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## The Status of Freud's Legacy on Emotional Processing: Contemporary Revisions

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August 1, 2007

Key Words: catharsis, abreaction, benefit finding, reappraisal, suppression,  
repression, writing about trauma, trauma

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Emotional Processing: Contemporary Revisions**

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### **Abstract**

This paper evaluates, in light of current empirical data, several of the assumptions contributed to our field by Freud about how emotions operate. The idea that expression of emotions dissipates these emotions is evaluated. The idea that bottling up emotion results in ill health is reviewed. The idea that pain of trauma and loss needs to be confronted will be examined. Additionally, the assumption that traumatic events invariably result in distress will be discussed. It is argued that empirical findings reject the Freudian model of emotion as energy that must be discharged. Empirical findings also support the view that revisiting painful emotion can be helpful when the result is to find a new perspective on painful events. Thus, empirical literature rejects Freudian rationale for confronting prior trauma and loss, while offering new perspectives for how to handle distress resulting from trauma and loss.

#### 4 Freud

Freud contributed many notions to our field that have been assumed to be true in the absence of empirical support. The list includes the following: the idea that trauma, such as rape or child abuse, and the death of a loved one needs to be “worked through”; the idea that repression, unconscious avoidance of distressing emotions, is dysfunctional and renders the repressing individual vulnerable to negative outcomes such as hysterical paralysis; the idea that expressing an emotion will decrease the strength of the emotion. The above ideas were brought to us by Freud. In fact, all of these notions are related to the underlying conceptualization of emotion called the hydraulic model.

The conceptual underpinning of Freud’s hydraulic model is that emotion reflects the generation of energy (Freud, 1910). The role of energy in Freud’s theory is consistent with the thinking about energy that physicists were discussing at the turn of the century. According to the law of conservation of energy, energy can not be produced or destroyed, although it can be converted from one form to another. The physical law was assumed to capture emotional processes in people. According to the model, emotional energy is evoked by internal conflicts or threatening external events. Once evoked, emotional energy, if not expressed or “worked through”, would remain locked in the body creating problems such as problems as hysterical paralysis (Freud, 1895). Only through catharsis (purging) would the energy be released from the body and be directed toward the external environment. This idea became the basis for the emerging field of somatic medicine, whose major tenet was that unexpressed emotion would result in disease (Gross, 1998; Consedine, Magai, & Bonanno, 2002).

Empirical findings have accumulated that call into question many of the assumptions given to us by Freud. This paper examines the empirical and theoretical

literature relevant to three notions contributed by Freud. The idea that expressing emotion will decrease the intensity of emotion will be examined. The idea that repression or suppression exacts a toll that can include negative impact on health will be reviewed. Finally, the idea that trauma and loss need to be discussed or worked through will be discussed. Additionally, we will begin by asking whether all persons experiencing loss or trauma harbor negative emotions that need to be “worked through”. For those advocating stress debriefing and grief work for everyone, the belief that events cause distress seems to be a “given”. The assumption that events invariably induce negative emotions motivates the call for universal clinical interventions (McNally, Bryant, Ehlers, 2003; Mancini & Bonanno, 2006).

Evaluating the hydraulic model is important because of its implications for how persons who have experienced loss or trauma should be approached. The hydraulic model implies that encouraging emotional expression should always be beneficial and that failing to express emotion should always be harmful in the long run. Surprisingly, the research pertinent to evaluating the assumptions of the hydraulic model, while rejecting the hydraulic model, does offer implications for what to do with emotions and for how to respond to individuals who have experienced loss and trauma. Coherent bottom lines do emerge that provide new ways to think about emotions.

### **Negative Events Don't Always Elicit Negative Emotions**

The field of coping with stress offers theoretical reasons for doubting the assumption that loss or trauma will always elicit an emotion. According to Lazarus (1991, pp. 127-170), in between an event and an emotional response, there is an appraisal process. During the process of appraisal, an individual evaluates the degree to which the

event constitutes a danger/threat and his/her capacity for coping with the event. In this model, events do not automatically elicit emotion. Rather, the appraisal process determines whether a stress response (distress) will occur. The bottom line is that loss and trauma will not always create distress. Construal of meaning will determine the physical response to the event. Implied in this model is the idea that changing the appraisal of an event can obviate a distress response.

