



# Taking personal responsibility for our health

## *Nectar or a poisoned chalice?*

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In the process of being interviewed for an article recently, I was challenged by two rather significant questions. They come up most often in the context of cancer – although they have a far more universal importance. The discussion leading up to the questions related to the issue about to what extent coping, psychological wellbeing and lifestyle are important for cancer genesis and progression. But a problem arises in that if we are to accept that we have some power to positively influence the pathogenesis and progression of disease then cannot this personal responsibility also become a source of personal blame?

### Positive coping

The interviewer posed the following questions: 'I'm sure I'm not the first to ask this, but doesn't the idea of positive coping as a potential tool for increased survival mean patients who do not do well may blame themselves? – 'I wasn't positive enough' – Does it rob patients of being able to accept there are days when they feel (bad) and just want to sit down in front of the television and feel sorry for themselves?'

The questions are valid and are real issues for many cancer patients and their families who are making sincere efforts to take a positive approach to cancer. Accepting personal responsibility can easily turn to becoming a source of guilt, significantly setting a person back in terms of their personal growth.

Although it has not been studied yet, one wonders whether such guilt or negativity

may not also worsen their prognosis. In such a situation, death has far less of a prospect of being a peaceful transition and becomes seen as failure or punishment. Rather than recognition for what is achieved there is criticism for what is not achieved. Self help programs and support groups, rather than being a source of inspiration and solace, can become personal failure forums.

Although researchers debate among themselves the extent to which self help approaches such as enhancing coping skills, improving social supports and communication, adopting a healthy lifestyle including good nutrition, stopping smoking, moderate exercise and meditation, and dealing with negative personality traits have an effect, there is little doubt that such things do have an effect. Health promotion programs aimed at modifying behaviour are all based on the premise that we make health choices for better or for worse. Information, encouragement and motivation are the stock in trade of many health promotion interventions.

### Responsibility

Despite its oftentimes negative and burdensome connotations, the word 'responsibility' simply means 'ability to respond'. The implication is that no one can act for us, nor can we be held responsible for that which we are unable to respond to. To be irresponsible has nothing to do with being unable to affect those things that are beyond our control, but rather not responding in the appropriate way when

confronting those things that are within our awareness and power to affect. Acknowledging responsibility for our health is a simple recognition of fact and to deny it is at once false and unhelpful.

Behind a denial of responsibility, which can be encouraged by doctors and patients alike, is a presumption that places all of the power in the hands of doctors and blind fate, potentially disempowering patients. On the surface at least, it can often appear kind by protecting us from the distress we tend to feel when we acknowledge responsibility for our actions. What we choose to do and how we live matters, but acknowledging personal responsibility does come with an up side and a down side. If one uses that acknowledgement to start to develop an understanding that, with practise, they can learn to live more consciously and autonomously then the recognition will lead to empowerment and subsequently to more positive mental and physical health outcomes.

The challenge for the therapist therefore, is to make efforts to diffuse a tendency to self criticism or blame and to redirect that energy in a positive way, thus transforming it to empowerment. The point is to be forward looking and not backward except in so far as objective reflection upon the past facilitates understanding that we can put to good effect now. This, as we would have experienced personally and professionally, is not always an easy task. Dwelling upon the past can be thoroughly immobilising and might well turn us into a 'pillar of salt'.

If, on the other hand, after years of inattention and/or denial, acknowledgment of personal responsibility is just used to develop an attitude of guilt and self blame then it will be of no use to the person or those around them. It may well be better that they remain in denial, at least for the time being.

There is even some evidence that, for a few years at least, denial is associated with better coping, tumour biological prognosticators and possibly even survival.<sup>1,2</sup> For these and other reasons it is important to avoid, if possible, the attempt to force constructive change onto people – or even ourselves for that matter – but better it is to facilitate change when one is ready to get on with it.

## Positive thinking

The issue about 'positive thinking' and 'positive states of mind' is another thorny one. It can become a trap in that one can assume that positive thinking means always wearing a grin or being 'up'. Cultivating good humour or positive thoughts is a conscious decision and a useful practice but that is a slightly different thing to pretence. If there is a negative emotion then one may need to acknowledge it and express it, but in the process be attentive to see what is behind it so that one can understand it. Pretending it isn't there, suppressing it, hating ourselves for having it and wallowing in it, is unhelpful. If there is sadness then it may be entirely right and 'positive' to express it appropriate to time and place. In time, as one comes to be more at peace with oneself and the world, there may be less negative emotion to deal with. Being positive in the midst of painful thoughts and emotions does not deny them but rather reminds us that we have the potential to find our way through them.

Those who express emotions more naturally actually derive health benefits from that expression including improved immunity and a reduction of stress.<sup>3</sup>

The best marker of a positive or negative emotion is how the person themselves experiences it and how it leaves them feeling. If it feels natural and authentic, the person is not at conflict with themselves, and they feel at rest after its expression, then one might call it a 'positive emotion' even though it might have been sadness or even anger on the surface.

Of course, the great majority of sadness or anger we experience is in no way positive or worth expressing but it is important to recognise that choosing not to go with an emotion is quite a different thing to suppressing it. One is a 'letting go' and therefore a relaxation whereas the other is a 'holding on' by keeping one tension in balance with another tension. An emotion which tends to be under or over expressed, inauthentic, at odds with ourselves or the world, based on a distorted or false perception of a situation and leaves one with significant unrest and residue after its expression, might be better called 'negative emotion' even though we might be wearing a smile or feigning calmness on the outside. The point in either case is to observe and understand ourselves better, not judge and criticise.

## Healthy lifestyle

Commitment to a healthy lifestyle, too, is an important part of managing cancer and many other illnesses. Again, the issue is to use a positive motivation to drive the behaviour rather than a negative one, ie. doing something good for ourselves is far better than to fear something bad. The stress of 'making a slip' will probably counteract any positive effect of eating a healthy diet. For some, feeling free to have the occasional indulgence may be, at least initially, an important release valve while a new behaviour is being developed. There is probably no one strategy to suit all cases.

## Conclusion

So, is acknowledging personal responsibility a nectar giving wisdom and empowerment or a poisoned chalice that clinicians should not hold to their patient's lips? Perhaps we can only fully know the answer to that question after we have drunk the draught ourselves.

Conflict of interest: none declared.

## References

1. Greer S, Morris T, Pettingale KW. Psychological response to breast cancer: effect on outcome. *Lancet* 1979;2:785-787.
2. Lilja A, Smith G, Malmstram P, et al. Psychological profile in patients with Stages I and II breast cancer: associations of psychological profile with tumour biological prognosticators. *Psychol Rep* 2003;92(3 Pt 2):1187-1198.

3. Baltrusch HJ, Stangel W, Titze I. Stress, cancer and immunity. New developments in biopsychosocial and psychoneuroimmunologic research. *Acta Neurologica* 1991;13(4): 315-327.

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