

CARYLE HIRSHBERG &
MARC IAN BARASCH

Remarkable Recovery

*What extraordinary
healings tell us about getting well
and staying well*

*The first scientific proof that
people CAN and DO recover
from terminal
illness*

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*What Extraordinary Healings Can Teach Us
About Getting Well and Staying Well*

Caryle Hirshberg and Marc Ian Barasch



HEADLINE

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FOREWORD

As a young doctor I once saw a case of untreated metastatic lung cancer disappear. I sought out two of my professors and asked their opinion about what had happened. One simply responded, 'We see this,' and walked away. The other replied, 'This is the natural course of the disease.' In spite of the fact that these 'explanations' explained nothing and I was as puzzled as ever, I felt somewhat consoled by them. Like my teachers, I felt threatened by this strange happening. I didn't want to confront what I could neither understand nor control. Cases of cancer that 'just went away' were a reminder that doctors don't know everything. In the wake of this experience, I gradually drifted into the typical response of the medical profession towards this type of remarkable recovery from cancer: ignore it.

Now, years later, I realize that my attitude and that of my profession are unbecoming to a scientist. Any wide-eyed, high-school science student would suspect that cases of spontaneous remission are a priceless treasure that might hold vital clues to a possible cure for this disease. But instead of studying spontaneous remissions scientifically,

we've regarded these events as a virtual embarrassment. Like the placebo response, we've seen them as a nuisance, a monkey wrench in our theories, a reminder that our models are flawed and that our favoured therapies are too often ineffective.

Our collective neglect of remarkable recoveries is astonishing and utterly irrational. What happened?

Einstein, perhaps the most famous scientist in history, once said, 'Imagination is more important than knowledge.' Imagination precedes knowledge. It tells scientists where to look for clues to stubborn questions and it sets the stage for experimentation. In ignoring remarkable recoveries we have suffered a failure of the imagination. Nature seems to be shouting, 'Here lies the treasure! Dig here!' But we have heard only noise, and have allowed narrowness and myopia to replace awe and wonder.

Because remarkable recoveries often occur unbidden and out-of-the-blue, they appear to be a blessing, a grace. We do not know the buttons to push to make them happen; we cannot compel them to do our bidding. This means we cannot control them. Control has become immensely important to generations of scientifically trained physicians. Could it be that we modern doctors, so desperate to control nature, have shunned these marvellous events because they are so uncontrollable? If so, our attitude towards remarkable recoveries may say as much about us as about the events themselves.

The fact is, a cancer mentality exists among physicians, just as it does among the public at large. Cancer is currently the illness onto which, more than any other, we project our fears of suffering and death. In many ways this is irrational. Statistics show, for instance, that coronary heart disease is far more prevalent and carries a much worse prognosis following diagnosis than cancer in general. But most of us ignore these facts; it is cancer, not heart disease, we fear

most. We know cancer is a death sentence and that it will end in terrible wasting and dehumanizing agony. Doctors often act out these dismal beliefs about cancer in various ways – such as by grimly rehearsing ‘survival’ statistics to someone newly diagnosed; by rushing to treatment before the sun goes down; by exuding pessimism and doom in their discussions with patients and their families. Yet, against the backdrop of the pervasive dread of cancer, there is a persistent tap-tap-tapping in the night – those cases in which cancer ‘just goes away’, a proclamation nailed to doctors’ doors declaring, ‘Cancer is not uniformly fatal; there is always hope; reevaluate your attitudes; dare to imagine.’

One of the commonest ways doctors ignore this message is by saying, ‘These cases are rare. Discussing them causes “false hope”. If patients believe a remarkable recovery might happen, they may refuse “real” treatment – chemotherapy, surgery, irradiation – and do nothing except wait for the miracle. Or they may be seduced into quackish “alternative treatments or mind cures” that don’t work. For a patient’s own good, it’s best to emphasize the purely biological aspects of cancer.’

These opinions, again, are not always rational. Physicians, like everyone else, have a variety of innate psychological characteristics that affect how they respond to disease and suffering and how they relate to patients. Many doctors seem always to see the glass half empty instead of half full. Some, including many cancer specialists, seem – for reasons entirely understandable – almost chronically depressed. This makes it less likely that they will even raise the possibility of remarkable recovery.

Should physicians ‘be negative!’ just to play it safe and avoid misleading patients? Many say yes. But what about the evidence that negative suggestions can result in fatal outcomes? All doctors know patients who die ‘on time’

when provided the statistics about the course of their disease. Cases also abound in which patients die suddenly on receiving bad news, or when they interpret a casual, offhand comment of the physician in a negative way. Which is worse – false hope or excessive pessimism? If we physicians were more fully informed about the nature of remarkable recoveries, including the fact that these events are almost certainly more frequent than we've been taught, perhaps we could create a larger place for what authors Hirshberg and Barasch call 'ethical hope'. Ethical hope is different from false hope: it rests on real possibilities, not fantasy.

