Jurnal Psikologi Teori dan Terapan (JPTT)
2025, Vol. 16, No.03, 217-228
p-ISSN: 2087-1708; e-ISSN: 2597-9035
doi: https://doi.org/10.26740/jptt.v16n03.p217-228

Crying Among Helping Professionals: A Cross-Cultural Study of Emotional Expression

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Article History

Submitted : August 17th, 2025

Final Revised : October 19th, 2025

Accepted : October 20th, 2025

Abstract

Background: Crying is a universal but understudied emotional expression serving intrapersonal and interpersonal functions such as stress regulation, empathy, and social bonding. Although therapist crying in sessions has been explored, little is known about how helping professionals experience and regulate crying beyond therapy. Understanding these patterns is crucial for promoting professional well-being and recognizing culturally shaped emotions. **Objective**: This study examined the prevalence, contextual factors, and cultural patterns of crying among helping professionals, and its links with self-awareness and life satisfaction. **Methods**: Ninety Serbian- and Hungarian-speaking therapists from Vojvodina completed the Adult Crying Inventory (ACI), Satisfaction With Life Scale (SWLS), and a demographic questionnaire. Analyses included descriptive statistics, t-tests, correlations, and ANOVA. **Results**: Women cried more often than men; crying decreased with age and experience. Married individuals showed higher life satisfaction. Hungarians reported crying alone more often and in response to unmet expectations, while Serbians cried more in others' presence. **Conclusion**: Crying among helping professionals reflects emotional, demographic, and cultural dynamics, underscoring the need for emotional self-awareness and resilience in professional training.

Keywords: Crying; helping professionals; emotional processing; empathy; cultural differences; self-awareness; resilience

Abstrak

Latar Belakang: Menangis adalah ekspresi emosional universal namun kurang diteliti, yang berfungsi secara intrapersonal dan interpersonal, termasuk pengaturan stres, empati, dan ikatan sosial. Meskipun tangisan terapis dalam sesi telah dipelajari, sedikit diketahui tentang bagaimana profesional bantuan mengalami dan mengatur tangisan di luar konteks terapi. Memahami pola ini penting untuk meningkatkan kesejahteraan profesional dan mengenali ekspresi emosi yang dipengaruhi budaya. **Tujuan**: Penelitian ini menelaah prevalensi, faktor kontekstual, dan pola budaya menangis di antara profesional bantuan, serta hubungannya dengan kesadaran diri dan kepuasan hidup. **Metode**: Sembilan puluh terapis berbahasa Serbia dan Hungaria di Vojvodina mengisi Adult Crying Inventory (ACI), Satisfaction With Life Scale (SWLS), dan kuesioner demografis. Analisis mencakup statistik deskriptif, t-test, korelasi, dan ANOVA. **Hasil**: Perempuan menangis lebih sering dibandingkan laki-laki; frekuensi menurun seiring usia dan pengalaman. Individu menikah menunjukkan kepuasan hidup lebih tinggi. Partisipan Hungaria lebih sering menangis sendirian, sedangkan partisipan Serbia lebih sering di hadapan orang lain. **Kesimpulan**: Menangis pada profesional bantuan mencerminkan dinamika emosional dan budaya, menegaskan pentingnya kesadaran emosional dan ketahanan dalam pelatihan profesional.

Kata Kunci: Menangis; profesional bantuan; pemrosesan emosi; empati; perbedaan budaya; kesadaran diri; ketahanan

Introduction

Crying is a distinct form of human emotional expression that occurs in various situations such as loss, helplessness, and intense affective states. Across emotional and social contexts, it serves multiple functions, including eliciting empathy, signaling vulnerability, and facilitating connection and mourning (Vingerhoets, 2013; Bylsma et al., 2021).

Recent meta-analytic evidence shows that crying typically elicits empathy and social support from observers, while also facilitating intrapersonal emotion regulation (Zickfeld et al., 2023). Contemporary emotion-regulation frameworks highlight that crying plays a self-soothing and adaptive role within stress recovery (Gračanin, Bylsma, & Vingerhoets, 2021; Gross, 2015). These insights converge with longitudinal findings showing that emotion-regulation flexibility predicts lower burnout and greater professional resilience among helping professionals (Salminen & Ruotsalainen, 2023).

