

UNDERSTANDING CANCER AND YOUR EMOTIONS

Dr Christian Boukaram

In the face of the fear inspired by cancer, Dr Christian Boukaram suggests ways of protecting ourselves from the devastating consequences of this disease. Based on several years of scientific research, and drawing on various disciplines such as quantum physics and epigenetics, this book encourages us to change the way we approach the disease. Boukaram explores the contribution of the individual's thoughts, beliefs, emotions and environment to the emergence of cancer, and also analyses the power of the body's natural healing mechanisms.

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Some key questions about cancer:

- What is the exact cause of cancer? Why do we still not know this?
- Why do certain people in excellent health (eg sportsmen and women, non-smokers, and those who follow all the right medical advice) sometimes develop devastating cancers?
- Why do some people with a significant family history of cancer develop cancer, while others, with the same genetic baggage, never develop it?
- Why is it impossible to predict the effectiveness of treatments and side effects?
- Why do the emotional characteristics of patients differ according to their type of illness?
- How do a handful of people with so-called incurable cancer manage to have a complete remission?

Cancer = A + B + C

A = Genetic susceptibility

B = All known risk factors, such as lifestyle habits and chronic inflammation

C = (?)

The presence of factors A and B can sometimes be enough to cause cancer, but this is not an absolute rule. It seems therefore that another factor must exist – C. The possible nature of C is what this book is about.

CHAPTER 3 - THE RETURN OF THE EMOTIONS

Cancer affects nearly one out of two people at some point in their lives. The affected person may be white, black, young, old, poor, rich, with or without vulnerability to cancer. It makes little difference, because cancer is notoriously unpredictable according to physical parameters. Neither are habits such as smoking the causes in themselves. So what about any psychological and emotional links....

The missing link?

Plato, Galen and Socrates all mention the emotional component. The famous Greek doctor Galen reports a link with emotions in his writing on depression and breast cancer. Socrates even says that to ignore this link would be to fail in his role as doctor. According to an important study of 19th century literature by American psychologist Lawrence LeShan, people's emotional history has a determining role in this illness and its development. LeShan has published several further clinical works analysing the emotional roots of cancer. In the 1960s, The Academy of Sciences in New York held two important conferences on the psychological aspects of cancer and published data showing its link with the emotions.

Wilhelm Reich, a disciple of Freud's, arrived at the same conclusion. Cancer, according to him, is nothing but a manifestation of a long process caused by a lack of the body's vital energy. The origin of this lack is anxiety caused by stagnation of sexual energy. Dr Ryke Geerd Hamer, a German doctor who developed testicular cancer after his son's death, devoted his life to this. Following research into his patients, he concluded that emotions are the original of cancerous illness. According to him, a severe shock can set things off – an extreme event, unparalleled in a person's previous existence.

Dr Michel Moirot was another pioneer in this realm of study. In order to prove the psychosomatic origins of cancer, this he questioned more than 4,000 sick people in a variety of European countries. He concluded that cancer reflects the self-destruction of a person, somatised in a target organ capable of embodying this destruction. A severe psychic shock is enough to throw the person out of his or her universe and start off the cancerous process. To avoid cancer, he says, we must learn to take ourselves much less seriously.

Dr Caroline Bedell Thomas, of Johns Hopkins University School of Medicine, followed more than 1330 people over 30 years, analysing the psychological factors implicated in five illnesses. In 1973, she concluded that cancer is the illness most clearly linked with psychological traits. Certain common characteristics predispose to its development:

- poor bonding with one of your parents
- feelings of despair in difficult situations
- inability to express feelings
- a significant loss – of a partner, a job – sustained one or two years before the diagnosis of cancer

Her research showed that such events shatter the individual's peace and security, and lead to a feeling of isolation from the world, alienation, or being cut off from one's roots. Psychologist Ronald Grossarth-Maticek has also published several scientific studies on the link between cancer

and the emotions. His work began in the 1960s, when he too was able to identify certain traits predisposing the individual cancer, such as feelings of despair and the repression of the emotions. One interesting fact is that hostility and aggression are characteristic of people who develop heart disease. Grossarth-Maticek followed 130 patients for more than 10 years and succeeded in predicting – with significant accuracy – which ones would die of cancer, and which of heart disease. In another study, he split people with psychological cancer traits into two groups, and offered one psychological support (relaxation, hypnosis, visualisation, etc.), while the other group has no therapy. He discovered it is possible to modify the mortality rate in cancers and heart disease by means of appropriate psychological support. For the first time, it was shown that such a step could help prevent cancer in healthy people psychologically predisposed to cancer. A few hours of therapy were enough. Another study of 100 patients with terminal breast cancer showed that, compared with chemotherapy, psychological support was more effective.

