

**Personal Control: The Lifestyle We Choose that Promotes
Physical and Emotional Health**

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Eighteen years ago I presented at the annual meeting of the Million Dollar Round Table, a conference attended by thousands of the most successful life insurance and financial services professionals in the world. In my plenary talk I described several of the key characteristics of resilient individuals. Afterwards I enjoyed spending time with participants, responding to their thoughtful comments and questions. I found the dialogue challenging and invigorating.

The next morning I was fortunate to hear one of the other keynote speakers, Dr. John Tickell, a physician from Australia. He expressed ideas that are more widely accepted today but were not as well publicized two decades ago. He said the genes we inherit can certainly predispose us towards susceptibility to various physical and psychological conditions, including cancer, diabetes, and heart attacks, but whether these illnesses emerge or not was more within our control than we might realize.

Tickell did not cast blame on people who suffered from illnesses, noting that there are individuals who experience “bad luck,” leading a very healthy lifestyle and yet losing their lives at an early age to medical diseases. The proposition that he advanced is that a host of diseases, even those towards which we might be genetically vulnerable, can be prevented or controlled by the lifestyle we choose to lead. His message was one of assuming responsibility for one’s health. In essence, as others have contended, one’s biology need not be one’s destiny.

Tickell’s key premise resonated with a principle that has guided my work in the area of resilience. It is a principle I have highlighted in my writings and workshops for years, namely, that individuals who cope more effectively with challenges and have resilient qualities possess what I have labeled “personal control.” I have described this concept in a number of my previous website articles as well as in several of the books I have co-authored with my colleague and close friend Dr. Sam Goldstein. It refers to the finding that resilient people focus their time and energy on those factors over which they have some influence rather than on situations over which they have little, if any, control. It also refers to the mindset that psychologist Dr. Martin Seligman termed “learned

helplessness,” namely, the belief that whatever actions one takes will not improve the situation so why even attempt to change.

Illustrations of “Personal Control”

As an example of personal control, two people may have a history of heart disease in their family. The resilient person’s mindset contains the following belief: “I had no control over being born in a family susceptible to heart problems, but what I do have control over is how to lead my life in ways that will minimize the risk of a heart attack.” A person who is not as resilient may adopt a more victim-like perspective, bemoaning the situation and wondering, “Why did I have to be born with the likelihood of developing heart problems? There’s not too much I can do about that.”

An illustration of the adaptive qualities of personal control was embodied in the mindset of an older colleague of mine, a physician I met early in my career. His father, grandfather, and uncle all died before the age of 40 of heart attacks. In his usual calm manner he told me that knowing this family history made him even more conscious of the lifestyle he led, including his healthy diet, his regular exercise, and his decision not to smoke. He died in his mid-80s of cancer, remaining in good physical and mental health until shortly prior to his death.

In contrast to my colleague’s perspective was the one that was held by Stan, a man in his early 40s whom I saw in my clinical practice. He had a family history of high blood pressure, high cholesterol, and heart disease. He contacted me at the recommendation of his internist who was concerned about Stan’s anxiety, depression, and sleep problems. When he appeared for our first session, his overweight condition was magnified by the clothes he wore. They were very tight-fitting, more appropriate for a thinner person. He told me that during the past year he had become less diligent about the food he ate and that he rarely exercised. Almost unconsciously, he glanced down at his belly and informed me that he had gained 35 pounds during the past year.

I raised the question of what he hoped to gain from therapy. In an exhausted, resigned voice he said, “The main reason I came in was because my internist insisted I call you. But to be honest, I’m wondering if it’s worth the effort. I happen to be unlucky that I was born into a family that is so prone to health problems. There’s little I can do to improve my health.”

Stan demonstrated a sense of “learned helplessness.” When this belief dominates, it is little wonder that proactive, constructive actions are absent. However, as Stan was to learn in therapy, there were steps he could initiate to improve or counter the biology he inherited.

Lifestyles that Promote Physical and Mental Health

Thoughts about Tickell’s presentation at the Million Dollar Round Table were triggered as I read a thought-provoking article that appeared in a recent issue of the *American Psychologist*, a publication of the American Psychological Association. The article was titled “Lifestyle and Mental Health” and authored by Dr. Roger Walsh, a member of the faculty of the Department of Human Behavior at the University of California College of Medicine in Irvine. Walsh forcefully articulates his position in the first paragraph of the article:

The main thesis of this article is very simple: Health officials have significantly underestimated the importance of lifestyle for mental health. More specifically, mental health professionals have underestimated the importance of unhealthy lifestyle factors in contributing to multiple psychopathologies, as well as the importance of healthy lifestyles for treating multiple psychopathologies, for fostering psychological and social well-being, and for preserving and optimizing cognitive capacities and neural functions. . . . Lifestyle factors can be potent in determining both physical and mental health. In modern affluent societies, the diseases exacting the greatest mortality and morbidity—such as cardiovascular disorders, obesity, diabetes, and cancer—are now strongly determined by lifestyle.

