Catharsis has been recognized as a healing, cleansing, and transforming experience throughout history, and has been used in cultural healing practices, literature, drama, religion, medicine, and psychology. Some contemporary modalities such as Psychodrama, Primal therapy, Emotion–Focused therapy, to mention a few, use catharsis as their core technique to achieve positive therapeutic change. Modern research on the subject is limited and presents contradicting data about the effectiveness of cathartic techniques in psychotherapy practice.

CATHARSIS IN PSYCHOLOGY AND BEYOND: A HISTORIC OVERVIEW

Defining catharsis

The word catharsis is derived from the Greek word which is translated as ‘cleansing’ or ‘purification’. Most of the definitions emphasize two essential components of catharsis: the emotional aspect (strong emotional expression and processing) and the cognitive aspect of catharsis (insight, new realization, and the unconscious becoming consciousness) and as a result – positive change. Aristotle defined catharsis as “purging of the spirit of morbid and base ideas or emotions by witnessing the playing out of such emotions or ideas on stage” (Aristotle, 2001, p. 1458). Breuer and Freud described catharsis as an involuntary, instinctive body process, for example crying (Breuer & Freud, 1974). Schultz and Schultz (2004) followed the psychodynamic tradition and defined catharsis as “the process of reducing or eliminating a complex by recalling it to conscious awareness and allowing it to be expressed” (p.506). The American Psychological Association (2007) also associates catharsis with the psychodynamic theory and defines it as “the discharge of affects connected to traumatic events that had previously been repressed by bringing these events back into consciousness and reexperiencing them” (p. 153).

Scheff (2001) emphasized both essential components of catharsis: emotional-somatic discharge and cognitive awareness which he called ‘distancing’, when the person experiencing catharsis is maintaining the ‘observer’ role rather than the participant, which involves a sense of control and full alertness in person’s immediate environment. Scheff indicated that it is most common that towards the end of somatic-emotional discharge the detailed, vivid recalling of forgotten events and insights often occur.

There is a certain amount of confusion and misunderstanding about the definition and interpretation of catharsis: some of the researchers perceive catharsis as emotional discharge, equating it with the behavior of expressing strong emotions, some emphasize the cognitive aspect and the new awareness that emerges after reliving traumatic events from the past.

The historic roots of catharsis
The healing effect of catharsis has been portrayed in literature, theater, religion, cultural rituals, medicine, and psychology. Although it takes different shapes, the essence of catharsis remains the same: it is a release from some burden (either physical or mental) and furthers healing through its cleansing effect.

**Aristotle’s understanding of catharsis**

Aristotle used the concept of catharsis in both the medical and psychological sense. In Aristotle’s “Poetics”, it meant the emotional release and cleansing that spectators experience during and after watching a tragedy, which has a corrective and healing effect (Aristotle, 2001). Aristotle also underlined the cathartic influence of music on people. In “Politics” he said: “All experience a certain purge [catharsis] and pleasant relief...cathartic melodies give innocent joy to men” (Aristotle, 2001, p. 1131).

According to Aristotle, experiencing catharsis had moral and ethical implications. He believed that catharsis helped to moderate passions and strong emotions, therefore restoring the balance in one’s heart. Pleasure of sharing and reliving catharsis provided relief from disturbances such as pity and fear. According to Aristotle, emotional discharge while watching a tragedy helped to restore harmony and produced a wise and reasonable man.

**Catharsis in literature and the theater**

Different techniques have been used to provoke strong emotional expressions in the readers or spectators. The effect of surprise and unexpectedness could be used as the key factor that leads to catharsis. For example, in the Greek tragedy “Oedipus Rex”, catharsis occurs at the end when king Oedipus, driven by the guilt of impermissibility of incest and the emptiness caused by the loss of his beloved mother, blinds himself.

Catharsis can even have meaning that is more extensive. For instance, Bertold Brecht, the great German playwright and director of the twentieth century, considered it as a tool for a greater social change. Brecht used absence of consistent action to provoke a feeling of emptiness, build tension, and lead the audience to catharsis, which would make the audience undertake social and political action in order to escape from that feeling of emotional emptiness inside (Szczeklik, 2005).