Women who had only psychological support lived longer than those who just had chemotherapy. However, those who had both kinds of therapy had the best chances of survival. Of course, chemotherapy treatments have become vastly more sophisticated since this time – however it is still important to note the phenomenal efficacy of psychological support.

In 1989, Dr David Spiegel published an article in *The Lancet* in which he reported that psychological support doubled the chances of survival of patients with terminal breast cancer. This study of 86 women showed that group therapy and learning self-hypnosis could help treat the illness. Faced with this sombre diagnosis, these women survived 36.6 months, compared with 18.9 months for those who did not benefit from any support or therapy.

The highly respected oncologist Carl Simonton has written several books on this subject. He has shown that the chances of a cure can be greatly increased with methods such as meditation, visualisation, hypnosis and biofeedback. He has founded a non-profit centre dedicated to improving quality of life for patients and their loved ones, via psychological and social support. After 40 years, this centre still arouses national and international interest. His method has been used by several countries. Several other clinical studies also link our psyche and our emotions with cancer. These studies are summarised in Table 3.

Table 3

Impact de la dimension psychologique sur le développement ou la gravité du cancer

1926, Evans (disciple de Carl Jung) : Le cancer est causé par une tristesse excessive ou par un deuil. Le cancer se déclare chez ceux qui investissent leur identité dans un objet ou un rôle.

1954, Blumberg : Le cancer est relié à la personnalité et à la relation individuelle des gens avec leurs émotions.

1955, Reznikoff : Le cancer et la personnalité sont liés.

1957, Klopfer : La sphère psychologique (les mécanismes de défense de l'ego) est liée à la carcinogenèse.

1958, Greene : Un deuil important ou une séparation causant un désespoir sont reliés au cancer.

1963-1969, Kissen : Certains fumeurs développent le cancer, mais d'autres, non.

On explique cela par le fait que ceux qui développent le cancer utilisent la cigarette

comme moyen d'évacuer leurs émotions.

1966, Schmale et Iker : Le cancer est lié au désespoir. Ce sentiment peut être utilisé comme outil pour prédire la maladie cancéreuse.

1965, Giovacchini et Muslin : Le cancer et l'ego sont liés.

1966, Bahnsen : L'ego est un facteur causal du cancer.

1979, Derogatis : Le désespoir et le cancer sont liés. Une attitude positive diminue la mortalité du cancer.

1980, Simonton : Le soutien émotionnel diminue la mortalité du cancer.

1980, Dattore : Les émotions et le cancer sont liés.

1985, Greer : Le cancer et le désespoir sont liés. Une attitude positive diminue la mortalité du cancer.

1985, Pettingale : Le cancer et le désespoir sont liés. Une attitude positive diminue la mortalité du cancer.

1987, Temoshok : Les éléments psychologiques et le cancer sont liés. Exprimer ses émotions et maîtriser le désespoir (attitude positive) ont un impact important et diminuent les chances de mourir de cette maladie.

1988, Redd et Jacobsen : Le cancer et le désespoir sont liés. Une attitude positive diminue les chances de mourir du cancer.

1988, Levy : Une attitude positive diminue les chances de mourir du cancer.

1988, Smith : La personnalité et le cancer sont liés.

1989, Gross : Les émotions et le cancer sont liés.

1989, Stein et al. : Le cancer et le désespoir sont liés. Une attitude positive diminue les chances de mourir de cette maladie.

1990, Zevon et Corn : La personnalité et le cancer sont liés.

1990, Linkins et Comstock : La dépression et le cancer sont liés.