Recent neuroscientific studies have expanded this understanding by showing that the perception of tears activates brain regions related to empathy and social cognition, underscoring the deeply interpersonal function of crying as a social signal (Tursić, 2022; O'Connor, 2018). Beyond its physiological basis, crying fulfills both intra- and interpersonal roles: it aids stress reduction and emotional relief while promoting empathy and social bonding (Gračanin et al., 2014; Rottenberg et al., 2008).

Moreover, contemporary emotion research emphasizes the positive and existential dimensions of tears. Paoli (2022) describes "tears of joy" as moments of existential meaning-making, where crying symbolizes the integration of gratitude, awe, and connectedness. This is consistent with findings that positive emotional expression, including tears, contributes to meaning and well-being by reinforcing prosocial orientation (Nelson-Coffey & Layous, 2016).

Building on earlier models of crying functions, Barthelmäs et al. (2022) proposed an updated taxonomy of emotional crying antecedents, highlighting complex triggers such as media exposure, moral elevation, and affective overload that broaden traditional explanations of tears.

Cross-cultural studies likewise confirm that expressive crying fosters emotional recovery and relational cohesion across diverse societies (Páez et al., 2015; Denckla & Vingerhoets, 2020). These findings situate crying not merely as an affective reaction but as a culturally modulated communicative signal that maintains social homeostasis and psychological adaptation.

In psychotherapy, crying is particularly meaningful as it reflects complex emotional attunement within the therapist–client relationship. Although therapists' crying during sessions has received growing scholarly attention (Blume-Marcovici, Stolberg, & Khademi, 2013; Morgan et al., 2021), recent empirical work emphasizes that authentic but regulated therapist emotion enhances alliance quality and outcome (Krause & Vingerhoets, 2022; Schaefer & Drewes, 2017). Gutjahr (2024) confirmed that both clients and therapists perceive tears as relationally meaningful and professionally authentic expressions of empathy.

Complementary studies on emotional synchrony indicate that physiological co-regulation between therapist and client underlies these processes (Mendelsohn & Papousek, 2023). Examining such episodes provides valuable insight into therapists' emotional processing, coping strategies, and professional well-being. Evolutionary perspectives further link crying to attachment and stress-regulation mechanisms rooted in early caregiver relationships (Nelson, 2009).

In helping professions, emotional expression carries both personal and professional implications, influencing empathy, therapeutic alliance, and burnout risk (Fülöp, n.d.; Morgan & Nutt Williams, 2021). Yet even in an era of growing emotional literacy, cultural and institutional norms continue to determine which forms of vulnerability are deemed appropriate in professional contexts (Denckla & Vingerhoets, 2020).

However, empirical studies rarely examine how demographic, emotional, and cultural factors shape crying behaviors among professionals. "However, limited empirical research has examined how helping professionals from the Vojvodina region — including both Serbian and Hungarian communities — experience crying outside therapeutic settings."

Research Gap and Questions:

This study addresses this gap by investigating therapists' crying outside therapy sessions. It explores (1) which demographic and emotional factors influence the frequency and context of crying, and (2) how life satisfaction, recent trauma, and religiosity relate to crying tendencies and professional self-awareness.

Method

Sample or Population

Study Selection and Inclusion Criteria

The study focuses on therapists living and working in Vojvodina who are Serbian- or Hungarian-speaking psychologists, psychiatrists, psychotherapists, or method-specific therapists (e.g., family therapists) — hereafter referred to as professionals.

The research aims to explore the phenomenon of crying within this sample, as a preparation for a broader study. It examines possible correlations with life satisfaction, recent traumatic experiences, and religiosity. Special attention was paid to gender and, despite the small sample size, potential nationality-based differences. Additionally, connections between the professionals' qualifications and therapeutic orientation were investigated.

Sampling Procedure:

Participants were recruited through purposive and snowball sampling. The initial group consisted of licensed helping professionals (psychologists, psychotherapists, and counselors) practicing in Vojvodina, who were invited via professional networks and institutional contacts. Additional participants were referred by colleagues who had already completed the survey.

Measurement Instruments and Procedure

Quantitative methods provide the advantage of standardization and replicability, allowing the results to be interpreted within a broader professional context. Participants were recruited through purposive and snowball sampling using professional networks and online forums for psychologists and psychotherapists in Vojvodina. Participation was voluntary and anonymous, and data were collected over a six-week period via a secure online survey platform.

Data Measurement

The study employed three instruments: the Adult Crying Inventory (ACI), the Satisfaction With Life Scale (SWLS), and a demographic questionnaire.

Adult Crying Inventory (ACI).

