It's not always good to talk

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DARREN ELLIS *and* **JOHN CROMBY** *on the health implications of emotional expression.*

HOW many times have you been asked 'How are you?' and, regardless of how you were actually feeling, replied with a simple 'Fine'? Or asked someone 'Are you OK?', and nodded whilst asking in order to encourage a positive reply? Much of the time the literal meaning of such questions is submerged in the rituals of greeting, and so a failure to address their literal content is not treated as a breach of expectations (Antaki & Widdicombe, 1998). But, unremarkable as it may seem, is this habit also a sign of our culture's lack of concern for emotional matters?

The popularity of talk shows such as *Trisha*, the mass-marketing of books on 'emotional intelligence', and the manifold ways in which the vocabulary and terms of psychotherapy and counselling have entered everyday life (see Parker, 1997), all seem to indicate a new-found legitimation of emotionality in our traditionally stiff-upper-lipped culture. Nevertheless, it appears that for many people emotional expressivity is still problematic. For example, it seems that the outburst of public grief following the death of Princess Diana may have also allowed many individuals to grieve for losses in their own lives that, until then, had not been fully acknowledged. Suicides increased by 17 per cent in the month following the death of Diana, and self-harm by a staggering 44 per cent (Hawton *et al*., 2000).

Many sociologists and cultural critics suggest that individualism has become more prevalent in Western culture in recent years (e.g. Baumann, 2000), creating what Lasch (1979) calls a 'culture of narcissism', in which people are dependent on various forms of therapy as the everyday world has become an atomised space of interpersonal alienation. Increasingly, perhaps, we imagine that the proper place for emotional talk and reflection is the professionalised and relatively costly space of the therapeutic encounter. So should psychologists be preaching the importance of expressing and listening to emotional experiences informally, with friends and family and in other types of discursive practice?

The evidence

A large body of studies in psychoneuroimmunology suggest that there are associations between the suppression of negative emotional experiences and illness, and the expression of negative emotional experiences and health. For example, Esterling, Antoni, Kumar *et al*. (1990, 1993) found that the inhibition of negative affect in people with latent Epstein–Barr virus (EBV) was related to higher levels of EBV blood antibodies. The appearance of EBV blood antibodies is related to EBV reactivation, and an inability of the immune system to keep the virus in check. They also found that emotional disclosure through writing or speaking modulates latent EBV titres and so strengthens the immune system (Esterling, Antoni, Fletcher *et al*., 1994). Levy *et al*. (1985) found that a repressive personality style is significantly associated with poorer natural killer (NK) cell activity. NK is an immune function involved with the control of tumours. Repressive coping styles, the repression of negative emotions and a repressive personality style are frequently associated with cancer onset, progression, malignancy and death from cancer (e.g. Garssen & Goodkin, 1999; Gross, 1989; Pettingale *et al*., 1987). In a 10-year study Spiegel (1990) found that supportive-group intervention prolonged the survival time of cancer patients compared with a control group.

Such evidence clearly suggests that emotional expression is positively associated with good health. Yet, as is often the case in matters psychological, things are not necessarily that simple. Pennebaker and Frances (1996) followed a group of college students as they disclosed their feelings about being in college for half an hour on three consecutive days. Compared with the control group, a significant majority of the group did have better health. However out of 35 students in the experimental group, nine became healthier, 21 had no change and five students' health actually deteriorated.

Attempting to shed some light on this finding, Bucci (1995) reanalysed the data and found relationships between health status and the form of narrative deployed in disclosure. Students whose health deteriorated typically narrated their experiences using abstract language with little emotional tone, and had a propensity to intellectualise their experiences. By contrast, the narratives of those whose health improved were typically high in emotional tone. For example, consider the difference between (a) 'I wasn't feeling too good that day' and (b) 'On that day my anxiety was so intense that I had a

WEBLINKS

Bucci's manual for scoring referential activity (pdf file): *tinyurl.com/6hjfj*

Articles on emotional disclosure: *tinyurl.com/58law*

tightening feeling in my chest and head began to ache'. Bucci and colleagues have devised a measure, 'referential activity' (RA), to assess the degree of emotional disclosure in narratives, focusing upon clarity, concreteness, specificity and imagery (see weblinks). They hypothesise that RA is a measure of the degree of connectivity between emotional and conscious experience, and can assess the extent to which individuals are consciously giving meaning to their emotions. Studies have shown that higher levels of RA in disclosure narratives are associated with better health outcomes (e.g. Bucci, 1993, 1995; Okie, 1992).

But why should those that did not express themselves well tend to have worse health, as opposed to no change? Recent neuroscientific work addressing how we actually feel emotion may help us to understand this. Damasio (1995, 2000) proposes that increasing familiarity with emotionally arousing stimuli drives a developmental process by which a person eventually comes to understand that the stimuli cause no imminent danger. In neurophysiological terms, the stimuli no longer excite the sympathetic nervous system via what Damasio calls the 'body loop' to produce somatic states that appear as feedback in consciousness. Instead, they inaugurate within the somatosensory cortices a surrogate or 'image' of the body in an excited state; Damasio calls this the 'as-if body loop'. The feeling of the emotion still arises, albeit in a paler form, but the actual body state that would accompany the feeling proper (e.g. changes in the autonomic nervous system and motor and endocrine systems) no longer occurs.

Additionally, LeDoux (1996) has also shown that implicit, non-conscious stimuli can nevertheless produce a fear response, stimulating the sympathetic nervous system with possible negative consequences for health. So it may be that individuals with low RA, whose emotional narratives do not explicitly and graphically connect to their experiences, are nevertheless engaging in implicit or non-conscious associative processing that stimulates body state changes. Their style of talking might inhibit integration and movement from the body loop to the as-if body loop, whilst nevertheless calling out fear responses that place the body under stress and so make them more prone to ill health.

Of course, it is always difficult to tell how much a person is affected by non-conscious emotionally laden stimuli, and what consequences this has for their mental and physical health. A century of psychoanalysis has addressed this question, but its claims and findings remain controversial in psychology. Perhaps the recent advent of neuropsychoanalysis (Solms & Turnbull, 2002) and its association with recent advances in neuroscience will make some psychoanalytic claims more respectable. However, it is likely that any change in this direction will be slow, since acknowledging the importance of separate affective neural subsystems would have many consequences for psychology's currently predominant cognitive orientation.

From voyeurism to effective talk

So, is it good to talk? It seems to depend on precisely how that talking is done. Perhaps our therapeutic culture is predominantly a voyeuristic one, more interested in showing us other people addressing their feelings. Maybe our media encourages receptive yet passive emotional engagement, where individuals watch these practices 'Big Brother style' rather than perform them. Consequently, the feelings associated with our own tragedies and achievements could be dampened down, channelled into the surrogate experiences of celebrating more glamorous lives or ridiculing less attractive ones. The media practice of high emotional expressivity might not extend thoroughly to everyday life, where harsher material circumstances and everyday discursive practices may combine, generating a tendency towards lower RA at the same time as it encourages reflection upon potentially unhealthy emotional stimulation.

Sometimes, then, it might be better to leave emotional experiences unspoken. But there may also be health benefits associated with talking effectively about emotional experiences, just as there could be health costs in intellectualising or remaining aloof. Psychologists have a role here, in terms of educational work that might eventually contribute to improving the nation's health.

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