Walsh introduces the concept of therapeutic lifestyle changes (TLCs), asserting that in many instances TLCs can be as effective as psychotherapy or medication in treating different medical and mental health disorders. He suggests that clinicians should pay increasing attention to helping patients engage in TLCs, both to prevent the occurrence of diseases and to minimize their potency should they appear. Walsh identifies eight TLCs, all of which resonate with the strength-based, proactive approach that I advocate and which deserve careful consideration by professionals and the lay public alike. The more we appreciate the nature of TLCs that promote physical and

mental health, the more we can engage in behaviors that improve our own lives and the more professionals can recommend healthier living habits to their patients.

The TLCs that Walsh describes make eminent sense. I have written about a number of them in previous articles. However, being aware of those changes in our lifestyle that will improve our physical and mental health does not always translate into taking action. As Sam Goldstein and I have emphasized in our writings about resilience, many of us persist in adhering to “negative scripts,” that is, we engage in the same behaviors repeatedly even if these behaviors prove counterproductive. Modifying negative scripts or a negative lifestyle can prove to be a Herculean task for many people. However, a start is to recognize the ingredients of a healthier lifestyle in order to develop goals and strategies for accomplishing that lifestyle. The areas that Walsh identifies represent lifestyle conditions that are within our power to adopt. As you review the following eight areas, reflect on small steps you can initiate to practice even a few of these styles. If you are a clinician, consider how often you recommend to your patients that they engage in these activities.

Exercise. It is a well-established fact that regular exercise is a key to physical and emotional well-being. Walsh cites numerous studies that indicate that exercise contributes to both the prevention and intervention of psychological, cognitive, and physical disorders. He emphasizes the therapeutic impact of exercise on enhancing school performance in youngsters, in facilitating recovery in stroke victims, and reducing memory loss in Alzheimer’s patients. As I described in my September, 2008 article, psychiatrist Dr. John Ratey, in collaboration with Eric Hagerman, offers numerous examples of the benefit of exercise in his impressive book *Spark: The Revolutionary New Science of Exercise and the Brain*. In my clinical practice and workshops I often suggest implementing a realistic exercise program for oneself and/or one’s children/students. Unfortunately as Walsh observes, “Despite the many mental and medical benefits of exercise, only some 10% of mental health professionals recommend it. And who are these 10%? Not surprisingly, they are likely to exercise themselves.”

Nutrition and Diet. Many clinicians have written about the importance of a well-balanced diet for nourishing one’s overall health and development. In reviewing the research literature Walsh insists, “Dietary factors are so important that the mental health

of nations may be linked to them.” He then examines the effects of different foods and supplements in enriching one’s lifestyle, concluding with the statement, “A diet that is good for the brain is good for the body. As such, dietary assessment and recommendations are appropriate and important elements of mental health care.” Given the epidemic of obesity with associated medical problems among our children, the issue of diet has deservedly received increased attention in our schools and homes.

Nature. This is an interesting factor emphasized by Walsh. “For thousands of years, wise people have recommended nature as a source of healing and wisdom. Shamans seek wilderness, yogis enter the forest, Christian Fathers retreat to the desert, and American Indians go on nature vision requests. Their experience is that nature heals and calms, removes mental trivia, and reminds one of what really matters.” Walsh notes the loss in today’s world of experiences that take place in nature, replaced instead by what he labels “artificial environments,” including an inordinate amount of time involved with the media and all kinds of technological devices and constant bombardment of sounds and stimulations. He describes studies that reveal the therapeutic input of nature, including one that demonstrated that hospital rooms that provide views of natural settings result in patients experiencing less pain and stress, better moods, and postsurgical recovery, enabling them to leave the hospital earlier. As I read about this study, I could not help thinking of offices I have visited filled with cubicles and devoid of windows; to offset this sterile environment some employees taped posters over their desks that resembled a window looking out at a natural setting. One employee told me, “I know it’s not a real window, but it’s better than looking at a bare cubicle.”

Relationships. A major theme in my writings about resilience and health is the significant impact of our relationships with and connections with others. Satisfying relationships are associated with fewer physical ailments, greater satisfaction and happiness, and increased cognitive abilities. Loneliness and a lack of intimacy have been identified as major contributors to physical and emotional illness. Walsh warns, “Social capital seems positively and partly causally related to a wide range of social health measures—such as reduced poverty, crime, and drug abuse—as well as increased physical and mental health in individuals. Yet considerable evidence suggests that social capital may have declined significantly in recent decades.” I and other clinicians have

found that having even two or three close relationships with supportive, caring individuals may make a marked difference in the kind of lifestyle we lead. Given the power of relationships, it is an issue about which I focus in therapy. Although many may find it difficult to enter meaningful relationships, it may be easier to do so in environments in which they feel comfortable. For instance, a woman I saw in therapy developed close relationships with a couple of people while working as a volunteer for a political candidate. Another patient who loved to read met his future wife while attending a reading at a bookstore.