Developed by Ad Vingerhoets and R. R. Cornelius (2001) and adapted for Serbian research contexts by Ljiljana Lazarević (2009), the ACI is a 17-item scale rated on a 7-point Likert scale assessing attitudes toward crying and individual crying tendencies. In the current study, the instrument demonstrated good internal consistency (Cronbach's $\alpha = 0.83$).

Satisfaction With Life Scale (SWLS).

The SWLS (Diener, Emmons, Larsen, & Griffin, 1985) consists of five items measuring subjective life satisfaction on a 7-point Likert scale (e.g., "I am satisfied with my life"). The scale has been widely used and validated across cultural contexts (Pavot & Diener, 1993).

Demographic Questionnaire.

This section collected data on participants' age, gender, native language, workplace and residence (urban/rural), marital status, therapeutic qualifications, years of professional experience, recent trauma or loss, and religiosity.

Data Analysis

Data analysis followed the APA JARS guidelines for quantitative research. The dataset was screened for missing values, and normality assumptions were tested using the Shapiro–Wilk test. Where assumptions were met, parametric analyses were performed, including Pearson correlations, independent-samples t-tests, and one-way ANOVAs. Statistical significance was set at $p < .05$, and effect sizes (Cohen's d, η^2) were reported where appropriate. "Ethical approval was obtained from the relevant institutional ethics committee, and informed consent was obtained from all participants."

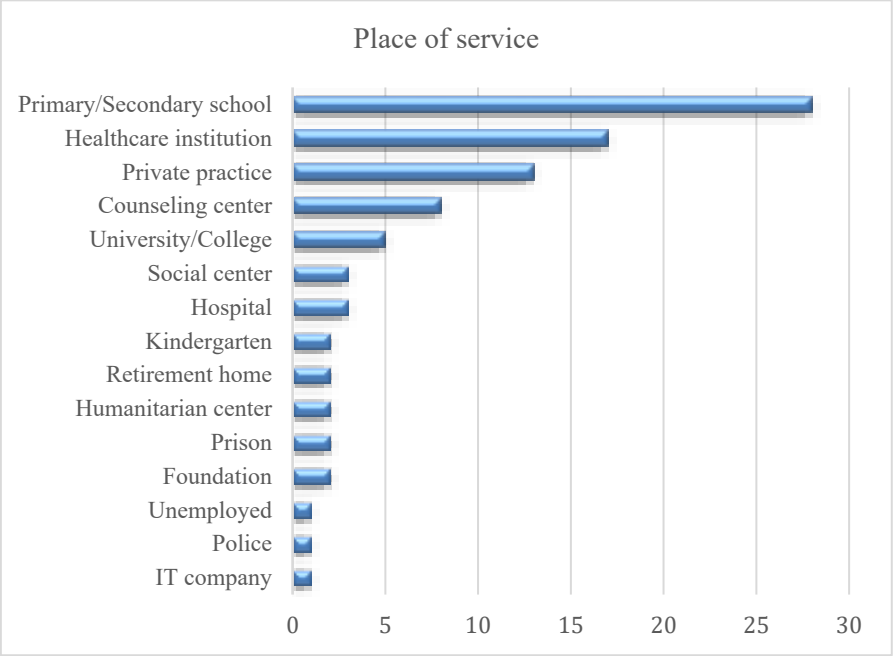
Result

Study Selection and Characteristics

A total of 90 participants completed the questionnaire. A post hoc power analysis conducted with G*Power indicated that a sample size of 90 yields sufficient statistical power (0.80) to detect medium effect

