ning pushing for substantive reform is that we lost the chance and that more than ever, political campaign contributions from lobbyists to our government representatives is what drives the opposition. It seems that the required regulations in the pharmaceutical and insurance areas will not be forthcoming to the detriment of the people who need it most: the sick, the elderly, and the working poor.

As it stands now, it is no longer the individual fears that oppose health reform, but political power bought by big industry. I have often heard the expression by those who feel secure in what they have: "If it ain't broken don't fix it." But for a substantial number of Americans, it is broken.

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The Paranoid Belief in a Suppressed Cure for Cancer

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Many Americans believe that physicians have discovered a cure for cancer but are withholding it because such a revelation would significantly reduce their income. A few years ago, an American Cancer Society phone survey of 957 Americans with no history of cancer found that 27% agreed

this was the case. Although most of us find the belief that a cure is being withheld to be unfounded, the decades-long unethical Tuskegee syphilis studies provide a basis to believe that on some occasions there is a reason to entertain what others might call paranoid thoughts. The purpose of this essay is to offer a psychoanalytic explanation of such paranoid thinking in American culture. Regrettably, for reasons of space, almost all of my notes and the bibliography have been eliminated, but are available upon request.

Early in his writings Freud makes the argument that paranoia results from the repression of distressing memories, which parallels his early understandings of hysteria and obsessional neurosis. The difference, Freud argues, is that paranoia makes use of projection, whereas hysteria utilizes conversion into somatic symptoms and obsessional neurosis uses displacement or substitution. Recent research on paranoia suggests that feelings of paranoia are quite common among non-clinical populations, perhaps even as common as feelings of anxiety and depression. In previous work, I made the point, following Freud's logic as well as by taking into account the recent research on paranoia, that paranoia "in everyday life"—that is, paranoia among non-clinical or so-called "normal" populations—results from the *suppression* (rather than the repression) of distressing *thoughts* (rather than memories). The mechanism of projection is still at work, but because paranoia in everyday life results from suppression rather than repression, it is much less severe but also much more common.

By "distressing thoughts," I mean the commonplace thoughts that simply pop into our heads—unwanted and uncontrollably—forcing their way into our consciousness but which we nevertheless promptly push out of our awareness. Distressing thoughts include, for example, the urge to stand up and yell at inappropriate times, such as in church or during a political speech; the idea that one could trip somebody

as they are walking by; and the temptation to steal something when no one is looking. Most of us immediately scold ourselves for these urges, thoughts, and temptations because they are inappropriate. I suggest that they are suppressed—that is, consciously pushed out of our awareness—into what Freud called the preconscious, and from there they are, sometimes, unconsciously projected and subsequently re-experienced as paranoia. In other words, our distressing thoughts, which are often destructive and aggressive, after they are suppressed and projected, return in a disguised (usually reversed) form as a kind of attack against the ego. The urge to yell in church might be converted into the fear that people in church are talking about me; the idea that you could trip someone as they are walking by might be converted into a fear that people are going to trip or otherwise hurt you; and the temptation to steal might be converted into a fear that thieves abound.

I suggest that the common fear that physicians are concealing the cure of cancer is an expression of cultural paranoia. It is, in other words, the return of a disguised wish, and indeed an aggressive and destructive one. But what is this wish? Interestingly, in the survey conducted by the American Cancer Society, noted above, those who did not complete high school were much more likely to believe that a cure is being withheld than college graduates. Income level also seemed to be significant. Those who made less than $30,000 a year were more likely to believe this than those who made more than $100,000 a year. These data are important clues to understanding the social psychological dynamics at work here. It seems likely that there is a relationship between education and income, but the precise nature of the relationship is difficult to ascertain, and there also seems to be a relationship between education and income, and health. In any case, according to this survey, most of the people who believe that doctors are concealing a cure for

cancer come from lower income levels and have minimal education. So, if I were to translate the fears of these persons into a hypothetical representative statement, I would put it this way: "I am afraid that the doctor is going to hurt me and take my money." I would put the disguised wish this way: "I want to hurt the doctor and take the doctor's money." The inappropriate wish, I suggest, is suppressed but then projected and disguised as it returns in the form of cultural paranoia.

