

The Migraine Personality Trait: Results of a Worldwide Research Project

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Abstract. In Wellness Kinesiology we can identify and reprogram limiting beliefs internalized early in childhood that increase our chances for certain diseased conditions. In this paper we summarize the results of a worldwide research project involving clients with migraines.

Initiation of a Research Project

For years now, Dr. John Thie has been pleading that we write up anecdotal reports on our kinesiological work with clients. The type of work we do and the lack of research funding make it difficult for us to do double blind studies as much of science insists upon. However, while attending a mini workshop on "Guidelines for Documenting Case Histories" by Anna-Elisabeth Gast, M.D., and subsequently talking with Dr. Charles Krebs, formerly a research ecologist, and David Fuerstenau at the International Kinesiology Conference in Melbourne, Australia, during 1994, I realized that I was in an excellent position to initiate a different type of study.

In our work with reprogramming personality traits, or limiting beliefs, we often get very significant changes but how do we set-up a study that can be measured by something other than subjective criteria such as feeling better, or having more energy. Migraines seemed a suitable phenomena. They are very common: up to 20-25 percent of women experience migraines at some point in their lives, and between 5 and 10 percent of men occasionally suffer from it. Because migraines have a number of very distinctive characteristics, if the kinesiological approach is not 100 percent successful then a reduction in the type and intensity of symptoms and frequency of migraines can show partial success.

While a number of anecdotal reports would be useful, a study of greater than 100 people would be statistically significant. However, without adequate research funding such a study would be beyond one person. Thus, I decided to set up a study that could be carried out by a number of facilitators so that we

could amass sufficient case histories to give us statistically significant numbers. Moreover, with a number of facilitators involved we had a chance to show that the procedures and results were reproducible for different cultures and practitioners.

If 20-30 of those trained to work with Personality Traits each worked with a few migraineurs we could have over 100 case histories without too much burden on any one person. Between November 1994 and the end of January 1995, 37 research packages were mailed out to practitioners in 12 countries. Each package consisted of a cover letter explaining the research project, a 5-page client questionnaire; 3 pages for the practitioner and client to fill out at their initial visit, upon completion of their growth work, 3 months after their initial visit and a form for the client to sign showing willingness to be part of a research study.

Why Were Migraines Chosen?

Previous studies have shown that up to 80 percent of migraineurs are women. Migraines often begin with puberty and disappear with menopause. They are very common around menstruation and are usually absent during pregnancy. It is obvious, therefore, that migraines can be triggered by the female sex hormones or issues of femininity. However, millions of women don't get migraines, so migraines undoubtedly have a multifaceted origin.

Certain foods and non-food items are known to trigger migraines, especially chocolate, tyramine-containing foods, red wine, caffeine, etc. However, many people can eat these substances without getting migraines, so they alone should not trigger migraines.

Other researchers have already noted that migraineurs are more likely to have certain personality characteristics. They are often people-pleasers, perfectionists, and have difficulty expressing emotions such as anger. Our research with personality traits has found that a majority have a limiting belief (what we have termed a "personality trait") I don't want to confront differences. Most of the migraine sufferers I have worked with have been people pleasers, only too willing to sacrifice their own opinion, interests and desires in order to keep the peace. People-pleasing women who eat chocolate (and when are women most likely to eat chocolate but around menstruation time!) are probably more likely to get migraines. We have found that once the migraine personality trait has been reprogrammed or dismantled, the other factors are often not sufficient to initiate migraines so that the individual can eat chocolate, drink alcohol, etc., without having them trigger migraines. This was our working hypothesis.

The Expectations

For those choosing to join the research project, these were the instructions. Whenever you have a client who has had a history of migraines, see if they have the migraine personality trait. If they don't, record that fact, as we need to know what percentage of clients with migraines have that personality trait. If they do have the trait, get them to fill in the five-page questionnaire. It is extensive and explores their migraine history, the symptomology of their migraines, and will give us a reasonably good idea of the triggers female sex hormones, dietary factors, allergies, personality factors, etc. Yet, because much of the questionnaire involves checking boxes or circling options, it should not take the client very much time to fill in.

For purposes of this research project, other kinesiologically based procedures such as temporal tap, anchoring, role-playing, etc. that would normally be used to support a personality trait change were allowed but nutritional corrections, and allergy corrections were not allowed. The herb feverfew, omega-3 oils, etc. and eliminating allergies can play an important role in decreasing or eliminating migraines. However, the primary goal of this study was not to eliminate migraines using

kinesiologically approaches (which should result in a higher success rate). Rather, it was to dismantle the migraine personality trait to see how many people had no further migraines, how many had fewer migraines, less severe symptoms, etc.

The Reality

Two therapists responded, Sjoukje Van Hellemond from the Netherlands and Hanne Iveresen from Norway. Between the three of us we had 15 case histories (13 women and 2 men). A long way short of the original goal! However, here is a summary of what we found.

Age of first migraine: varied widely from 5 years old up to age 48.

Frequency of migraines: varied from less than once every 3 months (2) to approximately once a week (2), with two to four times a month (3) and approximately once-a-month (4) being the most common.

Length of migraines: varied from 8 hours to 3 days with 8 hours, 1 day and 2-3 days being the more common responses.