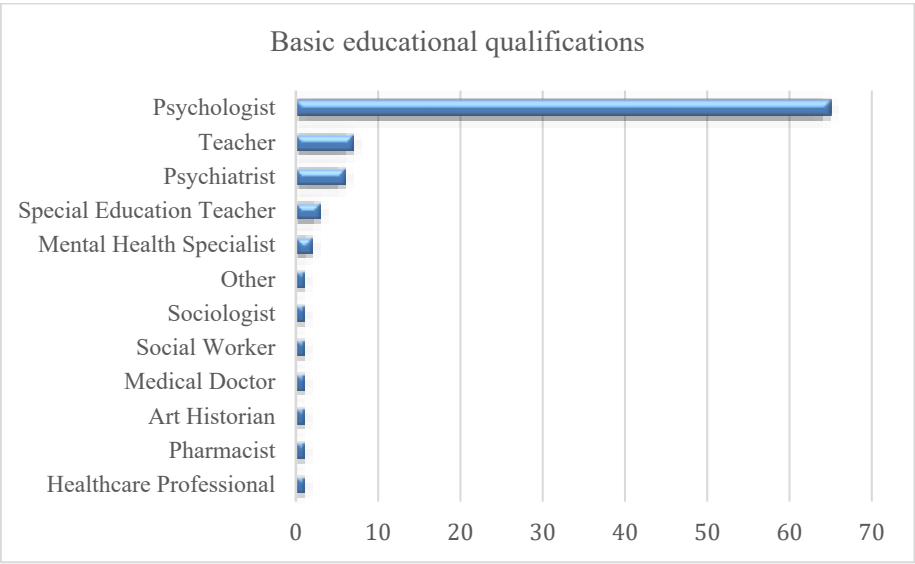
sizes (d = 0.5) in t-tests at α = 0.05. Of the respondents, 86.67% were women. The age distribution was as follows: 50% were aged 36–45 years, 22.22% were 46–55 years, 17.78% were 25–35 years, 6.67% were 56–65 years, and 3.33% were older than 66 years. Regarding native language, 23.33% were Hungarian speakers, and 76.67% were Serbian speakers. In total, 84.44% lived in urban areas, while the remainder resided in smaller settlements. Marital status distribution showed that 72.22% were married or cohabiting, 14.44% were divorced, and 13.33% were single.

Figure 1 Place of service



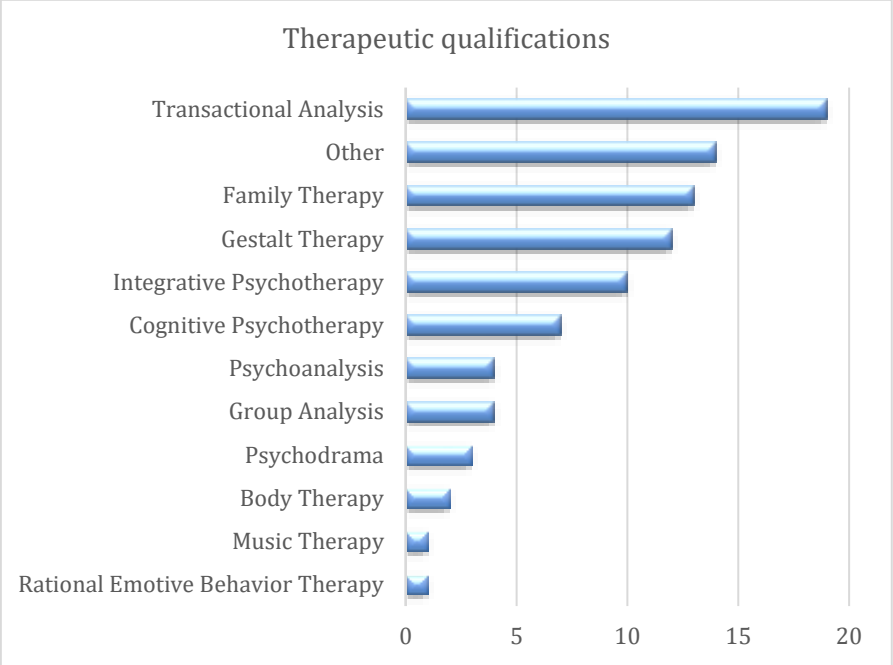
Concerning workplace distribution, 31.11% worked in schools, 15.56% in healthcare institutions, 14.44% in private practice, and 8.89% in counseling centers.

Figure 2 Basic educational qualifications



In terms of educational background, 72.22% held degrees in psychology, 6.67% were educators, 6.67% psychiatrists, 3.33% special education teachers, and 1.11% sociologists. Average work experience in psychological support was 15 years (SD = 8.44), ranging from 2.5 to 35 years.

Figure 3 Therapeutic qualifications



Therapeutic training was distributed as follows: 21.11% in transactional analysis (the most common), 13.33% in family therapy, 13.33% in gestalt therapy, and 11.11% in integrative psychotherapy. Additionally, 15.56% reported other, uncategorized training. Among respondents, 24.44% reported experiencing significant trauma in the recent past, and 44.44% identified as religious.

Gender Differences in Crying and Life Satisfaction

Statistical tests revealed a significant gender difference in crying habits ($p = 0.0015$). Women were significantly more likely to cry in emotional situations than men, showing higher average crying scores. Age group analysis showed that the highest crying frequency occurred among those aged 36–45 years, followed by 25–35 years. Crying frequency tended to decrease with age. Regarding life satisfaction, no significant gender difference was found ($p = 0.393$).