1990, Jasmin et al. : Les traits psychologiques sont liés au risque de cancer.

1991, Brissette : Les émotions et le cancer sont liés.

1991, Baltrusch et al. : Les émotions et la personnalité sont liées au cancer.

1993, Fawzy et al. : Le soutien émotionnel diminue de quatre fois la mortalité du cancer.

1994, Fox et al. : Le cancer est lié à l'isolement social, à la répression des émotions et à un deuil récent important.

1996, Bryla : La personnalité et les événements stressants de la vie sont liés au cancer.

1998, Penninx et al. : L'incidence du cancer est augmentée par des émotions négatives.

1999, Faller : L'attitude positive améliore la survie des cancéreux, contrairement à la dépression et à la détresse émotionnelle.

1999, Walker : Les émotions et le cancer sont liés.

1999, Watson : La dépression et le désespoir sont liés au cancer.

2000, Reynaert : Il existe un lien entre émotions et cancer.

2001, Price : Un traumatisme émotionnel augmente significativement (jusqu'à neuf fois) le risque de cancer

2003, Brown : Dépression et cancer sont liés.

2003, Lillberg et al. : Le risque de développer le cancer double chez les personnes traversant une séparation ou un divorce ou après la perte du conjoint (étude menée auprès de 10 000 personnes).

2004, Reiche : Le cancer et la gestion du stress sont liés.

2004, Cunningham et Watson : Le cancer peut être influencé par une thérapie psychologique.

2005, Ornish : Un programme de santé mentale peut réduire la gravité du cancer.

2005, Ollonen et al. : Il existe un lien entre l'ego et le développement du cancer.

2006, Nakaya et al. : Les traits psychologiques peuvent être utilisés afin de prédire la gravité du cancer.

2006, Beresford : L'ego et la gravité du cancer sont liés.

2006, Nagano : La personnalité et le cancer sont liés.

2008, Zozulya et al. : La personnalité et le cancer sont liés. Les thérapies de soutien peuvent avoir un effet bénéfique sur le malade.

2009, Tran et al. : La mortalité cancéreuse est quatre fois plus élevée chez les gens atteints de troubles mentaux comme la schizophrénie.

2010, Sanzo et al. : Les facteurs psychologiques peuvent augmenter la gravité du cancer.

2010, Giese-Davis et al. : La dépression, les émotions et le cancer sont liés.

As you can see, an impressive number of studies link the psychic sphere with cancer. This is only a brief survey, and many other studies are in progress. They all suggest that thoughts, emotions, the personality, coping styles and strategies and the ego are very important individual factors to consider in how the illness may present, and its gravity. The task of showing such a link is as complicated as trying to film a dream, as emotions are, like dreams, an abstract and subjective phenomenon. In addition, longterm studies of say 10-120 years are very costly. So I am awestruck at the boldness of the researchers and by their phenomenal work.

I'd now like to describe my first contact with the world of oncology. As usual with medical students, we did the rounds of the various medical disciplines with a view to specialising in due course. During my time in oncology, I worked in a clinic where they treated different kinds of cancer. In spite of the anxiety and suffering of the patients, it was fascinating work. At the end of a month, I asked the following question:

“Why do women with early breast cancer show intense concern about their illness, whereas those with throat cancer seem less concerned, even though their illness is more serious? Is it because these women, who generally drink and smoke more, express their emotions by these means? Or is it their personality which makes them expose themselves more to cigarettes or other risk factors?”

The answer I got was: “To be honest, we don't know, but all patients seem to have a personality specific to their type of cancer.”

Of course, I was too inexperienced to draw any conclusions from this. All the same I decided to specialise in oncology, because I felt I had a great deal of affinity with the patients. Birds of a feather flock together. I then did 6 months training where I only had contact with patients affected by a particular type of cancer. The courses were divided into gynaecological, neurological, digestive cancers, and so on. As I am a bit of a ‘chameleon’ by nature, I tend to adapt myself to whatever environment I am in. At the end of each course, I would notice that my personality had modified, perhaps including tendencies or traits which would disappear when I began the next course. Now that I have been practising medicine for several years, many of my patients tell me, right from their first appointment, that they believe they developed cancer because of their mental state. They say

they have recently sustained an important loss, or gone through an extraordinary period of despair. So the results of the studies quoted above do not surprise me.

