

POSITIVE THINKING AS CONDITION
FOR PHYSICAL WELLBEING

by

JEANNETTE SLABBERT

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To my belated parents,
Koos and Renie Uys
for their legacies
that still inspire me.

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CONTENTS

OPSOMMING	vii
CHAPTER 1: ORIENTATION AND RESEARCH DESIGN	
1.1 CONTEXT OF THE STUDY	1
1.2 THE RESEARCH PROBLEM	3
1.3 AIM OF THE RESEARCH	5
1.4 MOTIVATION FOR THE RESEARCH	5
1.5 DEFINITION OF CONCEPTS IN THE STUDY	6
1.5.1 Thinking	6
1.5.2 Personal Leadership	7
1.5.3 Physical Health	8
1.6 RESEARCH STRATEGY AND RESEARCH METHOD	8
1.7 PARADIGM OF THE STUDY	9
1.8 COURSE OF THE DESIGN	11
CHAPTER 2: THE MIND-BODY RELATIONSHIP IN PHYSICAL HEALTH WITH SPECIFIC REFERENCE TO THE EFFECTS OF NEGATIVE THINKING ON THE BODY	13

2.1	OBJECTIVE OF THE CHAPTER	13
2.2	HISTORY OF MIND-BODY MODELS	13
2.2.1	Introduction	13
2.2.2	History of mind-body models	15
-	The mind-body model in ancient times	15
-	The Greek mind-body model	16
-	The Chinese mind-body model	16
-	The mind-body model during the Middle Ages	16
-	The mind-body model of the Renaissance	17
-	The mind-body dualism model	17
-	The biomedical model	18
2.3	A NEW UNDERSTANDING OF HEALTH AND ILLNESS	19
-	Psychosomatic medicine	19
-	The general systems theory	20
-	Psychophysiology	22
-	Psychoneuroimmunology	22
2.4	BELIEFS AND HEALTH	23
2.5	MIND AND BODY : EXPLORING THE STRESS LINK	25
-	Definition of stress	26
-	Different kinds of stress	27
2.6	MECHANISMS THAT INTERRELATE PSYCHOLOGICAL PROCESSES AND BODILY REACTIONS AFFECTING HEALTH	28
-	The conscious and subconscious minds	28

-	Physiological processes that are controlled by the subconscious mind:	29
-	The autonomic nervous system	30
-	The hypothalamus and pituitary gland	31
-	The adrenal cortex	31
-	Specialised neurons	32
-	Cortisol secretion	32
-	Systems of immunity	32
-	The General Adaptation Syndrome (GAS)	34
2.7	THE INFLUENCE OF STRESS AND NEGATIVE THINKING ON THE IMMUNE FUNCTION	35
2.8	CONCLUSION	38
 UNIVERSITY OF JOHANNESBURG		
CHAPTER 3 : THE ROLE OF POSITIVE THINKING IN PHYSICAL WELLBEING		
3.1	OBJECTIVE OF THE CHAPTER	39
3.2	INTRODUCTION	39
3.3	THE ROLE OF POSITIVE THINKING IN PHYSICAL WELLBEING	40
3.3.1	Outcomes of positive thoughts	41
3.3.2	The psychophysiological link between thoughts, emotions and health	41
3.3.3	How optimism influences health	42

3.3.4	Studies that confirmed the link between positive thinking and good health	43
3.4	THE EFFECT OF POSITIVE THINKING ON THE IMMUNE SYSTEM	44
3.5	THE EFFECT OF POSITIVE THINKING ON HEALING	47
3.6	THE EFFECT OF POSITIVE THINKING ON LONGEVITY	50
3.7	A CASE FOR CHANGING TO POSITIVE THINKING	52
3.8	CONCLUSION	55
 The logo of the University of Johannesburg, featuring two stylized birds facing each other with a sunburst above them, and the text 'UNIVERSITY OF JOHANNESBURG' to the right.		
CHAPTER 4 : SUMMARY, FINDINGS AND RECOMMENDATIONS		
4.1	OBJECTIVE OF THE CHAPTER	56
4.2	SUMMARY OF THE COURSE AND CONTENT OF THE STUDY AS AN ENTIRETY	56
4.3	FINDINGS OF THE LITERATURE STUDY	58
4.4	SIGNIFICANCE OF THE STUDY : A CONCLUSION	62
4.5	RECOMMENDATIONS	64
BIBLIOGRAPHY		65

OPSOMMING

POSITIEWE DENKE AS VEREISTE VIR FISIEKE GESONDHEID

Die doel met die navorsingsessay was om positiewe denke as vereiste vir fisieke gesondheid te ondersoek. Die volgende spesifieke probleme is deur die studie aangespreek: a) die denke-liggaamsverhouding in fisieke gesondheid en spesifiek die impak wat negatiewe denke op die liggaam het, en b) die effek wat positiewe denke op fisieke gesondheid het.

'n Hermeneutiese navorsingstrategie is gebruik, wat ondersteun is deur 'n beskrywende navorsingsbenadering. Die klem was op die indiepte beskrywing van positiewe denke as vereiste vir fisieke gesondheid. 'n Literatuurstudie is as navorsingsmetode in hoofstukke twee en drie gebruik. Die studie is vanuit 'n humanistiese paradigmatische perspektief gedoen aangesien dit met die konsep van persoonlike leierskap ooreenstem.

In hoofstuk een is die oriëntasie tot die studie asook die navorsingsontwerp gedoen. In hoofstuk twee is die denke-liggaamsverhouding in fisieke gesondheid en die effek van negatiewe denke op die liggaam bestudeer. Die literatuurstudie het die volgende bevindings opgelewer:

- Verskillende denke-liggaamsmodelle het sedert die antieke tye ontstaan.
- Die hedendaagse studie van psigoneuro-immunologie, waar die mens se gevoelens, houdings, stress, emosionele toestand en sosiale verhoudings

se ineengevlegdheid met sy immuun- en senuweestelsels nagevors word, het 'n nuwe begrip van gesondheid en siekte meebring.

- Oortuigings beïnvloed 'n mens se gesondheid en die mens se oortuigings aangaande sy vermoë om gegewe situasies te kan hanteer, speel 'n belangrike rol in sy vermoë om gesond te bly.
- Die beste voorbeeld van die integrasie van denke en die liggaam is te vind in die stresrespons.
- Negatiewe denke bring mee dat die veg- of vlugrespons van die sentrale senuweestelsel voortdurend geaktiveer bly.
- Die afskeiding van adrenalien wat hiermee gepaardgaan, vernietig die witbloedselle in die immuunsisteem.
- Dit lei tot 'n verswakte immuunstelsel wat verskeie siektetoestande en selfs die dood tot gevolg kan hê.
- Die voortdurend aangeskakelde stresrespons kan ook aanleiding gee tot 'n afname van proteïnsintese, wat vir die instandhouding en herstel van die liggaam noodsaaklik is.

In hoofstuk drie is die invloed van positiewe denke op fisieke gesondheid bestudeer. Uit die literatuurstudie in hoofstuk drie is die volgende bevind:

- Positiewe, optimistiese denke bevorder ongetwyfeld goeie gesondheid.
- Benewens versterking van die immuunstelsel lei positiewe denke ook tot spoedige herstel en genesing.
- Positiewe denke dra ook by tot beter lewenskwaliteit en langlewendheid.

- Die mens se verantwoordelikheid ten opsigte van sy eie gesondheid is ook aangetoon.
- Goeie gesondheid is tot 'n groot mate 'n keuse deurdat 'n mens sy denke, hetsy negatief of positief, en die gevolge daarvan op sy liggaam kan kies.

Ten slotte het die studie aangedui hoe die persoonlike leier te werk kan gaan om positief te dink en daardeur goeie gesondheid te bevorder wat noodsaaklik is in sy strewe tot selfverwesening.



CHAPTER 1

ORIENTATION AND RESEARCH DESIGN

1.1 CONTEXT OF THE STUDY

Why is one person happy and another sad? Murphy (1993:5) supports this question and follows it up with some other questions. Why are some people healed of so-called incurable diseases while others aren't? Why is it so that a kind, good and religious person suffers from ill health both mentally and physically? Why, on the other hand, does an irreligious and immoral person enjoy radiant health, prosper and succeed (Murphy: 1993:5)? The answer to these questions could be in the workings of a person's conscious and subconscious minds: "... habitual thinking and imagery mould, fashion and create your destiny; for as a man thinketh in his subconscious mind, so is he" (Murphy, 1993:5). Since the workings of a person's conscious and subconscious minds are deemed to be so powerful, this study is aimed at investigating positive thinking as a condition for physical wellbeing.

It is doubted whether the ordinary layman realises the powerful effect his thinking has on his life and total wellbeing, neither does he know that his mind is the most powerful force in his life that he can have total control over.

A relatively young field of study that focuses on the control that a person can take over all aspects of his life (which includes his thinking) in order to develop his full potential and grow towards self-actualisation, is called personal leadership. Sims and Manz (1996: 56/57) describes personal leadership as “a set of skills for effectively influencing our own behaviour and thinking ... (based on) a variety of strategies for establishing greater self-discipline, more natural enjoyment and motivation in our work activities and more constructive thinking patterns and habits. Each of the types of self-leadership behaviour is important for establishing a balanced, constructive personal system of self-influence.” A person applying personal mastery and control in his life is called a personal leader. This study is aimed at giving the personal leader the necessary understanding of how positive thinking is a condition for physical wellbeing.

