

Consequences of Repression of Emotion: Physical Health, Mental Health and General Well Being

Jainish Patel¹, Prittesh Patel^{2,*}

¹Indira Gandhi National Open University, Regional Center, Surat

²C. G. Bhakta Institute of Biotechnology, Uka Tarsadia University, Bardoli

Abstract

The widely held belief that emotional and psychological processes affect our physical health, mental health and general well-being are central to a holistic view of the individual, and as such, it is a useful foundational concept in integrative medicine. The purpose of this paper is to review substantial amounts of the latest research and recent findings on this issue to enable us to throw some light on how inhibitory factors to emotional expression and experience can endanger our health, both physically and psychologically including our general well being. In addition, the connection between repression of emotion and certain mental disorders like depression and scientifically proven healthy ways to manage issues bordering on emotion was outlined. The information contained in this paper is just as important to health care providers and also to the patients they deal with.

Corresponding author: Prittesh Patel, Assistant Professor, C. G. Bhakta Institute of Biotechnology, Uka Tarsadia University, Bardoli, Maliba Campus, Surat, Gujarat, India, Tel: +91 9913668812; Email: pritteshpatel@gmail.com

Key words: Emotion, Psychology, Depression, Patients, Mental Health, Repression

Received: Dec 22, 2018

Accepted: Feb 09, 2019

Published: Feb 12, 2019

Editor: Wei Xu, School of Psychology, Nanjing Normal University, China.

Introduction

In psychology, repression of emotion is an aspect of emotion regulation. It is a concept that is based on individual's knowledge of emotions, which includes causes of emotion, sensations of the body and about behavior that are expressed, and their possible means of modification [1]. Repression of emotion implies the act of masking facial and bodily expressions in order to conceal a current emotional status. Repression of emotion can also be defined as the intentional and automatic method by which individuals exert control over the emotions they have, altering factors like when and how the emotions are experienced and expressed [2]. Effective regulation of emotion enables the individual to adaptively cope with a broad range of environmental eventualities. However, when it goes uneven or lopsided, it becomes increasingly recognized and its negative consequences may pose danger to emotional and cognitive health. It may thus become a potential development or maintenance factor in mental or physical disease conditions [3-5]. Toxic affect is talking about the novel idea that negative emotional conditions can have consequences for the physical health of an individual. Reviews from available research indicate that both anxiety disorders and depressive symptoms are implicated as risk factors for people with cardiac abnormalities [6].

It becomes important to understand the positive and negative consequences of different emotion regulation strategies. In this respect, controversy is ongoing in the field about the repercussions of deliberate attempts to repress emotion, defined here as intentional attempts to down-regulate the inward experience and outward expression of undesired effect. Contradictory predictions arise from normative and clinical works of literature concerning the consequences of such repression of emotion.

Clinical and Normative Findings

People repeatedly and rapidly forget and re-discover that emotional status has a direct and profound influence on physical and mental health [7]. Freud discovered links between repression of emotion and physical symptoms nearly a century ago. Wolff and his colleagues also documented fixed physiological responses to emotional activation in more than three

decades worth of research [8]. More recently, research findings have been adding up in support of the notion that the relationship between emotional and physical health is direct and reciprocal. Research has shown that over 80% of all physicians' visits have to do with a socio-emotional challenge, while just only 16% could be considered solely pathophysiologic in nature. One study discovered that 84 % of 567 common complaints, such as dizziness and chest pain, indicated no medical diagnosis [9]. A recent study out of the UK discovered that about 25% of all new specialty referrals and about 20% of all referrals requiring surgery resulted in no particular medical diagnoses [10]. It becomes imperative and clear that a more keen understanding of the roles of emotions in the occurrence and progression of symptomatic suffering is necessary in order to curtail the staggering amount of medical costs spent involved in diagnosing these symptoms that are borne out of emotional imbalance. Abbass (2002) further made this very clear by documenting the enormous cost savings to the system when such cases are given brief emotionally focused psychotherapy [11]. Learning and understanding how and when such therapies come into the treatment plan of medical systems will be a great service to all and sundry.

Management of Emotions

The ways in which humans manage their emotions has become one of the most important but least examined concerns in medicine today. Emotions are physiological phenomena [12]. When poorly managed or regulated, they can lead to negative health and psychological consequences [13].

