

Part 6. The CUE question

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A young hockey player—a rising star vital to his team's success—twists his knee. Instead of having it examined, he takes some of his buddy's painkillers and skates back onto the ice. He scores a vital goal in a shoot-out, and his team makes the finals. Unfortunately, he can't play: his knee is now seriously injured. His team loses in the final game against a goalie who'd have been no match for him.

Positive pain

It's unwise to ignore physical pain. Physical pain often contains a message—like “get off the ice”—and we ignore such messages at our peril.

Similarly, it's unwise to ignore psychic pain. Emotions like anger, sadness, fear, shame, and loneliness are unpleasant, but sometimes they're around for a good reason. Sometimes painful emotions have important messages embedded within them.

Unfortunately, we're not always inclined to look for the meaning of patients' psychic pain. Indeed, many clinical practice guidelines continue to neglect the possibility of *meaningful* emotion. There is, in fact, a problem with even our language itself. The widely used term *negative emotion* blurs an important distinction.

Emotions are best triaged as adaptive (healthy), maladaptive (unhealthy), and instrumental (faked). Adaptive emotions—often felt in the gut or the heart—are there to guide us. When we follow our adaptive emotions, our lives go better. In contrast, maladaptive emotions are devoid of wisdom. They're downstream from neurochemical problems or pathogenic thoughts and behaviour. They cause meaningless suffering, and they're great candidates for treatment as usual.

The third type of emotion, instrumental emotion (eg, crocodile tears), is reportedly useful for getting out of traffic tickets.

The CUE question

Some unpleasant emotions are what I call *CUEs*. A CUE is a *constructive unpleasant emotion*—a “cue” to behave differently:

- Sadness is sometimes a CUE saying “let go.”
- Anxiety can be a CUE saying “don't go there.”
- Anger can be the CUE saying “set a boundary.”
- Shame can be a CUE saying “stop doing that.”
- Loneliness can be a CUE saying “reach out more.”

Many patients have important “aha” moments upon being asked the CUE question “*Might your emotions be saying something?*”

An alternative wording is “*Might your feelings actually be healthy?*”

Example 1

Sally is a 23-year-old university student with 3 weeks of moderate sadness without any organic symptoms.

Dr: Your sadness—if it could speak—what might it be saying to you? [CUE question]

Sally: He's not coming back [tears] I think it's saying that I need to move on.

Dr: You might be right. And maybe your sadness won't go away until you take steps to do just that. Maybe that's the purpose of the sadness.

Example 2

Jeff is a 78-year-old widower with several years of loneliness.

Jeff: I'm embarrassed to say this ... but since Carol died 4 years ago, I've felt lonely much of the time There must be something wrong with me.

Dr: Jeff, if I may say so, I think your loneliness is actually your friend. I think it's trying to say something to you. I think it's saying that you need to connect more with others. [CUE statement]


Both Sally and Jeff would be inclined to label their emotions as negative. But in doing so they'd miss out on the wisdom their emotions contain: a CUE—a constructive unpleasant emotion—to direct them and help them thrive.

This approach taps into emotional wisdom. It's quite the opposite of “mind over mood.” It enables emotion to set the agenda and makes the rational mind subservient. Sometimes it's the rational mind's job to fulfill emotion's orders. Tact, diplomacy, timing: all these things are important, and they're all the job of the rational mind.

Regardless of how the CUE question is worded, there are 2 good follow-up questions:

- “What would your feelings have you do?” and then,
- “How do you best go about it?”

Of course, many unpleasant emotions are in fact maladaptive. Many emotions are simply suffering—without any redeeming wisdom. Treatment as usual (eg, medication management) is appropriate in such cases.

But that said, remember to ask the CUE question more often before you prescribe. The CUEs prompt us in the direction of greater success in life. We need our Sidney Crosbys in our finals. 

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