Scheff (2001) indicated that humans seek and enjoy activities that help them to symbolically relive their own painful emotional experiences, and therefore achieve relief or resolution. For example, crying about Romeo and Juliet is nothing more than reawakening feelings of loss in the viewers’ lives and reliving unfinished personal experiences. Scheff emphasized the fact that literature and theater provide safe ‘distancing’ from peoples’ own experience. When personal distress is reawakened in a socially appropriate environment, such as theater, emotional experiences are not too overwhelming, because people are under the impression that they cry about the play character, but not about themselves.

**Catharsis in medicine, religion, and cultural rituals**

The idea of catharsis in medicine is similar to that in literature. It means ‘purging’, ‘purification’, although in a medical sense this implies a physical release, for example, expectoration of the sputa implies healing of cold. It was not until Hippocrates, that
menstruation, diarrhea, and vomiting were regarded as cathartic processes (Scheff, 2001). Hippocrates associated catharsis with healing, because it’s role of a “purification agent” affecting the course of disease (both physical and mental).

The spiritual meaning of catharsis is very much the same: discharging everything harmful from one’s mind and heart, so that one can become pure. The ritual of purification usually implies that a person had engaged in some prohibited actions or sins. Catharsis helped to return to the previous status - before the violation of generally accepted rules and norms. In various religious practices, the action of purification is fulfilled with the help of water, blood, fire, change of clothes, and sacrifice. The rituals are often considered as part of a person’s healing from the devastating effect of guilt.

Further, the key mission of mysticism is to understand the return or unification of one’s soul with God. The ritual of baptism (purifying person with water) in Christianity has cathartic meaning of revival. Confession has the same underlying assumption, and it is similar to the concept of cathartic treatment introduced by Freud and Breuer, because confession involves the recall, revealing, and release of forbidden thoughts, actions, and repressed emotions.

Spiritual and cultural rituals have been known throughout the history to help people process collective stress situations, such as death or separation, or major life changing events like rites of passages, weddings, and such. Traditional societies have ceremonies of morning, funeral rites, and curing rituals, which most often include cathartic activities, such as crying, weeping, drumming, or ecstatic dance (Szczechlik, 2005).

Similarly, modern forms of mass entertainment can provoke massive cathartic experiences, for example, movies like the “Passion of the Christ” directed by Mel Gibson, attracted mass audiences and became the socially acceptable way for collective crying. Another good example is the popularity of horror movies because they evoke intense fear emotions. It is apparent that collective forms of emotional reexperiencing and discharge in social, cultural, spiritual, or athletic events are highly popular, attract massive audiences and are known to provide relief and increase group cohesiveness and solidarity.

Catharsis in modern psychology

**Breuer and Freud**

According to Schultz and Schultz (2004), the idea of catharsis was popular in scientific circles in Germany in the 1890s and there were numerous articled published on the subject. Freud and Breuer officially brought the ‘cathartic therapy’ as therapeutic method into modern psychology (Brill, 1995). They used hypnosis to recover repressed memories of negative traumatic events. The Breuer and Freud theory that symptoms are caused by repressed emotions is based on the observation that: “each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing its accompanying affect” (Freud, 1893, p. 6). In his later work, Freud was not completely satisfied with the results of catharsis; he rejected the hypnotic and cathartic component of therapy, and focused more on the insight aspect and developed psychoanalysis (Breuer & Freud, 1974).

**The hydraulic model of emotions and venting theory**
The hydraulic model of emotions uses the analogy of the fluid flowing through a system. Emotional distress, if not expressed, gets stored and can create pressure in the system, therefore ‘venting’ emotions should decrease tension and consequentially the negative psychological experience and symptoms. The greater the expression of negative emotions, the greater the relief should be (American Psychological Association, 2007).