But why cancer? Why, in other words, would a cultural expression of paranoia be related to cancer? Cancer is the second leading cause of deaths in this country (Center for Disease Control and Prevention, 2009), so it makes sense that a cultural expression of paranoia would be related to cancer. While heart disease is the leading cause of death, it would be harder to attribute a malevolent conspiracy to, say, the treatment of heart attacks, because they are often acute rather than chronic. Sometimes, for example, a person dies from a heart attack before they even make it to the hospital, so it would be hard to blame a physician or the medical profession for this. But in the cases of various kinds of cancer, the treatment is often prolonged, the progress is ambiguous, the results are mixed, and people often feel isolated and estranged (David Bakan, *Disease, Pain, and Sacrifice: Toward a Psychology of Suffering*, 1968, pp. 6-7)—the perfect storm, as it were, for suspicion. So when, for example, physicians do not respond clearly and definitively to their patient's queries about cancer—"How did I get this? Why did I get cancer now? What is the prognosis?"—patients may feel that something is being concealed from them. While patients might fear that medical information is being concealed from them in any number of scenarios, such as at the dentist, the case of cancer proves to be a special case because it is so prevalent and seems to be haphazard. These "perfect storm" conditions are so strong, the data suggests, that even the rich and the educated sometimes fall into a bit of paranoid thinking with regard to the

cure for cancer, though to a much lesser extent.

I would like to close by emphasizing that I do not intend for this psychological commentary to replace other kinds of explanations with regard to the common fear that physicians are concealing the cure for cancer. To do so would open my argument up to the criticism that many Americans who have been marginalized and disenfranchised have good reason to fear persons in professional uniforms, and that by framing this issue as a psychological issue obscures the social conditions and material needs of the persons voicing this fear. Furthermore, paranoia is sometimes justified, and one ought not to pathologize marginalized persons when their fears are, in fact, justified. All of these criticisms are, to some extent, correct, and my point is to work with them, not against them. All this said, I still believe that this particular expression of cultural paranoia is maladaptive, especially if it leads persons to deny themselves medical treatment.

It is hard to say how we could address this cultural paranoia. One thing that could be done would be to improve our techniques for fighting cancer so that the grounds for such fears would no longer be sturdy. Another strategy would be to provide access to health care for all so as to address the underlying aggressive wish of this paranoia ("I want the doctor's money"). But this, in turn, might turn the tables of paranoia or explain another contemporary form of cultural paranoia: perhaps, in other words, the fear that the American health care system is going to be reformed can be understood as a form of anal eroticism that is also being expressed in terms of cultural paranoia.

The father of psychoanalysis may help us understand some of the deeper roots of paranoia. Sigmund Freud saw a connection between the anal stage of psychosexual development and later adult personality traits such as orderliness, which is why, in popular language, we refer to rigid persons

as "anal." He also saw a connection between feces and money, because feces are the infant's first creation and are, therefore, held to be valuable by the infant. Indeed, infants often finger and hold onto their own feces in, say, the bathtub and sometimes only reluctantly give them up. As adults, we are compensated with money for our creations and for our work, so there is a link between feces and money. I suggest that the anal erotic significance of resistance to health care reform, then, involves the wish "I want to hold onto my money," which, in paranoia, is converted into a fear "They are going to take my money." This might also explain, psychoanalytically, why, as noted above, the rich and the educated can fall into paranoid thinking with regard to the cure for cancer. The wish of the rich ("I want to *keep* my money") is different from the wish of the poor ("I want to *take* the doctor's money"), but both are anally significant and both, when converted into paranoia, are disguised by the paranoid idea that doctors are concealing the cure for cancer.

Perhaps it is true that people prefer speaking of sex rather than money and dollars rather than issues of class. In any case, if Freud is right that many of our psychological problems, individual and cultural, can only be overcome with the "talking cure," then we should do some more talking—openly and honestly—about money and class. Otherwise the paranoid fear of being "screwed" will be commonplace.

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