“I think that, when you live through a prolonged period without happiness, thinking about the past or having negative thoughts, your life goes off the rails. Not being in touch with your deep joy, you get out of balance. For several years, I managed to pretend that everything was fine, and to keep things going, but then I went through a time when there were simply too many bereavements, very significant losses of people I loved deeply. After my husband’s death, his two brothers also died, then one of his cousins, and my mother-in-law. All that and I was also supporting two close friends who had cancer. When another of my best friends died from a heart problem, that was the drop that made the glass spill over. I remember very well that at that moment I had an overload in terms of career, an overload in terms of stress, and so, when you put all that together... For me, the cancer was the point of departure, the obligation to transform my life, to rediscover my health, my joy in life, and my happiness.”

JOHANNE ROBITAILLE MANOUVRIER, 58

“For several years, I’ve managed my emotions really badly. I kept them inside me. In the longterm, this had serious consequences for my body. I haven’t always listened to my body. I did not know how to manage my negative emotions. I realise that I have been in a lot of denial for some years and I am convinced that cancer was the repercussion.”

MIREILLE HUGUENIN, 54

The danger of adrenalin

The state of optimal health in the human being resembles a state of peace, in which all the systems operate in harmony. In this state of balance, no negative thoughts exist.

Our ancestors did not always enjoy this privilege. Certainly not when they saw a bear appear behind a tree. At that moment, several thoughts might erupt, for example, “I’m about to be devoured,” or “Why did I leave my knife in the cave?”

These thoughts sound the alarm in the body, transmitting a signal of danger. This signal is fear, and it induces a state of anxiety. Adrenalin (other hormones such as cortisol are also implicated) is the messenger bringing this call for help to all the body’s cells: “Things are not going well!” Plan ‘Danger’ is then actioned by the whole body, beginning with the heart, which begins to beat more rapidly in order to pump more blood into the muscles to prepare them for activity. The vascular system tightens up in several places in order to increase blood pressure. By increasing pressure to the muscles, it decreases the blood supply to the digestive and urinary systems.

The arms and legs get ready to fight or flight. The adrenaline also acts on the brain and forces us to focus on the danger, to be alert and to calculate all the possibilities inherent in this dangerous situation. This state of alarm is the very opposite of the state of peace mentioned above. It is a state in which one part of the system is mobilised and the other ‘asleep’ or neglected.

Effects of adrenalin

Our bodies can affect our balance and the cancer equation in different ways. Many of these processes were identified several years ago; others have been revealed by more recent research. The next section reports some of these, while others will be explained further on in this book.

A- Weakening of the body's natural defences

Psycho-neuro-immunology is a science which studies the impact of the psychological dimension on the body and the immune system. It is now clearly established that our cells form part of an elaborate system, implicating numerous mechanisms of communication and interactions.

The immune system plays several roles. It is implicated in the inflammatory processes which promote the repair of damaged tissue. It also defends us against cells which seek to invade us. These may come from outside – bacteria, viruses, other microbes) or from inside the body (cancerous cells). Every day, abnormal cells are detected and eliminated on the spot, before they can multiply or become significant. Our natural defences execute these enemies, thus preventing their ravages. It has now been shown that the immune system works best when you are calm. This gives it the necessary elements for it to fulfil its function perfectly. The opposite is also true. Prolonged states of anxiety or of emotional distress (unresolved grief, depression etc) harm the immune system. These negative emotional states diminish the number and the quality of the protective cells including those responsible for protecting us against cancerous cells. Despair, social isolation, ongoing family disagreements, are all factors known to affect the immune system. When the King's guards are in poor condition, the quality of their work suffers, leaving the door wide open to intruders. These may launch a surprise attack, like commandos, because no one is watching them properly. This phenomenon, called 'depression of the immune surveillance', is sometimes seen in those who have had transplants, who are thus more likely to develop certain cancers.