A thought or a carefully orchestrated series of thoughts have a significant impact on our body, emotions and mind (McWilliams & McWilliams, 1991:11). Eliot (1989:16) writes that in modern times there is often a sense of invisible entrapment that haunts many people, a feeling that life is a joyless struggle, a lingering sense of loss and anger turned inward. According to Elliott (1989:17) this kind of chronic stress can lead to disillusionment, despair and disease.

Weinberg (1998:7) states that the mind indeed has a major controlling influence upon the state of body structure and function: a healthy mind is indeed a healthy body.

A relatively young field of study about the unification of mind and body through the immune system is called Psychoneuroimmunology (PNI). Weinberg (1995:342) states that the study of PNI is in the process of revolutionising the approach to health and disease.

Allen (1998:53) takes this argument further and writes that the body is the servant of the mind, disease and health are rooted in thoughts, and habits of thought will produce their own effects, either good or bad, upon the body (Allen, 1998 : 53).

It seems then, that a person's thinking has a powerful effect on his life and his physical health. This study will investigate how positive thinking is a condition for physical wellbeing.

1.2 THE RESEARCH PROBLEM

People are generally unaware of the influence of their thinking (negative and positive) on their physical wellbeing.

According to Ellis's Rational Emotive Behaviour Therapy (REBT), behaviour and emotions are the result of how a person thinks about himself, his circumstances, events and other people, and not of the circumstances as such (Knaus, 1994:60).

Rollo May (1994:100) states that Sartre's argument that we invent ourselves by virtue of the multitude of our choices 'may be an overreaction but that the partial truth in that must be recognised'. May's (1994:100) point of view is that human freedom involves the capacity to pause between stimulus and response, and the ability to choose in that pause, one's response.

In view of the fact that

- a) personal leadership aims at the enhancement of an individual's total well-being, and that one of the assumptions in personal leadership is that people do have a choice about how they react to problems and circumstances, and
- b) positive and negative thinking have different effects on a person's physical health,

this study will investigate positive thinking as a condition for physical wellbeing.

The specific problems of this study therefore are as follows:

- a) what is the mind-body relationship in physical health, and specifically the impact of negative thinking on the body, for example on the immune system?

- b) what is the effect of positive thinking on the improvement of a person's physical wellbeing and healing?

1.3 AIM OF THE RESEARCH

In view of the apparent powerful effect of a person's thinking on his life, the overarching aim of this study is to determine to what extent positive thinking is a condition for physical health.

1.4 MOTIVATION FOR THE RESEARCH

The average layman doesn't know if and how his thinking has an effect on his physical health. In today's society so many people suffer from serious health problems, without even knowing that the way they think about matters could, to a great extent, contribute towards these problems. Too many people experiencing physical problems in their lives feel powerless, and trapped like victims, not knowing how they could help themselves towards healing and better health.

This study is motivated by the need to equip the personal leader with the necessary knowledge and understanding as to how positive thinking is a condition for physical health. One of the principles of personal leadership is that a person should take charge of and master his own life (Covey, 1990:31, 42, 54; Robbins, 1992 : 237-414), which should include his thoughts and health. A starting point for the application of personal

leadership in a person's life is that he should first of all know who he is, in other words, what his capabilities are and where he stands with his life at a specific moment in time. As a person's thinking is one of, if not the most powerful capability and power in a person's life, it is of critical importance that the personal leader know the extent to which his thinking will impact on his health.

Another need that motivates this study is that a personal leadership facilitator guide needs to be compiled for use by a personal leadership facilitator when assisting others on the road to personal leadership. This study is also aimed at making a contribution to such a personal leadership facilitator guide.



1.5 DEFINITION OF CONCEPTS IN THE STUDY

As concepts central to the study are used in their general, familiar contexts, only three concepts will be connotatively described. A connotative definition of a concept is a description of the authors' interpretation of the concept as intended and applied in the study (Smith, 1995:16).

1.5.1 Thinking

Nelson-Jones (1989:4) says that there are a variety of mental processes that can be subsumed under the word thinking. Although it is far from exhaustive, he lists over 30 mental processes that highlight aspects of thinking (Nelson-Jones, 1989:4), all of which

will be applicable to this study:

“Some processes of thinking:

Anticipating	Creating	Judging
Attributing	Deciding	Knowing
Being aware	Distorting	Memorizing
Believing	Evaluating	Problem-solving
Choosing	Fantasizing	Reasoning
Concentrating	Forgetting	Reflecting
Conceptualising	Imaging	Remembering
Concluding	Introspecting	Understanding
Considering	Intuiting	Visualizing”

1.5.2 Personal leadership

Covey (1990:42/3) explains personal leadership as a principle-centred, character-based, “inside out” process leading to personal and interpersonal effectiveness. It is a continuing process of renewal based on the natural laws that govern human growth and progress.

Meyer (1993:Introduction 2) explains personal leadership as the ability to crystallise thinking in order to establish direction in one’s life, and to move towards the attainment of forthcoming goals.

Russell (1996:57/58) sees personal leadership as the ability to

develop a personal strategy and to generate the energy necessary to accomplish personal objectives.”

Sims and Manz (1996:57/67) describes personal leadership as a set of skills for effectively influencing our own behaviour and thinking ... (based on) various strategies for establishing greater self-discipline, more natural enjoyment and motivation in our work activities and more constructive thinking patterns and habits.

From the above definitions one can conclude that personal leadership is the ability, skills and approach to take personal responsibility for one's own life and to manage and control one's life in order to develop and grow to one's full potential (self actualisation).

1.5.3 Physical health

In this context the word 'physical' is described in the Pocket dictionary (Griswood, 1989:155) as: 'having to do with the body'. The Oxford paperback dictionary (Hawkins, 1988:608) gives the same meaning to the word 'physical', explaining it as: 'of the body'.

The word 'health' is explained in the Pocket dictionary (Griswood, 1989:101) as: 'how well or ill the body or the mind is'. The Oxford paperback dictionary (Hawkins, 1988:372) affirms this definition, by

describing the word health as: 'the state of being well and free from illness.'

Physical health will thus, for the purpose of this study, be used in the sense that the body is well and free from illness.

1.6 RESEARCH STRATEGY AND RESEARCH METHOD

The primary research strategy of the study will be hermeunetic in nature. A hermeunetic approach entails an accurate interpretation and understanding of the actions of people against the background of subjective contextual motives, and also insight and understanding of the subjective giving of meaning (Smith, 1993:28).

The hermeneutic strategy will be supported by a descriptive research approach. This entails a systematic, accurate and factual description or version of the research theme. (Smith, 1995:Annexure A). The emphasis will be on an in-depth description of positive thinking as a condition for physical health.

The research method that will be used is a literature study. A literature study is normally used to determine what has been published in a field of study. A literature study is a clear, exact and systematic study with correctly ordered notes of existing literature with regard to some problem field (Smith, 1993:47). The study of existing literature will also be used

to learn about theories about the subject, including different views on the subject providing deeper insight into the field of study (Smith, 1993:47).

A literature study will be done in chapters two and three on the mind-body relationship in physical health and the effects of negative and positive thinking respectively on the body.

1.7 PARADIGM OF THE STUDY

A paradigm is an umbrella term for a specific scientific tradition, tendency or school of thought which is shared by a number of scientists (Smith, 1995:20). The broad paradigmatic perspective from which the study will be conducted will include an exposition of the author's broad knowledge ideal and how this study relates to it; the author's views about man, education and science as applicable to the study (Smith, 1995:20.)

This study will be conducted from a humanistic paradigmatic perspective, which is concerned with creativity and self-fulfilment (Hampden-Turner, 1981:116). According to the humanistic paradigm, people have the unique ability to develop their potential and to strive towards self-actualisation and the attainment of higher values. Human development thus is not only determined by inborn instincts and environmental influences, but also by the unique way in which people accept, internalise and adapt to it, as well as through the future oriented goals that they set for themselves (Louw: 1987:193).

Carl Rogers, a humanistic psychologist, recognised that a person with an integrated personality can, inter alia, have a “sense of positive self worth, personal direction, and an increasing awareness of one’s entire field of experience; the consciousness into richer and more complex fields of meaning” (Hampden-Turner, 1981:116).

Abraham Maslow, one of the founders of humanistic psychology, conceived “a positive theory of human motivations” organised hierarchically into a sequence of five salient needs, each of which rises in turn to dominate the organism and then falls away in proportion to its satisfaction (Hampden-Turner, 1981:118). One of the highest needs that man has is to seek self-actualisation, the desire to be capable of becoming. According to Hampden-Turner (1981:118), “Maslow’s hierarchy of needs appears to reconcile Freud with his disciples: while Freud stressed physiology and security in the early years, Reich stressed love and attachment, Adler the need for self-esteem and Jung the search for self-fulfilment.” Maslow later concluded that man’s highest need goes beyond self-fulfilment, to that of self-transcendence - to have a goal higher than oneself; to make a contribution to mankind that leaves a legacy.

This study will abide by the paradigm of humanistic philosophy as explained above, as it corresponds with the definitions of personal leadership, as explained in paragraph 1.5.2, page 7.

1.8 COURSE OF THE DESIGN

In the successive chapters of the study, the following contents will be dealt with:

In chapter two the mind-body relationship in physical wellbeing, with specific reference to the impact of negative thinking on the body, for example the effect of stress on the immune system, will be studied. Chapter three will deal with the effects of positive thinking on man's health, which includes the enhancement of the immune system; healing and recovery, as well as good health.

