

Emotional Healing Through Induced Therapeutic Crying

Reynold P. Varela, Ph.D

Associate Professor of Psychology
Department of Psychology, College of Science
Adamson University, Manila, Philippines

Abstract: This study utilizes a quasi-experimental Design to determine the effects of induced therapeutic crying. This study presents the findings of quasi-experimental design between two non-equivalent groups: the crier group and the non-crier group on the effects of Induced Therapeutic Crying on an improved state of emotionality. The findings of this study reveals (1) that there was significant difference between the crier group and the non-crier group concerning the immediate cathartic effect and the perceived health promoting benefits of crying, (2) common emotional experiences, (3) Mood Improvement immediately after a crying episode.

Keywords: Emotional healing, Induced Therapeutic Crying, Catharsis, hypnosis.

1. INTRODUCTION

Adult Crying as a natural human experience is an avenue of emotional expression through which different emotions are expressed. It can express happiness and joy or its diametric emotional opposite as pain, suffering, grief, loss, or even significant distress. Crying is a language that communicates our innermost feelings of hurts and joys. The belief that crying can release emotional tension, pain, and beneficial to one's health are based on previous research findings (see Bylsma & Vingerhoets, 2007).

Several studies had shown that when respondents were asked to remember a recent crying episode revealed that crying improves mood (e.g., Bindra, 1972; Frey, Hoffman-Ahern, Johnson, Lykken, & Tuason, 1983; Kraemer & Hastrup, 1986). In the study of Cornelius (1997) stated whenever you ask people after they have cried, they generally reported feeling better. Other researchers found out similar results that criers reported feeling better immediately after a crying episode (e.g., Becht & Vingerhoets, 1997; Cornelius, 1981; Lombardo et al., 1983; Kraemer & Hastrup, 1986).

On the contrary, several laboratory findings had revealed that crying when induced artificially through a sad film may produce high state of physiological arousal, and resulted in distress. Gross and Associates (1994) stated that after inducing sadness participant who cried during the film indicated higher levels of sadness and emotional pain. In another study concerning the correlates of crying, social, and personality, Choti, et al. (1987) demonstrated that participant who cried on a sad film reported significant increase in sadness, frustration, and decreased happiness.

These contradictory findings between naturalistic and experimental studies on crying research was explained in terms of the different aspects of the crying situation. Bylsma and Associates (2008) explained why the findings of naturalistic studies were in contrary to laboratory findings. She explained based on self-report measures improvement after a crying episode was related to the positive emotional and social support that leads to the resolution of the situation of the crying person. The comforting words and empathy elicited from others may well explained why those who cried in the presence of other people may report feeling better. Whereas Cornelius (1997) explained that in laboratory findings, participants of the study were unable to elicit emotional and social support due to the absence of other people in the laboratory who may give them comforting words. Thus, the presence of significant other may give comfort and social support leading to the resolution of their situation. In the current study, it explored on the effects of the presence of significant other in the laboratory through the delivery of induced verbal hypnotic suggestion.

In this study, it was important to answer the following questions: (1) what does crying do to the crying person when crying was induced artificially through induced verbal hypnotic suggestion? (2) Does it provide some kind of emotional benefits?

The researcher hypothesized that when crying was induced artificially through induced verbal hypnotic suggestion, it would have emotional cathartic effect resulting in mood and emotional improvement. The researcher would like to prove the effects of Induced-Verbal Hypnotic Suggestion to induce crying among College students regarded in this study as adult crier.

2. METHODOLOGY

This study used a quasi-experimental method through **non-equivalent group posttest design only** between the crier group and the non-crier group in order to describe the effects of Induced therapeutic Crying and its cathartic effects on emotional healing. In this quasi-experimental study, it was important to allow the occurrence of crying through induced hypnotic suggestion to be able to measure the effects of induced therapeutic crying between two non-equivalent groups: the crier group and non-crier group. It was important in the creation of groups to allow the occurrence of crying before the two groups were created. The identification of groups between the crier and the non-crier group was determined through a self-report after respondents had been induced to cry.