One important factor that links emotions and health disorders has to do with the (dys) regulation of emotions [14]. Patients with difficulties in managing their emotions subject their health and well being into gross negligence and as a result are more likely to display a history of substance abuse, poor nutrition, and disordered eating, lack of exercise, abnormal sleep patterns, poor compliance with medical interventions and behaviors that are injurious to one self. These patients make use of medical services like emergency rooms and medications, at tremendous rates. Because they often fail to stick to the directives of medical advice and treatment prescriptions, such patients create

conflicts with health workers and are more likely to file complaints in the court than patients that are emotionally healthy and stable [15].

It is important to acknowledge that feelings and emotions are not responsible for health disorders and sicknesses. Rather it is the protracted reliance on self-defense against the expression of emotions and feelings that creates the tension required for the disease to thrive [16]. Conversely, the free and uninterrupted expression of emotion possesses clear and sustainable benefits for physical and mental health and general well being. In fact, research on aging and longevity has demonstrated that psychological factors bordering on emotions are more important predictors of a long, healthy life than other factors like diet and activeness [17]. Individuals who remain actively involved in issues of life has a sense of hope and sheer optimism and can deal with moments of sadness by finding purpose and meaning, instead of bowing to depressed and despondency. They are also more likely to live longer and healthier than their pessimistic counterparts.

Physiological Consequences of Repression

Studies by Pennebaker and his colleagues (1997) demonstrated that individuals who repress their emotions also suppress their body's immunity, making them more vulnerable to a variety of illnesses ranging

from common colds to cancer [5]. Again, individuals who mask and deny their inward feelings, or outwardly vent their emotions, characteristically suffer most. "Studies of patients with serious medical conditions such as cancer, diabetes, kidney failure, and obesity, reveals that those who do not comply with medical advice also show strong use of defense mechanisms" [5]. Other findings have demonstrated that patient with cancer and other forms of malignancy that chronically mask their experiences and feelings are more liable to die despite treatments than expressive patients [18, 19]. Empirical evidence indicates a substantial reduction in pain and discomfort from arthritis following the expression of negative. As a matter of fact, the amount of relief from pain and discomfort reported by patients with chronic illness has been found to be commensurate with how able they are too deeply and authentically express their emotions and feelings. The table 1 shows some of the physiological manifestations repression of emotion health workers are likely to come across.

Psychological Consequences of Repression

Repression of emotion is one of the most common strategies of regulating emotion used by humans. Clinical traditions made it clear that the psychological health of an individual depends on how effective impulses are managed or regulated; the

Table 1. Emotionally linked complaints and disorders (Abbass, 2005)

Specialty	Complaint/Disorder
Cardiology	Hypertension, Chest Pain, Palpitations
Dermatology	Psoriasis, Dermatitis, Itching
Endocrinology	Fatigue, Obesity, Thyroid Dysfunction
Gastroenterology	Irritable Bowel Syndrome, Dyspepsia, Abdominal Pain
Internal Medicine	Weakness, Pain, Fatigue
Neurology	Conversion, Paralysis, Headache, Dizziness, Pseudo-
Gynecology	Pelvic Pain, Sexual Dysfunction, Infertility
Ophthalmology	Visual Blurring, Tunnel Vision, Blindness
Respirology	Shortness Of Breath, Choking Spells, Chest Pain
Rheumatology	Fibromyalgia, Fatigue, Chronic Pain
Surgery	Back Pain, Neck Pain, Abdominal Pain
Urology	Urethral Syndrome, Sexual Dysfunction

consequences of effective regulation and management are, therefore, the main focus of researchers in clinical psychology. Gross & Levenson (1993) explained how the psychological consequences directly related to repression of emotion are subjects of frequent dispute among researchers [4]. Researchers such as Cannon (1927) and Jones (1935) are of the opinion that suppressing a physical emotional response while emotionally prompted to express will increase the intensity of the emotional experience as a result of the concentration on suppressing the emotion [20, 21]. These researchers debate that common sense makes us understand that emotions become increasingly severe or intense the longer they are bottled up. Some other researchers such as Darwin (1872) and Tomkins (1984) express their disagreement with this theory with the view that emotional expression is crucial to the overall emotional response and that when there is repression, all other contingent responses (e.g. physiological) are weakened [22, 23]. Darwin (1872) and Tomkins (1984) threw more light on this argument by stating the obvious that people are taught to count numbers to ten when emotionally distressed in order to calm down [22, 23]. If repression of emotions were to increase the intensity of the expressible emotional experience, this counting tradition would only increase the response of the person emotionally aroused; however, the reverse is actually the case [22, 23]. Unfortunately, few pieces of research have been conducted to test these hypotheses [24]. The fact that people have contrasting opinions on which is the idea- to repress emotion by counting numerals to ten to calm down before acting or expressing the way you feel because repressing your emotions is injurious to your mental health is of increasing interest and concerns to experts in the psychology of emotions.