Chapter four will conclude with findings and conclusions on the effects of a person's thinking on his physical wellbeing.

With the orientation and research design of the study now being concluded in this chapter, chapter two will be a literature study on the mind-body relationship in physical wellbeing with specific reference to the effects of negative thinking on the body.

CHAPTER 2

THE MIND-BODY RELATIONSHIP IN PHYSICAL WELLBEING WITH SPECIFIC REFERENCE TO THE EFFECTS OF NEGATIVE THINKING ON THE BODY.

2.1 OBJECTIVE OF THE CHAPTER

The objective of this chapter is to investigate the mind-body relationship in physical wellbeing with specific reference to the effects of negative thinking on the body. This objective links up with the overarching aim of this study, namely to determine how positive thinking could be a condition for physical wellbeing. To start off with, the history of the theory and beliefs about the mind-body relationship through the ages up to now will be reviewed.

2.2 HISTORY OF MIND-BODY MODELS

2.2.1 Introduction

The relationship between body and mind has been a source of speculation and controversy since ancient times. At some times and in some cultures, body and mind have been viewed as inextricably linked, while in other cultures and at other times, the two have been seen as separate (Bishop, 1994:18).

Yet, neglect of the mind-body link by technological medicine is actually a brief aberration when viewed against the entire history of the art of healing (Siegel, 1990:65). The need to operate through the patient's mind has always been recognised in traditional tribal medicine and in Western practice from its beginning in the work of Hippocrates. Siegel (1990:65) states that until the nineteenth century, medical writers rarely failed to note the influence of grief, despair or discouragement on the onset and outcome of illness, nor did they ignore the healing effects of faith, confidence and peace of mind. Contentment used to be viewed as a prerequisite for health.

However, the modern medicine man has gained so much power over certain diseases through drugs, that he has forgotten about the potential strength within the patient (Siegel, 1990:65). Awareness of the powers of the mind was lost as medicine cast out all "soft" data, the information that's not easily quantified or scientific. But it was only in recent years that a new field of study called psychoneuro-immunology started to focus on how a person's feelings, attitudes, stress, emotional states and social relationships (thus his psychosocial processes) are intertwined with both his immune and nervous systems (Bishop, 1994:298).

2.2.2 History of mind-body models

The history of mind-body models leading up to a new understanding of health and illness consists of seven models, namely: 1) ancient times; 2) the Greeks; 3) the Chinese; 4) the Middle Ages; 5) the Renaissance; 6) mind-body dualism and 7) the biomedical model. Each of these models will briefly be described.

The mind-body model of ancient times

Evidence from ancient times suggests that in early societies the body and mind were considered to be one unit (Bishop, 1994:19). Diseases of the body were understood as frightening spiritual powers. Kaplan (a.q.b. Bishop, 1994:19) wrote that when a person fell ill, it was believed to happen because spiritual forces or demons took over and controlled the person. Recovery then required that the evil spirits be exorcised from the afflicted body.

From the earliest conjectures about behaviour, the notion of “emotional experience” has been present (Grings & Dawson, 1978:2). The idea that bodily reactions are intimately involved with emotions can be found in writings of ancient poets and philosophers. Even today, our language is replete with references to the emotions – body relationship. For example, phrases like: ‘red with rage; cold sweat;

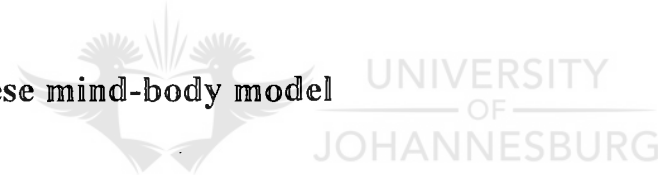
butterflies in the stomach; trembling with fear' and the like are used to describe emotional distress (Grings & Dawson, 1978:2).

The Greek mind-body model

The Greeks were among the first to understand disease in natural terms (Bishop, 1994:19). Kaplan (a.q.b. Bishop, 1994:19) writes that although the emphasis in Greek medicine was on natural causes of illness, the body and mind were still regarded as intimately related, with each affecting the other. Both Plato and Aristotle also believed this (Bishop, 1994:19).

The Chinese mind-body model

The Chinese also developed a naturalistic conception of health and disease (Bishop, 1994:20). Although this conception developed independently of Western concepts, it also emphasised disease as a natural phenomenon. In the Chinese view, the body and mind are closely entwined, and a person's physical health is very much influenced by emotions and behaviour. According to Bishop (1994:20), this interrelatedness of body and mind continues to be an important theme in Chinese medicine even today.



The mind-body model of the Middle Ages

In the Middle Ages (500-1500), the emphasis in understanding disease in the West moved from the naturalistic back to the spiritual (Bishop, 1994:20). During this period medicine was practised under the auspices of the Christian church, and disease was understood in spiritual terms. The belief was that violation of divine laws resulted in disease; and that healing was at least in part, a function of faith (Bishop, 1994:20).

The mind-body model of the Renaissance

Following religion's domination of medicine, the Renaissance saw a return to an emphasis on natural explanations for disease (Bishop, 1994:20). This period saw a renewed interest in the study of mathematics, physics and chemistry, paving the way for medical advances (Bishop, 1994:20). The role of psychological factors in determining health and illness had been considered very important up to then (Sheridan & Radmacher, 1992:3).

The mind-body dualism model

At this time a new foundation for modern medicine was laid in the doctrine of mind-body dualism (Bishop, 1994:20), which defined the mind and body as separate substances (Sheridan & Radmacher, 1992:3). It started when René Descartes was impressed in the

seventeenth century with life-size mechanical dolls that had been constructed to make human-like movements. Although they could not duplicate higher human operations, these merely mechanical inventions seemed to execute certain human functions. According to Sheridan and Radmacher (1992:3) this observation led Descartes to think that human bodies were like machines, and that human minds were a very different kind of entity. Thus functions of the body and mind were radically split apart.

The biomedical model

The dominant paradigm of medical science in the twentieth century is called the biomedical model (Sheridan & Radmacher, 1992:3). This paradigm has been strongly influenced by Descartes's dualism. Where premodern physicians believed that images and emotions were major influences on the disease process, the biomedical model, in contrast, sees images and emotions as belonging to the mind and therefore not capable of affecting the body. McClelland (1985:452) describes the biomedical model as a mechanistic model and states: "the body is treated like a machine by fixing or replacing the ailing part or destroying the foreign body that is causing the problem". According to Sheridan and Radmacher (1992:3) the discovery of external agents of disease such as bacteria, viruses, chemicals and vitamin deficiencies increased the strength of the biomedical model in modern medicine.

Engel (a.q.b. Sheridan & Radmacher, 1992:3) however states that within the framework of the biomedical model, only the biochemical factors of illness are considered. Social, psychological and behavioural dimensions fall outside its framework and therefore are ignored. Several other criticisms have been levelled at the biomedical model. Engel, according to Bishop (1994:38) believes that the biomedical model is a "dogma that does not adequately account for the phenomenon of being ill."

The development of different mind-body models through history lead to a new understanding of health and illness, which will be explained next.



2.3 A NEW UNDERSTANDING OF HEALTH AND ILLNESS

A new understanding of health and illness followed the old mind-body models, which gave birth to psychosomatic medicine, a general system theory (or biopsychosocial model), psychophysiology and psychoneuroimmunology. Each of these new concepts will be dealt with next.

Psychosomatic medicine

The challenge to expand the biomedical model originally came from psychosomatic medicine (Engel a.q.b. Sheridan & Radmacher,

1992:3). Psychosomatic medicine is the study of the interaction of psychosocial and biological factors in disease and health.

Psychosomatic means that both mind (psyche) and body (soma) are involved (Sheridan & Radmacher, 1992:3). According to Adler (a.q.b. Sheridan & Radmacher, 1992:3), this approach developed as it became more obvious that not everyone became ill after being exposed to a pathogen. Syme (a.q.b. Sheridan & Radmacher, 1992:3) states that it became clear that the biological factors that influence risks for disease account for only a small number of the cases of illness.

Adler (a.q.b. Sheridan & Radmacher, 1992:4) suggests that all disorders might be called psychosomatic as the brain receives and interprets all sensory input. It has to be shown, however, that biological, psychological and social factors interact to influence illness and health. Psychosomatic medicine has gone a long way toward that end, producing a large body of data that supports the body/mind connection (Sheridan & Radmacher, 1992:4).

The general systems theory (Biopsychosocial model)

In 1977 Engel (130) wrote: “we are now faced with the necessity and challenge to broaden the approach to disease to include the psychosocial without sacrificing the enormous advantages of the biomedical approach.” He and other theorists proposed a new understanding of disease and health based on a general systems theory

(Bishop, 1994:38). This gave birth to the biopsychosocial model, which is a systems approach to illness that emphasises the interconnectedness of mind and body and the importance of understanding disease at all levels (Bishop, 1994:38).

