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Personality Growth and Survival

It took me the death of three friends to realise the extent to which the body and the emotions can become out of step, that the first may be ending its life as the second prepares, because of the inescapable biological drive towards wholeness, to enter a new phase of development (no wonder people are tempted to believe in an after life).

More evidence has to be collected before the exact causes of such complete physical breakdown become clearer. I can only describe the facts I have observed. I am not an impartial observer in the sense that, during the fifteen years or so that I have been working on myself in one way or another with different types of help, I have experienced a number of physical symptoms due to emotional causes. It might be useful to list them chronologically so that my bias is clear. Had I not been opening up the areas of pain and conflict and receiving support, I believe that they would have been more severe.

1. *An early symptom which occurred several times was small bruises over my body. (interpreted by my therapist as a symbolic attack on her within my own body).*
2. *A hip spasm in which my right hip became higher than my left and I felt as if my pelvic region was encased in iron and immovable.*
3. *A mild attack of jaundice.*
4. *In periods of great stress: a) a feeling of unbearable skin irritation. b) feelings of generalised physical discomfort, amounting when severe to a sense of physical torment.*

My suspicions were first alerted to the threat to survival if personality change and emotional expression are blocked in the 50+ age group by the death of a woman whom I had come to know well in the mental hospital where I worked. She had just begun to externalise her aggression when she developed jaundice and died six months later. At the same time that she began to express her anger (in aggressive arguments with the sister in charge of her ward), she established a close attachment to a great-nephew. Soon afterwards, the boy fell ill with leukaemia. When he was dying, his father insisted that the woman went to see the boy in hospital. On returning from the visit she said for the first time: "I don't want to die in hospital." She proceeded to arrange for her discharge, found a flat and left hospital. She developed jaundice, had a serious operation and died some months later. It was only after she had seen the boy that she revealed that, when she had been admitted seven years before, she felt that she had killed her grandmother because, in a fit of anger, as a child, she had cried out: "I wish you were dead," and her grandmother had had a heart attack and died almost at once. The fear of her destructive power had been confirmed many years later when her sister was ill in hospital with cancer. At the very moment that the woman kissed her, the sister died. Shortly afterwards she was herself admitted to hospital in a disturbed state.

Although she did not reveal these fears, she managed over the seven years, to develop various creative potentials and evidently reached a point at which she was able to begin to discharge some of her anger. Unfortunately, my own fears of being destructive had not at this period, been brought fully into awareness so that I was unable to discuss her fears with her or to reassure her and she herself was unable to discuss them with other members of the staff.

On her return from seeing her nephew I remember that she looked as if she was disturbed "from her belly upwards"; that is the only way I can describe the depth of the disturbance that I sensed in her. Though we did not realise it fully at the time, it is clear to me now that she had reached a particularly sensitive moment in her development; the close attachment she had formed to the boy, and his mortal illness following so quickly, together with the fact that she was beginning to express her anger, must have confirmed an old pattern that her love as well as her anger were destructive. The stress caused by this block in the expression of her feelings led to a fatal disease. Recent evidence of the effects of the emotions on the body suggest that this is not a far-fetched hypothesis. (Robinson, 1978.)

Ten years later, three friends died. The first was a woman in her early sixties with a long history of problems. Early in her life, she had experienced one of the most difficult problems with which a patient has to deal: the sudden death of her therapist after an unresolved dispute with him. However, in spite of this, she had a successful career and only after her retirement did her problems become more acute. She was anxious, alienated her friends by her ambivalent behaviour and began to look physically ill. However, she was unable, because of other unfortunate experience in therapy, to join groups or take any other initiative to help herself become more aware.

Finally, she developed cancer of the liver and died in a month. During that month she gave every indication of having made a breakthrough in her emotional development. It may have been simply fear of death (though she was not told she was dying) but the change in her seemed deeper than this. It may have been the result of the increased support that she was receiving but she began to say that she would like to go to groups when she recovered and to use her hands to put up shelves and to decorate her kitchen - she had always insisted that her hands were useless. Finally, she said that she wanted to paint and from behind her clothes in the cupboard, she produced some paintings that she had never shown anybody.

