

The Crying Game

by Dr. Richard Bolstad

The Theory of Catharsis

In 1895, Sigmund Freud first explained his “catharsis theory” in the “founding document” of western psychotherapy; *Studies on Hysteria*. He says, “The fading of a memory or the losing of its affect depends on various factors. The most important of these is whether there has been an energetic reaction to the event that provokes an affect.... Linguistic usage bears witness to this fact of daily observation by such phrases as ‘to cry oneself out’ and to ‘blow off steam’.... The injured person's reaction to the trauma only exercises a completely ‘cathartic’ effect if it is an adequate reaction - as, for instance, revenge. But language serves as a substitute for action; by its help an affect can be ‘abreacted’ almost as effectively.” (Freud and Breuer, 1974, p 58-59).

The basic idea of catharsis, as it is usually expressed, is that crying in particular acts as a kind of safety valve, releasing pressure and allowing the blocked “pain” to be released and to drain off. In the catharsis model, pain is thus being nominalized (to use an NLP term). It is conceived as a “thing” which must be released in order for deeper healing to occur. This is of course very different to the way we think of “physical” pain in everyday speech. We do not think that a person who has slammed their hand in a door needs to release some element called “pain” from the hand. We do not worry that if they feel less pain the hand will not heal. We instead assume that pain is a signal that some real life change is needed (take the hand out of the door, apply healing treatments or ice to it, etc). We reduce the pain and treat the actual source of the problem. As we shall see, the research now fairly clearly indicates that this other common sense is also the best way to deal with emotional pain. The solution to misery is not to have a good cry, but to change your life so that misery no longer occurs.

Belief in catharsis is strong a century after Freud. Randolph Cornelius found that 94% of popular articles in the United States which referred to crying recommended letting tears flow to release psychological tension (Cornelius, 1986). This is not a universal theory. Jane Wellenkamp notes that for the Indonesian tribes that she studied, crying was thought to cause illness, unless done in response to a death (Wellenkamp, 1992).

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Freud’s appeal to common sense and “daily observation” has served as rationale for over a century of western psychotherapy. Now, in the light of actual research, we can admit that while his description is correct, its use in psychotherapy has missed the point. Freud’s original claim is merely that some energetic response to a disturbing event (including even talking about it) is needed in order for the brain to let the emotion go. That may be true. The research, as we shall see, does not support the notion that screaming, hitting, crying and other expressions of pain, by themselves, have beneficial effects. Quite the contrary.

Aggressive Catharsis

Freud (above) gives revenge as an example of successful catharsis. Indeed, in research revenge is one of the few places where the hypothesis is clearly supported. This is consistent with the other form of common sense that we apply to physical pain. Revenge involves making a change (however immoral it may seem) in actual events. People feel “better” if they are allowed to retaliate directly against the person who injured them, provided that they do not retaliate more than the original event (otherwise they feel guilty) and provided that they have no fear of further counter-retaliation from the original attacker (otherwise they feel anxious). However, attacking a substitute (including pounding a pillow etc) does not alleviate their feelings and has been repeatedly shown to exacerbate them. Brad Bushman of Iowa State University notes that in his research as well as in other studies, “Telling people that aggressive activity is a good way to get rid of anger led them to choose

aggressive activity, but *performing this activity apparently failed to reduce anger*” (Bushman et alia, 1999, emphasis mine). Catharsis works, in anger anyway, when there is some action taken in real life. It does not work when feelings are ventilated in a therapy session. The point of feeling feelings is to change your life, not to run away from it once a week and pound a pillow.

The Real Effects of Crying

There is no doubt that people in western cultures hold a general belief that crying makes them feel better. When asked about events they have experienced, people often (but not always) will affirm that crying helped them. For example, William Frey had a large and varied population of adults keep a diary for 30 days and note the effects of any crying. The majority of women and men reported a decrease in negative emotions as a result of crying (Frey et alia, 1983).

There is good reason to be cautious about these self-reports though. Virtually every study so far that has monitored people over the actual time of crying has found the opposite effect. The most popular form of study has used a crying stimulus which many people in Frey’s diary project used: watching sad films. Such films evoke tears, and often restimulate sadness in relation to similar life events in the watcher’s previous experience. When people watch a film and are monitored, the physiological and emotional results are far more negative for those who cry than for those who do not (see for example, Gross et alia, 1994). Crying is associated with increases in heart rate, other meas-

ures of arousal such as raised skin temperature and body tension, as well as increases in feelings of depression, frustration, anger, and pain. Furthermore, it is associated with decreases in immunoglobulin A in saliva (Labott et alia, 1990), i.e., it reduces immunity, exactly as some indigenous peoples warn (Wellenkamp, 1992). These unpleasant effects continue after the event. Susan Labott researched crying as a coping device amongst university students and found that although they thought crying helped, those who cried often were more likely to report high levels of mood disturbance, such as anxiety, depression, anger, fatigue and confusion (Labott and Martin, 1987).

What about longer term health effects? There is some evidence in the literature that people who struggle to *suppress* crying suffer badly longer term. They are more prone to cancer (Gross, 1989) for example. However people who spend long periods of time in cathartic therapies are also at risk, as a study by Dr Hans Eysenck shows (Eysenck, 1992, p 117-118). He describes his longitudinal study of 7000 inhabitants of Heidelberg, from 1973 to 1986. This study was designed to discover the health effects of psychotherapy. Clients in psychotherapy were able to be matched by age, sex, type and amount of smoking etc, with controls. The results showed that cancer and heart disease were most prevalent in the group who had had two years or more of “therapy,” less frequent in the group who had one year or more in “therapy,” and least frequent in the group who had no “therapy.” How do we explain this paradox? Both suppressing crying and crying regularly seem unhealthy.