The general systems theory argues that nature is best understood in terms of a hierarchy of systems, in which each system is simultaneously composed of smaller subsystems and is a component of larger systems (Bishop, 1994:38). For example, the human body is made up of several interrelated systems, such as the endocrine system, the cardiovascular system and the nervous system. In turn, each of these is composed of various interrelated tissues and cells. Further, the physical body is only one of many aspects of a person, and each person is a part of larger systems, including a family, a community and the biosphere. These different systems can be understood in terms of a hierarchy of levels and of a continuum of interacting units (Bishop, 1994:23). The systems-theory approach, also referred to as the biopsychosocial model, explicitly recognises the interrelationship between the physical body and the psychological and social areas. The emphasis is on the importance of considering the whole person within a larger social context, considering psychological and sociological factors in illness along with the purely physical (Butler & Hope, 1989:39).

Psychophysiology

One important outcome of conjectures about physiological reactions and emotions has been the realisation that there is a subtle relation between states of feeling and bodily activity (Grings & Dawson, 1978:4). Psychophysiology is the research speciality that focuses on studying these relationships (Grings & Dawson, 1978:4). One of psychophysiology's main activities has been to manipulate behaviour factors, like emotional stimuli and experiences, while observing the resultant effect upon bodily responses that could be measured objectively from outside the body – responses like heart (pulse) rate, blood pressure, blood volume, palmar sweating, electroproperties of the skin (electrodermal responses), muscle tension and brain wave activity (Grings & Dawson, 1978:3).

Psychoneuroimmunology (PNI)

Contrary to assumptions that were long held in biology “we now know that the nervous system has considerable control over the immune system” (O’Leary, 1990; Volhardt, 1991; a.q.b. Kalat, 1995:424). There is increasing evidence that the brain, immune and endocrine systems are linked together in a single network or system (Pert a.q.b. Sheridan & Radmacher, 1992:276). Research increasingly finds that immunity is more than just a physiological process (Bishop, 1994:298). It also is a psychophysiological process that involves the person’s feelings and attitudes (Bishop, 1994:298). The kind of stress

a person is under, emotional states and a person's social relationships all influence the activity of the immune system. These influences are the focus of psychoneuroimmunology (PNI), a new specialist field that examines the ways in which psychosocial processes are intertwined with both the immune and nervous systems (Bishop, 1994:298).

“PNI “ is now indeed included as a heading in Medicus Index.” Its inclusion suggests that the limited framework of the biomedical model is being expanded to include the psychosocial dimension (Sheridan & Radmacher, 1992:276).

So far the history of mind-body models leading to a new understanding of health and illness have been dealt with. Next the role of beliefs in health will be dealt with, whereafter the stress link between mind and body will be explored.

2.4 BELIEFS AND HEALTH

Bishop (1994:39) states that two areas that illustrate some of the interactions of mind and body, are placebos, and the role of beliefs in health. He explains it as follows: a placebo is a treatment that has no specific action for the condition that is treated. By this definition more than 45% of medication prescriptions, as well as a host of other treatments, may be placebos. Placebos have been proved to affect a

wide variety of diseases and to be effective in the relief of a broad spectrum of symptoms. Placebo's appear to work by (a) changing patient expectations and perceptions, (b) altering behaviour, and (c) inducing physiological changes (Bishop, 1994:39).

Bishop (1994:39) states that in addition to the considerable evidence regarding placebos, a realisation has grown that other beliefs that people have influence their health. Recent work on how people cope with stress demonstrates that one's beliefs about one's ability to handle life situations play an important role in remaining healthy. Phenomena where people, who believed that they were condemned and cursed with death, die even without identifiable injury or disease (voodoo death), show the powerful effect of beliefs on health.

Beliefs can literally change our bodies in a matter of moments (Robbins, 1992:76). Robbins (1992:76) writes that Siegel told him in a private discussion, that he found in his research on Multiple Personality Disorders that the potency of these people's beliefs that they had become a different person, resulted in an "unquestionable command" to their nervous system to make measurable changes in their biochemistry. The result was that their bodies would literally transform before researchers' eyes and begin to reflect a new identity at a moment's notice. Studies document (Robbins : 1992:76) such remarkable occurrences as patients' eye colour that actually changes as their personality changes, or physical marks that disappear and reappear. Even diseases such as diabetes or high blood pressure is

documented to come and go depending on the person's belief as to which personality they're manifesting (Robbins : 1992:76).

Beliefs also have a significant influence on the healing process, as illustrated by work showing that the manipulation of beliefs through hypnosis can have a significant influence on such differing conditions as allergies and warts (Bishop, 1994:39).

We need to realise that our beliefs have the capacity to make us sick or to make us healthy in a moment (Robbins, 1992:77). The seat of our consciousness, our psychoneurology, can therefore no longer legitimately be divorced from our body physiology (Weinberg, 1998:3).

2.5 MIND AND BODY : EXPLORING THE STRESS LINK

Bishop (1994:125) asserts that perhaps the best example of the integration of mind and body is to be found in the stress phenomena. There is today little doubt that stressful experiences and thoughts of despair can increase the risk of many kinds of diseases (Kalat, 1995:418). It is now proven that stress has many important effects on several of the body's systems – of which the most prominent ones are the nervous, endocrine and immune systems – effects that can lead to the development of diseases (Bishop, 1994:125). Severe stress

can, in extreme cases, lead to “severe personality and physical deterioration – even death” (Carson & Butcher, 1992:148).

Definition of stress

The American physiologist, Walter Cannon, in 1935 was among the first to use the term stress in a non-engineering context, and he clearly regarded it as a disturbing force, something which upsets the person’s equilibrium and disrupts the usual balance (Carroll, 1995:3). Stress thus refers to those events or situations that challenge a person’s psychological and or physiological homeostasis (equilibrium or balance). Stressful circumstances are those which are not easy to accommodate (Carroll, 1995:3). Because of their meaning and the nature of the information they contain, a person has to mobilise extensive physiological and/or psychological resources to deal with them, as they can not be handled “on automatic” (Carroll, 1995:3).

Carson and Butcher (1992:140) explain stress as many obstacles, both environmental and personal, that prevent needs gratification. Such obstacles can place adjustive demands on people that lead to stress. The term stress has been typically used to refer to both the adjustive demands placed on “an organism, and the organism’s internal psychological and biological responses to such demands” (Carson & Butcher, 1992:140). Thus, adjustive demands are called stressors, and the effects they create within an organism are called stress.

Different kinds of stress

The term stress is applicable to a wide variety of events, and different kinds of stress produce different effects on the body (Kalat, 1995:424).

Lazarus and Cohen (a.q.b. Carroll, 1995:3/4) in 1977 compiled a taxonomy of the sorts of circumstances which are stressful and pose a challenge to homeostasis:

- a) cataclysmic events like natural disasters such as floods and earthquakes as well as “manufactured disasters” such as war,
- b) personal stressors (also called negative life events such as the death of a close relative, divorce, loss of a job, etc., and
- c) daily hassles that are omnipresent. What they lack in terms of magnitude or challenge, they make up for in terms of frequency and persistence. Daily hassles thus are rather more chronic than acute stressors, and it is this chronicity which makes them serious.

According to Bishop (1994:150) the experiencing of stress is extremely common in everyday life, and stress presents a prime example of the interplay between mind and body.

Now that the relationship between beliefs and health is clear, and the stress link between mind and body has been indicated, the mechanisms that interrelate psychological processes to bodily reactions will be explained.

2.6 MECHANISMS THAT INTERRELATE PSYCHOLOGICAL PROCESSES AND BODILY REACTIONS AFFECTING HEALTH

Kalat (1995:418) states : “Finding a connection between psychological factors and health is neither mystical nor anti-scientific.” What is called “psychological factors” or “internal events” is, according to biological psychologists, merely another term for “brain activity”, which can of course influence body functions (Kalat, 1995:418). There are various mechanisms that interrelate psychological processes and bodily reactions. The mechanisms that are relevant to health are the conscious and subconscious minds and the physiological processes that are controlled by the subconscious mind. These will be discussed below.

The conscious and subconscious minds

Murphy (1993 :26) illustrates the interrelationship between the conscious and subconscious mind (that controls some physiological processes) as: “The conscious mind is like the navigator or captain at

the bridge of a ship. He directs the ship and signals orders to men in the engine room, who in turn control all the boilers, instruments, gauges, etc. The men in the engine room do not know where they are going; they follow orders. They would go on the rocks if the man on the bridge issued faulty or wrong instructions based on his findings with the compass, sextant or other instruments. The men in the engine room obey him because he is in charge and he issues orders which are automatically obeyed. Members of the crew do not talk back to the captain, they simply carry out orders. The captain is the master of the ship and his decrees are carried out. Likewise, your conscious mind is the captain and the master of your ship, which represents your body, environment, and all your affairs. Your subconscious mind takes the orders you give it based upon what your conscious mind believes and accepts as true". "One therefore must give the right orders (thoughts and images) to your subconscious mind which controls and governs all your experiences" (Murphy, 1993:29), including the physiological processes that it controls.

Physiological processes that are controlled by the subconscious mind:

The subconscious mind controls various physiological processes, inter alia the autonomic nervous system, the hypothalamus and pituitary gland, the adrenal cortex, specialised neurons, cortisol secretion, systems of immunity and the General Adaptation Syndrome. Each of

these physiological processes, and the influences that they have on each other, will be described next.

The autonomic nervous system

The autonomic nervous system is a system that regulates bodily reactions (Sheridan & Radmacher, 1992:85). It consists of two parts: the sympathetic and parasympathetic nervous systems.

The parasympathetic nervous system controls the normal and restorative functions of the body – it restores and builds up the body's energy stores. Activation of the parasympathetic system stimulates digestion, slows down the heart and has a general calming effect on the body (Bishop, 1994:143). After the sympathetic nervous system has been aroused by a perceived threat, the parasympathetic nervous system normalises the affected body functions again (Bishop, 1994:143).

