

Personality Traits and Their Relationship to Illness

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Abstract

During the process of growing up we internalize many different beliefs about ourselves and our relationships to others. While many of these perceived truths serve us well, some don't. When we later experience situations in ways that run counter to some of these deeply held limiting beliefs, our bodies become imbalanced and we develop certain predictable disease patterns such as asthma, colitis, migraines, cancer, etc. We will review how this programming occurs and will illustrate a reprogramming procedure using the "migraine personality trait."

Introduction

Five people each experience the same external event. Will their feelings be similar? No. Why? Because we react in the present according to beliefs we hold about ourselves and relationships with others. These beliefs are intended to protect us and many are positive and have a beneficial effect upon our lives. Some seem to be the best decisions that could be made at the time to allow us to weather difficult situations. However, later in life these same beliefs, no longer conscious, are no longer appropriate for the different circumstances we find ourselves in. In fact, rather than protecting us, some of these beliefs actually set us up for serious health problems. First, let's review when and how we are programmed.

When we are programmed

It has long been recognized that how we are going to handle life's situations, for most people, is already determined by about age six or seven. Over 3,000 years ago King Solomon stated it this way: "Train up a child in the way he should go, and when he is old he will not depart from it." (Proverbs 22:6; Ref. 3) In our time leaders of the Catholic Church have been widely quoted as saying, "Give us a child until he is seven years old, and we'll have him for life." Their affirmation is usually correct, because permanent attitudes can be instilled during these seven vulnerable years. (Ref. 1) Our experience with clients shows that, excepting traumatic situations, the vast majority of traits are internalized during the child's fifth and sixth years.

How we are programmed

Most of our programming is through verbal and non-verbal communication with parents, siblings, or significant others, during early childhood. Some behaviors and beliefs allow us to get our own way, to enhance survivability, particularly in dysfunctional backgrounds such as experienced by adult children of alcoholics. Many of our beliefs are now shaped by the media, particularly through television and music. Others may originate in traumatic experiences -- beatings, near-drownings, divorce, death of loved ones. Some of our programming is pre-birth. (Ref. 7) Obviously traumatic events can deeply affect a child or adult, yet they may have an even more profound effect on the unborn child. A Finnish study researched whether the death of the father would have a greater impact on the unborn child or the newly born child. They discovered that the rate of psychiatric disorders, particularly schizophrenia, were markedly higher among those whose fathers had died before the children were born.

How our beliefs create imbalance and dis-ease

If we grew up in a family where our parents had very high expectations of us, we were criticized whenever we made any mistakes, and we received praise only when we excelled, we probably grew up believing, "I must be perfect." As long as we continue topping the class and scoring 100 percent we are living consistent with our belief. What happens when we receive our first B-grade? This isn't consistent with the belief, "I must be perfect," stress is generated, our body

becomes imbalanced, and we work that much harder to be unified with our belief.

To reiterate, as long as we live consistent with the belief there is no problem. It is only when we live inconsistent with, or move against the belief, that imbalance is created. For about four years now my wife, Bernie, and I have been researching the relationship between specific beliefs -- what we have termed "personality traits" -- and their associated illnesses. We have developed a method, using muscle testing, that allows us to identify and very effectively reprogram such beliefs. (Ref. 6)

Changing personality traits

Each personality trait consists of a limiting belief (a precisely worded statement) and a specific negative emotion experienced when the person goes against the limiting belief either in action or thought. The association of a specific emotion with the belief is what makes this a personality trait. When a person imagines himself or herself acting against the belief, the negative emotion is experienced and the organ function that emotion is associated with is thrown out of balance.

The reprogramming involves four steps. First, a releasing or cutting free from the previously held belief. Second, a disassociation of the negative emotion and the previously held belief. Third, a positive programming to give the person new direction. The final step provides a more generalized positive programming with usually one of these three formats: (a) client towards others; (b) others towards the client; or (c) client towards self. To illustrate, consider the "migraine personality trait."

The Migraine Personality Trait

Migraine Headaches. Migraines are intense, throbbing headaches, often one-sided, and frequently accompanied by nausea, vomiting, diarrhea, extreme lethargy, blurring of vision and sensitivity to light or sound. The throbbing pain is most likely caused by the dilation of blood vessels (vasodilation) near the surface of the brain.