The psychology of each physician affects her or his attitude to remarkable recovery in another crucial way. Many physicians dismiss these events with disdain, saying that they are 'just stories'. They accord them no scientific value whatever, and refer to them as 'anecdotes'. A physician with another perspective, however, may be favourably struck by a story of a remarkable recovery – in which case the story becomes not an anecdote but a 'case history'. Whether stories of remarkable recovery are regarded by physicians as worthless anecdotes or valuable case histories can depend on deep-seated psychological biases physicians seldom acknowledge and which have little to do with science.

The stories that pepper *Remarkable Recovery* are immensely important. Almost all the great illnesses, from scurvy to appendicitis to tuberculosis, are the result of single case observations – an inflated term meaning that a physician, at some point in history, was willing to sit patiently and listen attentively to a patient's story. Because the physicians of the past – such as Robert Graves, Thomas Addison, Richard Bright, James Parkinson, and Thomas Hodgkin – took stories seriously and correlated them with physical findings, we refer today to Graves', Addison's,

Bright's, Parkinson's and Hodgkin's diseases. The story is thus the foundation of medicine; without them, medicine as we know it would not exist.

Remarkable Recovery provides a host of stunning stories. These accounts give the reader the exquisite opportunity to step into the stream of medical history. Reading these case histories, one can feel medicine in motion – for out of the swirl of these accounts we can begin to perceive what some of the new concepts and theories of the origins and cure of cancer will eventually look like.

But *Remarkable Recovery* is far more than a collection of stories. For, unlike most writers who deal with unusual healings, authors Hirshberg and Barasch ask a vital question: can we go beyond the stories? Can we apply science to the study of remarkable recoveries? Can we dare to imagine what the body's healing system will eventually look like? The authors answer 'yes' to these questions by weaving an enchanting tapestry from the twin threads of actual human experience and the research findings of contemporary science.

One of the greatest obstacles to understanding remarkable recoveries is the widespread assumption that the events that trigger them happen randomly, by chance. This attitude is conveyed by the term 'spontaneous remission', which is widely used by physicians to refer to these happenings. 'Spontaneous remission' has thus become a signpost saying, 'Do Not Enter!' 'Off Limits to Analysis!' Authors Hirshberg and Barasch explain why 'remarkable recovery' is a more inclusive term. It runs the gamut from the traditional, unexplained cancer that 'just went away' to exceptional survival after a terminal diagnosis, often remarkable in itself. If we unpack the term 'spontaneous remission' as Hirshberg and Barasch have done, we can see that it is really an assortment of events. This is a valuable

move. It helps clear the fog of mystery which less precise definitions have created. It gives the field a friendlier face.

Are remarkable recoveries 'miracles'? Or are they natural events that are statistically uncommon and extremely complex, but which scientists shall eventually explain when science knows enough? We need seriously to set aside these carping, hairsplitting, pharasaical arguments. They are tiresome, and they suffocate understanding. Because they obstruct progress in healing, they are inhumane. They are an echo of the longstanding enmity between science and religion, which should be allowed to fade away. Those who wish to use either scientific or spiritual interpretations of remarkable recoveries as a battering ram with which to demolish the opposition might do better to bear in mind another point of view, put forth by one of the greatest scientists in history, physicist Max Planck: 'There can never be any real opposition between religion and science; for the one is the complement of the other ... every advance in knowledge brings us face to face with the mystery of our own being.'

Einstein said that the most important question anyone can ask is, 'Is the Universe friendly?' He gave a 'yes' answer to this query because he saw evidence everywhere that Nature has a benevolent and compassionate side. If Einstein had had the opportunity to read *Remarkable Recovery*, I am certain it would have confirmed his opinion of the friendliness of the Universe. For this book makes clear that, although diseases such as cancer exist, Nature has provided along with them possibilities for cure.

Einstein said further, 'Nature hides her secret because of her essential loftiness, but not by means of ruse.' I suspect that Einstein would have found evidence of Nature's loftiness in the cases described in this book. The loftiness is

expressed not just in terms of the awesome, physical complexity of the body's healing system, but also in the way psycho-spiritual influences seem to figure so dramatically in healing after healing, case after case.

If Nature is indeed lofty and not merely complex, this suggests a different approach to the scientific investigation of remarkable recoveries. Perhaps our scientific experiments shall have to embody not just cleverness and ingenuity, but respect and veneration for the events and processes being investigated. Perhaps our experiments should be seen not as ways to force Nature to disclose her secrets, but as respectful invitations to Nature to reveal her essential sublimity – an attitude captured in the words of the paleontologist and Jesuit priest, Teilhard de Chardin: 'Research is the highest form of adoration.' Could this be one of the reasons why a scientific understanding of remarkable recoveries has seemed so elusive? Is it that we have not embodied the requisite ways of being in our scientific endeavours, as opposed to our ways of doing? Planck again: 'Indeed it was not by any accident that the greatest thinkers of all ages were also deeply religious souls...'