Recreation and Enjoyable Activities. Walsh observes that recreation can overlap with other TLCs such as exercise but that it can also include being playful as well as engaging in interests that produce joyful emotions. Music, art, and knitting are but a few examples of such activities. Unfortunately, what occurs all-too-frequently when one is feeling sad, anxious, or overwhelmed is that the activities that elicit positive emotions are relegated to the background. The rationale I hear from patients is that they are so preoccupied with what is bothering them that they have little, if any, time or energy for engaging in enjoyable endeavors. I recall a woman I saw in therapy who gave up playing the piano, a source of joy and comfort to her, when she suffered from depression. I suggested she set aside a brief time each day to play, and she found that doing so lifted her spirits. Although it may seem paradoxical I understand why pleasurable activities can lose their priority in times of stress and depression, but as I advise in my clinical practice and workshops, every effort must be made to maintain those practices that produce positive emotions in order to offset the negative feelings that may be dominating our lives at a particular time.

Relaxation and Stress Management. In response to the intense stress experienced by so many in today's world, there is a burgeoning interest in learning about practices and techniques that teach us to relax and manage pressure. Some include TLCs already mentioned such as exercise, recreation, and supportive relationships. Walsh calls attention to specific self-management skills such as the Chinese mindful exercises of tai chi and qui gong and Western mental approaches such as self-hypnosis and guided imagery. He also highlights meditation and yoga, detailing research that supports the benefits of these practices for our emotional, cognitive, and physical health.

Religious and Spiritual Involvement. The resilience literature discusses the importance of religion and spirituality as contributing factors in assisting individuals to cope more effectively. The reasons for these benefits may vary and include a sense of purpose, an involvement with a community so that feelings of loneliness and isolation are lessened, and an opportunity to engage in meditative services. Obviously, spirituality may be represented in many forms, including some outside traditional religions. For many, spirituality represents a belief that there are activities over and above oneself that add meaning and passion to one's own life.

Contribution and Service. This TLC is one that Sam Goldstein and I have emphasized in all of our writings about leading a resilient lifestyle. This is a major theme in many of my website articles. There are numerous studies demonstrating that involvement in endeavors that benefit the well-being of others—what Sam and I call “contributory activities”—are important ingredients in nurturing resilience not only in ourselves but in those whose lives we help to improve. Our writings parallel Walsh's observation that “both theory and research point to correlations between altruism and measures of psychological and physical health.” In my workshops I strongly advocate that we develop opportunities for children to help others and that in our adult lives we set aside time for volunteering in those activities that enrich the lives of others. I have found that contributory practices nurture compassion, responsibility, caring, and resilience in both children and adults, reinforcing the belief “I make a positive difference in the world.” This belief reinforces a sense of purpose to one's existence, thereby impacting positively on emotional and physical health.

A Concluding Reflection

As a therapist for more than 40 years, I am very aware that adopting the healthy lifestyle changes that Walsh outlines is frequently a difficult task. Walsh describes the challenges that therapists face as they attempt to nurture healthier lifestyle practices in their patients. He also notes, “Wide-scale adoption of TLCs will likely require wide-scale interventions that encompass educational, mental health, and public health systems.”

Having knowledge about the benefits of a healthy exercise and diet, relaxation, stress management, and altruistic behaviors does not necessarily result in actions taken to

adopt these TLCs. Many obstacles stand in the path of positive change. I am reminded of a woman's comments at the end of a workshop I gave about nurturing resilience in our children and in ourselves. She said, "Dr. Brooks, you have described some very important ideas in a clear fashion, but they're not very easy to implement."

I replied, "I totally agree with what you just said and I want to emphasize that we don't have to implement all at one time. However, if what I have suggested is difficult to accomplish, consider what the alternative is if we do not at least attempt to implement some of these suggestions. Making positive changes is a challenge, but from my perspective the benefits far outweigh the obstacles."

I added, "A first step is to identify the changes we wish to undertake and then consider specific steps we can take to nurture resilience in our children and ourselves. Hopefully, the suggestions I have reviewed in my talk will be a start in helping to overcome the roadblocks that are certain to appear."

My response to this woman applies to the TLCs described so clearly by Walsh. While these TLCs may not be easy to achieve, it is important to keep them in mind as we strive to live more adaptive, healthy lifestyles. The alternative of not adhering to at least some of these TLCs may be a life in which we become increasingly vulnerable to physical, cognitive, and emotional problems, a life in which satisfaction, accomplishment, and resilience are noticeably absent.

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