

How Emotional Processes Affect Physical Health and Well Being

The belief that emotional processes affect our physical health is central to a holistic view of the individual, and is a foundational concept in integrative medicine. In this article, I will review some of latest research on this topic in order to shed light on how barriers to emotional experience and expression can harm our health and well being. In addition, healthy ways to deal with emotion will be outlined. This information is just as relevant to health care providers as it is to the patients they treat.

We seem to repeatedly forget and then re-discover that our emotional state directly impacts our physical health (Coughlin Della Selva, 2006). Freud uncovered links between repressed emotion and physical symptoms nearly one hundred years ago. Wolff and his colleagues (Wolf & Goodell, 1968) have documented specific physiological responses to emotional activation in over three decades worth of studies. More recently, research evidence has been accumulating to support the notion that emotional and physical health is directly and reciprocally related to one another. Studies have found that over 80% of all doctors visits involved a social-emotional problem, while only 16% could be considered solely organic in nature. One study (Kroenke & Mangelsdorff, 1989) found that 84 % of 567 common complaints, such as chest pain and dizziness, yielded no medical diagnosis. A recent study out of the UK (Reid, et al, 2001) revealed that fully one quarter of all new specialty referrals and one fifth of all surgical referrals resulted in no medical findings. The medical costs involved in investigating these symptoms, along with the personal cost to both patient and physicians – who are experiencing unprecedented levels of emotional burnout themselves - are staggering. Clearly, a greater understanding of the role of emotions in the creation and maintenance of symptomatic suffering is in order. Abbass (2002) has documented the enormous cost savings to the system when such patients are referred for a brief course of emotionally focused psychotherapy. Learning how and when to make such referrals to frequent users of the medical system will be a great service to all involved.

Research by Pennebaker and his colleagues (1997) has demonstrated that those who repress their emotions simultaneously suppress their immune response, rendering them vulnerable to illnesses of all kinds, from colds to cancer. Those who characteristically avoid and deny their feelings, or vent their emotions from the position of victim, suffer most. “Studies of patients with serious medical conditions such as cancer, diabetes, kidney failure and obesity, find that those who do not comply with medical advice also show strong use of defense mechanisms” (Pennebaker, 1997). Other studies have demonstrated that cancer patients who chronically avoid experiencing and sharing their feelings die sooner and in greater numbers than their expressive counterparts (Derogatis et al,

1979; Goldstein & Antoni, 1989). There is empirical evidence to indicate a significant decrease in arthritic pain following the expression of negative feelings (Kelly, et al, 1997). In fact, the more deeply and authentically the patient experienced and shared their anger, the greater the relief of pain they reported.

The ways in which emotions are managed may well be one of the most relevant but least examined issues in medicine today. Emotions are physiological events (Damasio, 1999). When mismanaged or avoided, these physiological reactions can lead to adverse health and behavioral consequences (Abbass, 2005), including various patterns of somatization (an unconscious process through which emotional pain is converted to physical pain). The following table details some of the physical manifestations of un-processed emotion physicians are likely to encounter on a daily basis.

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-seizure
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

Patients who have difficulty managing their emotions tend to neglect their own health and often display a history of substance abuse, poor diet, lack of exercise, disrupted sleep patterns, non compliance with medical treatment and self injurious behavior. These patients utilize medical services, including emergency rooms and medication, at very high rates. Because they often fail to follow through with medical advice, resistant patients create conflict with physicians and are more likely to file complaints and law suits than emotionally healthy patients (Lanyon, 2002). These behaviors can threaten and infuriate the very physicians who attempt to treat them. Recent surveys reveal that many health care providers have difficulty in managing the emotions that get triggered by treating such patients. Burnout and increased likelihood of medical errors are just two of the consequences of such mismanaged emotions.

Research findings indicate that the burden of emotionally based somatic complaints create for health care providers can be alleviated through education and training (Novack & Paulsen, 1999). While relatively few programs have been established to help physicians manage their emotions, recent efforts to do so show clear promise (Abbass, 2004/2005).

It is important to recognize that it is not our feelings and emotions that cause health problems. Rather it is the **chronic reliance on defenses against the experience of our true feelings,**

that creates tension and disease (Cramer, 2000). Conversely, the free and unencumbered experience of emotion has clear and sustained benefits for our health and well being. In fact, studies on longevity (Danner et al, 2002) have demonstrated that emotional factors are far more potent predictors of a long, healthy life than factors such as diet and exercise. Those who remain actively involved in life, possess a sense of hope and personal agency, and can deal with loss by creating meaning, instead of getting depressed and hopeless, lived longer, healthier lives than their pessimistic peers.

