

## *Change Your Personality: Change Your Health*

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Research culminating in the publication of the Social Readjustment Rating Scale (Holmes & Rahe, 1967) showed that those people who had the greatest amount of change occurring in their lives (largest number of life change units) were at greatest risk for illness. Moreover, patients with the highest life-change unit scores, when they became ill, were more likely to have serious chronic illnesses (e.g., cancer, heart failure, manic-depressive psychosis, etc.), whereas those patients with lower scores were more likely to have minor illnesses, and they were more likely to be acute (Wylter et.al., 1971).

However, while these conclusions apply statistically when thousands of people are considered, it is also clear that some people have many events, lots of change, occurring in their lives and do not become ill. Obviously, it is not what happens that is important. It is how we perceive and cope with the change, how we react that is important.

The psychologist Abraham Maslow, who introduced us to the concept of the self-actualized person, referred to a “continental divide” principle. He said, “I use this principle to describe the fact that stress will either break people altogether if they are in the beginning too weak to stand distress, or else if they are already strong enough to take the stress in the first place, that same stress, if they come through it, will strengthen them, temper them, and make them stronger” (quoted in Siebert, 1996). As Friedrich Nietzsche once said, “That which does not kill me, makes me stronger”.

If someone recognizes that they cannot handle crisis situations very well, how does one go about strengthening one’s character, or become more “hardy”.

Psychologist Al Siebert has spent more than forty years studying the phenomenon of survival. In his book *The Survivor Personality*, Dr. Siebert describes many lessons we can learn from people who were survivors of Nazi concentration camps, imprisoned under the Japanese in the Philippines, etc. He is convinced that survivor qualities can be learned, but they cannot be taught through books or seminars. Instead “Survivor qualities and a survivor spirit develop out of everyday habits that increase chances of survival should it become necessary” (p. 9). What Siebert suggests throughout his book is that we develop qualities and skills that will improve our agility for handling change, unexpected challenges, and disruptive crises that come our way. Out of this preparation will arise our own unique means of coping with disasters.

“When hit by adversity, no matter how unfair it seems, follow the surviving and thriving sequence: Regain emotional balance; adapt and cope with your immediate situation; thrive by learning and making things turn out well; then find the gift. The better you become, the faster you can convert disaster into good fortune.” (Siebert 1996)

Drs. Salvatore Maddi and Suzanne Kobasa, authors of the book, *The Hardy Executive: Health Under*

*Stress*, have been pioneers in research to define the stress-resistant personality. They studied a group of middle managers and upper-level executives at Illinois Bell for eight years during the 1970s and 1980s, a time of enormous upheaval and instability within the company. They were looking for ways to moderate or buffer the potentially negative effects of the stressful life events incurred by the Illinois Bell personnel. By comparing a group of high stress/low-illness executives with a group of high stress/high illness managers, Kobasa was able to show that the former group was “hardier”. Hardy individuals consistently turn stressful circumstances to their advantage and grow from the experience and they do this because they possess three traits that make up the stress-resistant personality: commitment, control and challenge.

1. **Commitment:** People with a strong sense of *commitment* believe that they are pretty much able to manage their world. The world is neither dangerous nor advantageous — it is reasonably neutral. It's what we decide to make of it. Committed people can dig in and involve themselves in whatever it is they have to do. They tackle life head on, rather than waiting in the sidelines, feeling alienated and out of everything. They are rarely at a loss for things to do.

Maddi and Kobasa describe *alienation* as the opposite of commitment. Alienated people find things boring or meaningless and hang back from involvement in tasks they have to do. They're often at a loss for leisure activities. Yet, ironically, in spite of lack of any strong involvement they often appear taxed. Low involvement makes you more vulnerable to stress. Becoming more involved, more committed, will increase your stress resistance. So, you may want to...

**Ask yourself:** What am I committed to? Career, family, friends, church, sports, recreation, hobbies? Do I have goals I am pursuing? What is really important to me? What do I get excited about? Do I have any causes I feel strongly about?