The hormonal connection: Of the 13 women, 8 commonly had migraines at menstruation time, 3 had migraines begin with puberty. Of the 7 woman who had been pregnant 6 experienced no migraines during pregnancy. Of 6 women who had gone through menopause 2 had experienced a reduction in number of migraines. These data clearly show the expected correlation between migraines and female hormones or issues of femininity.

Migraine Symptomology: Almost all experienced each of the classic symptoms of migraine: one sided intense throbbing headaches, nausea, vomiting, light and sound sensitivity, blurred vision with extreme tiredness. Five also experienced diarrhea. There were also additional less common symptoms.

Food Triggers: Of foods and non-food items already known to trigger migraines, the most common recognized by our clients were: chocolate (7), red wine (7), excessive sugar

intake (6), alcohol (5), aged cheeses (2), fish (2), bananas (2), figs (2), oranges (2), nuts (2), caffeine (2), MSG (2), and dairy products (2).

Personality Characteristics: Migraineurs often have some of these seven characteristics.

1. Feel angry, but suppress it rather than express it (11 clients).
2. People-pleaser: going out of your way to please others, even at the expense of self (10). (This is essentially our "migraine personality trait").
3. Perfectionist (8).
4. Unable to express negative emotions generally (8).
5. Ambitious in goals you set for yourself (8).
6. Very high standards (7).
7. Become frustrated or upset when your high standards are not met (4).

Previous Therapies: All 15 clients had tried eliminating their migraines. Medicinal drugs had been used by 14 clients, elimination of specific foods by 7, massage (7) chiropractic (5), vitamin/mineral supplements (5), physiotherapy (4), feverfew herb (3), other herbs (3), stress management (3), acupuncture (3), omega-3 oils (2), etc.

The Initial Therapy Session

All 15 clients had the "migraine personality trait" - "I don't want to confront differences" or some variation around that theme, e.g. "I don't want to confront conflicts", "I don't want to be assertive."

The clients used the following four statements (actual or modified) to begin dismantling the personality trait:

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 within myself" or, "I feel joy toward others."

Methods used are described in *What Makes You Tick Is What Makes You Sick*

Most clients needed to continue working with the package of 4 statements once or twice a day (soon after waking up; and either after the evening meal or just before going to bed) for, on average, 21 days.

The Second Therapy Session

Two of the 15 participants were already free of headaches. They were checked 3 months later and both were still free of headaches and the one who had been taking medicinal drugs was no longer on medication. Six of the remaining participants were having less severe migraines. Some of these 13 needed to continue the reprogramming procedures. One had misunderstood the procedure and was using an opposite statement. Between sessions one and two she had 4-5 migraines. When checked two months after using the correct statements she had had no further migraines. Another participant, because she was experiencing fewer migraines, was forgetting to do the growth work. This woman had been having up to 12 migraines a month and during a 6 week period during the 3 months after the initial session had no migraines which is exceptional for her.

The Third Therapy Session

Approximately three months after the initial session 5 of the 15 were migraine-free, 9 were experiencing less severe migraines (less intense, fewer symptoms, and often less frequent), and one was still receiving migraines as intensely and frequently as before the study. (She has subsequently had a small "accident" and no longer experiences migraines. For purposes of this study she is recorded as having experienced no positive changes regarding the migraines, although she acknowledges significant positive changes in her life as a result of her therapy.) Now that the migraine personality trait has been removed from consideration other factors are more apparent. For example, one participant was having migraines triggered by extreme changes in weather and humidity, and lack of

light. Another has migraines triggered by packing materials (containing formaldehyde?) and excessive sugar intake.

A number of participants expressed appreciation for how their lives had changed. For example, one woman said during her second session "I can handle much more, and

stay relaxed, less pressure." Two months later Sjoukje noted, "In this 3 months Mrs. (X) solved a lot of conflicts which affected her relationship (husband, children) and her work as a teacher." Also she "gained" a lot of positive energy as she expressed herself.

	First Session	Second Session	Third Session
No Migraines	0	2	5
Less Severe Migraines	0	6	9
Migraines Unchanged	15	7	1

Conclusions

We set out to prove that taking a specific kinesiological approach (reprogramming a specific belief the migraine personality trait) can bring about statistically significant results. This is apparent from the table above. The research project was designed with just two therapy sessions. Because the research was unfunded and the facilitators volunteering their efforts, we designed a project requiring minimum sessions. Increasing the number of sessions would undoubtedly improve the results. As one of my clients wrote: "The stress release technique is very powerful. For more results I would suggest 3 to 5 sessions with homework in between."

Allowing the facilitators to address nutritional factors and correct for allergies or sensitivities would almost certainly improve the results. However, our goal was not primarily to eliminate migraines but to see what impact a specific and limited kinesiological approach has on migraineurs. It is clear that other kinesiological interventions could also be successful. Two of my participants came in for their second sessions prematurely in the middle of severe migraines. Both finished the session free of migraine symptoms. In one case we worked with emotions, the other we did a 14 muscle balance because I was

concerned that she was going to be vomiting over my floor before we got far enough into the emotions.

Finally, I did not realize it would be so difficult getting migraineurs into this study or getting other practitioners involved. So, a special thank you to Sjoukje and Hane for becoming involved and helping make this project happen.

References:

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