According to an ancient teaching, if one really wants to hide a treasure, one should put it in plain sight, for then it will go unnoticed by everyone. As one account has it:

There was once an argument among the gods over where to hide the secret of life so men and women would not find it. One god said: 'Bury it under a mountain; they will never look there.' 'No,' the others said, 'one day they will find ways to dig up mountains and will uncover it.' Another said: 'Sink it in the depths of the ocean; it will be safe there.' 'No,' the others objected, 'humans will one day find ways to

plumb the ocean's depths and will find it easily.' Finally another god said: 'Put it inside them; men and women will never think of looking for it there.' All the gods agreed, and so that is how the secret of life came to be hidden within us.

Remarkable Recovery shows that one of life's great secrets – the healing of cancer – is hidden within us. May we have the courage – and the imagination – to notice.

Larry Dossey MD

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CONTENTS

Foreword by Larry Dossey, MD		xi
Chapter One	Who, What, Where, When, Why: In Quest of a Medical Mystery	1
Chapter Two	Defining the Impossible	19
Chapter Three	Powers of the Body: Is There a Biological Explanation?	47
Chapter Four	To Weave a Tangled Web: Is There a Mind-Body Mechanism?	79
Chapter Five	In Search of the Miraculous	119
Chapter Six	Is There a Recovery-prone Personality?	169
Chapter Seven	The Miracle of Survival	209
Chapter Eight	The Social Connection	243
Chapter Nine	The Healing System	281
Chapter Ten	Towards a New Medicine	323
Appendix One	The Remarkable Recovery Registry	357
Appendix Two	The Remarkable Recovery Case Report	373
Appendix Three	Sample Patient Pie Charts	377

Appendix Four	Psychosocial Characteristics of Remarkable Recovery: A Pilot Study	381
Notes		395
Index		419

CHAPTER ONE

Who, What, Where, When, Why

In Quest of a Medical Mystery

There are no medical journals devoted to the study of remarkable recovery, those odd instances when a disease such as terminal cancer vanishes almost exorcismally from the body. There are no medical school courses explaining how, on certain unrepeatable occasions, a malignant tumour disappears from a CT-scan like a glitch on a radar screen. Though there are institutions devoted to the study of most major diseases, and nationwide networks that trace epidemiology and treatment efficacies, there is no national remissions registry to track unexplained healings. It is not known how often they occur, in what diseases and in what kinds of people – much less why.

Still they ply the circuit, these grateful, sometimes baffled beneficiaries of an unexpected grace, the woman on a chat show recounting how a tumour-the-size-of-an-orange that once straddled her left ovary just ... dematerialized to a blaze of studio applause. If you retain an iota of native scepticism, you may well reserve judgment. But if you possess any curiosity, you cannot help but

wonder, 'Can it be? Do such things really happen?' It is only of late that you might hear some scientists reply, 'They do.'

But such cases are only rarely investigated. Remarkable recovery is a phenomenon so spectacular, elusive, and almost scientifically disreputable that few researchers have bothered to look for it, let alone pursue its implications. When not dismissed as a mistaken diagnosis, it is considered almost a nuisance, its instances ruinous to the smooth, gracile arc of a statistical bell-shaped curve.

'There's an aura of spookiness about the subject,' one doctor summed up to an enquiring reporter at a 1976 conference, begging off a longer discussion. Such attitudes, surprisingly widespread in medicine, tend to obscure how truly consequential a phenomenon it is. The fascination of a handful of researchers with spontaneous remission may be seen as a secret engine of progress driving an entire field. The celebrated immunologist Dr Steven Rosenberg of the National Cancer Institute, known for trail-blazing research into the body's natural cancer-killers, was set upon his career path by a man who had mysteriously recovered from stomach cancer.

Rosenberg's account¹ briefly describes the patient, a fifty-one-year-old man with a 'fist-sized' abdominal tumour and metastases to the liver – a fast-progressing, fatal condition. The man's stomach was operated on, but when his surgeons saw the spread of malignancy, they could do nothing more than close him up and send him home to die. Twelve years later the presumptively dead man showed up in the emergency room of a Boston-area veterans hospital and presented himself to Rosenberg.

Rosenberg was a bona fide prodigy: university at sixteen, an MD and PhD by his early twenties. This case, one of his very first as a junior surgical resident, looked routine enough, if a little depressing. The man, a grizzled old