2. **Control:** People strong in *control* believe and act as if they can influence the events taking place around them. They see themselves having the power to fight back, change, or do something about the problems facing them. They never take things at face value but always ask themselves how they can turn things to their advantage.

People low in control feel *powerless* and believe and act as if they are the passive victims of forces beyond their control. They are floundering in a sea of overwhelm. They give up before they try. They have little sense of resource or initiative and prepare themselves for the worst.

**Ask yourself:** “Do I see myself as weak and powerless to change the stressful situations in my life? Which way do I handle loss of a job, financial difficulties, marital difficulties? Do I have control, or am I powerless, a victim?”

3. **Challenge:** People who have a strong sense of *challenge* see change positively, as an opportunity to learn, grow and get on top of things. They see the seeds of future opportunities within crisis situation. Change is welcomed even if it is painful.

The opposite of having a strong sense of challenge is to feel *threatened* by change. Such people believe change will only make matters worse. They believe life is best when it's easy, comfortable and secure and that it should stay that way.

**Ask yourself:** “How do I typically respond to change? Do I find it stimulating and challenging? Or, do I only see it as a threat to the more comfortable status quo?”

### ADVERSITY QUOTIENT

Possibly the most accurate predictor of success is Adversity Quotient (AQ). Resulting from 19 years of research and 10 years of application, AQ was principally developed from the disciplines of cogni-

tive psychology, psychoneuroimmunology, and neurophysiology by Paul Stoltz, Ph.D. AQ provides both a quantitative way to measure how you respond to adversity and a set of tools for improving how you respond to adversity.

Through a questionnaire featured in his book, *Adversity Quotient: Turning Obstacles into Opportunities*, we can measure our current Adversity Quotient obtaining an overall score and a rating in each of five different areas:

**Control:** How much control do you perceive that you have over an adverse event? (Notice that this is one of the three factors contributing to “Hardiness”. No matter how little control you perceive, you always control how you respond. Even in a Nazi concentration camp Viktor Frankl recognized that, as a prisoner, he had greater control than the guard who was torturing him, because Frankl could control how he responded!)

**Origin:** Who or what was the origin of the adversity? People with lower AQs tend to take on too much blame for bad events.

**Ownership:** To what degree do you own the outcomes of the adversity? The more you hold yourself accountable for the outcomes, the higher your AQ.

**Reach:** How far will the adversity reach into other areas of your life? Lower responses show the tendency to catastrophize, to allow the adversity to bleed over into other areas of one’s life. Higher responses result when you see the adversity as specific and limited.

**Endurance:** How long will the adversity last? How long will the cause of the adversity last? The lower your score, the more likely you are to perceive adversity and/or its causes lasting a long time, if not forever. With higher scores, you are more likely to consider adversity and its causes to be temporary, fleeting, and unlikely to recur.

### RESILIENCE

Emmy Werner (“mother resilience”) for over 30 years has been studying 505 people born in 1955 on the small Hawaiian Island of Kauai. About half were born into poverty, mostly the children of sugar plantation workers. Consequently, many grew up in homes dominated by fears of even greater poverty, where alcoholism and anger and abuse were common place. We would expect that by age 20 most would be unemployed and living a life of crime. Yet approximately one-third didn’t drift into a life of crime and unemployment, instead they did well in school and career.

Most abused children grow up to be abusers. However, approximately one-third of abused children grow up determined never to lay a hand on their children, and they don’t.

Resilience researchers are piecing together the key factors shared by those who grow up neglected, poor, or abused and transcend their traumatic backgrounds. Their results, summarized in an article “Finding Strength: How to Overcome Anything” by Deborah Blum in *Psychology Today*, May/June, 1998, are listed below:

- About one-third of poor, neglected, abused children are capably building lives by the time they are teenagers.
- Faith—in the future or in a higher power (guardian angels or God)—is an essential ingredient. Many have the ability to perceive bad times as temporary.
- Most resilient people don’t try to go it alone. If they don’t have a strong family support system, they are able to ask for help or recruit others to help them.
- Believing in oneself is important.
- Setting goals and planning for the future is a strong factor in dealing with adversity.