Psycho-neuro-immunology has a very wide range. It has shown that a diagnosis of cancer is also an event that results in a lowering of the immune system in other members of the immediate family. What a vicious circle! Luckily, many other psychological interventions, for example psychotherapy, hypnosis, meditation, visualisation, relaxation and control of the emotions, are excellent tools for strengthening the immune system.

Even laughing has been proven to reinforce anticancer cells.

Smile, it's contagious!

B- Stimulation of the cancerous cells

As well as acting on the immune system, adrenalin acts directly on cancer cells.

In the first place, adrenalin triggers the production of inflammation. Inflammatory factors are the catalysts of cancer, that is, they act as messengers which drive the development of cancer cells. This is partly why areas of chronic inflammation can develop into cancer.

In the second place, adrenalin stimulates the cancer cells directly. Recent studies have shown the existence of adrenalin receptors located right on the membrane of the cancer cells. Experiments

show that these multiply three times more quickly in the presence of negative emotions or during states such as anxiety or despair. (These agents include cytotoxic T lymphocytes and natural killer cells.)

Thirdly, adrenalin improves the environment of the cancer cells. It enhances their blood supply and gives them more nutrients and oxygen so that they grow and develop more swiftly. Fourthly, adrenalin stimulates the survival instinct of cancer cells. It leads them to increase their lifespan and to become invincible, indestructible and immortal.

Finally, adrenalin increases the potential for the metastasis of cancer cells. It furnishes them with weapons to help them fight from a distance and to invade the body, allowing the cancer to 'generalise'.

C- Synergy with known risk factors

Research shows that negative emotions can also damage the repair of DNA and act in synergy with carcinogenic factors identified earlier. They also increase the carcinogenic potential of other elements such as smoking, chronic infections and UV rays, creating a favourable environment for cancer.

The psychic domain is vast and little explored by science, but new technologies allow us to highlight its very important influence on the physical components of the body.

In addition, research shows an alarming fact: conditions of intense anxiety can provoke a spectacular rise (30 times) in the aggressiveness of a cancer, and favour the development of metastasis.

Other experimental studies prove that adrenalin-blocking drugs (betablockers) reduces this, and controls the cancer's progression. It is interesting that certain cardiovascular studies have already shown that patients taking betablockers have up to 50% less incidence of cancer. There are however other methods of controlling adrenaline in the body.

The role of our emotions

With evolution, we became the kings of the food chain and developed all sorts of tools which helped us defend ourselves against nature's many physical dangers. With the development of our nervous system, we also became social beings. Our environment is not solely comprised of physical dangers, but also of moral and psychological ones. The messenger stayed the same – that is, adrenalin – but the message has evolved and has built a fabulous invisible network – negative emotions. Each negative emotion corresponds to a distinct state of danger. The emotions are, then, specialised signals bringing a specific message in line with the situation being experienced. In the same way as the messenger informs the captain that there is a hole in the hull of the boat, or that there is no more drinking water, each emotion contains an instruction about the moral or psychological danger. It also gives us the energy we need to deal with it.

What happens when the captain turns a deaf ear? The messenger returns in force, as the danger is still present. "Captain, I know you're busy with other things, but there is a hole in the hull!" When you don't listen, adrenalin induces adverse changes. It brings the body out of its state of peace and damages certain systems, for example the digestive, urinary and immune system. Dodgy emotions

break up the body's balance and have dangerous consequences for health. To regain that sense of peace, we have to listen to the messenger and deal with our problem so that it ceases to sound the alarm. An emotion is a pure energy that motivates us. It's a psychological pressure forcing us to ACT. We can make use of this message to continue to grow, to evolve and to introduce changes into our world.

Most people don't realise this. They become discouraged by the rise in pressure generated by adrenalin and try to suppress this state of danger with bad habits such as smoking. A cigarette certainly is an excellent chemical antidote with its relaxing effect. The emotional message, however, remains, and will return once the antidote loses its effect. When we are afraid of the rise of adrenalin, we are afraid of the messenger. So, we are afraid of fear. When we face it, we can at last listen to the messenger and find a solution to the dangerous situation, whether it's real or imaginary.

