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TAMING THE BEAST WITHIN

DAVID PUGMIRE



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I AGREE WITH WHITING and others that there can be more to emotions than the cognitive attitudes that inform them, including valuational attitudes. Emotion can also be awakened without these. For that matter, feeling can actually fly in the face of thought. I suggest that despite this, however, even recalcitrant emotions might be more responsive to cognitive intervention than Whiting allows. This could be important, particularly where more sure-fire noncognitive therapies are lacking. The therapeutic interest of a person's cognition is not wholly dispelled, even in the hard cases Whiting brings to our attention.

Whiting's challenge to cognition-based therapy for emotional (and related) problems is not to the principle on which such therapy is based, but to the scope of that principle. He concedes that many emotional responses crucially depend on how their host represents the things affecting him. However, Whiting thinks these form but one type of case. In other cases, this picture is misleading and cognition-based therapy more apt to be futile. There are, he thinks, cases in which what is dysfunctional about an emotional response or attitude partly consists in the very fact that it is resistant to the appropriate cognitions. Thus, the way a person feels can be strikingly at odds with what the person actually thinks and resistant to the influence of reforms in that. This is one of the reasons for

thinking that emotion is not always the creature of cognition, either causally or conceptually.¹

The general fact that emotional responses can arise from noncognitive sources and remain in the thrall of these is of interest partly because the emotional aspects of at least some mental disorders might involve this. Where this was so, the question would arise as to what these sources variously were and what therapies, if any, they might respond to. Whiting's paper concentrates on the theoretical stage setting that would generate these challenges. That it generates them is part of the interest of his paper.

Whiting's examples of noncognitively sourced emotional feelings are various in kind: alcohol-induced sadness, coffee-induced edginess, stress anxiety, and endogenous and opaque responses such as pedophilic excitation. Presumably there are other, less obviously or mundanely chemically sourced responses. And to these might be added the experience of other people's emotion. There is a direct affective vulnerability to the manifestations of emotion in others: The intimidating glare, infectious sadness or joy, and so on. (That is, we respond with feeling to the very expression of emotion, emotion as it is shown to us, sometimes as directed at us, and this is not the same as thoughts we have about others' emotions, to which we may also, of course, be susceptible emotionally.) But what is of clinical interest is not response episodes that reflect happenstance (too much coffee, catching sight of a snake underfoot), but more

chronic emotional dispositions. And there are numerous *prima facie* candidates for these to add to Whiting's examples of pedophilic arousal and depression (e.g., phobias, mood swings, anxiety, flatness, proneness to runaway anger). Some, of course, would query how far our noncognitive (or precognitive) vulnerabilities really extend. Appearances can deceive, and the relation of emotional response to cognition can be subtle. Where emotion seems at odds with thought and resistant to changes in it, this can still owe to the presence of controlling thoughts that are concealed, even from the affected person. Pivotal thoughts may elude a particular confused person, or they may be tacit, as yet unrecognized. It is possible to be self-deceived, mistaken about what one believes, where, for instance, one is subject to wishful thinking about what one really believes ("The fool hath said in his heart that there is no God"). And this raises the whole question of what "cognition," "thought," or "represents" actually can mean. These are umbrella terms for a variety of possible attitudes. Except for behaviorists, what one is disposed to *say* (tell oneself) about something need not be the same as what one *believes* about it. *Imagery* can be distinct from belief and is possible even without belief, and to great effect (e.g., as in fantasy). Perceptions of things, and even images themselves, can be aspectually ambiguous. And constructions of all these kinds can jostle with one another in ways that need not be rational (such as by association, resemblance, or accident). So the cognitive contents and dispositions on which emotive response turns can be elusive, and they may be present where they seem absent. Candidates must be examined carefully.

In acknowledging this, however, it is important not to presume on it. The burden *is* on the cognitivist to show that portrayal of some sort does indeed lurk behind a given apparently renegade emotional dysfunction. Whiting's challenge establishes at least that much.

Whiting's further claim is that where this cannot be shown, we need to intervene at a deeper level, in the person's very vulnerability to emotion, which is indifferent to cognition (or which actively distorts cognition). Why *does* this person respond as he does to perfectly well-formed perceptions

that cannot, of themselves, explain this? Why get upset in *that* way (major depression) about having shattered Granddad's vase? Notice that if we look to distorted representations by this person of the basic fact that he has shattered the vase (e.g., of this mishap as symbolic of the shipwreck of his life), we are only led back to that starting point: Why does this event have this emotionally charged meaning for him? The antecedent status and primary importance here of the *affective* disposition the person betrays here detracts, Whiting suggests, from the importance of the distorted cognitions themselves and of attending to *them* therapeutically. Thus, in his discussion of the second response (pp. 243), Whiting says that the representations which support the defective emotion are themselves caused by that response. It is they that are derivative and secondary, not the feelings.