Support for the view that appraisals make a difference on the impact of events is available (Siemer, Mauss, & Gross, 2007; Tomaka, Blascovich, Kelsey, & Leitten, 1993; Tomaka, Blascovich, Kibler, & Ernst, 1997). Tomaka et al. (1993; 1997) found that whether a stressor is viewed as a challenge or a threat results in a different physiological response. Those appraising a stressor as more controllable, exhibit less elevation in markers of inflammation which predict cardiovascular disease (Wirtz, von Känel, Emini, Suter, Fontana, & Ehlert, 2007). Moreover, the manner in which a person attends to a disturbing stimulus will determine the physiological response (Hajcak, Moser, & Simons, 2006). When individuals make judgments about disturbing, fearful images using non-emotional categories, they exhibit less arousal and less activation of the amygdala (Hariri, Mattay, Tessitore, Fera, & Weinberger, 2003). Thus, the coping literature has alerted us to the critical component of appraisal determining whether any particular event will elicit a distress response in an individual.

Resilience is another area of research that challenges the notion that events ineluctably result in a distress response and compromised function. After 9/11, researchers were surprised that the bulk of rescue workers remained asymptomatic and coped with the stressful conditions well (Bonanno, 2005; McNally et al., 2003).

Resilience in response to death of a spouse (that is, no loss of function, minimal symptoms of distress initially after the loss as well as a year later albeit with occasional pangs of missing the spouse, along with continued ability to express positive emotion) has been noted in between 33-55% of bereaved samples (Bonanno, 2005; Mancini & Bonanno, 2006).

Although the appraisal processes of the resilient individuals have not been specifically evaluated, some data on how resilient individual cope has accumulated. Resilient people engage in more self-enhancement, i.e., they exhibit a tendency to overestimate their positive qualities. They are able to regulate their emotions, i.e., they can easily express or inhibit emotional expression when instructed. They display more positive emotions. When they talk about the deceased, the resilient-bereaved experience peace and comfort with little regret about how they might have acted when the spouse was alive. They are less likely to search for meaning in the death of the spouse (Bonanno, 2005; Mancini & Bonanno, 2006).

Both the coping literature and the literature on resilience challenge the assumption that all persons experiencing particular negative events will exhibit distress and dysfunction. Thus, we should not assume that universal intervention is required for all those subjected to loss or trauma. However, while the modal response to loss and trauma may be resilience, there is no doubt that some people will experience dysfunction and distress given loss and trauma. It is important to assess the validity of the Freudian hydraulic model of emotions to evaluate whether encouraging catharsis is the right approach for individuals who are distressed.

### **Will Expressing Emotion**

### **Dissipate the Emotion?**

A prediction emanating from the catharsis hypothesis is that if an emotion is expressed, then emotion will be dissipated. Research allowing evaluation of this hypothesis is available. In a variety of studies researchers have purposefully evoked emotion in subjects, either distracted the subjects or encouraged them to express or talk about their emotions, and then evaluated the subject's emotional response to the stimulus given a later encounter with the stimulus. For subjects who were angered by an insulting individual, those subjects who expressed irritation (as opposed to engaging in a distracting task) responded more negatively to the provoker given a second encounter with the provoker (Ebbesen, Duncan, & Konecni, 1975; Green & Murray, 1975; Mallick & McCandless, 1966). Similarly, individuals who ruminate about a provoker become more angry (Bushman, 2002; Bushman, Bonacci, Pedersen, Vasquez, & Miller, 2005; Rusting & Nolen-Hoeksema, 1998). Those who hit a punching bag after provocation (Bushman, Baumeister, & Stack, 1999) became more angry. However, distraction after provocation decreases anger and the likelihood of displaced aggression (Bushman et al., 2005). The same intensification of emotion given expression has been demonstrated for other emotions besides anger. Female undergraduates were induced to cry or suppress crying while watching a sad film. Those subjects who cried reported more sadness and were more aroused on physiological measures after the film than were those who suppressed their tears (Kramer & Hastrup, 1988). With regard to fear, subjects have been asked to relive and describe their fears of public speaking versus being engaged in intellectual speculation about the origins of their fear. When next asked to engage in

public speaking, those subjects who had detailed their fear were more anxious and aroused (Tesser, Leone, Clary, 1978).