Feelings are NORMAL AND ESSENTIAL. They are neither good nor bad. If we call them 'negative feelings' it's only because of the unpleasant sensation (fear) which accompanies them. But this unpleasant sensation is necessary to rouse us into action. We all have needs to be met. Our emotions tell us which need we should attend to, like the lights of a dashboard indicate precisely which problems need attention.

When you drive your car and the oil symbol comes on, you know what to do, don't you? The level of oil is too low and you stop at the next service station to refill it. Then you wash your hands and go on again! If you're not mechanically-minded, you ask the garage attendant to do it. In other words, you know what to do, because you have learned the language of cars and know that it's dangerous to continue to drive when the oil sign is on. Well, it's the same with our emotions! Boredom, anger, guilt, sadness, low self-esteem... ALL these emotions are on the dashboard. We can use them to our advantage.

THE NATURE OF EMOTIONS

We think we understand feelings, but we never talk about them. But, deciphering them is key. Try to define the following terms in a few words, using as many metaphors as you like.

Boredom : _____

Anger : _____

Guilt : _____

Sadness : _____

Loneliness: _____

Low self-esteem : _____

Stress : _____

Frustration : _____

Depression : _____

THE PRIMARY NEGATIVE EMOTIONS

There is no one definition or theory of emotions. There are many, and all seem to describe an intense feeling resulting from a psychological experience. Given that no one theory can explain all the aspects of the experience, it's not really possible to categorise feelings, which shows that this is very probably the domain of the irrational or illogical. Describing an emotion is as complex as describing a work of art. Some people can connect a work with the modern, contemporary or other style. But the work of art remains an experience which we feel and which we live. Limits and categories do not exist in the domain of the irrational, they only exist in the logical and physical world. A feeling is a sensation, a pure understanding. What words can evoke the subtlety of a nuance in a painting? So many nuances exist for each colour! Go and choose some paint to redecorate your living room and you'll see what I mean. Calvin Banyan, in *The Secret Language of Feelings*, describes a palette of feelings made up of seven basic colours which we can use to decode the emotional message. His method makes it easy to attend to emotional messages and deal with them.

DIAGRAM TREE (page 35)

(...)

Emotional denial

Distraction

People who don't listen to their emotions often make use of distraction. Distraction is the deaf ear that the captain turns to the messenger. It's a way of 'drowning' the ideas aroused by feelings, without ever facing them.

Drinking alcohol, smoking, shopping, compulsive eating, watching TV, working – these are all forms of distraction we use as temporary stress-busters. However, a means of distraction cannot become a habit because, even if it affords temporary relief, the real problem remains unsolved, while the emotional message – our need – is not touched. ACTING in line with what each feeling is saying, and decoding the message, with its exact nuance, is the only way of sorting out the situation. A feeling which comes up all the time, like a vicious circle, can lead to emptiness, frustration and depression.

Frustration

When a need remains unmet, the messenger becomes more irritated and triggers off ever more powerful alarm systems. The pain of the negative emotion increases and along comes FRUSTRATION. This feeling of 'being beaten' is a normal security mechanism. Frustration may be felt as a state of lack with any persisting emotion. When it occurs, it is a demand from the body to do SOMETHING ELSE, because your behaviour does not meet the unfulfilled need and is not responding to the message. It's an appeal to the imagination: change tactic to appreciate the nuance of the feeling which just keeps on surfacing. This is the moment to ask for help, as if no solution is found to frustration, people tend to proceed on to the final state: depression.

Depression or anxiety

When the body is driven in a direction that is harmful, it ceases to cooperate. Depression is like an automatic shutdown of the system. From this point of view, it can also be beneficial. Sometimes, with professional help, it's possible to curb negative ideas (even suicidal thoughts) and discover what has caused the frustration in the first place. But people who don't like questioning or analysing themselves too much often end up taking drugs such as antidepressants. Medication is sometimes necessary when symptoms are severe, but they are not miracle cures, because of their side effects. Many other well-recognised conditions, such as generalised anxiety, are caused by long-neglected emotions.