Our core emotions: love and joy, pain and grief, anger, and fear, have been selected for in evolution because they serve a vital function. Our emotions are full of information and, when we have access to them, can create a kind of internal guidance system. Allowing ourselves to experience the feelings that are evoked in life is adaptive. “The more one can laugh when happy, cry when sad, use anger to set firm limits, make love passionately, and give and receive tenderness fully and openly, the further one is from suffering.” (McCullough-Valliant, 1997) Denying, avoiding, repressing, or simply acting on these feelings without reflection, contributes to emotional and physical illness, as well as interpersonal conflict. Since the creation and maintenance of close and sustained relationships with others is one of the greatest boons to health, the healthy expression of emotions (which is the glue to all emotional connections) can make or break these vital ties. Studies on “emotional intelligence” (Goleman, 1995) – the ability to accurately identify and appropriately express our feelings as well as being attuned to those of others – is absolutely essential for maintaining a health relationship with ourselves and others. As such, emotional intelligence is a key factor in health, well being and longevity.

While it is always in our best interest to experience all our feelings, learning appropriate ways to express these feelings is a learned skill. Emotions just are what they are. They are not good or bad. However, how we choose to deal with these emotions can either be healthy and constructive or destructive. Let’s take anger as an example, as this is one of the most widely misunderstood emotions in our repertoire (Tavris, 1989). Anger, like the other core emotions of love, joy, pain, sorrow, fear and sexual desire, have been selected for in evolution because they serve an adaptive function. They contain vital information and energize the system for action. The feeling of anger itself is loaded with information, telling us that there has been some sort of violation and trespass requiring action to establish limits or protect ourselves. However, many people learn to be anxious and guilty about anger and either suppress it or act on it in some sort of destructive manner. Learning to express anger constructively is essential for physical, as well as mental, health (DeAngelis, 2002) . This is a balancing act. It is essential to register anger and express anger it directly – then let it go. Those who hold onto anger, nurturing grudges and planning revenge, tend to become ill. It is particularly deadly to deal with anger by blaming others and assuming the position of a victim (Greenberg et al, 1996). Healthy anger is energizing and propels one toward constructive action. Studies indicate that the appropriate expression of anger strengthens relationships (De Angelis, 2002), while withholding these feelings creates distance. Since the presence of loving and enduring attachments is the single best predictor of health and well-being in the long run, anything we can do to encourage emotional literacy in our patients will strengthen their relationships and be a boon for health.

So, what are the implications of this information for you? Clearly, expressing one’s true feeling is vital to health and well being, while a reliance on avoidance constitutes a barrier to wellness. While having a trusted friend to open up to is the best option, it is not the only one. Talking with a therapist or counselor is another possibility. Even writing down your true feelings, or simply talking into a tape recorder about the events in your life that have been most upsetting, has been shown to have beneficial effects. While facing what you have been

avoiding can increase your sense of distress in the short term, those who do so receive long term gains in emotional well being, physical health, and a deepened sense of understanding themselves and others. Of note, only those who are willing to become emotionally involved in this process derive these benefits. Just talking about feelings, while remaining detached, will do little, if any good in improving well being. Feelings and emotions, once triggered, do not just go away. We can learn to face, experience, express and release our emotions in order to maintain health and vitality or avoid them at our own peril.

Just today I had a great example of this in my own practice. A patient came in complaining of pain and constriction in her chest, neck and shoulders. She stated this had been an increasing problem in the past few weeks and prompted her to visit her physician to have her cardiac function assessed. While his physical exam suggested no pathology, he scheduled a long and expensive nuclear stress test to make sure her heart was healthy.

Knowing that a dear friend and colleague of hers had just died suddenly of a massive heart attack, I proceeded to inquire into the nature of her emotional state.

Therapist: Could you describe what it actually feels like in your chest?

Patient: It's a pain in my heart actually.

Therapist: A pain in your heart – and that's been there for how long?

Patient: A few weeks.

Therapist: Since John died?

Patient: Oh yeah, I guess so.

Therapist: And how did he die?

Patient: Of a heart attack (patient starts to cry).

Therapist: So can you let yourself feel this emotional pain in your heart, about the death of your dear friends, rather than turning it into a physical pain?

Pt: Yes.

Within five minutes, the muscle tension and physical pain had abated. After allowing herself to directly experience the pain, grief, and guilt she felt with regard to the death of her friend, the need to convert this into a physical pain was rendered obsolete. She felt calm and relaxed and felt no need for further medical tests – saving herself the ordeal and the medical system a costly and unnecessary line of intervention.

These kinds of emotionally based interviewing skills can be learned and implemented by physicians so they can make accurate diagnoses and appropriate treatment (Abbass, 2005; Coombs & Ruckh, 1990).

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