Scheff (2001) shared similar views that emotional expression is a natural human necessity and discussed this issue from the evolutionary point of view. He claimed that emotion is not a cultural phenomenon, rather it is a natural body reaction and a way of dealing with hurtful experiences: “…emotional expressions such as crying are biological necessities. Crying itself is instinctual: the baby comes out of the womb with the ability to cry. This ability is unlearned. What is learned is the ability to suppress crying” (Scheff, p. 10). Scheff argued that suppressing emotions has important negative impact on individuals and societies. As part of the socialization process, children are taught, very often with punishment, how to control emotional reactions and suppress the instinctual need for discharge. Scheff stated that most people “accumulate massive amounts of repressed emotion, bodily tension which is always present but usually not recognized” (Scheff, p. 49). Scheff concluded that suppressed emotions interfere with though and perception processes, with a person’s ability to respond to others and to cooperate, and with the ability to tolerate strong emotions in others.

Many mental health professionals support the hydraulic model. In contrast, some of the recent researchers challenged the traditionally accepted views that ‘venting’ negative emotions actually reduced them and supported the view that the release of emotion by itself without a cognitive change is not enough to produce a positive outcome in psychotherapy (Bohart, 1980; Kennedy-Moore and Watson, 1999; Nichols, 1985; Rachman, 2001).

**Catharsis-based treatment approaches**

Since Freud introduced catharsis into the professional psychology field, many contemporary modalities consider catharsis a significant curative aspect of their therapeutic approach (Frank, 1971). In this section, I will overview how some of these modalities, such as Psychodrama, Primal Therapy, and Emotion-Focused Therapy use catharsis.

**Use of catharsis in Psychodrama**

With the growth of behaviorism, the role of catharsis as a beneficial psychological technique was underestimated until Moreno introduced Psychodrama in the 1930s. Moreno used the concept of catharsis as Aristotle and Freud suggested it and developed it into a new psychotherapeutic modality. Reenacting scenes from one’s past, dreams, or fantasies helps the client bring the unconscious conflicts into consciousness, eventually experience catharsis, and thus achieve relief and positive change (Moreno, 1946).

According to Moreno, catharsis helps to reunite the separated (unconscious) parts of the psyche and the conscious self (Kipper, 1997). Although there are a lot of ways how unconscious may be expressed, for instance, delusions, forgetting, and dreams (Corsini, 2000), such expression is mild, and does not allow the release – it is rather an indication that the problem exists. Therefore, catharsis was successfully used in psychodrama to reveal deep and long-standing negative emotions and neutralize the negative impact of related traumatic experiences (Kipper, 1997).
Use of catharsis in Primal therapy

In the early 1970s, Janov (2007) elaborated on Freud’s ideas and claimed that if infants and children are not able to process painful experiences fully (cry, sob, wail, scream, etc.) in a supported environment, their consciousness ‘splits’, pain gets suppressed to the unconscious and reappears in neurotic symptoms and disorders in later life. Painful experiences become ‘stored’ and need to be ‘released’ in therapy by reliving and discharging suppressed feelings. Janov claimed that cathartic emotional processing of painful early life experiences and the process of connecting them with the memory of the original event could fully free clients from neurotic symptoms. Janov argued that cognitive remembering of suppressed traumatic experiences is not enough for healing to occur.

As it was practiced in the early 1970s, Primal therapy seemed to be focused on emotional discharge without appropriate safety and distancing. Therefore, it appeared to be damaging for some clients, especially for those with severe mental illness, personality disorders, or other more severe conditions when, for instance client’s ego strength is not sufficient to process strong feelings, which might lead to disintegration, or if client already experiences confusion between present and past realities. Therefore, Primal therapy was perceived as dangerous and rejected by the majority of mental health professionals.

Use of catharsis in Emotion-Focused Therapy

Greenberg (2002) concluded that emotional arousal and processing within a supportive therapeutic relationship is the core element for positive change in therapy. He emphasized the cognitive aspect of catharsis and the need to understand and make sense of emotions. Greenberg argued that awareness, healthy emotional expression, and cognitive integration of emotions combined produce positive change. It appears that Emotion-Focused therapy appropriately addressed the cognitive component of catharsis and safety issues. Emotion-Focused therapy developed techniques to help clients recognize and validate their strong feelings, and coached and supported clients to express hurtful emotions safely, as well as, to find meaning for their experiences.