The sympathetic nervous system (SNS) is closely related to the part of the adrenal gland that secretes adrenalin (Sheridan & Radmacher, 1992:86). Cannon (Bishop, 1994:150) observed the arousal of the SNS and endocrine system to bring the body to action in a situation of perceived threat to help a person either to fight or flee from harm.

It is important to note that the SNS is not activated by stimuli themselves, but by how someone interprets those stimuli (Kalat, 1995:416). Arousal of the SNS, which prepares a person to act, results in inter alia an increase in heart rate, dilation of the pupils, inhibition of digestion, the conversion of stored energy to useable energy, restriction of blood flow to the skin and increased blood flow to the muscles.

In short, the body mobilises to meet what is interpreted as a threat (Bishop, 1994:145). The aroused SNS can cause major health problems, for example increased blood clotting and higher heart rate and blood pressure (Sheridan & Radmacher, 1992:86).

The hypothalamus and pituitary gland

A part of the brain, which is called the hypothalamus, controls the autonomic nervous system and regulates bodily systems directly. It is linked to the pituitary gland, which in turn, controls the output of the endocrine glands – thereby regulating a wide range of the body's organs (Sheridan & Radmacher, 1992:86).

The adrenal cortex

The hypothalamus and pituitary gland regulate the output of the outer part of the adrenal gland, called the adrenal cortex, which secretes hormones that regulate a wide range of bodily processes which

include the blood pressure, the immune system and inflammation (Sheridan & Radmacher, 1992:86).

Specialised neurons

Specialised neurons in the hypothalamus secrete releasing factors that control the output of the pituitary gland, which in turn controls the other endocrine glands (Sheridan & Radmacher, 1992:86).

Cortisol secretion

Cortisol secretion which suppresses immune activity is regulated by the hypothalamus. However, the neural control of immune activity is apparently “much more extensive than that”. (Sheridan & Radmacher, 1992:86).

Systems of immunity

There are two main systems of immunity, the acquired and innate systems. Sheridan and Radmacher (1992:86/87) explain the immune systems and their workings as follows.

The innate system of immunity consists of various mechanisms that eject harmful substances, create barriers to them or makes the bodily environment inhospitable to them. In the acquired system

various mechanisms are capable of recognising and neutralising substances, like viruses and bacteria, that are harmful.

The acquired system of immunity is further divided into a humoral and cellular system. The cellular system has special cells that recognise pathogens whereafter mechanisms are set in motion to destroy them. There are two major classes of cells within the cellular system of immunity, the phagocytes which destroy and devour harmful substances (called antigens) and the lymphocytes. There are two main types of lymphocytes: B-cells and T-cells. There are three main subclasses of T-cells: suppressor, helper and killer. Helper T-cells make use of chemical signals to tell other immune cells to attack antigens. While killer T-cells attack and destroy cells that contain antigens, suppressor T-cells turn off the defensive activity of the T-cell system when appropriate. The main function of the B-cells is to regulate the humoral immune system and it works by stimulating the production of antibodies. Antibodies are complex chemicals that recognise invaders and neutralise them. A major type of phagocyte is the macrophage which engulfs and destroys foreign invaders. It also cooperates with helper T-cells in sounding the original alarm that an invader is present.

Killer cells (K) and natural killer (NK) cells work in a cooperative way with the T-cells and humoral systems. They are probably part of a system that destroys cancer cells. Natural killer cells can destroy

antigens without help from the rest of the immune system although they do even better when they receive chemical signals from T-cells. Interference from T-cells activates NK-cells to kill virus-infected and tumor cells. The humoral system is based on molecules named antibodies that are produced by B-cells. These antibodies attach to the invading antigens and neutralise them by methods such as hooking them together (agglutination), immobilising them, or keeping them from being soluble in bodily fluids (precipitation) (Sheridan & Radmacher, 1992:87).

The General Adaptation Syndrome (GAS)

Hans Selye's description of the General Adaptation Syndrome (GAS) extended Cannon's observations by describing a pattern of bodily responses that occurs under stress and that involves activity of the hypothalamic-pituitary system and the adrenal cortex (Carson & Butcher, 1992:150). The GAS illustrates an individual's general response to stress. In the first phase (the alarm reaction), the individual shows reaction on the initial lowered resistance to shock or stress (Carson & Butcher, 1992:150). When the stress persists, the person shows a defensive reaction or resistance (resistance phase) in an attempt to adapt to stress. After extensive exposure to stress, the necessary energy for adaptation may be exhausted, resulting in the final stage of the GAS – collapse of adaptation (the exhaustion phase) (Carson & Butcher, 1992:150).

2.7 THE INFLUENCE OF STRESS AND NEGATIVE THINKING ON THE IMMUNE FUNCTION

Recent work on how people cope with stress demonstrates that one's beliefs about one's ability to handle life situations play an important role in remaining healthy (Bishop, 1994:39). Many studies done with people under natural stress have shown that they have suppressed immune systems (Sheridan & Radmacher, 1992:88). There is increasing evidence that the central nervous system can influence the body's defence (immunity) against infections and malignant diseases (Glaser & Kiecolt-Glaser, 1994:xxi).

Stress, which activates the autonomic nervous system and the hypothalamus-pituitary gland, results in neurochemical changes that have been demonstrated to affect immune functions both directly and indirectly (Glaser & Kiecolt-Glaser, 1994:1). According to the immune surveillance theory of cancer all people get cancer cells from time to time, but the immune system detects and destroys them. This theory was enhanced by observations that people who have to undergo immune suppression tend to develop cancers. Since chronic stress can suppress the immune system, it can play a role in the development of cancer (Sheridan & Radmacher, 1992:87). Chronic toleration of stress leads to hyperadaptois, where the hypothalamus tells the adrenal cortex to secrete cortisol. If this goes on too long, the hypothalamus changes its set point to tolerate higher levels of cortisol which suppresses immunity (Sheridan & Radmacher, 1992:87).

Kimble (1988:331) states that a leading hypothesis is that the circulating steroid hormones from the adrenal cortex affect the immune system, reducing its effectiveness, perhaps by weakening or killing certain cells of the immune system. Stress thus can, by suppressing the immune function, render the body more susceptible to bacteria and viruses (Bishop, 1994:151).

Weinberg (1998:7) asserts that the mind has a major controlling influence upon the state of body structure and function: a healthy mind is indeed a healthy body. Weinberg (1998:8) further explains that there is said to be two states of mind that alternatively either improve the immune system or suppress it. He indicates that an individual who is optimistic, has clear objectives and essentially sees a purpose to life, experiences a vitalising influence upon body structure and function. Conversely, the pessimistic individual who sees no further purpose to ongoing existence and who more particularly perceives himself or herself as being in a negative and unchangeable (intractable) life situation, can develop a devitalising condition with subsequent immuno-suppression and eventual disease and death.

Weinberg (1998:8) also points out that it is the subjective feeling rather than the content of the thinking itself that influences the immune function.

Weinberg (1998:4) asks why some patients were succumbing to infections in spite of the appropriate antibiotics while others matched

for age and general conditions were surviving. He comes to the conclusion that if the immune system is suppressed, the response to any available antibiotic in the context of an infection would be markedly diminished (Weinberg:1998:8). He concludes: “We need to enhance immunity at source, at the patient’s very “will-to-live centre!”

Weinberg (1998:37) asserts that a negative mind set with subsequent immune suppression that persists for a period of time (usually six to eight months) may result in chronic infection, inflammation (like arthritis, multiple sclerosis) or tumour formation. Other specific health problems that are linked to stress are peptic ulcers, bronchial asthma, cancer, cardio vascular diseases and sport injuries.

Psychoneuroimmunology evidence also emerged that negative psychological states (quantified) retard the process of protein synthesis and subsequent healing (Weinberg, 1998:10). Protein synthesis is explained as the fundamental process of creating the required functional and structural building blocks necessary for sustaining life. The unity of mind-body is clearly shown to also directly affect the very construction of body tissue (Weinberg, 1998:10).

2.8 CONCLUSION

From the literature study in this chapter it is clear that there is without any doubt a very definite link between mind and body. The effect of this mind-body relationship is profound and has major implications for physical wellbeing. The bad effects of stress and negative thinking on the body and its functioning could be vast, resulting in the breakdown of the immune function and protein synthesis with subsequent disease and even death.

In the next chapter the effects of positive thinking on physical wellbeing; the immune system; healing and longevity will be studied.



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CHAPTER 3

THE ROLE OF POSITIVE THINKING IN PHYSICAL WELLBEING

3.1 OBJECTIVE OF THE CHAPTER

The previous chapter dealt with the effect of negative thinking on physical health. This chapter will deal with the antidote to negative thinking and its harmful effects on the body, namely positive thinking.

Positive or optimistic thinking has many good effects on the body, namely the promotion of good health, enhancement of the immune system, healing and longevity. The good news also is that one can learn how to change one's thinking from negative to positive in order to benefit one's health. All of these good effects of positive thinking on physical wellbeing will respectively be discussed in this chapter.

