels; and 2. The hypothetical causative factor for RR that experiencing spiritual energy in one's body/mind (via spiritual practices or healing treatments) can strengthen the body's immune system to allow it to better rid the body of cancerous cells. Using PNI methods to determine changes in immune function may be one avenue for this kind of research.

In any experimental research that is conducted on the hypotheses that emerged from this qualitative study it will be important to distinguish whether all of the nine frequent factors from this study are important for cancer survival, or whether some are more impactful than others. In addition, there is the added complication of individuality, in which certain factors may be beneficial for one person, but not for another. Finally, while existing RR subjects represent a unique control group of cancer survivors who have achieved remission without conventional medicine, it is nevertheless recommended for ethical reasons that the hypotheses from this study be tested in conjunction with, and not separate from, conventional medical treatment. An exception could be made if a group of early-stage cancer patients is voluntarily willing to forego conventional treatment for a short period of time (while being closely monitored for disease progression), such that the voluntary group is then randomized into a "watchful waiting" control group as well as a lifestyle change treatment group, as was the design in one notable study on prostate cancer patients (Ornish et al., 2005).

Finally, there is an urgent and immediate need for a centralized, publicly searchable database of RR cases. The author is currently working on creating such an online database to which RR survivors, doctors, and non-conventional healers will be able to easily submit their de-identified case reports, with the option of having a researcher verify and fully document the report.

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Notes

1. There has been considerable debate in the field of psychology as to the difference between thoughts and emotions, as well as to the sequence of these (e.g., whether thoughts/beliefs precede emotions or vice versa). Because this was a grounded qualitative study, the author took cues from the participants themselves, who usually lumped these two concepts together. Therefore, in order to reflect the subjects' opinions as they were stated in their original form, thoughts and emotions are treated as one entity in this study, not two.

About the Author

Kelly Turner, PhD, is a researcher, lecturer, and consultant in the field of Integrative Oncology. Her specialized research focus is the radical remission of cancer, which is a remission that occurs either in the absence of conventional medicine, or after conventional medicine has failed. Her interest in complementary medicine began when she received her B.A. from Harvard University, and it later became the sole focus of her Ph.D. at the University of California, Berkeley. Dr.

Turner's dissertation research included a 10-month trip around the world, for which she traveled to 10 countries to interview 50 holistic healers and 20 Radical Remission cancer survivors about their healing techniques. Her book which summarizes her research for the general public will be published in Spring 2014 by Harper Collins. She is also the founder of the Radical Remission Project, an organization that continues to collect and conduct research on radical remission cases. For more information, please visit www.RadicalRemission.com.

About the Journal

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