

**Newsweek**

# Let's Not Talk About It

**A new study reports that sharing your feelings after a trauma may not always be the best medicine.**

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Like many Americans, Mark Seery watched the Virginia Tech school shooting unfold on the cable news networks in April 2007. It wasn't just the catastrophe that disturbed him—it was how some psychologists were advising the campus community to respond in the wake of the devastating tragedy. "There's a sense that's very much alive within the professional community that if people don't talk about what they're feeling, and try and suppress it that somehow it will only rebound down the road and make things worse," says Seery, an assistant professor of psychology at the University of Buffalo.

That, says Seery, is one of many examples of situations in which the first response to a tragedy's psychological ramifications is to encourage victims and bystanders to talk about their emotions in the wake of the event. Letting it all out, blowing off steam and getting it off your chest are usually thought of as the healthy and appropriate way to deal with difficult and trying moments, like a school shooting, terrorist attack or other collective trauma. And that idea is constantly reinforced by a battery of television therapists who harp on the importance of sharing your feelings. But is that really the best medicine?

Seery's new research offers an alternative to that philosophy. His work suggests that those who do not reveal their feelings in the wake of a collective trauma turn out just fine, if not better, than those who do. The study, to be published in the June issue of *Consulting and Clinical Psychology*, followed more than 2,000 Americans across the nation as they responded to the terror attacks of Sept. 11, 2001, finding that those who didn't share their feelings turned out just fine mentally and physically.

"If the assumption about the necessity of expression is correct, than we should expect those who are failing to share would be the ones to express more negative mental and physical health conditions," says Seery, who admits to initially expecting a different outcome: that the feeling sharers would be healthier in the long term. "I would have thought that the people who did not want to express, that they would have been worse off."

Seery used an online survey to query a national sample about their reactions to the 9/11 attacks, beginning on the day itself. (The study was limited by the fact that the results were self-reported.) The respondents were divided into two groups: those who said they were initially unwilling to talk about their feelings, and the rest. They filled out questionnaires about their mental and physical well-being on the day of the attack, two days later, two weeks later, and then every six months for two years.

At the end of the two-year survey period, those who decided not to share their feelings reported fewer related mental and physical problems. That effect was even more pronounced among those who lived close to the tragedy.

Seery also found an interesting correlation between the level of sharing and well-being. Participants could decide how much they wanted to report about their feelings on the survey. The written responses they gave ranged from sentence fragments like "Feels terrible" to multiple

paragraphs. And, says Seery, there was a correlation between those who wrote the lengthier, more in-depth descriptions of their feelings and those who had worse mental and physical statuses.

However, one trauma expert cautions against drawing strong conclusions from a national survey in which many of the participants are not necessarily victims of trauma. While September 11 certainly shocked Americans, that doesn't necessarily mean it was "traumatic" for the entirety of the national sample, says Nina K. Thomas, who chairs the postdoctoral specialization in trauma and disaster studies at New York University. "It was a catastrophic event that he's studying, but it's not clear that it had a traumatic impact in the way that many of us would talk about trauma," says Thomas, who explains that the definition of trauma usually includes particular symptoms of distress, like poor quality of sleep.

So it's plausible that many of those who chose not to express their feelings did not have a traumatic experience related to the terrorist attacks. And that, Thomas says, makes it a bit unclear how to determine what the research says about those who are indeed victims of trauma. Thomas does, however, agree with Seery's notion that trauma victims, not friends or psychologists, are the ones who should determine the appropriate way to react. "The immediate victims of whatever trauma are the ones who are the ultimate deciders about how much sharing or talking is right," says Thomas.

Does the study turn conventional wisdom completely on its head, suggesting that it's better to stay quiet in the aftermath of a traumatic event? Not quite. Seery explains that the respondents who felt the need to divulge their emotions started off in a worse mental and physical state in the first place, likely a bit more susceptible to the stress of a collective traumatic event. "The people who were talking were probably more distressed by the event," says Seery. "The initial distress motivated them to want to have some place to talk about it ... whereas people who chose not to talk were less likely to say that they were trying cope." The take-home message, then, is that there is no one right way to react to traumatic events; there is a wide range of normal and healthy responses to tragedy.

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