Emotion-Focused therapy employs empty chair technique, introduced by gestalt therapy, for clarification of inner conflicts, as well as for finishing unresolved relationship issues from the past. Greenberg, Warwar, and Malcolm (2008) proved that Emotion-Focused therapy using empty chair technique was more effective than psychoeducation in facilitating forgiveness and ‘letting go’ for individuals who had painful emotional experiences with their significant others. Empty chair technique can be a useful tool to facilitate catharsis, as well as to help clients to increase distance from their inner conflicts and overwhelming emotions, for example by asking them to sit in a third chair and assume the role of an observer or mediator.

Controversy about the effectiveness of catharsis in psychotherapy

Even though, traditionally, catharsis has been perceived as a healing experience, current research presents contradicting data about that assumption. Nichols (1974) evaluated the impact of catharsis on the positive outcome of brief psychotherapy and validated the hypothesis that catharsis leads to therapeutic improvement of behavioral target complaints and personal
satisfaction. Pascual-Leone and Greenberg (2007) presented some evidence that processing emotions in therapy is a significant step towards positive change. Watson and Bedard (2006) found that clients with major depression who showed higher levels of emotional processing, had better outcomes.

Other researchers challenged traditional views about the value of catharsis in therapy. Bushman (2002) claimed that ‘venting anger’ does not help to reduce anger and shouldn’t be used in therapy. Jemmer (2006) argued that traumatic experience, if repeatedly relived in catharsis, can be relearned and become harmful. Bohart (1980) demonstrated that expression of anger does not produce the relief or anger reduction.

It appears that some of the conclusion about ineffectiveness of ‘venting anger’ are generalized to all cathartic experiences (Kennedy-Moore & Watson 1999), therefore catharsis based therapeutic techniques are claimed to be ineffective. The question is how reasonable is this generalization and how the research on the ineffectiveness of ‘venting anger’ can be applied to the cathartic techniques in general?

This question brings back the issue of defining catharsis as both emotional and cognitive experience. Scheff (2001) raised an extremely important point that effectiveness of catharsis in therapy strongly depends on balancing the past distress and feeling of safety and support in the present, in other words achieving a client’s optimum ‘distancing’ from the traumatic event, by being an ‘observer’ as well as the participant. Scheff argued that in cases of major repressed traumatic events verbal recall alone is not sufficient for a permanent positive therapeutic change. The repeated somatic-emotional discharge of grief, fear, and anger with appropriate distancing and support are necessary components for success.

In conclusion, the effective use of catharsis in psychotherapy should not be confused with isolated emotional discharge techniques, such as venting anger. Catharsis refers to the re-experiencing (partially or fully) of significant traumatic events, that have not been adequately emotionally processed and are repressed, causing emotional, physical, or relationship problems in the person’s life. During the process of therapy, a client remembers and relives these significant personal events, experiences strong emotional reactions, as well as appropriate cognitive processing and integration. The effectiveness of cathartic techniques should be researched and interpreted within the context of other important components of a therapeutic process, such as safe and trusting relationship between client and therapist, building a client’s ego strength, creating a safe and supportive environment in the client’s present life (making behavioral changes), finding meaning of the past experiences, and others.

Summary and Conclusions

Throughout the history of humanity, catharsis was considered to have a strong healing effect and was applied in medicine, religion, cultural healing rituals, literature, and drama. The concept of catharsis has been widely used in modern psychology, starting with Breuer and Freud. Some modern therapeutic modalities emphasize the value of expression of repressed emotions and use catharsis as the essential tool for the positive therapeutic change. While the supporters of cognitive-behavioral approaches dominate the field of psychology, most of the contemporary schools underestimate the importance of catharsis. They consider affect regulation as the primary goal, therefore leaving full emotional release in the periphery or often perceiving it as a negative direction.
The existing scientific evidence about catharsis resulting in a positive therapeutic change is controversial. The confusion occurs because of a lack of careful definition and agreement as to what constitutes catharsis. The research that ‘venting anger’ doesn’t automatically reduces anger demonstrated that aggressive behavior actually increased arousal levels and didn’t produce desired positive change, but its relevance to the phenomenon of catharsis is very limited if any. The complexity of phenomenon of catharsis involves experiencing repressed emotional traumas within safe and supportive environment, involving emotional discharge, as well as appropriate cognitive processing and insight.

References