The idea that focusing on feelings can exacerbate these feelings is very consistent with the theorizing of Nolen-Hoeksema (1991). Nolen-Hoeksema (1990; 2001) has addressed the issue of why females have higher rates of major depression than males. Nolen-Hoeksema attributes elevated rates of depression in females to gender-associated styles of coping with stress. After a distressing event, females have been taught to ponder over their distress, asking “how long will this last?”, “why does this always happen to me?”, “what am I really feeling?”. Males, on the other hand, after a distressing day, are taught to expend energy, for example by playing racket ball, or are encouraged to engage in some distracting activity. Nolen-Hoeksema labels the process of mulling over the pain “rumination”. According to Nolen-Hoeksema, rumination sustains the depressive state.

A number of studies are consistent with Nolen-Hoeksema’s theorizing. Depressed individuals have been randomly assigned to either talk about their distress, engage in a neutral task, or challenge the validity of their depressing thoughts. Those who talked about their distress were more dysphoric later (Nolen-Hoeksema & Morrow, 1991; Teasdale & Fennell, 1982).

A large literature examining how individuals cope with stress has emerged. Findings from this literature are consistent with Nolen-Hoeksema’s claim that rumination enhances distress. Those affirming the strategies of “planning a pleasant event”, “doing something to distract yourself from the problem”, “spending time with friends”, “doing something to get your mind off the situation” displayed lower levels of depressive

symptoms after a stressor (Rohde, Lewinsohn, Tilson, & Seely, 1990). In contrast, those who thought about (Nolen-Hoeksema & Morrow, 1991; Nolen-Hoeksema, Parker, & Larson, 1994), or talked about (Aldwin & Revenson, 1987; Langston, 1994; Stone, Kennedy-Moore, & Neale, 1995) feelings related to the stressor were more likely to exhibit symptoms of distress. In a sample of gay men who had suffered the loss of a partner, those who had initially tried to understand the loss and their reactions to it, were more distressed a year later and exhibited less positive emotion at the later point in time (Nolen-Hoeksema, McBride, & Larson, 1997).

Nolen-Hoeksema's work has demonstrated that merely rehashing painful events or focusing on the ominous import of these events, asking for example, "how long can this go on?" or "why does this happen to me" is associated with sustained distress. Stanton and colleagues have attempted to evaluate the impact of emotional processing and emotional expression with scales that are less likely to tap rumination. Results of this research have found that both gender and type of stressful situation influence whether focusing on emotion results in a good outcome (Austenfeld & Stanton, 2004). The inconsistencies in the coping literature presage what will emerge in this paper as the important bottom line: focusing on distressing emotions (as opposed to distraction) is not necessarily bad; it depends on the way in which emotion is recognized and handled.

### **Is Avoiding Painful Emotion**

#### **Bad for Health?**

A literature has emerged offering empirical findings relevant to evaluating the hypothesis that avoiding recognition or expression of emotion impairs health. Some of these studies were manipulated variable studies. In manipulated variable studies,

researchers have exposed subjects to emotion eliciting material and instructed subjects to suppress their overt expression of emotion, instructed them to think about the stimulus in a non-emotion eliciting ways, or did not provide any instruction. Other studies have been correlational. Of the correlational studies, some studies have asked persons undergoing a stressor, whether they have or have not confided in another regarding the stressor and then related confiding to outcome measures. Other correlational studies have categorized individuals according to their usual styles for responding to emotion eliciting events and examined health outcome measures. The response-styles represented in the studies include: the routine deliberate suppression negative emotions; the conscious strategy of reappraising stressful events in a way which removes their sting; and repression of negative emotions, defined as avoiding negative emotion employing some type of non-deliberate, unconscious strategy.

