



2018 Paul Tournier Prize Lecture

by

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Receiving the Paul Tournier Prize is especially meaningful to me because of my admiration for Paul Tournier's fundamental contributions to person-centered medicine. His writings have helped to inspire many people to better understand themselves and to experience love, hope, and faith in their daily lives. We are just now beginning to understand scientifically what Paul Tournier embodied in his life, professional practice, and writings. What I will do in this brief acceptance lecture is to outline some of the key parallels between Tournier's Medicine of the Person and what I have called the Science of Well-being (1, 2) .

One of the features of person-centered medicine that I think Paul Tournier expressed more clearly than anyone else is his emphasis on the creative potential of suffering, rather than emphasizing the pursuit of happiness. The title of my 2004 book on the science of well-being was "Feeling Good", which many people took to refer to the pursuit of positive emotions. However, good and positive emotions can occur when a person is making a sacrifice in order to serve others or simply accepting the challenges of life without complaint. I think Tournier expressed this particularly well when he wrote that "Acceptance of one's life has nothing to do with resignation; it does not mean running

away from the struggle. On the contrary, it means accepting it as it comes, with all the handicaps of heredity, of suffering, of psychological complexes and injustices [see lecture powerpoint No. 1].” A person begins to function creatively in the face of suffering when they can accept their circumstances sufficiently to begin the process of growing in awareness.

Other basic characteristics shared by Tournier's understanding of an effective Medicine of the Person and the Science of Well-Being are the importance of personality development for health and well-being, the need for an understanding of the processes of thought, the importance of alliance in dialogue, and the role of spirituality in the healing process [see lecture powerpoint No. 2]. Tournier and I agree that health is a state of physical, mental, and spiritual well-being. In turn, well-being depends on learning processes in which we must develop our understanding of ourselves, sometimes with the help of mutually respectful dialogue in a therapeutic alliance with another person. The empathy of another person who has unconditional love, hope, and faith in us allows growth in self-understanding and character development.

The Psychobiological Model of Personality

In order to approach medicine of the person scientifically, it is essential to be able to measure personality. Therefore I developed a method of personality assessment that is grounded in an understanding of personality as a set of three learning processes, which need to be integrated. Human learning and memory involve three distinct systems of learning and memory: (i) procedural learning of habits and skills by associative conditioning, (ii) intentional choices about goals and human relationships, and (iii) autobiographical learning as a life narrative of a person's identity and self-transcendent values (3). These three learning processes underlie domains of personality that I refer to as temperament (based on procedural learning of habits), character (based on intentional learning of goals and relationships), and identity (based on autobiographical learning of a person's creative life narrative) [see lecture powerpoint 3] (3, 4).

Each of these domains can be related to particular traits that people describe in taking the Temperament and Character Inventory (TCI) that I developed in 1993 (5, 6). There are other ways of measuring and deconstructing personality, but the TCI is a comprehensive model that includes self-transcendence, which is essential for incorporating the important role of spirituality and virtue in the development of health, just as Paul Tournier advocated. Other models of character strengths measure traits like openness to experience, but this is only weakly related to TCI Self-Transcendence and does not capture the essential spiritual processes of growing in self-awareness and enlarging consciousness that are essential (not optional) to optimal health promotion (7).

In order to facilitate self-awareness, my colleagues and I found it helpful to take the view of a person as a whole, rather than just a collection of individual traits. We found that individual traits change in their meaning depending on how they are combined. For example, consider the possible combinations of the three temperament traits of Novelty Seeking (impulsive vs orderly), Harm Avoidance (anxious vs risk-taking), and

Reward Dependence (sociable vs aloof), as illustrated in the TCI "Temperament Cube" [see lecture powerpoint 4] (8). Individuals who are low in Harm Avoidance (i.e., who are optimistic and confident rather than pessimistic and shy) are highly reliable and well-adapted if they are also low in Novelty Seeking (i.e., orderly and deliberate) and high in Reward Dependence (i.e., sociable and warm). However, people who are low in Harm Avoidance may also be vulnerable to premature death and antisocial behavior if they are also high in Novelty Seeking (i.e., impulsive, rule-breaking) and low in Reward Dependence (i.e., cold and detached).

Furthermore, my colleagues and I discovered that temperament alone was inadequate to characterize how healthy a person is. Any temperament constellation can be healthy if a person has a well-developed character structure. Character refers to what a person makes of himself or herself intentionally, whereas temperament refers to our irrational emotional impulses (5). Put another way, character involves a person's mental self-government, which has 3 branches: the executive branch of self-directedness (resourceful, purposeful, responsible), the legislative branch (tolerant, helpful, empathic), and the judicial branch (idealistic, altruistic, contemplative) [see lecture powerpoint 5].

The various styles of mental self-government are illustrated in the TCI Character Cube [see lecture powerpoint 6]. Individuals who are low in all three character traits have a perspective that life is hard (i.e., they are low in Self-directedness), people are mean (i.e., they are low in Cooperativeness), and then you just die (i.e., they are low in Self-Transcendence), which is an apathetic or depressive perspective. In contrast, those who are high in all three character traits see life's challenges as opportunities to discover how to learn and grow (i.e., are hopeful and high in Self-directedness), to learn to be kind (i.e., are loving and high in Cooperativeness), and to grow in awareness (i.e., to be faithful and high in Self-Transcendence). Individuals who are high in all three character traits are described as having a creative character, which I think Tournier would agree with me is the healthiest of the possible character structures (9).