Sample

The respondents of this study were adult college students majoring in psychology particularly in their third and fourth year level. The sample size of this study constituted two hundred fifty one (n=251) participants who were officially enrolled at Adamson University, Manila, Philippines. They were enrolled in the courses of abnormal psychology, psychological testing, psychological research, and experimental psychology. The criteria for respondent selection were based on the following inclusion criteria; college students ages eighteen (18) to twenty five (25) years of age, and should not be suffering from any kind of psychological disorders. Respondents who scored high on Neuroticism Scale (Eysenck 1969) were advised not to participate in the study. The reason for the exclusion of respondents who scored high in the scale of neuroticism was to avoid possible harm to persons who might be affected by emotionally disturbing conditions. After having been induced to cry, the two groups were created out of the total number of subjects two hundred fifty one (n=251). There were Fifty eight (n=58) participants for the non-crier group and one hundred ninety three (n=193) participants for the crier group. The groups were determined through a self-report measure by asking the respondents of the actual outpouring of tears.

Instrument Used and Apparatus

The instruments used in this study were Neuroticism scale (Eysenck (1969) with the reliability coefficient of $r = .91$, that was used for the selection and inclusion of respondents, and the Adult Crying Inventory (Vingerhoets, A.J.J.M & Cornelius, R.R., 2000) was adapted. Both psychological self-report measures were adopted and found both valid and reliable, since it was used by experts in their previous research study on crying (e.g. Eysenck (1969); Vingerhoets, A.J.J.M & Cornelius, R.R., 2000). In addition to these measures, the researcher developed his own measure of Cathartic Effects consisting of 12 items answerable by four (4) point Likert scale. The process of item analysis and reliability analysis were carried out. This measure was to be found reliable with coefficient Alpha of ($r = .90$).

Procedure

Prior to the conduct of the study, it was taken into account the amount of risk in which respondents would be made to cry in groups. In order to ascertain the minimal amount of risk involved in the current study, the respondent was debriefed following procedure number five (5).

The experiment was conducted in a regular classroom, which could accommodate 30 to 40 college students. The classroom was equipped with air-conditioning, whiteboard, 40 chairs, Multi-Media projector, Speakers, and computer. The participants were grouped into fifteen (15) to thirty (30) persons per session.

The experimental activity has five (5) phases: (1) **The Introductory Phase**, in this phase, the facilitator briefed the respondents about the purpose of the study. He introduced a topic on self-opening to appeal on the emotional side of the respondents. (2) It was followed by the presentation of sad film with sad music known as **the warming Phase**. In the

warming phase, they were exposed to several sad movie clips. The respondent watched the video clips with music for fifteen (15) minutes, and moving closely to the phase of the unloading. (3) The **Unloading Phase or also known as the crying episode**, during this phase, the induced verbal hypnotic suggestion was accompanied by the closing of the eyes and listening to sad religious music. During this time the respondents were no longer looking at the video screen, but asked to close their eyes, and listened to the verbal suggestions given by the facilitator. The purpose of the closing of the eyes was to prevent the respondents from any distraction from the environment. This was the very moment where the crying episode occurred. (4) The fourth was the administration of Adult crying Inventory, which was given approximately 3 three to five 5 minutes after the crying episode. (5) Debriefing of participants was done after the respondents answered the questionnaire. At this point, they were asked to watch an inspirational and motivational video clips to remove any distressing emotions, which might have incurred during the experiment.

3. RESULTS

The results of this study presented the most common emotional experiences, Cathartic Effects and Health Promoting Benefits, Immediate Cathartic Effect of Induced Verbal Hypnotic Suggestion on the Cognitive and Emotional state, and mood improvement.