Carcinogenic habits

Sometimes, psychic ill translates into physical ill, because people who can't manage their emotions tend to adopt poor lifestyle habits. Thus a simple reflex distraction can develop into a carcinogenic dependence. For example, some people:

- smoke cigarettes
- drink alcohol
- eat a poor diet
- take drugs

- sleep badly
- etc.

In short, they endanger their body and indulge in dangerous behaviours which are risk factors for cancer. The question is: which came first, the chicken or the egg?

We know that cigarette use is linked to cancer. If this dangerous life habit (chicken) is a result of handling your emotions badly (egg), what happens once you take away the chicken? Personally, I'm convinced that stopping smoking is very beneficial for the body, but what happens to the feelings, this fear and its associated physiological changes? Where do they go, if people don't know how to channel them? If people don't face their feelings, the problem is only partly. The real challenge, therefore, is to sort out the problem of the egg.

Key points

1. A feeling carries information about a need that must be met.
 2. All negative emotions are rooted in fear, but can be distinguished according to the need to be met. Fear guides us towards wellbeing.
 3. People who don't face their feelings have never learned to decode them, and may escape unpleasant feelings by adopting dangerous behaviours which damage the body.
 4. When people don't deal with their feelings, the information that they convey always persists. This can lead ultimately to psychological repercussions such as depression, and perhaps physical ones, like cancer.
- So now please...

LISTEN TO YOUR EMOTIONS, because they are communicating a message: "Something is wrong and you need to sort out the problem!"

The universal unknown

In the class on the nervous system at the faculty of medicine, I encourage my students to explore their creativity, especially with regard to medical issues without clearcut answers. Current scientific knowledge about the role of our feelings and their location in the body is still limited. We do know that certain anatomical structures are implicated, for example, the limbic system, the hypothalamus, the amygdala, the hippocampus, but no one has ever observed a feeling under a microscope, and research into how they function is very limited. **WHERE ARE OUR FEELINGS?**

We know that peptide molecules are implicated in feelings, but we haven't identified mechanisms which can explain these different emotions. Many people think that they are not only handled in our cranium, because neuropeptide receptors are found in several areas of the body. Others believe that feelings may also be present in the autonomic (automatic) nervous system, which could explain reactions such as vasovagal attack (fainting), whether it's a loss of consciousness caused by an emotional surplus, or so-called 'visceral' reactions, or gut feelings. Emotions are also accompanied by physical sensations – muscle tightenings, cramps, increased heartbeat, etc. So there is no consensus on the anatomical location of emotions. On the other hand, we do now have enough proof that they are communicated to all the cells in the body. Dr Candace Pert, pharmacologist and author of *Molecules of Emotion*, explains that the mental constantly communicates and exchanges information with the physical. So our feelings circulate in our entire body and can be present in each

cell of each organ of each system. The language of feelings is a universal language, and innate. Completely independent of the word, it has an important role in evolution. Emotional receptors have been found on very primitive unicellular organisms. These findings have huge implications. Emotions have been conserved since their origin, in the simplest forms of life, and have continued to develop in a psychosomatic network as important as the human being.

The universal nature of emotions is also proved by major impact of body (non-verbal) language. Less than 10 per cent of what we communicate is conveyed by words. All the rest is non-verbal – posture, gestures, facial expressions and tone of voice.

All these components of body language have their roots in our mental and emotional state. And, research shows that this emotional, non-verbal language is the same in every person on this planet, whether they come from Papua, China or Burkina Faso. When you watch a film in a foreign language, don't you catch the essence of what's going on anyway, from the pictures? The language of emotions is the same worldwide AND shared by all living beings and has been since the dawn of time.

Animals feel our emotions, and we communicate our feelings to others automatically, by the principal of resonance (see chapter), which makes the emotional language the most widespread on earth, even more widely used than English, Mandarin and Spanish. It's not a language which we learn by means of its phonetic spelling and accents. It's a language which is with us from birth and which everyone understands.

But, because of their evanescent nature, it's extremely difficult to study emotions, and research is only in its infancy. But that is secondary: let us begin by attending to our feelings, and listening to them, and the rest will come.

Suggested reading

The Secret Language of Feelings, de Calvin D. Banyan