Age was not a significant predictor of life satisfaction, suggesting that age-related differences had no substantial effect in this sample. The impact of marital status shows a correlation of 0.253 between marital status and crying frequency, indicating a weak but positive relationship. The correlation between marital status and life satisfaction is 0.228, which also represents a weak positive relationship.

Marital Status, Place of Residence, and Emotional Reactions

A weak but positive correlation was found between marital status and crying frequency ($r = 0.25$), indicating that partnered individuals tended to cry slightly more often than singles. Similarly, marital status correlated weakly with life satisfaction ($r = 0.23$), suggesting that married or cohabiting respondents reported slightly higher satisfaction levels.

Place of residence showed a weak positive correlation with life satisfaction ($r \approx 0.20$), meaning that urban residents were marginally more satisfied with their lives. However, this effect size is considered small according to Cohen's (1988) conventions.

Further analysis revealed weak correlations between the Adult Crying Inventory (ACI) items and marital status, implying that marital status is not a strong predictor of emotional crying scenarios. T-tests, however, showed several significant group differences ($p < 0.05$) between married/cohabiting and single participants.

Table 1. Emotional reactions by marital status

Emotional Reaction	t-value	p-value
I can cry at the beauty of nature.	2.95	0.006
Sometimes I laugh so much that I start crying.	2,57	0.020
I cry when I achieve success.	2.40	0.029
I cry when someone else accomplishes something significant.	2.74	0.012
I cry when I see someone opposing me or achieving something great (triumph).	2.46	0.020

Work Experience and Crying Tendency

The tendency to cry did not follow a linear pattern but fluctuated across career stages. Crying propensity initially increased with early work experience, decreased in mid-career, rose again after 20 years, and dropped significantly in late career. This pattern may reflect variations in emotional workload, professional maturity, and burnout risk across different stages of psychological practice.

Cultural Differences and Crying Triggers

Significant cross-cultural differences were observed for the item “I cry when things do not go as I wanted” ($p = 0.017$), with Hungarian participants reporting higher frequency. Hungarians were also more likely to cry alone (80.95%) compared to Serbian participants (75.36%).

Table 2. Most common crying triggers

No	ACI - scale	Average	Interpretation
1.	"I cry when a tragic event happens to me."	5,89	Typically associated with strong emotional reactions tied to personal loss or profound experiences.
2.	"I cry when I see someone else suffering or witness their pain."	5,07	Crying triggered by empathy and compassion.
3.	"I cry when watching sad movies or television shows."	4,82	Emotions generated by artistic or audiovisual experiences.
4.	"I cry at funerals."	4,60	Crying due to sadness, remembrance, and the experience of loss.
5.	"I cry when someone does something very special for me or for someone else."	4,09	Crying triggered by emotional surprises or deeply valued gestures.

Nationality, Therapeutic Training, and Overall Patterns

Native language (Serbian or Hungarian) did not significantly correlate with life satisfaction dimensions ($r \approx 0.10$), indicating negligible effect size. Crying frequency distribution showed that 77% of respondents were moderate criers, 18% cried rarely, and 5% cried frequently. A large majority (82.22%) preferred crying alone. No significant group difference emerged between Hungarians and Serbs in this preference ($p > 0.05$).

Weak or negligible correlations were also found between therapeutic training and crying tendencies ($r < 0.15$), implying that professional orientation does not strongly predict crying behavior. However, therapists trained in emotionally focused approaches (e.g., gestalt or family therapy) exhibited slightly higher emotional responsiveness in situations such as funerals or sad movies. Therapeutic training showed a weak positive correlation with life satisfaction ($r = 0.18$), suggesting a minor, non-significant enhancement of well-being.

Discussion

Principal Findings and Theoretical Implications

The relatively small sample size reflects the specificity and limited accessibility of the target group. Nevertheless, the results provide valuable insights into how demographic, cultural, and professional factors shape therapists' emotional expression and crying tendencies outside therapy.

The findings address the study's two central research aims: (1) to identify which demographic and emotional factors influence the frequency and context of crying, and (2) to explore how life satisfaction, trauma, and religiosity relate to crying tendencies and professional self-awareness. Emerging data indicate that therapists' authentic but regulated emotional expressions—such as crying—enhance therapeutic alliance and perceived empathy (Krause & Tschacher, 2024).