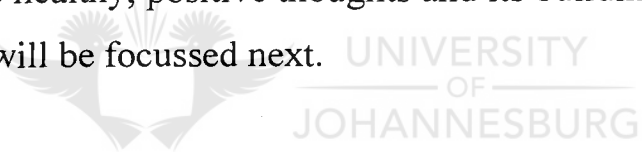
3.2 INTRODUCTION

Siegel (1990:65) writes that the modern medicine man has gained so much power over certain diseases through drugs, that he has forgotten about the potential strength within the patient. Fast-paced change and turmoil can cause man to lose sight of the power of positive thinking (Olsen, 1990:11). Research has shown that if one sets one's mind to think positively, the outcome is more likely to be positive, while if

one sets one's mind to think negatively, the outcome is more likely to be negative (Kemp, 1996:12).

Allen (1998:53) states that the body is the servant of the mind, and that it obeys the operations of the mind, whether they be deliberately chosen or automatically expressed. Allen (1998:53) writes that at the bidding of unhealthy thoughts the body sinks rapidly into disease and decay, while at the command of glad and beautiful thoughts it becomes clothed with youthfulness, vigour and grace (Allen, 1998:54).

It is on these healthy, positive thoughts and its building effect on health, that will be focussed next.



3.3 THE ROLE OF POSITIVE THINKING ON PHYSICAL WELLBEING

When looking at the role of positive thinking on physical health, the following must be taken into consideration : outcomes of positive thoughts, the psychophysiological link between thoughts, emotions and health, how optimism influences health and studies that confirmed the link between positive thinking and good health. Subsequently each of these abovementioned factors will be discussed.

3.3.1 Outcomes of positive thoughts

Hafen, Karren, Frandsen and Smith (1996:507) describe the habit of positive thinking as optimism. A growing body of evidence indicates that optimists do live longer and that they enjoy better health due to stronger immune systems (Hafen et al, 1996:507).

Rice (1998:201) explains that a healthy sense of optimism, always tempered by some degree of hard-nosed realism, appears to be helpful both in warding off the impact of stress and in preventing the insidious effects of chronic arousal of the central nervous system that undermines health (arousal has been discussed in paragraph 2.7, page 34 under General Adaptation Syndrome). But what is the psychophysiological explanation for this?

3.3.2 The psychophysiological link between thoughts, emotions and health

Siegel (1990:69) explains that brain chemicals are related to emotions and thoughts, and that one can change the body by dealing with how one feels. According to Kemp (1996:13) all our feelings come from our thoughts : we have a thought, and because our emotional system does not know better, it believes it entirely.

Pert (1997:189) explains the psychophysiological link between emotions and health as follows : the neuropeptides and receptors, the biochemicals of emotion, are the messengers carrying information to link the major systems of the body into one unit that can be called the body-mind. Emotions can no longer be thought of as having less validity than physical, material substance, but must be seen as cellular signals that are involved in the process of translating information into physical reality, literally transforming mind into matter. Emotions are, according to Pert (1997:189), at the nexus between mind and matter, going back and forth between the two, influencing both. But how can positive emotions and optimism influence health?

3.3.3 How optimism influences health

Cousins (a.q.b. Hafen et al, 1992:510) who recovered from ankylosing spondylitis, a devastating degenerative disease, by refusing to give up and fighting back, believes that inter alia a full range of positive emotions such as laughter, hope, faith, love, determination and confidence “all the things that are part of the ability of the human mind to get the most out of whatever is possible” – contributed towards his healing.

Even positive denial can promote health. Lazarus (a.q.b. Hafen et al, 1992:510) believes that a sense of positive denial, which is a refusal to believe in something negative (as long as it is not carried to the extreme), helps to keep hope up, sustains morale, improves health,

and reduces anxiety. Various research studies rendered evidence that prove the link between thinking and health.

3.3.4 Studies that confirmed the link between positive thinking and good health

Researchers who conducted studies on beliefs and attitudes found that a positive attitude and belief in the body's own healing abilities certainly can supplement medical treatment, but should not entirely replace it (Hafen et al, 1992:510; Borysenko & Borysenko, 1994 : XV). Hafen et al (1992:510) write that it appears that an optimistic attitude can actually protect a person from getting ill in the first place. In a study where the original comments, questionnaires, health records and other data of Harvard graduates who participated in the research, were studied, researchers found that the graduates who were the most optimistic in their original writings had the best health forty years later. It was found that their own perceptions of their experiences were significantly associated with later physical and mental illness. Those with an optimistic outlook were healthy, and those with a gloomy outlook were ill or dead (Hafen et al, 1992:511).

Optimism and pessimism can even play a role in maladies as simple as the common cold, as proved by research to determine what factors were at play in susceptibility to colds (Hafen et al, 1992:511). Their findings point the finger at optimism and pessimism, suggesting that

there is a relationship between pessimism and susceptibility to colds (Hafen et al, 1992:511). In a similar study it was found that pessimists were the most ill, suggesting a breakdown in their ability to resist infections and diseases (Hafen et al, 1992:511).

Carnegie – Mellon researchers found that pessimists also, as a rule, care less about their health (Hafen et al, 1992:572). Pessimists, in addition, blame themselves for their failures but then do little to further improve their lot. On the other hand, optimists view failures as problems that can be solved. Optimists meet their problems head on with a plan of action, and achieve results (Hafen et al, 1992:512). Weinberg (1998:8) supports this by saying that the promotion of a positive mindset is of special importance, because it has been shown that a positive and purposeful mindset promotes health vitality, while a pessimistic and purposeless mindset does just the opposite.

With a broader view of the role of positive thinking on physical health now being established, a more specific look will next be taken at the effect of positive thinking on the immune system; healing and longevity respectively.

3.4 THE EFFECT OF POSITIVE THINKING ON THE IMMUNE SYSTEM

American scientists have proved in a series of tests that the mind has the power to control the immune system (Von Buttlar, 1995:149).

This means that a positive attitude to life and a tendency to see the bright side of difficult situations make one's system stronger when it comes to the task of fending off viral and bacterial attacks (Von Buttlar, 1995:149). Positive thinking is one of the most powerful weapons one has against a wide variety of diseases. If one thinks that one is going to get better, it increases one's chance of actually doing so. There are documented reports of cancer being cured this way (Von Buttlar, 1995:152). Attitude is vitally important if one is severely ill, because all the medication in the world is unlikely to help if one's mind and soul have given up the fight (Von Buttlar, 1995:152).

Hafen et al (1996:516) write that the ability of optimism to boost the immune system may hold benefits for victims of AIDS (Acquired Immune Deficiency Syndrome), which ordinarily knocks out the body's immune system. Katoff (a.q.b. Hafen et al, 1996:516) maintains that positive thinking plays an important role in helping AIDS victims to survive longer. Katoff (a.q.b. Hafen et al, 1996:516) reporting on the first study ever on the attitudes of AIDS victims who have survived three years or longer, says that the victims "are not depressed" and "refuse to give up".

Emotions can have an impact on the immune system and optimism is the one that seems to have the strongest correlation (Hafen et al, 1996:516). Seligman (Hafen et al, 1996:516) found in his work over several decades, real physiological differences between pessimists and optimists. In one study, where the disease fighting cells in the blood

of 300 people were measured, the optimists had the healthier immune systems. This was confirmed in a study by Karmen and colleagues at the University of Pennsylvania (Hafen et al, 1996:516).

The mind, in addition to medicine, has powers to turn the immune system around (Salk a.q.b. Dossey, 1993:159). The immune system surprised scientists by its ability to learn (Borysenko & Borysenko, 1994:31). Pert (1997:187) states that the immune system, like the nervous system, has memory which gives it the capacity to learn. Adler, one of the founders of the field of psychoneuroimmunology, discovered that the immune system can be trained in the very same way that Pavlov trained dogs to salivate at the sound of a bell – through classical conditioning (Borysenko & Borysenko, 1994:31). Borysenko & Borysenko (1994:31) write that the fact that it is easy to condition the immune system, is a very practical reason to practice forgiveness in order to leave old stresses in the past instead of reacting to them for a lifetime. Feelings of joy and connectness may enhance immune function. Pictures of one's loved ones, beautiful views or forgiving thoughts may keep one's immune system functioning optimally (Borysenko & Borysenko, 1994:31).

Siegel (1990:77) claims that a vigorous immune system can overcome cancer if not interfered with, and that emotional growth towards greater self-acceptance and fulfilment helps keep the immune system strong.

One can work at improving one's emotional and physical health. Doctors who work with immune disorders have experience of the strong correlation that exists between the ups and downs of these disorders and the ups and downs of emotional life (Weil, 1997:98). It is clear that emotional states like grief and depression can interfere with immunity, just as loving can enhance it (Weil, 1997:99). One doesn't need to know any more than that to be motivated to improve one's emotional health (Weil, 1997:99).

The next aspect where positive thinking has a direct effect on physical health, is that of healing.

3.5 THE EFFECT OF POSITIVE THINKING ON HEALING

Hippocrates said that the mind is a great healer (Kehoe, 1992:99). Weinberg (1998:10) states that the mind modulates and controls healing and repair via its nerves which travel to areas of disease and damage. We know that the same pathways that are used to transmit negative messages that can result in malignant tumors, can also be used to transmit positive messages that can eventually restore a person to health (Kehoe, 1992:99). But then some major changes in the way people view illness and how they can cure themselves, have to take place (Kehoe, 1992:100). Therapists have to tap the potential of the patients' mind in the healing process : forming a partnership, assisting with goal setting, promoting a positive climate, helping them to see the big picture (Warner & Amato : 1997,37).