The Connection with Stress

The various physiological, cognitive, and motivational, and physiological attributes of emotions may shed some light on their relation with hypertension as one of the risk factors of cardiac malfunction. Previous studies has indicated that stress is linked with increased cortisol levels, This has gained support from other research findings showing that how the body responds during stress depend on how one is able to

deal with the stress [25]. Concealing and repressing emotions can give rise to stress-related physiological reactions. The occurrence of stress is as a result of the social disapproval and punishment of overt emotional expression that cause repression which is itself intimidating and stressful [26]. There are certain fields of human endeavor which require the repression of positive or negative emotions such as: estate agents who may hide their happiness when a good offer is tabled on house sake of maintaining their professionalism, or primary school teachers suppressing their anger or disappointment sake of upsetting their young pupils when teaching them good morals.

Recently, researchers have started to look into the effects which continual repression of emotion in the workplace may have on people [27]. Cote (2005) stated that continual repression brings about stress on individuals making use of it [27]. Stress brought about by such protracted repression of emotion can cause an increase in heart rate, anxiety, low level of commitment and other effects which can be detrimental to the productivity of an employee. The popular belief is that repression of emotion in the workplace is advantageous for the organization and dangerous for the employee on a long-term basis. However, Cote (2005) discovered that factors giving rise to the social dynamics of emotions determine whether regulation of emotion affects stress or not [27]. The repression of unpleasant emotions such as anger gives rise to elevated levels of stress.

Repression and Depression: The Link

Repression of emotion, as a strategy to regulate emotions, is useful in certain aspects of life such as supporting ambitions pursuits and bringing satisfaction to hedonic needs [28]. In as much as repression of emotion is regarded as a weak influence on emotional experience, it plays other useful roles. Repression of emotion is a goal-oriented strategy which is guided by people's beliefs and customs and potentially by abstract ideas about the regulation of emotion [28]. In a research conducted by Larsen et al. (2012) the researchers investigated the possibility of a positive association between repression of emotion and symptoms of depression in adults and adolescents under the influence of peer victimization and parental

support [28]. A reciprocal relationship was discovered to exist between parental support and symptoms of depression but there was no symptom of depression with peer victimization. Depressive symptoms were discovered in the subjects following decreased perception of parental support after a year.

Recommendations and Conclusion

In conclusion, it is clear that expressing one's true emotions and the feeling is crucial to physical health, mental health, and general well being, while a reliance on concealment gives rise to a barrier to good health. In as much as having a family member or a trusted friend to confide in seems like the best option, it is not the only one. Talking with a psychotherapist or a counselor is another method of getting help. Alternatively, one may resort to writing down ones true feelings and emotions, or simply recording with tape the particular events in one's life that have been most upsetting and emotionally distressing. These practices have been found to have beneficial effects in managing and regulating emotions. Facing what one has been trying to avoid can elevate one's sense of distress or emotional arousal in the short term, the benefits are far much greater as one gains emotional stability, physical and mental health, and also a wider understanding of oneself and others. Most importantly, the long-term benefits are only for people who are willing to get involved in this process emotionally. Having someone to talk to about your feelings in a state of detachment will not help one achieve much in becoming emotionally stable, talking to an expert will do more.

