

“Without emotion, man would be nothing but a biological computer. Love, joy, sorrow, fear, apprehension, anger, satisfaction, and discontent provide the meaning of human existence”.

Arnold M. Ludwig---1980

It is important for us to recognise that we have certain habitual ways of thinking, as individuals, and that these may heavily influence the way in which we think and feel about our illness.

Various psychologists have studied the effect of emotion upon our memory, our processing of information and our judgement about a variety of different aspects of our lives.

As the philosopher Epictetus said about 2,000 years ago:

“The thing that upsets people is not what happens but what they think it means”.

The way in which we react to events both emotionally and behaviourally is not simply due to the events themselves, but dependent substantially upon what we think, or even take 'as read' those events mean.

And that, in turn, depends upon several aspects of reaction such as our memory of similar events, our mood at the time of the events, our prevailing, habitual outlook (whether optimistic or pessimistic).

Professor Gordon Bower, of Stanford University, in a paper entitled "Emotion and social judgments" ([1](#)), suggested that we need to

"question the age-old belief that people are supremely rational creatures, that we are well-functioning calculators who can set aside our passions, look at the facts objectively, and arrive at our evaluations and judgments rationally and without bias.

All of our subjects believed this myth; they believed that they were being totally objective, that their emotions were not influencing their judgments and perceptions of themselves and their world.

But we find that people cannot override their emotions; their emotions appear to leak out in nearly everything they do. Their thinking is suffused with emotion"

He concludes his paper thus:

"I think that by appreciating these facts about how our emotions dramatically color our memory and our judgment, we should be able to gain a better understanding and tolerance for differences in each other's judgments and perspectives."

In addition, we can learn more about the way we tend to deal with problems. We may then be able to reassess the degree of success we can achieve from our customary strategies and devise more appropriate ones if necessary.

The Dragon Doesn't Live Here Anymore by Alan Cohen:

"If you always do

what you've always done,

you'll always get

what you've always gotten"

Turk and Meichenbaum, in 1994, noted,

"thoughts (e.g. ratings, expectations, beliefs) may elicit and influence mood, affect physiological processes, have social consequences and also serve to drive behaviour, equally, mood, physiology, environmental factors and behaviour may influence the nature and content of thought processes."

This is a rather wordy explanation of the mind-emotion-body interaction, which is a two-way street. How we think can influence how we feel and vice versa, and both affect bodily reactions (as we saw in anxiety).

One of the common phenomena is something rather grandly termed

"mood -congruent processing";,

which basically means that a person's mood can sensitise them to take in information that tends to fit in with that mood; information that is congruent to the mood becomes more salient than other information, so there is a bias towards concentrating on that congruent information.

The person thus tends to think about that material more deeply and associates it more closely with other salient information (which Bower called 'associative elaboration': in other words, a train of thought on a specific track: the route having being determined by the starting point, which related to the mood at the time).

Over a period of time, the trend towards this type of information being attended to more closely than other types means that this sort of material is learnt better than non-congruent information.

Bower contends that happy people attend and respond more to pleasant aspects of their environment (and learn more about them) whereas sad people focus more on unpleasant aspects.

This also applies to word association. For instance, happy people may associate the word 'LIFE' with other words such as *freedom, love*, whereas sad people are more likely to think of words such as *struggle, death*.

Furthermore, there is some psychological basis to the well-worn phrase,

"Misery loves company";:

we tend to gravitate towards people who share our mood. Generally, people prefer the company of happy folk, and avoid depressed people, but those who are sad and 'down' have been found to prefer the company of other unhappy people.

This seems surprising.

Studies have shown that even aspects of our lives such as the films we watch, may have an effect upon the way in which we think.

Psychologists asked people before and after watching different types of films, about a number of different aspects of their lives, including their attitudes to public figures such as politicians.

They found that those who had watched a comedy were more satisfied with their own life and

more optimistic about their future (as well as more favourably inclined towards politicians!) than those who had watched a sad or violent film.

Studies have also looked at the way in which mood affects reports of physical health problems.

Unsurprisingly, sad people tend to report worse symptoms than those who are happy.

Importantly, in addition, sad individuals rate their vulnerability to future illness and the expected efficacy of medical interventions in much more pessimistic terms than those who are happy.

This may, in some people, give rise to a degree of fatalism that is a part of perceiving oneself as a victim. It may also result in non-compliance with prescribed treatment.

Bearing in mind that, as we have seen, chronic illness tends to lead to low mood, we can see how this might influence the way in which we perceive the current problems we are experiencing as well as the outlook for the future, which may well seem bleak; this, of course, leads to a vicious circle of a loss of hope and worsening depression.

On a much more positive note, the reason why I have included this brief discussion is not to state the obvious, but to pave the way towards later discussion of ways in which we can improve matters.

Cognitive behavioural therapy (CBT) is based upon the premises we have mentioned.

It is NOT about 'positive thinking', but is to do with accurate and rational thinking, which does often amount to a more positive outlook and certainly allows us to regain a sense of control over our lives.

[1] <http://www.cognitivetherapy.com/bower.html>