### ***Correlational Studies***

***Correlational studies comparing talkers to non-talkers.*** Generally, those who confide in others exhibit better outcomes. Spouses of individuals who either suicided or died through accidental death were asked whether they had or had not talked about the event with another person. Those who had talked about the event exhibited less rumination (i.e., repetitive, distressing thoughts) and better health outcomes (Pennebaker & O'Heeron, 1984). Examining persons exposed to a wider range of traumas, in a study by Pennebaker and Susman (1988) reported similar findings.

The literature on the impact of talking to others after a stressful event suggests the existence of a strong moderator variable: whether others are receptive, sympathetic, and accepting. Stanton et al. (2000) found that women with breast cancer enjoyed greater

satisfaction with life when they expressed their emotions in a supportive environment, however, no benefit was gained when expression occurred in a non-supportive environment.

***Examining how the disclosure of HIV status or being out of the closet relates to health.*** Generally, researchers find that those who have disclosed both their HIV status and their sexual orientation enjoy better health outcomes (Strachan, Bennet, Russo, & Roy-Byrne, 2007). Consistent with this, those children who disclosed their HIV+ status to their friends realized an increase in the CD4+ cell counts following disclosure (Sherman, Bonanno, Wiener, & Battles, 2000). While in general, disclosing HIV+ status is associated with better health outcomes, disclosure may not be good for people in non-supportive environments. Ullrich, Lutgendorf, & Stapleton, 2003) report that the positive findings following disclosure of HIV+ status in their study were limited to those individuals who were happy with their social support system. In still another example of the importance of the moderator of receptive listeners, revealing a positive HIV status was associated with faster (rather than slower) disease progression among those persons who are sensitive to interpersonal rejection (Cole, Kemeny, & Taylor, 1997).

***Examining those who inhibit expression of anger and other emotions.*** The preceding sets of correlational studies suggest that, given a supportive audience, expressing, rather than suppressing, painful emotional experiences, results in better health outcomes. Studies evaluating the personality traits of persons with various disease states are also available. These studies are also relevant to the question of how avoiding emotional expression relates to health outcomes.

Studies examining the personality characteristics of women with breast cancer find that women with breast cancer (compared to women without breast cancer) are more likely to suppress emotion, to stoically accept, to inhibit expression of anger, and yield to others (Giese-Davis & Spiegel, 2001). In early work by Lydia Temoshok (1987) the term C-type personality was coined to capture the personality dimension of inhibition of anger and suppression of emotion. In addition to Type C personality being more prevalent in cancer victims, Type C personality also differentiates the rapid progressors in a sample of women with breast cancer (Giese-Davis & Spiegel, 2001).

Suppression of anger has been implicated in cardiovascular disease as well. Denollet (Pedersen & Denollet, 2004) has developed a scale with two factors: a distress scale and a reluctance to express emotion factor. Both scales predict greater risk for cardiovascular disease and heart attacks (Denollet, Pedersen, Vrints, & Conraads, 2006). Persons who score highly on anger-in scales (capturing anger suppression) are at greater risk for cardiovascular disease (Spielberger, 1999). Surprisingly, however, rather than being at lower risk for cardiovascular disease and cardiovascular events, persons who frequently experience irritation and who express their anger and irritation outwardly are also at high risk of cardiovascular disease risk (Barefoot, Dahlstrom, Williams, 1983; Barefoot, Dodge, Peterson, Dahlstrom, & Williams, 1989; Keinan, Ben-zur, Zilka, & Carel, 1992; Spielberger, 1999; Williams et al., 1990).

Gross and John (2003) have examined the personality trait of suppression in non-clinical samples. In non-clinical samples, those who deliberately suppress expression of emotion exhibit negative outcomes. Habitual suppression of emotional expression is

associated with less positive emotion, more negative emotion, worse interpersonal functioning, and less subjective well-being (Gross & John, 2003).

*Examining those who engage in reappraisal.* To manifest less display of emotion after an objectively stressful event several possible strategies are possible. One is to suppress negative emotion, which James Gross (1998) labels a response focused strategy. Much of the data cited here suggests that this strategy can have negative effects on health. Another strategy is to appraise the stressor in such a way that negative emotions are precluded, which Gross (1998) labels as an antecedent focused strategy. This section focuses on those persons who use reappraisal in a deliberate manner that they can report. They endorse such statements as “ I control my emotions by changing the way I think about the situation I’m in” (Gross & John, 2003).