The medical profession often sees the outcome of negative and positive attitudes. People who have happy dispositions want to get better and they are up and out of bed in no time (Roberts & Summut, 1996:184). Their healing is also faster and they recuperate in less time than those who are unhappy, depressed and despondent (Roberts & Summut, 1996:184). Kemp (1996:13) reports that rapid healers have been found to be optimistic, cheerful, positive thinkers who do not only expect to get well in a hurry, but invariably have some compelling reasons to get well quick. They have something to look forward to – they don't only have something to live for but also something to get well for.

Optimism can also make a big difference in surgical outcomes. Hafen et al (1996:52) report about a study on surgery patients whose physical conditions and outlooks for recovery were similar, but who had different mental attitudes – some were optimists and others were pessimists. Despite their same physical profiles before the surgery, not everyone had the same results thereafter. The optimists were busy making plans for the time when they got better and they sought information about what they could do to improve their recovery. On the other hand, the pessimists took an observer stance and were much less involved to help themselves. The result was that the optimists had a much speedier recovery, marred by fewer complications. The conclusion of the study was that optimists may experience more success because they deal with their problems earlier than pessimists

do, and in a more direct, goal-orientated way. Optimists use a strategy for coping that is most adaptive and least dysfunctional.

A patient who believes a treatment is going to be effective has a much better chance of showing improvement than does one who is neutral or pessimistic – even where the treatment is subsequently shown to have no direct or relevant physiological effects (Carson & Butcher, 1992:232). This relation has become known as the placebo effect.

Cooper (1998:202) writes about a fighting spirit that, when present in a cancer patient, will enhance treatment response and increase survival time. A positive mental attitude and eagerness to fight one's disease is somehow immune enhancing. Cooper (1998:204) reports about a study where those who reacted with denial or a fighting spirit were more likely to survive cancer without recurrence than those who have reacted to diagnosis with stoic acceptance or "helpless/hopelessness." This is confirmed in a series of studies that Hafen et al (1996:514) report about where there are many examples of patients whose positive attitudes helped them conquer their supposedly terminal conditions – especially cancer. Certain personality traits were common to these people : they utterly refused to give up. Hafen et al (1996:513) report that they were open to new ideas and that they rejected their role as invalids. They refused to accept the limits of their illness and they were optimistic. They believed in themselves and in their ability to beat the cancer.

The last effect that positive thinking has on physical health that will be dealt with, is that of longevity.

3.6 THE EFFECT OF POSITIVE THINKING ON LONGEVITY

Hafen et al (1996:517) state that there is a real physiological reason why optimists live longer and that the mind sends messages to the body – either to live or to die. Siegel (a.q.b Hafen et al, 1996:518) believe that: “I am convinced we not only have survival mechanisms, such as the fight or flight response, but also a die mechanism that actively stops our defences, slowing our body’s functions and bringing us towards death when we feel our life is not worth living.” Optimists seemingly give consistent “live” messages to the body with the result that they live longer (Hafen et al, 1996:518).

The results of a number of studies have confirmed that people that have a cheerful outlook on life generally get to enjoy life longer (Hafen et al, 1996:518). It turns out that an attitude that is affirmative – a sunny, positive philosophy that embraces and invites life, can also help to prolong life (Keeton, 1992:175).

Phillips (a.q.b. Munson et al, 1994:22) reports about a study’s suggestion that a person might be able to live longer by changing his/her mood or expectations. One has to get out of negative thinking and exercise a brighter outlook. One has to find spots and situations that makes one feel more positive and cheerful. Phillips (a.q.b.

Munson et al, 1994:22) asserts that in many ways, one has a greater ability to affect one's longevity positively than one's physician does.

Von Buttlar (1995:150) states that stress is a major determining factor for aging and illness, but that one fortunately not only can reduce it, but also increase one's dwindling reserves of energy releasing hormones that fight illness and aging, through the powers of the mind. According to Von Buttlar (1995:150) statistical investigations constantly offer new possibilities to delay the aging process through non-medical means, of which a positive attitude to life and the desire to make the most of one's lot, is of the utmost importance. It is all too easy to become melancholic about aging. Depression over the fleeting years – regarding “each birthday as another step closer to the coffin” creates a self-fulfilling prophecy (Von Buttlar, 1995:151). The moral of the story, according to Von Buttlar (1995:151), is that age is a state of the mind, and the less that it matters to you, the “longer you will last.”

Kemp (1996:13) reports about studies that found that old people in poor health who believe that their health is good, have a higher chance of survival than those in good health who believe that their health is poor, and that pessimism has been found to be a major contributor to early “fossilization”.

3.7 A CASE FOR CHANGING TO POSITIVE THINKING

One has to retrain one's thinking and speaking into positive patterns if one is going to get results that are beneficial (May, 1994:33). Siegel (1990:87) states that in order to become exceptional in caring for one's body, one must take stock of the beliefs one has about it, especially those so ingrained that they're normally unconscious.

However, if one wants to change a habit, one must first be aware of it – and so it is with bad habits of thinking (Freeman & DeWolf, 1989:44/45). One has to realise that even though one cannot erase a setback or loss that has occurred, one can change the influence that any given setback or loss has on one's life. The meaning that one ascribes to any stressful situation – be it a job, an illness, or the death of a loved one – makes a tremendous difference in one's ability to cope. Freeman and DeWolf (1989:43) write that it is possible to bend reality in negative as well as positive ways. Rice (1998:202) calls this cognitive restructuring.

According to Kemp (1996:12) Kehoe says that one can choose one's thoughts, and considering the powerful role that thoughts play in one's success or failure, one should choose thoughts that strengthen one. Roberts and Summit (1996:184) write that: "if it is to be, it is up to me," thereby emphasising that the individual has to take responsibility for the quality of his thoughts.

Roberts and Summit (1996:185) state that changing one's thought patterns from negative to positive, and the setting of achievable goals are steps in the right direction towards emotional and physical wellness. Hay (1992:30) believes that one should release one's negative concept of life by starting to affirm oneself for the person that one is, who is lovable and worth healing and who attracts everything one needs to contribute to one's healing. One also must know that one is willing to get well and that it is safe for one to get well (Hay, 1992:30). Roberts and Summit (1996:185) believe that the key to positive changes is self-acceptance and self approval, and that feeling good about oneself gives one the confidence and determination to take control of one's life and to "succeed in any endeavour". Hay (1993:4) states that the way to control one's life is to control one's choice of words and thoughts. Borysenko and Borysenko (1994:59) suggest that one should stop for a moment and reflect whether one's thoughts about one's family members, friends and people that one interacts with on the job, are loving and encouraging or limiting and critical. According to Weinberg (1998:38) an exercise which has been shown to consistently enhance a positive mind-state is one in which one consciously seeks out the positive attributes in any given life situation.

According to Freeman and De Wolf (1989:37) it is much easier to change negative thought patterns than most people think. Kemp (1996:12) states that it has been said that the capacity of the

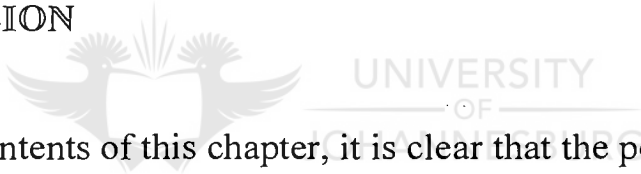
subconscious mind is virtually infinite while the conscious mind can only handle one thought at a time. Therefore this feature of one-thought-at-a-time means that one can successfully substitute positive thoughts for negative ones. Weil (1997:199) suggests that one shouldn't try to stop or fight negative mental states. Instead one should put energy into creating a positive state, after which the negativity will tend to resolve.

Examples of positive thoughts: Hay (1992:41) proposes that one of the ways to allow the process of life to unfold for one in a positive, healthy way is to declare one's personal truths. One has to choose to move away from the limiting beliefs that have been denying one the benefits one so desires. Hay (1992:41) says that one has to declare that one's negative thought patterns will be erased from one's mind. One has to let go of one's fears and burdens. Hay (1992:41) reveals that she has been believing the following ideas for a long time, and that they have worked for her: *Everything I need to know is revealed to me; *Everything I need comes to me in the perfect time space sequence; *Life is a joy and filled with love; *I am loving and lovable and loved; *I am healthy and filled with energy; *I prosper wherever I turn; *I am willing to change and to grow; *All is well in my world.

Hafen et al (1996:519) write that researchers suggest the following ways to boost one's optimism: *Realize you may need to make a

lifestyle change; *Start small by choosing one area of your life in which to become more optimistic, then become aware of the way you think in relation to that area; *Take a good, hard , critical look at your beliefs about yourself and about that area of your life: How realistic are they?; *Set goals that are small enough to achieve quickly, then reward yourself when you meet those goals. It's important to reward yourself when you reach even the most modest goal; *Seek out optimistic people; seek a good friend; *"Play" at being optimistic; stay flexible.

3.8 CONCLUSION



From the contents of this chapter, it is clear that the power of positive thinking can be a strong ally in one's physical wellbeing. Positive thinking with its good, health promoting effect surely seems to be the antidote to the devastating effect that negative thinking can have on physical health.

It is clear then, that positive thinking doesn't only strengthen the immune system to ward off illness and disease, but it also promotes quick recovery from disease; healing and longevity.

The good news is that anyone can become a positive thinker – one only has to choose to focus on positive thoughts. Along this route one can actively contribute to promoting one's own physical health.