References

1. Niedenthal, P.M., Krauth-Gruber, S., and Ric, F. (2006). Psychology of emotion: Interpersonal, experimental and cognitive approaches. (New York: Psychology Press.), p. 432.
2. Gross, J. (1989). Emotional expression in cancer onset and progression. *Social Science & Medicine* 28, 1239-1248.
3. Berenbaum, H., Raghavan, C., Le, H.N., Vernon, L.L., and Gomez, J.J. (2003). A taxonomy of emotional disturbances. *Clinical Psychology: Science and Practice* 10, 206-226.
4. Gross, J.J., and Levenson, R.W. (1997). Hiding feelings: the acute effects of inhibiting negative and positive emotion. *Journal of abnormal psychology* 106, 95.
5. Pennebaker, J.W. (1997). *Opening up: The healing power of expressing emotions*, (Guilford Press).
6. Suls, J., and Bunde, J. (2005). Anger, anxiety, and depression as risk factors for cardiovascular disease: the problems and implications of overlapping affective dispositions. *Psychological bulletin* 131, 260.
7. Coughlin Della Selva, P. (2006). Emotional processing in the treatment of psychosomatic disorders. *Journal of clinical psychology* 62, 539-550.
8. Wolff, H.G. (1968). *Stress and disease*, (Thomas).
9. Kroenke, K., and Mangelsdorff, A.D. (1989). Common symptoms in ambulatory care: incidence, evaluation, therapy, and outcome. *The American journal of medicine* 86, 262-266.
10. Reid, S., Wessely, S., Crayford, T., and Hotopf, M. (2001). Medically unexplained symptoms in frequent attenders of secondary health care: retrospective cohort study. *Bmj* 322, 767.
11. Abbass, A.A. (2003). The cost-effectiveness of short-term dynamic psychotherapy. *Expert review of pharmacoeconomics & outcomes research* 3, 535-539.
12. Antonio, D. (1999). *The feeling of what happens: Body and emotion in the making of consciousness*. (New York: Harcourt).
13. Abbass, A. (2005). The case for specialty-specific core curriculum on emotions and health. *Royal Coll Outlook* 4, 5-7.
14. Appleton, A., and Kubzansky, L. (2014). Emotion regulation and cardiovascular disease risk. *Handbook of emotion regulation* 2, 596-612.
15. Lanyon, R.I., and Almer, E.R. (2002). Characteristics of compensable disability patients who choose to litigate. *Journal of the American Academy of Psychiatry and the Law Online* 30, 400-404.
16. Cramer, P. (2000). Defense mechanisms in psychology today: Further processes for adaptation. *American Psychologist* 55, 637.

17. Danner, D.D., Snowdon, D.A., and Friesen, W.V. (2001). Positive emotions in early life and longevity: findings from the nun study. *Journal of personality and social psychology* 80, 804.
18. Derogatis, L.R., Abeloff, M.D., and Melisaratos, N. (1979). Psychological coping mechanisms and survival time in metastatic breast cancer. *Jama* 242, 1504-1508.
19. Goldstein, D.A., and Antoni, M.H. (1989). The distribution of repressive coping styles among non-metastatic and metastatic breast cancer patients as compared to non-cancer patients. *Psychology and Health* 3, 245-258.
20. Cannon, W.B. (1927). The James-Lange theory of emotions: A critical examination and an alternative theory. *The American journal of psychology* 39, 106-124.
21. Jones, H.E. (1935). The galvanic skin reflex as related to overt emotional expression. *The American Journal of Psychology* 47, 241-251.
22. Recognition Darwin, C. (1872). *The Expression of the Emotions in Man and Animals*. M]. London: John Murray.
23. Ekman, P. (1984). Expression and the nature of emotion. In K. R. Scherer & P. Ekman (Eds.), *Approaches to emotion*. Hillsdale, NJ Erlbaum pp. 319-344.
24. Gross, J.J., and Levenson, R.W. (1993). Emotional suppression: physiology, self-report, and expressive behavior. *Journal of personality and social psychology* 64, 970.
25. Jamieson, J.P., Hangen, E.J., Lee, H.Y., and Yeager, D.S. (2018). Capitalizing on appraisal processes to improve affective responses to social stress. *Emotion Review* 10, 30-39.
26. Buck, R. (2003). Emotional expression, suppression, and control: Nonverbal communication in cultural context. *Journal of Intercultural Communication Research* 32, 175-187.
27. Cote, S. (2005). A social interaction model of the effects of emotion regulation on work strain. *Academy of management review* 30, 509-530.
28. Larsen, J.K., Vermulst, A.A., Eisinga, R., English, T., Gross, J.J., Hofman, E., Scholte, R.H., and Engels, R.C. (2012). Social coping by masking? Parental support and peer victimization as mediators of the relationship between depressive symptoms and expressive suppression in adolescents. *Journal of Youth and Adolescence* 41, 1628-1642.