Correlational data on the psychological outcomes for persons who believe they can alter their emotional response through thinking and who employ reappraisal strategies are beginning to emerge. Those who appraise the stressor, and in the process reappraise the distressing event so that negative emotions are precluded, experience more positive emotion and less negative emotion, disclose more to others, experience greater life satisfaction, experience more positive affect, and exhibit better adjustment (Gross & John, 2003; John & Gross, 2004; Shiota, 2006; Tamir, John, Srivastava, & Gross, 2007).

Consistent with Gross’ focus on appraising events so that these events do not elicit distress is the large literature on benefits of positive illusions (Taylor & Brown, 1988; Taylor, Kemeny, Bower, Gruenewald, & Reed 2000). People who are able to recast a stressor in more benign terms exhibit relatively better health outcomes. For example, before the advent of antiretroviral drug cocktails, those HIV positive

individuals who believed they would “somehow be cured” exhibited less HIV related distress (Taylor et al., 1992) while those exhibiting fatalistic acceptance, died more quickly (Reed, Kemeny, Taylor, Wang, Visscher, 1994). From some frames of reference such individuals might be construed as being “in denial”. Of course, the big concern with being in denial is that denying individuals fail to engage in behavior to prevent further negative occurrences or “take care of necessary business”. Contrary to the idea that optimism might dispel motivation to prevent negative future events, Littrell, Diwan, and Bryant (1996) found that HIV positive individuals who scored more highly the Life Orientation Test (a measure of positive illusions) exhibited more positive attitudes toward living wills and were more likely to have established a power of attorney. Apparently, optimistic reappraisal allows individuals to address sobering tasks, rather than distracting them from sobering tasks.

*Examining repressors.* In the foregoing section on suppression, suppressors were evaluated on health and adjustment outcomes. Studies have found, for the most part, that suppression is associated with negative health and adjustment outcomes. Others have examined those individuals who are repressors. While the terms suppression and repression were sometimes used interchangeably by Freud (Erdelyi, 2006), contemporary researchers draw a distinction. Suppressors recognize their negative emotions and actively work to inhibit expression, while repressors remain unaware of distress which is evident on measures of the involuntary nervous system (Giese-Davis & Spiegel, 2001). Most frequently, in research settings, repression is operationally defined as having a low score on an anxiety test while having a high score on Socially Desirability Scale (which assesses a strong desire to appear socially desirable) (Medolia, 2002; Weinberger &

Davidson, 1994). The health outcomes for repressors, identified by their high scores on social desirability but low scores on anxiety, are mixed. Repressors thus defined do exhibit negative elevations on measures believed to predict negative health outcomes (viz., low density lipoproteins and blood pressure) (Barger, Marsland, Bachen, & Manuck, 2000; Brown, Tomarken, Orth, Loosen, & Davidson, 1996; Giese-Davis, Sephton, Abercrombie, Durán, Spiegel, 2004; King, Taylor, Albright, & Haskell, 1990). Although not all findings are consistent (Temoshok, 1987), repressors also have worse outcomes from cancer as well (McKenna, Zevon, Corn, Rounds, 1999; Weihs, Enright, Simmens, & Reiss, 2000). In this context, another correlational study by Ginzburg, Solomon, & Bleich, (2002) is interesting. They found that repressors were less likely to suffer from symptoms of PTSD after a heart attack.

Bonanno and colleagues have taken a different approach to defining repression. They worked with individuals who had suffered a loss or were abused as children. During interviews discussing the tragedies, Bonanno's subjects were labeled "repressors" if they displayed minimal signs of overt distress on self report while exhibiting accelerated high levels of heart rate or sweaty palms (galvanic skin response). While the repressors identified in the Bonanno studies were distinguished by denial of distress on self report despite evidence of autonomic arousal, they could not be described as stoic and unemotional. When talking about their loss, they were quite expressive in terms of their range of facial expressions. They also laughed more and were more likely to exhibit genuine smiles (Bonanno & Keltner, 1997; Keltner & Bonanno, 1997).