A. Most Common Emotional Experiences

Table 1. Ranking of the Most Common Emotional Experiences Based on the Responses frequency Count after a crying episode for the crier and non-crier group

Crier Group Common Emotional Experiences (n=153)	Frequency	Rank	Non-Crier Group Common Emotional Experiences (n=153)	Frequency	Rank
Relief	144	1	Touched	29	1
Touched	126	2	Relief	24	2
Joy	95	3	Sad and Guilt	14	3.5
Sad	81	4	Self-Pity and Frustration	10	5.5
Guilt	76	5	Flat Affect	9	7

Table 1 showed five (5) out of twenty (20) different emotions which were frequently chosen by the respondents. The five most commonly reported emotions were relief, touched, joy, sad, and guilt for the crier group. They were enumerated from the most occurring to the least occurring emotional experience after they were induced to cry through induced verbal hypnotic suggestion. On the other hand being touched ranked one (1) for the non-crier group in the ranking of the Most Frequently Occurring emotional experiences followed by relief, sad and guilt on the third, and self-pity and frustration were ranked fifth.

B. Cathartic Effects and Health Promoting Benefits

Table 2. Cathartic Effect and Perceived Health Promoting Benefits of Induced Therapeutic Crying

	t value	N	Df	Sig. (2-tailed)	Mean	SD
Cathartic Effect	-6.225	Crier= 153	249	.000	33.36	6.371
		Non-Crier=58			39.32	6.400
Health Promoting Benefits	-4.351	Crier= 153	249	.000	76.45	19.60
		Non-Crier=58			87.87	16.85

Table 2 showed that there was significant difference between the crier group and the non-crier group on the cathartic effect of induced crying. Based on statistical result, $t_{(n=251)} = (-) 6.22$ equal variances assumed was significant at .000 level of statistical probability. This significant statistical difference between the two groups meant that the crier group reported a higher level of catharsis than the non-crier group. This revealed that the crier group felt a release of emotional heaviness or tension after a crying episode. On the one hand concerning the Perceived health promoting benefits of induced crying, t test statistical analysis shows that $t_{(n=251)} = 4.35$ equal variances assumed revealed that there was significant difference between the crier group and the non-crier group at .000 level of statistical probability concerning the perceived health promoting benefits of induced crying. This statistical difference implied that the crier group reported higher level of health promoting benefits than the non-crier group. This perceived health promoting benefits of crying implied that crying could result in emotional healing and improved positive emotionality for the crier group.

C. Immediate Cathartic Effect of Induced Verbal Hypnotic Suggestion on the Cognitive, Physical, and Emotional state

Table 3. The Percentage of the Respondents based on Frequency Count of responses Concerning the cathartic effect of induced Verbal suggestion for the crier group on the Cognitive and Affective, and Pearson Chi-square

State	Group	N	worse than before Percent	same as before Percent	better than before Percent	Pearson Chi-Square
Cognitive	Crier	153	2.07	22.27	75.64	65.7
	Non-crier	58	3.44	79.31	17.24	
Affective	Crier	153	4.14	20.20	75.64	43.4
	Non-crier	58	6.89	63.79	29.31	

Table 3 showed that in terms of cognitive state, respondent reported that there was significant difference between the crier and the non-crier group in their cognitive state based on Chi-Square $\chi^2_{(251)} = 65.749$ significant at .000 levels of statistical probability. There was 75% in the crier group who reported feeling better than before, while for the non-crier group 17 % reported feeling better than before after they cried. In terms of the affective state, result of statistical analysis revealed that chi-square independent sample $\chi^2_{(251)} = 43.433$ significant at .000 levels of statistical probability. The result showed that the crier group felt better than before in terms of affective state after they have been induced to cry. There was 75.64% in the crier group who reported feeling better than before, while for the non-crier group there was 29.31 % who reported feeling better than before. This means that in terms of the cathartic effects of crying the crier group reported feeling better after a crying episode both for cognitive and affective state than the non-crier group.