A few weeks after her death, a man of sixty five who had retired six months earlier, died suddenly of a coronary attack. He had been head of his department for ten years, apparently a relaxed and successful man but, in fact, cut off from certain areas of his experience. However, he showed signs of personality growth; he had for many years expressed the desire to be involved in academic life and arranged, on his retirement to do research at the local university. He had a long established pattern of caring for a wife who was a semi invalid; he also had an aged and demanding mother. He was unable to ask for help or to admit that he needed it in spite of the fact that he was aware of the human potential movement and the possibilities of personality growth. But knowing is not sufficient if support and encouragement are lacking at the crucial moment of change.

The third death was that of a woman in her fifties, also successful in her career. She had struggled for five years to grow but was hindered by very restricted childhood patterns and by a difficulty in accepting help. However, she finally decided to take a sabbatical year and to concentrate on her own growth. In the meantime, with her health already at risk, she continued to work herself into the ground. When the end of term arrived and her sabbatical year began, she set off on a strenuous holiday. In a matter of weeks, her health broke down, she developed cancer of the liver and died within two weeks. Being to some extent aware of her conflicts, she said a few days before she died: "I have left it too late." She also made an interesting slip in a letter which she wrote a week before she died. After giving instructions concerning her affairs, she said "I am regressing rapidly," thus expressing confusion between her physical and emotional processes, (she knew that she was dying.)

During the last year, two further deaths of women in the fifty plus age group have convinced me that personality growth after fifty is highly stressful without sufficient support and awareness during the acute phases of growth, i.e. when the defenses start to break down and spontaneous reactions occur in previously unexplored areas of the personality. The organism becomes highly sensitive to rejection during this phase, because such a rejection repeats the childhood patterns which prevented growth in the first place. The ensuing stress can threaten survival.

However, the fact that creative initiatives can take place, even at the last moment, given sufficient support and encouragement is illustrated by a case of spontaneous remission of cancer (Blythe, 1975). A doctor had carcinoma of the bowel; after an operation, when the growth was not removed, he was sent home to die. Some of his medical colleagues asked if he would write a paper on his reactions on being stricken by cancer and the knowledge that the prognosis was poor. He was encouraged by his son and daughter-in-law. He became so interested that the paper became a book. As the book took shape, his health improved. After its publication and the good reviews it received, he decided that he was fit enough to return to work - to fulltime medical practice where he worked for five years, dying of a coronary thrombosis at seventy six years. Dr. Vivian Tenney who reported the case, summed up by saying: "He found a reason for living and felt valued and loved and needed."

Although in these cases, five women and one man died in the 50-65 age group, in the population at large, men's life span, at least in the western democracies is shorter than that of women. Alan Klass (1975) in his "Inquiry into the Medical-Industrial Complex" has this to say:

There has been very little improvement in the life expectancy of men or women of forty five in the last one hundred years, with the exception that the life expectancy of women continues to improve slightly over the male.

The average period of widowhood has increased from 5.59 years in 1932 to 8.25 years in 1968.

In spite of all the glittering advances in technology, with increase in active treatment hospitals, with 'improvement' in the treatment of heart attacks, by the establishment of literally thousands of costly intensive-care cardiac units in many hospitals, with widely advertised new drugs produced by the drug industry - the death rates for middle-aged men are failing to improve and indeed in several countries have been marginally worse.