Among the bereaved, Bonanno and colleagues (Bonanno, Keltner, Holon, & Horowitz, 1995; Bonanno, Znoj, Siddique & Horowitz, 1999) found the repressors

exhibited an elevation in somatic complaints at 6 months post bereavement but exhibited minimal grief symptoms or somatic symptoms at 14 months. The positive picture of minimal grief and few somatic symptoms at 14 months was sustained at two-year and five-year follow-up (Bonanno et al., 1999; Bonanno & Field, 2001). Thus although repressors manifest negative physical symptoms immediately after the loss, they exhibit better psychological functioning long term. Consistent with the picture of long term benefit of repression, in victims of child-sexual abuse, adult repressive copers displayed lower rates of depression and aggressive behavior (Bonanno, Noll, Putnam, O'Neill, Trickett, 2003).

In a recent report of another bereaved sample, repressors were again identified as those failed to manifest distress (in terms of self-report) as they talked about the deceased, while exhibiting relatively high levels of autonomic activity. In the Coifman et al. sample, repressors fared remarkably well after loss. At 18 months post bereavement, bereaved repressors had fewer health complaints, were rated as functioning well by friends, and exhibited diminished symptoms of psychopathology (Coifman et al., 2007).

In the aforementioned correlational studies, repression was operationalized by low scores on self-report anxiety measure and high scores on a self-report social desirability measure, or lack of reported distress coupled with high level of autonomic activity. Other studies investigating the coping strategies of repressors provide a more detailed picture of how they achieve low levels of subjective distress. Repressors deploy attention away from stressful events and threatening cues (Broomfield & Turpin, 1005; Derakshan & Eysenck, 1998). They exhibit a bias toward optimistic thoughts (Boden & Baumeister, 1997). They recall fewer negative events and more positive events (Boden &

Baumeister, 1997; Cutler, Larsen, & Bunce, 1996; Hansen & Hansen, 1988). They exhibit more positive affect such as genuine smiles (Bonanno & Keltner, 1997; Coifman et al., 2007; Keltner & Bonanno, 1997). Thus, repressors may be combining the strategies of reappraisal and deployment of attention toward the positive and away from the negative. One coping mechanism that repressors do not seem to use is the conscious strategy of thought suppression. Although the repressed reported less frequent talking or thinking about the deceased in the interval since the loss, they also denied avoiding such thoughts (Coifman, Bonanno, Ray, & Gross, 2007), which was consistent with findings in an earlier study (Bonanno et al., 1995).

### ***Manipulated Variable Studies***

To evaluate the outcome of the strategy of suppressing emotion in the face of distressing stimuli, in addition to correlation studies, results of manipulated variable studies in which subjects are randomly assigned to conditions are also available. Gross and colleagues (Gross & Levenson, 1993, 1995; Gross, 1998) have exposed subjects to an evocative film and requested some individuals to suppress their emotional reaction to the material while others received no such instruction. Those subjects who suppressed overt display of emotional activity did exhibit more arousal (higher level of blood vessel constriction and greater level of sweaty palms). However, they did not differ on levels of self-reported distress. These manipulated variable studies suggest that it does take work to inhibit emotion. This offers a possible mechanism for suppression's apparent negative effects on health.

In addition to greater autonomic arousal, the process of inhibition has other negative effects. A literature on thought suppression initiated by the seminal study by

Wegner (1994) attests to the fact that suppressed thoughts rebound. That is, although people can suppress thoughts for a period of time, these thoughts later intrude on consciousness with greater force. The work on rebound of thoughts after purposeful suppression offers another reason, in addition to negative health effects, why suppression is not a useful strategy for dealing with distress.