D. Mood Improvement

Table 4. Percentage of the Respondents based on frequency count of responses and Pearson Chi-Square Concerning Mood Improvement

Mood Improvement	Group	Less in Percent	Same as Before in Percent	More in Percent	Pearson Chi-Square
Relaxed	Crier (N=153)	7.25	33.67	74.61	16.688 p<.000
	Non-Crier (58)	12.06	54.44	34.48	
Tensed	Crier (N=153)	67.35	23.83	8.80	13.209 p<.001
	Non-Crier (58)	48.27	48.27	3.44	
Depressed	Crier (N=153)	74.61	18.13	7.25	8.521 p<.014
	Non-Crier (58)	56.89	36.20	6.89	
Relieved	Crier (N=153)	4.14	22.83	77.20	27.599 p< .000
	Non-Crier (58)	6.89	58.62	34.82	

Table 4 result of statistical analysis revealed that chi-square independent sample $\chi^2_{(251)}$ in terms of mood improvement yielded significant difference at .000, .01 and .04 levels of statistical probability between the crier and the non-crier group after a crying episode in all the variables for mood improvement. This result proved that the crier group reported to have mood improvement in terms of feeling more relaxed, less tense, less depressed, and felt more relieved than the non-crier group. This statistical difference between the crier group and the non-crier group implied that this difference was explained in terms of percentages of the frequency of responses in all of the mood variables under studied. Results showed that 74.61% felt more relaxed for the crier group, while for the non-crier group they got 34.48%. In terms of feeling tense, 67.35% for the crier group reported to have felt less tensed, and for the non-crier group 48.27%. On the other hand, in the depressed mood the crier group reported 74.61% feeling less depressed, and 56.89 for the non-crier group who reported feeling less depressed. Lastly, there was 77.22% of the crier group reported feeling more relieved than the non-crier group who just got 34.82%.

4. DISCUSSION

Cathartic Effects and Health Promoting Benefits

Results showed that there was significant difference between the two groups in terms of the Cathartic effects and health promoting benefits. This means that the crier group reported a higher level of catharsis than the non-crier group. The crier group felt a greater release of emotional heaviness or tension after a crying episode in comparison to the non-crier group.

On the one hand concerning the health promoting benefits of induced crying, result revealed that there was significant difference between the crier group and the non-crier group concerning the health promoting benefits of induced crying. This implied that the crier group reported higher level of Perceived health promoting benefits than the non-crier group. This health promoting benefits of crying means that the respondents felt that crying could contribute to emotional healing, improved positive emotionality, sustained emotional stability and improved psychological functioning and well-being.

Prominent research articles and practitioners, and clinicians have congruent assumptions about crying resulting in catharsis, mood improvement, and even better health (cf. Cornelius, 1986; Vingerhoets & Scheirs, in press). According to Menninger, Mayman, and Pruyser (1964) noted that crying may be considered as “perhaps the most human and universal of all relief measures” (p. 138); Mills and Wooster (1987) speak of crying as “a vital part of a healing or growing process, that should not be hindered” (p. 125); and Solter (1995) characterizes crying as an inborn healing mechanism. Nevertheless, if you ask people how they generally feel after a crying episode, they most often report feeling better (Cornelius, 1997).

Common Emotional Experiences after a Crying Episode

The seven most commonly reported emotions were relief, touched, joy, sad, guilt, self-pity, and powerlessness. They were enumerated from the most occurring to the least occurring emotional experience after subjects were induced to cry. These common emotional experiences were reported to occur for the crier group out of twenty different emotional experiences immediately after having been induced to cry.

The findings had shown that being touched ranked 1 for the non-crier group in the ranking of the Most Frequently Occurring emotional experiences after respondents had been induced to cry for the non-crier group. They also felt a sense of emotional relief followed by sad and guilt on the third ranking, while self-pity and frustration were ranked fourth. The ranking of the most frequently emotional experiences were based on twenty different emotions that respondents felt after having been induced to cry.