It is possible that men tend to die younger than women because the process of personality growth for them is more difficult than for women? This may be so for two reasons:

a) the girl's problems are not so severe as the boy's because she is attracted at an early age towards the opposite sex parent, the father. Consequently, she gains the support necessary, through this attachment, to express some of her ambivalent feelings towards her mother; this love-hate relationship with the first loved person is common to all children who are reared by a mother or mother surrogate. The boy, on the other hand, is sexually attracted to the same person, i.e. the mother who is therefore both his first love object and the first person to whom he is sexually attracted. He feels jealousy towards his father and therefore finds it difficult to use this relationship to help him resolve his doubly ambivalent feelings towards his mother. At puberty, if he has not resolved these conflicts with his mother, and many do not, he tends to repress them in the interest of his heterosexual drives.

It is interesting to conjecture to what extent the decrease of satisfaction that men nearing forty find in their sexual relationships with their wives is related to tendencies towards wholeness, i.e. the re-emergence of these early ambivalent feelings towards the mother, now experienced towards the wife, leading to a reduction in sexual drive. A natural solution would be for them to be attracted towards younger women who do not arouse such ambivalent feelings and this appears to happen in a number of marriages.

b) Society, rather than helping the boy with his more difficult emotional conflicts, makes it harder for him by assigning to girls the expressive role (it is O.K. for girls to feel) but for men, the emphasis is on virility and achievement. Consequently, when growth processes struggle to take place at 40+, they meet in the male, defenses that have become institutionalised by habit and of which he is hardly aware. It is therefore not surprising that men often suffer crises at this time which threaten their survival. Two types of people who are likely to be particularly at risk when entering an acute phase of growth are those men or women with well established patterns of caring or of achievement; it will not only be difficult for them to see themselves as in need of help, but their friends and relatives will also find it difficult to see them in a more passive role.

It would be interesting to know to what extent the death of men in their fifties and sixties is correlated with certain attitudes in their wives, for example, lack of awareness of and support for change in the spouse. Since there are an increasing number of widows (there are said to be eight million in America) it might be in the interests of women in the 40+ age group to

become more aware of the stresses caused by growth processes in their husbands; the simplest way to do this is for them to become more aware of these processes in themselves.

What are the psychological and physiological signs that a person is entering an acute phase of personality growth? Subjectively, the person will, consciously or unconsciously, experience a heightened sensitivity to rejection and a heightened reaction to the frustration of new and spontaneous behaviours. Rejection and frustration will be followed by stress caused by internalised rage which, in turn, will lead to physiological symptoms. These vary from person to person and obviously depend on the basic physiological make-up of each individual. A rise in blood pressure is one of the commonest symptoms.

Groddeck (1949) wrote: "disease is a vital expression of the human organism." Both he and Freud held that illness had a purpose, that it could be used as an alternative mode of expression by the personality. There has been more recent evidence suggesting that defensiveness is directly related to tumour growth. Blumberg (1954, 1956) and Klopfer (1957) related personality variables to rapid or slow tumour growth. Blumberg found that: "Patients with fast growing tumours were more defensive, had greater motivation to appear good and less disturbed than they really were." Klopfer's results were similar. In 1966, Le Shan carried out an in-depth study of 450 cancer patients; he reported "I never saw a cancer patient who had an outlet for his emotional energy that was as full as it could have been." (both studies reported by Margot Robinson, 1978). In these cases, there appears to be a definite correlation between degree of awareness of and ability to find expression for, emotional states and severity of illness.

Until personality growth in adult life is recognised as not only an on-going but an inevitable process, the connection between the body and the emotions will remain confused. For this reason I would like to hear from anybody who would be willing to take part in an observational research group and, keep a record of emotional and physiological states both in themselves and, as far as can be ascertained, in other people. A great deal of evidence is lying around unseen because it is not looked for.

References

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Antonia Boll

A Woman is a Person too

Just Like a Girl: How Girls Learn to be Women by Sue Sharpe (Penguin, 95p.)

I had given up trying to review Sue Sharpe's *Just Like a Girl* because it aroused such vivid and painful emotions in me. It's wrong, though, to keep from your notice a book which so clearly traces the history of women's discontent