Suppression of an overt emotional reaction also taxes cognitive capacity as well. Muraven, Tice, & Baumeister (1998) have demonstrated that self control is a limited resource. Thus, if a person is actively inhibiting overt display of an emotional reaction, that individual's memory for other aspects of the situation will suffer. Moreover, individuals who purposefully suppress emotional expression will be less able to sustain their attention toward important information. Consistent with this idea are findings indicating that suppressing an emotional reaction results in less memory of the details of stressful interpersonal encounter and diminished cognitive performance (Baumeister, Bratslavsky, Muraven, & Tice, 1998; Richards, 2004). Additionally, suppressing overt display of an emotional reaction, decreases capacity for noticing affective changes in another person, such that less rapport is achieved with the person with whom one is interacting (Richards, 2004).

While the manipulated variable studies suggest that purposeful inhibition of the expression of an emotional display requires effort and as a strategy for coping with pain has disadvantages, there are alternatives beyond expressing emotion or inhibiting emotion. Gross (1998) has published a number of studies examining the strategy of appraising stressful events in such a way that these events are viewed as benign as previously mentioned. As previously noted, Gross calls this an antecedent-focus strategy.

This approach is implemented in the process of recognizing a threat, as distinguished from a response focused strategy, such as suppressing an emotional response. In manipulated variable research, Gross (1998) has found that when subjects are instructed to use reappraisal strategies while viewing disturbing pictures of an injured person, they exhibit reduced autonomic activity and report less subjective distress. Moreover, the reappraisal strategy (in which the person thinks about events in ways that diminish the emotional impact of the event) does not exert negative consequences on memory and problem solving (Richards, 2004).

### ***Summary and Conclusions***

In response to the question, “is avoiding emotion bad for health”, the answer seems to be that it depends on how the avoidance is done. Both correlational and manipulated variable studies suggest the response-focused strategy of deliberate suppression of emotion is bad for health and performance. Antecedent focused strategies of reappraising negative events so that these events lose their sting, or deploying attention away from the negative toward the positive, promotes both health and performance. The utility of the reappraisal strategy is supported by both correlational and manipulated variable research.

Correlational data also support the view that those who readily confide enjoy better health outcomes. However, we should not then simply expect that if the classes of individuals who conceal emotion let out their emotions, they will enjoy better health. The caveat for all correlational research is relevant here: one cannot infer causation from correlational research. The better health outcomes of confiders may not follow from the act of confiding, but may be a result of the kinds of people they are. People who confide

in others may differ from non-confiders in significant ways. Confiders may view others as warm, accepting, and interested in what they have to say. Confiders may be more self-confident and less intimidated by others. The distinguishing characteristics of confiders may constitute the factors that cause their better health outcomes. Indeed, the fact that improved health outcomes are limited to confiders who view others as supportive found in some studies, is consistent with this interpretation.

The literature on repression is intriguing. Repression seems to best capture the type of client described by Freud. Repressors deny negative emotions. Their strategies for escaping negative emotional seem to operate outside of conscious awareness without being deliberately engaged. Observational studies of repressors suggest they engage in reappraisal and deploy attention toward positive and away from negative aspects of situations. Investigations of the outcomes for repressors are generally positive in those studies which do not use high Social Desirability Scores to distinguish repressors. The outcomes for repressors which use high Social Desirability Scores to identify the repressors have been mixed.

### **Must Trauma and Loss**

#### **Be Processed for Healthy Functioning?**

Interventions to allow clients to process painful emotion at the time of a loss or tragedy have failed to yield support for the utility of confrontation of pain. In an attempt to allow mothers to “work through” the death of a stillborn, some hospitals had instituted the policy of having the mother hold the still born. Rather than decreasing distress, those parents who held their stillborn child exhibited more anxiety and more problems with attachment to later born children (Hughes, Turton, Hopper, & Evans, 2002).

Critical incident debriefing is an intervention designed to allow processing of trauma immediately after the event. Fire fighters and rescue workers are encouraged to talk about those feelings they experienced as they witnessed trauma. Evaluation of the results of these interventions fails to find benefit for the process (Deville, Gist, Cotton, 2006; McNally, Bryant, Ehlers, 2003). Particularly alarming was the finding of worse distress 3 years later in those road accident victims participating in debriefing (Mayou, Ehlers, & Hobbs, 2000) and worse outcomes for those involved in debriefing session within 12 to 19 days after severe burn trauma (Bisson, Jenkins, Alexander, & Bannister, 1997). Friedman, Hamblen, Foa, and Charney (2004) conclude that there is significant reason to believe that discussions about trauma immediately after the trauma may actually help to instantiate fear memories and may impair natural recovery.