Based on the findings of current study, the common emotional experiences after crying for the crier group was relief. This was supported by The Greek philosopher Aristotle (384-322 B.C.) wrote that crying “cleanses the mind” of suppressed emotions through a process of catharsis in which distress was reduced through the release of emotions, which could also be accomplished through the use of theater and drama (see Lutz, 1999). Similarly in recent study of Cornelius (2001) stated crying was beneficial. It was supporting the theory derived from the psychoanalytic tradition. The Psychoanalytic theory held that blocking of crying impulse may have resulted in repression, which would eventually have emotionally damaging consequences. Freud (see Breuer & Freud, 1895/1968) who considered tears as “involuntary reflexes” that discharge affect so that a “large part of the affect disappears.” Freud also recommended expressing emotions in various forms in order to experience relief, and therapeutic case studies had demonstrated the cathartic effect of crying and other

forms of emotional expression in the context of psychotherapy (Labott, 2001). The idea that crying was a specific form of cathartic behavior is widely asserted in contemporary culture. For example, Cornelius (1986) found that 94% of popular articles in the United States that referred to crying recommended letting tears flow to release psychological tension, implying their cathartic effect.

Mood Improvement after a Crying Episode

The current study found out that induced crying improved psychological functioning in terms of mental state, emotional state, and physical state. This was supported by the study of Mills and Wooster (1987) speaking of crying as “a vital part of a healing or growing process, that should not be hindered” (p. 125); and Solter (1995) characterizes crying as an inborn healing mechanism. Thus, it appeared that the connection between crying and catharsis is deeply embedded in Western folk psychology, as well as in some more formal psychological theories (Cornelius, 1997, in press).

More so, the study of Becht, and Vingerhoets(2002) obtained insight into cultural differences in self-reported mood change after crying. It was generally expected that the more people cry, the more they reported a positive mood change after crying. However, this relation is assumed to be mediated by (expectations about) the reactions from the social environment. Thus, the more people feel ashamed of crying, the less positive should be their mood change.

The experience of relief after a crying episode can be explained in the study of Nelson (2005) postulated that it is this type of crying that promotes healing and the working through of grief as the bereaved person acknowledges the painful permanence of the loss and reestablishes a symbolic connection with the lost attachment figure, object, or quality (for instance, by establishing an award in honor of the deceased or by forming a support group for others going through a similar loss). Through this process, the grieving person was eventually able to connect with new attachment figures, reconfigure relationships with surviving ones, and reorganize life anew.(Hendriks, Nelson, & Cornelius, 2008)

Mood Change

In this study, it was found that crying was able to produce a significant mood improvement for the crier group. Respondents after having been induced to cry reported that the crier group felt more relaxed, less tensed, more in control, less depressed, less sad, more relieved than the non-crier group.

In support the present study, Retrospective studies in which subjects were asked to remember a recent crying episode generally suggest that crying improves mood (e.g., Bindra, 1972; Frey, Hoffman-Ahern, Johnson, Lykken, & Tuason, 1983; Kraemer & Hastrup, 1986). More so, the study of Labott and Teleha (1996) further demonstrated that frequent (female) criers felt more happy with the instruction to let their tears flow, whereas women who reported crying only seldom felt better in the condition in which they were requested to with hold their tears.

However, Mood change may also be related to crying frequency. Schlosser’s (1986) findings revealed that those persons who cried more frequently were most likely to report mood improvement. Labott and Teleha (1996) further demonstrated that frequent (female) criers felt more happy with the instruction to let their tears flow, whereas women who reported crying only seldom felt better in the condition in which they were requested to withhold their tears. It was generally expected that the more people cry, the more they report a positive mood change after crying. However, this relation was assumed to be mediated by (expectations about) the reactions from the social environment.

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