- It's important to recognize one's own strengths.
- There is no set period for finding strength, resilient behaviors and coping skills. Usually this is established by age 10. However, the ability to turn around is always there.
- Education is a way for people to "build a roadway out of despair". Werner discovered that the ability to read at grade level by age ten was a startling predictor of whether or not poor children would engage in juvenile crime; at least 70 percent of youthful offenders were in need of remedial education by the fourth grade.
- Children who came from supportive homes had a great ability to build extended networks; they are likeable and considerate of others.

#### DESPAIR AND THE CANCER CONNECTION

Psychologist Dr. Lawrence LeShan (1977) recognized that despair was experienced by almost all of his cancer patients. The former husband-wife team of O. Carl Simonton, radiologist and oncologist, and Stephanie Matthews-Simonton, psychotherapist, formulated a five-step psychological process that they have found to precede the onset of cancer. Most of the Simontons' patients acknowledged that before their illness became apparent, they had felt helpless, unable to solve or control problems in their lives, and found themselves "giving up". The fact that they had become fatally ill merely confirmed what they already believed about themselves—that their situation had never afforded any hope and they were powerless to do anything about it.

If we look at the emotions Biokinesiology research shows to be related to the liver we see emotions we've been talking about:

DISTRESSED	CONTENT
(umbrella emotions)	
Hopeless	Trusting
Despair	Faith
Helpless	Powerful
Incapable	Understandable

It is interesting to see that feeling despair, hopeless, helpless, etc. increase the likelihood of developing cancer. These emotions also interfere with healthy liver function and a number of experts have noted a correlation between liver problems and cancer. The emotions disrupt liver function which is why "despair" and liver problems are both correlated with cancer.

Note also that these emotions reflect the powerless, alienated state of someone who is low in the qualities of hardiness. Therefore, increasing stress hardiness is a way to help prevent cancer.

According to Dr. Raymond Brown, M.D. the key question for any cancer patient is: "What real reason do you have for living? This is consistent with the approach taken by Dr. Lawrence LeShan (1990).

#### ARE YOU EXCITED TO BE ALIVE?

Dr. LeShan is one of the giants regarding the resurgence of interest in the relationship between emotional states and cancer. However, when he first began doing psychotherapy work with "hopeless", "terminal", cancer patients about 1952, he was using a Freudian psychoanalytical approach. He quickly learned that such a therapeutic approach was not going to work "...none of my patients were getting better! They might look forward to my visits, they might even feel better afterward, but they kept right on dying at the same rate as if I were not involved with them at all. Psychotherapy was making no difference to their survival rate."

Consequently, LeShan developed a "crisis therapy" for cancer patients. Over the last 20 years, half of his "terminal" patients have gone into long-term remission and are still alive and the lives of many others have been prolonged.

To see how radically LeShan's approach is, we need to recognize that many other psychotherapists are attempting to answer these basic questions:

1. What is wrong with this person?
2. How did he or she get that way?
3. What can be done about it?

The approach does not mobilize the persons' self-healing abilities. By contrast, LeShan asks:

1. *What is right with this person?* What are his (or her) special and unique ways of being, relating, creating, that are his own and natural ways to live? What is his special song to sing so that when he is singing it he is glad to get up in the morning and glad to go to bed at night? What style of life would give him zest, enthusiasm, and involvement?
2. *How can we work together to find these ways of being, relating, and creating?* What has blocked their perception and/or expression in the past? How can we work together so that the person moves more and more in this direction until he is living such a full and zestful life that he has no more time or energy for psychotherapy?

LeShan clearly shows that developing a purpose, enthusiasm, and zest for life can reverse cancer. It is, therefore, safe to conclude that being excited about and in love with life can help protect us and our clients from cancer.

### THE TYPE C PERSONALITY

The concept of a "Type C" personality for those prone to developing cancer arose independently of the research we've already discussed. During the 1970s, psychiatrist Steven Greer, at the Faith Courtauld Unit for Human Studies in Cancer and King's College Hospital in London, led a team of investigators that developed a "Type C" profile. The Type C person was loathe to express disruptive or hostile emotions, tended to be awfully "nice", compliant, and afraid to assert themselves. Dr. Bernie Siegel has since described cancer as "the disease of nice people". Do such nice people not feel angry and anxious or do they deliberately suppress such negative feelings? Greer's research has indicated that it is the latter.