Interventions arranging for revisiting painful material after a death or trauma have also been evaluated. Bereavement interventions, which encourage expression of emotion following loss, are estimated to increase distress in 38% of individuals relative to those in a control group (Neimeyer, 2000). A particular study by Spiegel and Yalom allowed for contrasting here and now approach with discussion of the prior trauma in a sample of adults who had suffered child sexual abuse. The published results contrasted both interventions to a control group. Both groups did better than the untreated control group on a decline in depressive symptoms (Classen, Koopman, Neville-Manning, & Spiegel, 2001). At a conference the results of the comparison of the talk about the past trauma or focus on daily events were presented. Anxiety declined more in the present-focused group, whereas intrusions declined to a greater degree in the talk about the past group

(Bower, 1994;; Yalom, 1994). The findings argue against the necessity of revisiting trauma for improving function.

In evaluating whether processing trauma and loss are necessary for healthy functioning longitudinal studies following the bereaved are relevant. The prediction from the Freudian model is that persons who avoid grieving a loss will only delay the grieving process and will result in impaired future functioning. Several research groups have followed samples of bereaved individuals for up to five years. Examining the results of these investigations, Bonnano reports that the pattern of little grief at the time of bereavement followed by distress at a later time has almost never been observed (2-3% of sample) (Bonanno, 2004; Bonanno & Kaltman, 1999; Bonanno & Field, 2001). Also to the contrary to the delayed grief hypothesis are the findings from previously discussed repressors. These individuals are distinguished by their elevated arousal (accelerated heart rate) along with denial of self-reported distress at the time of loss. Although somatic symptoms are elevated in repressors immediately after loss (relative to others), somatic symptoms have declined by 14 months. Both at two-year follow-up and five-year follow-up, these grief repressing individuals display better functioning than those who were aware of their distress at the time of the loss (Bonanno & Field, 2001; Bonnano, Keltner, Holon, Horowitz, 1995; Bonanno, Znoj, Siddique, & Horowitz, 1999).

### **The Status of the Assumptions**

#### **Of the Hydraulic Model of Emotion**

The hydraulic model of emotion has been challenged by contemporary research. Events, even dramatic and terrible events, do not necessarily lead to evocation of distress. In between the event and the response is appraisal. People are capable of finding ways of

looking at events so that distress is avoided. When painful emotions are evoked, purposeful suppression exerts a negative effect on the body. However, expressing these emotions without changing perspective seems to intensify the emotions rather than draining them. Moreover, many persons live through trauma and loss, never expressing negative emotion or confronting the experience, and enjoy good adjustment throughout. Thus, the physical model of emotion as energy needing to be discharged fails to adequately capture emotional phenomena in people.

Whereas contemporary research does not support any necessity for confronting the pain of trauma or loss to ensure productive function, sometimes expressing emotion can be beneficial when such expression results in a supportive response from the people in the individual's environment. Moreover, if in the process of revisiting past trauma one finds an optimistic perspective, focusing on the bright side while deploying attention from the negative, then the process might be beneficial.

Freud was right in assuming that painful emotion should not be deliberately inhibited. However, the hydraulic model was wrong. Merely releasing or expressing distress seems to intensify rather than dissipating it. Reanalysis of a painful situation so that a positive message is found appears to be the best strategy. If revisiting emotional trauma during psychoanalysis at times appears to work, and at other times does not, it may well be that the fortuitous occasions are those during which the dredging up of the emotional ghosts are accompanied by a reassessment with a positive slant, rather than a bitter jeremiad.

The contemporary view of emotion places much more responsibility on the social worker for ensuring a positive outcome when a client is encouraged to revisit painful

events. When a client revisits painful emotional events, the social worker should take an active role in guiding the client to a reappraisal of the event. If reappraisals are not possible, then distracting the client and focusing the client on those areas of the client's life where comfort, control, and competence can be found might be a better strategy.

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