Even in the place we would most expect crying to be healthy, in bereavement, the research evidence contradicts the traditional catharsis theory. Certainly, it is normal to weep when someone close to you dies. However, the more someone cries after the death of a spouse, the more likely they are to experience prolonged and pathological grief reactions (Znoj, 1997). Furthermore, if people do not become overly tearful early on after bereavement, then they are not likely to become overly tearful or depressed later either. There is no truth to the theory that those who don’t cry early on will suffer some “delayed grief reaction.” Research now reveals this to be a myth promoted by those who needed a validation of the catharsis model. In grief, those who cope well early on will also tend to cope well later (Bonanno and Field, 2001).

Why Do People Like To Cry Then?

If it’s so dangerous, then why do people claim crying makes them feel better? The same peculiar tendency for people to believe that catharsis is working despite the evidence is revealed in psychotherapy, as a famous study in the 1950’s shows. In 1951, E. Powers and H. Witmer published one of the most extensive and well designed studies of the results of therapy, “An Experiment in the Prevention of Delinquency.” In this study 650 high-risk boys aged 6-10 were chosen and grouped into pairs based on various demographic variables. One of each pair was then assigned to counselling (either client-centered or psychoanalytic), and linked up to support services such as the YMCA. After an average five years of counselling, the boys were followed up. Counselors rated 2/3 of the boys in their care as having “benefited substantially” from the counselling, and the boys agreed, saying it gave them more insight and kept them out of trouble. This looks good, except for one detail. The treated boys were more likely to have committed more than one serious crime, had higher rates of alcoholism, mental illness, stress related illness, and lower job satisfaction than those left untreated. This remained true at 30 year follow up and the researchers lamely suggest that there “must be” some positive benefits, but they were unable to find them. (Zilbergeld, 1984, p132-134).

In a study of the literature on crying and health, Ad Vingerhoets and Jan Scheirs (2001, p 241) conclude that scientific studies, “have yielded little evidence in support of the hypothesis that shedding tears improves mood or health directly, be it in the short or in the long run. This is not to say that crying is a useless behavior. It has strong effects on the environment, promoting comforting and helping behavior, and possibly strengthening attachment.” Randolph Cornelius has done a number of studies supporting this hypothesis. The idea is that crying evolved as a social message, not as an intrinsically healing mechanism. When a baby cries the crying itself may not help it much, but the effect of the crying is to elicit support from others (and rather quickly at that, as those readers who are parents will know). We do not have to hypothesize that “crying is good for babies” and leave the baby to cry each day to release the pain (something that psychotherapists actually recommended for a time in the twentieth century). We know that the purpose of crying is to elicit action.

The same is true for adults. In that sense, the 5 years counselling by those boys in the Experiment in the Prevention of Delinquency was indeed, tragically useful. It elicited further empathy from their counselors. Dr Cornelius has asked people to describe in detail a crying event where they felt better after crying, and a crying event where they did not feel better. The events need to be similar in type and in intensity of crying. The results are clear (Cornelius, 2001, p 207). People feel better when the issues that led them to cry are resolved (e.g., “Hearing her say that we’d work out the financial situation”). Cornelius sites a number of

other studies in which the same factor is clearly the key to the “success” of crying. This is exactly what Freud said all along, if you re-read his quote. The point of catharsis is to get change, not just to feel bad. Once we understand this, we can see that both cathartic therapy and the suppression of crying can be cancer-promoting. They are both ways that people can avoid taking action in their real life, asking for what they want, and getting things to change.

The lesson of crying is one every baby knows:

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“change me!” Crying is a highly stressful activity which is designed to send this message both to the crier and to others. Cornelius concludes (2001, p 209) “Crying, except perhaps when due to organic brain damage, is always about something and has a social context.... Crying may not have cathartic effects if the issues that have moved

one to tears have not been resolved or if one receives negative feedback from others about one's tears.”

Conclusions For Those Involved In Change Work

The social results of crying are so powerful that the claim I am making here is a very unsettling one for those who thought they were following Freud's maxim. “But it feels so right!” is the reply I often get when I explain this to a person who has a “crying-based” lifestyle. And crying really does work... but not the way psychotherapists have been claiming. It works by mobilizing a person's resources to make changes in their life. Any

method that mobilizes those resources will result in the changes that heal. What implications does this have for our work with clients using NLP?

We do not have to torment ourselves or our clients to get them to change. On the other hand, if you feel like crying, by all means do... unless you notice that doing so is actually limiting the changes you make. We have all seen someone who uses crying as a method of dealing with stressful situations, and just keeps crying. This is no more noble than the behavior of a person who uses shouting and hitting as a method of dealing with stressful situations, and just keeps doing it. Neither one leads to some magical “catharsis” and release of the “pent up energy,” unless that “energy” is redirected into real life changes.

Furthermore, we now know that since the purpose of crying is to motivate change, we do not need to “require” it of our clients in order to believe that they are healthy. Those who enjoy their lives most will actually cry less over challenging situations, because they will be easily motivated to make the real life changes, and where needed to reframe life events positively.

Virginia Satir said, “For me the symptom is analogous to a warning light that appears on the dashboard of a car. The light, when lit, says the system required to run the car is in some form of depletion, disharmony, injury or impairment.... My treatment direction is to release and redirect that blocked up energy.” (Satir and Baldwin, 1983, p188). This is true in relation to crying. The point is not to suppress the crying (like disconnecting the warning light). On the other hand, the point is not to leave the car in such a chronic state of disrepair that the warning light shows every day (on the grounds that seeing the warning light is somehow releasing energy itself). The point is to change things.

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