My reservation about this is as follows. Derivative thoughts can still be efficacious. They can serve to sustain what they do not originate. There are two ways in which this could happen. Thoughts that support an emotional response or attitude could have a source independent of it. Or, thoughts can be implicated in an emotion more deeply than just as effects of it. Thus,

1. There could be mistaken thoughts whose source is actually independent of the person's crisis of despair at breaking the vase but which can stoke that despair. He sees his Granddad as a great man; he supposes the vase to be irreplaceable and priceless; he imagines his Granddad's good cheer and respect for him to depend on his reliability. It is not hard for someone to be possessed by a general backdrop of apprehensions capable of re-enforcing emotional responses to which that person happens to be independently inclined. These would amount to convergent causes. But to unpick these would tend, therefore, at least, to weaken the dysfunctional response and thereby give better chances to efforts at disabling the root cause. Take away the flanking attitudes and their subversive influence, and the troublesome response is that much less compelling, and then there is greater chance of getting the person to distance himself from it.
2. Where a person's portrayal of an emotionally charged situation *is* actually prefigured in their emotion, the relation can actually be stronger than causal (where the portrayal is just an effect of how the person feels). In his reply to the first response, Whiting observes himself that "evaluating oneself negatively may often just consist in feeling low about oneself" (243). But

“consist” cuts two ways here. Depressive thoughts, imaginings, and memories are as internal to the depressed person’s emotional state as dysphoric feeling, for the feeling is to be found in them. They reverberate with his melancholy. Black thoughts are despair’s footholds. In other words, these thoughts are not just symptoms of how he feels, for to hold them *is* to embrace gloom, and to express them *is* to express gloom. To be sure, self-reflection *can* bring bleak insights and withering self-assessments in the absence of consuming melancholy: the judge may be stern but robust. But the adverbial qualities, the tone and the content of thoughts that serve as the conduits of depression are customized for misery: the relentlessness of their pessimism, their oppressive iteration and exhausting omnipresence, and their excruciating terms. Where this is so, to grapple with the thoughts is to grapple with the emotion and to grapple with the emotion is to grapple with the thoughts. So the thoughts here do offer *one* way into the emotion. And it does not follow that because the thoughts are not themselves the cause of the depression, change in the thoughts could not nonetheless influence the cause (which might, for its part, prove quite elusive, both in a given case and generally). The force of an aroused emotion such as anger or hate, its intensity and its motivational power, can hardly fail to be enhanced if supported by clear, unequivocal judgment and compelling imagery, even if these have a follow-on status. By the same token, the force of emotion is bound to be diminished by tentativeness or change in these buttressing cognitions. The emotion may itself, of course, throw up defenses against doubts, qualifications, or alternative perspectives—and any attempt to introduce these. But such defenses need not be unbreakable and nor are they inevitable, for the thoughts thrown up by turbulent emotion can be unwelcome (e.g., we tend not to *want* to believe there is much to fear). There is indeed room for noncognitive intervention, if any practicable form of that offers itself, but the thoughts, however tenu-

ous their grip, might have the edge when it comes to therapeutic availability. Instructively, it was a *mix* of noncognitive and cognitive arousal that brought the first step of recovery to the American novelist, William Styron, as he recalls in his chronicle of his own depressive illness, *Darkness Visible*:

At one point in the film [which he was watching] from unseen musicians, came a contralto voice, a sudden soaring passage from the Brahms *Alto Rhapsody*. This sound, which like all music—indeed all pleasure—I had been numbly unresponsive to for months, pierced my heart like a dagger, and in a swift recollection I thought of all the joys the house had known . . . All this I realized was more than I could ever abandon.” (Styron 1991, 66)

Perhaps the fortuitousness of Styron’s hearing the sound of the *Alto Rhapsody* at that pivotal moment when he was on the brink of suicide (and of the fact that he had often heard his mother sing it), and the unpredictable power of this over him, serve as a reminder that effective non-cognitive treatment of emotional disorders can be quite as precarious as their cognitive treatment. We can agree, then, that treating emotional problems *may* not require altering eliciting cognitions, but it *might* still be helped by that.

NOTE

1. See Whiting (2006) and his references for further literature in support of these claims.

REFERENCES

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