CHAPTER 4

SUMMARY, FINDINGS AND RECOMMENDATIONS

4.1. OBJECTIVE OF THE CHAPTER

The objective of this final chapter is to review the research essay as an entirety, in order to evaluate the outcome of the research as proposed in chapter one. The following aspects will be addressed:

- a) a review of the course and content of the study as a whole;
- b) the findings of the literature study assessed as a whole against the objectives of the study;
- c) conclusions about the significance of the study;
- d) recommendations for further research; and
- e) a final remark.

The abovementioned elements will be dealt with respectively.

4.2. SUMMARY OF THE COURSE AND CONTENT OF THE STUDY AS AN ENTIRETY

The research problem that was addressed in this study was to investigate positive thinking as a condition for physical wellbeing. The specific problems of the study were:

- a) the mind-body relationship in physical health and specifically the impact of negative thinking on the body, for example on the immune system, and

- b) the effect of **positive** thinking on the improvement of a person's health and healing.

In view of the abovementioned research problems the overall aim of the study was to determine whether positive thinking is a condition for physical wellbeing.

Apart from this chapter, the study consisted of three other chapters namely:

- a) the first chapter that covered the orientation and research design of the study
- b) chapter two that entailed a literature study on the mind-body relationship in physical wellbeing with specific reference to the effect of negative thinking on the body; and
- c) chapter three that entailed a literature study of the effects of positive thinking on physical wellbeing.

The primary research strategy of the study was hermeneutic in nature, which was supported by a descriptive research approach. The emphasis was on an in-depth description of positive thinking as a condition for physical health. The research method that was used, was a literature study that was done in chapters two and three. The study was conducted from a humanistic paradigmatic perspective, as it corresponds with the definition of personal leadership, as explained in paragraph 1.5.2, page 7.

4.3. FINDINGS OF THE LITERATURE STUDY

In chapter two the mind-body relationship in physical wellbeing and the effects of negative thinking on the body were investigated. The core findings from this analysis were as follows:

- The relationship between body and mind has been a source of speculation and controversy since ancient times (Bishop, 1994:18) which gave birth to various mind-body models.
- In recent years, the study of psychoneuroimmunology started to focus on how a person's feelings, attitudes, stress, emotional state and social relationships (thus his psychosocial processes) are intertwined with both his immune and nervous systems (Bishop, 1994:298), – thus a new understanding of health and illness.
- Beliefs that people have influence their health (Bishop, 1994:39).
- A person's beliefs about his ability to handle life situations play an important role in staying healthy (Bishop, 1994:39).
- One of the best examples of the integration of mind and body is to be found in the stress phenomenon (Bishop, 1994:125).
- Stressful experiences and thoughts of despair can increase the risk of many kinds of diseases (Kalat, 1995:418).
- Stress, which activates the autonomic nervous system and the hypothalamus-pituitary gland, results in neurochemical changes (Glaser & Kiecolt-Glaser, 1994:1).

- Chronic stress can suppress the immune system (Sheridan & Radmacher, 1992:87), reducing its effectiveness (Kimble 1988:331), that can lead to the development of diseases (Bishop, 1994:125) and even death (Carson & Butcher, 1992:148).
- Psychoneuroimmunological evidence emerged that negative psychological states (quantified) also retard the process of protein synthesis (the construction of body tissue) and subsequent healing (Weinberg, 1998:10).
- Negative thinking or stress thus has a detrimental and even devastating effect on the body and its functioning, (Bishop, 1994:125; Carson & Butcher, 1992:148; Weinberg, 1998:7/8, 37).



In chapter three the power of positive thinking on physical wellbeing, the immune system, healing and longevity were studied. The most important findings from this chapter were:

- Optimists enjoy better health due to stronger immune systems (Hafen et al, 1996:507).
- Optimism appears to be helpful in warding off the impact of stress and in preventing the insidious effects of chronic arousal of the central nervous system that undermines health (Rice, 1998:201).
- Brain chemicals are related to emotions and thoughts, and one can change the body by dealing with how one thinks (Kemp, 1996:13), as feelings come from thoughts (Siegel 1996:13).

- One can recover from devastating disease by inter alia refusing to give up and by fighting back with the full range of positive emotions such as laughter, hope, faith, love, determination and confidence (Hafen et al, 1992:510).
- Even positive denial (which is a refusal to believe in something negative) can produce health as it keeps up hope, sustains morale, improves health and reduces anxiety (Hafen et al, 1992:510).
- An optimistic attitude can actually protect a person from getting ill in the first place and even plays a role in maladies as simple as the common cold (Hafen et al, 1992:51/511).
- The mind has the power to control the immune system (Von Buttlar, 1995:149).
- A positive attitude makes one's immune system stronger in fending off viral and bacterial attacks (Von Buttlar, 1995:149).
- If one thinks that one is going to get better, it increases one's chance of actually doing so (Von Buttlar, 1995:152).
- One should practice forgiveness in order to leave old stresses in the past instead of reacting to them for a lifetime (Borysenko & Borysenko, 1994:31).
- Self-acceptance and fulfilment keep the immune system strong (Siegel, 1990:77).
- Loving can enhance immunity (Weil, 1997:99).
- Healing is faster in people with happy dispositions (Roberts & Summut, 1996:184).

- Rapid healers are optimistic, cheerful, positive thinkers who have reasons to get well quick, and have something to look forward to (Kemp, 1996:13).
- A fighting spirit will enhance treatment response and increase survival time (Cooper, 1998:202).
- Positive attitudes help people to conquer supposedly terminal conditions (Hafen et al, 1996:514), who utterly refuse to give up and who believe in themselves and their ability to beat e.g. cancer (Hafen et al, 1996:513).
- Optimists live longer (Hafen et al, 1996:517), because they seemingly give constant “live” messages to their bodies (Siegel a.q.b. Hafen et al, 1996:518).
- An affirmative, sunny, positive philosophy that embraces and invites life can also help to prolong life (Keeton, 1992:175).
- One can fight illness and ageing through the powers of the mind (Von Buttlar, 1995:150).
- Age is a state of the mind, and the less it matters to one, the longer one will “last” (Von Buttlar 1995:151).
- By doing so one can take up the responsibility to exercise positive thinking as another avenue to promote one’s own physical health (Weinberg, 1995: 342).

4.4. SIGNIFICANCE OF THE STUDY: A CONCLUSION

The significance of this study is that the objective of the study has indeed been attained. The findings clearly indicate that positive thinking is without any doubt a condition for physical wellbeing. The mind-body relationship has been proved to be profound with major implications for physical wellbeing.

This study was motivated by the need to equip the personal leader with the necessary knowledge and understanding as to how positive thinking is a condition for physical wellbeing. In personal leadership a person takes responsibility to manage his own life of which his thoughts and physical health are important dimensions (Covey, 1990:31,42,54; Robbins, 1992:237-414). A starting point for the personal leader is to know who he is, and what he is capable of. A person's thinking is probably the most powerful capability in his life, and since the findings of this study have emphasised the profound effects that both positive and negative thinking can have on his health, the personal leader can now know and understand the extent to which his thinking will impact on his health.

The personal responsibility man has towards promoting his own physical health has been indicated in this study, in that he has to choose to focus on positive thoughts, thereby substituting positive, optimistic thinking for negative thinking habits. This is in line with the philosophy of personal leadership as explained by many different authors: Covey (1990:42/3) inter alia speaks about

personal effectiveness, growth and progress – all of which will be promoted by good health; Meyer (1993: Introduction 2) mentions crystallized thinking to establish direction and movement towards the attainment of forthcoming goals - it goes without saying that this is easier when one thinks positively and enjoys good health. Russell (1996:57/58) believes that personal leadership is about the development of a personal strategy to accomplish personal objectives - which can only be easier if one has an optimistic attitude and is in good physical state; Sims and Manz (1996:57/67) believe that the personal leader influences his own behaviour and thinking effectively to inter alia have more constructive thinking patterns and habits - from which his health can also benefit. As personal leadership is about the ability, skills and approach to take personal responsibility for one's own life, and the management and control of one's life in order to develop and grow to one's full potential (self actualisation), it implies that personal leaders should become positive thinkers.

One of the ways that the personal leader could allow the process of life to unfold in a healthy way is to declare his personal truths (Hay, 1992:41). The personal leader has to choose to move away from limiting beliefs, and declare that his negative thought patterns will be erased from his mind – letting go of fears and burdens (Hay, 1992:41). He should boost his optimism, starting small in one area of his life, taking a good, hard look at his beliefs in that area and testing them for realism (Hafen et al, 1996:519).

Thereafter the personal leader should set small goals and reward himself once he has met those goals. The personal leader in the last instance should seek out optimistic people and a good friend, “play” at being optimistic and stay flexible (Hafen, 1996:519).

4.5 RECOMMENDATIONS

Although voluminous literature exist on the subject of the mind as an ally, there are according to Dwyer (1993:329) “only a few really good scientific studies that have been carried out with all the safeguards that top-class scientists would demand”. The writer would like to recommend that more studies that answer to these standards are undertaken in order to make more valuable information available in the near future. Possible studies from a personal leadership perspective could be:

- Personality styles & health.
- Anger and health.
- Worry, anxiety, fear and health.
- Social support, relationships and health.
- The health benefits of a happy marriage.
- The healthy power of spirituality.
- Perception, locus of control and health.
- Self esteem and health.
- The healing power of humour and laughter.

These studies would be meaningful if researched both as empirical and literature studies.

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