Empirically, the creative character has been repeatedly found to be associated with positive health. Initially we found the creative character was associated with more positive emotions and fewer negative emotions [see lecture powerpoint 7] (1). Later we found it was associated with greater physical, mental, and social well-being [see lecture powerpoint 8] (10). For example, if any one of the three character traits is not high, there is a reduction in a person's heart rate variability, one of the strongest predictors of mortality and morbidity from all sources (11).

Understanding the Processes of Thought

Our personality is a summary description of our feelings, thoughts and actions over long periods of time. Personality can be understood as a kind of averaged description of our processes of thought, which fortunately we can observe and change from moment to moment (1).

It is useful to distinguish three steps in the processes of thought: (i) the initial perception, which is a direct intuition that comes before words are assigned to label the

experience, (ii) interpretations of the perception in terms of words and emotions, and (iii) actions emerge in response to the words and emotions experienced. It is important to recognize these steps because to grow in awareness we need to be able to observe and modulate each one using different techniques. Negative emotions that occur in the third step at times need to be calmed in order to be able to be rational or mindful. Once a person is calm, they can accept and face their situation even if it is unpleasant. Then they can observe the flow of their thoughts and feelings to understand them without judging and blaming, which is called meta-cognition or mindfulness. Finally, it is possible to recognize that our initial perceptions may be colored or biased by influences that are unconscious, which is called meta-perception or contemplation (1, 7).

Empirical studies indicate that character traits can be stably modified in as little as 8 weeks by mindfulness training and related forms of psychotherapy (2, 12). Temperament changes more slowly but can also be modified to some degree by self-directed reconditioning.

Key Components of Promoting Well-Being

The key components of health promotion that have been uncovered in research on the science of well-being are consistent with the principles of medicine of the person described by Paul Tournier. My colleagues and I in the Anthropedia Foundation have described Plasticity, Virtue, and Functioning as the 3 key components of what we call the Motor of Well-Being (4) [see lecture powerpoints 10-12]. Creative functioning promotes increased plasticity (i.e., readiness for change, cognitive flexibility, freedom of will). In turn, plasticity promotes virtue (i.e., self-transcendent values), such as love, hope, and faith. Virtue inspires more creative functioning, thereby establishing a virtuous cycle that leads incrementally and creatively toward optimal health as we learn in response to life's challenges. These processes become increasingly self-aware in the process of a therapeutic dialogue and in meditation practices that include components of stress reduction, mindfulness, and contemplation. Our understanding of our identity deepens as we address ultimate existential questions, such as "Who am I?, What makes me happy?, and What gives life meaning?"

These processes can be expressed as three practices that lead to well-being: working in the service of others, letting go, and growing in awareness [see lecture powerpoint 13] (1, 4). I have often illustrated the process of letting go with the painting of the Diver of Paestum, in which a man is hanging in mid-air after diving off a precipice into an unfamiliar pool of water below. To do so requires acceptance with hope and faith. Like the diver of Paestum, Paul Tournier describes the courageous action of acceptance and letting go as the "experience of being in-between" [see lecture powerpoint 14]: The experience of being in between -- between the time we leave home and arrive? at our destination; between the time we leave adolescence and arrive at adulthood; between the time we leave doubt and arrive at faith. It is like the time when a trapeze artist lets go the bars and hangs in midair, ready to catch another support; it is a time of danger, of expectation, of uncertainty of excitement, or extraordinary aliveness."

This process may be regarded as highly subjective by skeptics but recent work on the neurobiology and genetics of well-being show that we can now identify nearly all the genes that regulate the learning processes underlying human personality (13). These genes do in fact regulate processes of health, longevity, and plasticity by their effects on systems of learning and memory for habits, intentionality, and autobiographical memory. A brief summary of some of the new findings about the genetics of personality is provided [see lecture powerpoint 15]. Our genes do not predetermine personality traits that are fixed throughout life; on the contrary, they are more like a tool kit to allow our adaptation to change by learning. Specifying the genes also helps to identify the environmental influences that elicit adaptive learning and epigenetic changes in the expression of the genes. Hopefully these emerging findings will stimulate collaboration between neurobiological and psychosocial research to enhance the translation of science into effective clinical and public health promotion.

Conclusions

Paul Tournier was an exponent of Medicine of the Person and clearly described the importance of the person-centered alliance with active listening to help inspire others by experiencing love, hope, and faith to accept the reality of their lives so they could let go in order to heal and grow in a creative way meaningful to them (14). My own work on the science of well-being contains these same crucial elements, as has the work of many physicians and philosophers who preceded us both (1). As Gandhi said, “I have nothing new to teach the world. Truth and Non-violence are as old as the hills. All I have done is to try experiments in both on as vast a scale as I could. (15)”

At the present time, there is much fear, greed, and violence dehumanizing medicine and the world. Likewise Tournier described most conversations he heard, between nations or between individuals, as “dialogues of the deaf”. So it is especially important for us all to work together to promote person- and people-centered health

Accordingly, I thank the Paul Tournier Association and the International College of Person-Centered Medicine for the Paul Tournier Prize. In particular I thank them for this opportunity to point out the congruence of findings about the biopsychosocial basis for health that has been repeatedly uncovered by both scientists and clinicians regardless of the culture or time period.

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