Lydia Temoshok, a psychologist at the University of California at San Francisco studied melanoma patients in the early 1980s. She describes the Type C personality as "cooperative, unassertive, patient, [one] who suppresses negative emotions (particularly anger) and who accepts/complies with external authorities". She also noted that this profile "is the polar opposite of the Type A behavior pattern which has been demonstrated to be predictive of coronary heart disease".

### THE IMMUNE-COMPETENT PERSONALITY

Dr. George F. Solomon, a psychologist and UCLA professor who is often called the "father of psychoneuroimmunology" has been researching the mind-body relationships for over 30 years. He has described an "immune-competent" personality that allows the body's immune system to fend off illnesses as varied as cancer, chronic fatigue, AIDS and infectious diseases (where the immune system under-reacts) as well as autoimmune disorders like arthritis, lupus, asthma, and allergies (where the immune system overreacts).

Solomon says that the immune-competent personality involves:

1. Being in touch with your psychological and bodily needs;
2. Being able to meet those needs by assertive action;
3. Possessing coping skills, including a sense of control, that enable you to ward off depression;
4. Expressing emotions, including sadness and anger;
5. Being willing to ask for and accept support from loved ones;
6. Having a sense of meaning and purpose in your work, daily activities, and relationships; and
7. Having a capacity for pleasure and play.

Among the other factors Solomon describes that strengthen the immune system is the ability to say “no” to a request for a favor. Among long-term survivors of AIDS the most surprising correlation with strong immune functions was a “yes” answer to a single question. Could you say “no” to a request for a favor? Solomon believes that “no” reflects assertiveness, and the ability to resist becoming a self-sacrificing martyr.

It also demonstrates the capacity to monitor and take care of your own needs, psychologically and physically.

“While Solomon doesn’t think that excessive niceness is a disease, he does think that dutifulness to the point of self-neglect can compromise immunity. When we allow ourselves to be dragged into a role or activity to please others, the stress we encounter *will* lead to distress. Why? Apparently, when we *choose* a role or activity because it has meaning to us, because it gives us pleasure, then it doesn’t matter how “stressful” the endeavor. When our work or relationship is pursued by choice rather than obligation, when it’s seen as a challenge rather than a hardship then stress will be a motivator, not a cause of anxiety and ill-health.” (Dreher, 1992)

### CONCLUSION

The research of Maddi and Kobasi, Siebert, Stoltz, Werner, Lawrence LeShan, Carl Simonton, Stephanie Matthews-Simonton, George Solomon and others show that our health fails when we cannot cope with change in our lives. There are many skills we can share with our clients that can increase their stress hardiness, their resilience, their adversity quotient, and very likely their ability to survive whatever surprises life may present them with.

#### **These skills include:**

1. Defuse stress from traumatic childhood events; chaos, lack of security, lack of support from parents, learned helplessness, deaths, divorces, separations, etc.

2. Use the defusing negative personality traits procedure (Topping, Wayne and Bernie, 1987) to reprogram beliefs such as “I don’t want to express myself” (the cancer personality trait).
3. Teach strategies such as ESR, anchoring, deep breathing for handling stress.
4. Become more assertive.
5. Develop stress “hardiness”, control, challenge, and commitment.
6. Learn to express emotions such as madness, fear and anger.
7. Learn to forgive others and self. Don’t hold onto grudges, resentment, or bitterness.
8. Ask for and accept love from loved ones when needed.
9. Learn to say “no” to requests for favors when appropriate.
10. Have a sense of purpose in your work, daily activities, and relationships.
11. Use meridian tapping to defuse stuck emotional states such as depression.
12. Work on combatting (Biokinesiology) liver emotions of despair, hopelessness, helplessness, feeling incapable, and distressed.
13. Balance thymus emotions of Biokinesiology.
14. Add fun into your life.

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