Causes of Migraine

A. DIETARY FACTORS

Certain foods trigger migraines in an estimated one-third to one-half of all sufferers. These include tyramine, a vasodilating amino acid found in aged cheese (such as Brie, Camembert, cheddar and blue), fish, avocados, bananas and figs; all alcohol, especially red wines; monosodium glutamate (MSG), very common in canned or packaged soups and sauces and Chinese food; chocolate; nuts; aged, canned, cured and processed meats; citrus fruits; niacin; "marmite," a salty, aged spread popular in Britain, Australia and New Zealand; and excessive sugar intake. Also going for a long time without eating can allow the blood sugar level to drop, whereupon the cranial arteries dilate in an attempt to deliver more sugar to the brain.

B. FEMALE SEX HORMONES

Migraines are much more common among women suggesting a correlation with the female sex hormones. Female migraine sufferers often get migraines at the time of menstruation and are often free of migraines during pregnancy. Usually migraines begin occurring at puberty and disappear at menopause. However, again this is probably not a sole cause because millions of women go through menstruation without migraines. Maybe women are more prone to those psychological characteristics that predispose a person to migraines.

C. PERSONALITY CHARACTERISTICS

Dr. Alfred Scopp (Ref. 2) describes four personality characteristics which frequently aid in creating migraines:

- (a) An exacting, perfectionistic, conscientious and highly controlled nature. Migraineurs set very high standards, especially for themselves, and become frustrated or upset when their high standards are not met.
- (b) Ambitious goal orientation. Migraineurs may feel there is never enough time to get things done.

- (c) People pleasers. More than most people, the migraineur will go out of his or her way to please others, even at the expense of self.
- (d) Difficulty in handling anger, frustration, and negative emotions. Generally, negative emotions are "held in" rather than being dealt with directly and released.

D. MIGRAINE PERSONALITY TRAIT

Our research (Ref. 6) has shown that when migraineurs reprogram the belief "I don't want to confront differences," more than 80 percent of them will have no further migraines even if they eat foods that formerly triggered migraines.

The migraineur doesn't want to make "waves" and will pretend that a difference doesn't exist rather than confront anyone over an issue. As long as they keep up their pretense of everything being "hunkey dory," they are living in accord with the personality trait and have no migraines. However, whenever they see a need to discuss an issue with someone, or voice their opinion, then because that goes against the trait, they feel insignificant, the body is thrown out of balance and a migraine develops.

To confirm and reprogram the trait

1. Client holds pad of thumb against pad of ring finger on left hand and also with right hand.
2. Test indicator muscles bilaterally after client states personality trait: "I don't want to confront differences."
 - (a) Indicators unlock = not relevant
 - (b) Indicators remain locked = may be relevant. Go to 3. (If client says "I want to confront differences," indicators would unlock.)
3. Circuit localize spleen reflex (base of rib cage vertically below left nipple). Client imagines a situation that goes against trait (should switch spleen reflex off if trait is relevant).

4. Verify wording for reprogramming statements. Change if necessary. Okay to proceed?
5. Do eye rotations (Ref 4 & 5) for each statement.
6. Correct any emotions that are temporarily thrown out of balance.
7. Repeat step 2 to note changes.
8. Determine how many times a day, and for how many weeks, client is to do eye rotations for the four reprogramming statements.

The four reprogramming statements for the migraine personality are:

- 1) "I no longer believe I don't want to confront differences."
- 2) "I no longer feel insignificant when I no longer believe I don't want to confront differences."
- 3) "I feel motivated (to/when I) confront differences."
- 4) "I feel joy towards others."

A word of caution: The above example is given to illustrate the form of reprogramming statements. Because the personality trait, or limiting belief, is so deeply held, reprogramming it will usually create a number of temporary imbalances, like a number of tenpins or skittles that have been knocked over. If these are not put back into balance at the time of initial reprogramming, it is likely that they will gradually fall back in line. However, we want to accomplish the reprogramming without any aches and pains, or other side effects.

Thus far we have researched hundreds of personality traits linked with cancer, colitis, constipation, learning difficulties, warts, etc., and many not yet related to specific diseased conditions.

The reprogramming of personality traits by this method is relatively simple, fast, yet very powerful. Does it work? Ask those of our clients who had migraines regularly for 40

years and after one therapy session are now clear of migraines. What has made it so effective? The specificity afforded by the muscle testing.

References

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