Demographic Influences and Emotional Expression

Consistent with previous literature, the results indicate that gender, age, and nationality significantly influence crying frequency. Women, Hungarian nationals, and individuals aged 36–45 reported crying more often. These findings extend earlier results linking gendered emotional expression to socialization and hormonal factors (Kring & Gordon, 1998; Madison & Dutton, 2021). Emotional crying thus appears not only biologically but also socially conditioned, echoing research on gender role expectations (Sharman et al., 2019).

Age also emerged as a moderating factor: crying decreased with age and professional experience, aligning with findings that emotional intelligence and regulation increase over time (Haghighi, Zemestani, & Samavi, 2013). This developmental trajectory supports the view that emotional control matures across the lifespan (Gross et al., 1997; Oláh, 2016). Among helping professionals, reduced crying with experience may indicate the evolution of emotion-regulation strategies rather than emotional suppression (Rostáné Riez, 2018).

However, a decline in emotional expression could also reflect emotional detachment or burnout, common risks in long-term psychological work (Nagy, 2005). This highlights the importance of balancing professionalism with emotional authenticity—an essential element of therapeutic presence and self-care (Matise, 2015).

Marital Status and Emotional Sensitivity

The study found weak but consistent links between marital status, emotional sensitivity, and life satisfaction. Married participants reported slightly higher well-being and more frequent emotional reactions, echoing findings that stable relationships foster emotional openness and resilience (Umberson, 1992; Carr et al., 2014).

These results underscore that emotional crying is embedded in relational contexts: emotional safety promotes expression, while isolation may inhibit it. Emotional support within relationships thus functions as both a protective and regulatory mechanism for mental health (Lubics, Vadai, Magyaródi, & Nagy, 2024).

Emotional Triggers and Prosocial Functions

The most intense crying reactions were associated with tragic events and others' suffering, confirming that crying serves a prosocial, empathy-driven function (Vingerhoets, 2013; Gračanin et al., 2014). These findings directly relate to the study's second research question: emotional triggers are intertwined with empathy and professional self-awareness.

Crying appears to facilitate emotional processing and compassion, essential for maintaining humane engagement in caregiving professions (Pap, 2024; Kiss & Makó, 2015). As earlier research suggests, crying can also restore emotional balance by activating social support mechanisms—especially when tears are expressed in the presence of trusted others (Gračanin, Bylsma, & Vingerhoets, 2018). This supports the interpretation of crying as a regulatory process that fosters connectedness rather than weakness.

Cultural Patterns in Crying Behavior

A recent cross-cultural synthesis underscores that cultural display rules and gender norms remain decisive moderators of crying frequency and perceived appropriateness (Denckla, Vingerhoets, & Bylsma, 2023). The study also revealed cultural differences between Hungarian and Serbian participants, aligning with Hofstede's (1980) framework. In collectivist contexts, such as Serbia, emotional sharing tends to be more acceptable, whereas in individualist cultures like Hungary, emotional experiences are often privatized. Nevertheless, these patterns are not absolute and may vary within subcultures or professional groups.

The findings enrich the field of cross-cultural emotional psychology, suggesting that cultural norms shape not only the expression of emotions but also professional expectations about their regulation. For helping professionals, these norms influence both their personal emotional habits and their therapeutic responses to clients' emotions (Blume-Marcovici, Stolberg, & Khademi, 2013; Grodin, 2008). Controlled emotional expression—neither suppression nor overflow—emerges as a culturally and professionally adaptive skill.

Methodological Considerations and Limitations

The limited sample size constrains generalizability, reflecting the challenges of accessing a niche professional group. Self-report measures may have been influenced by social desirability and recall bias. Although some international studies suggest gender-related differences in life satisfaction, local Serbian research does not support this (Vasic et al., 2011). Broader factors such as socioeconomic status, education, and personality appear stronger predictors of well-being.

Another limitation lies in the lack of detailed nationality-specific data within Serbia. National averages—such as those reported by KSH (2019, 2023)—suggest generally lower life satisfaction in the region compared to Western Europe, yet these figures may mask subgroup variations.

Moreover, the absence of physiological or behavioral measures of crying limits insight into nonverbal emotional processes.

Future Research Directions

Future studies should further investigate the interaction between trauma, crying, and well-being. Mixed evidence suggests that while cumulative trauma often diminishes life satisfaction (Sacchi, Merzhvynska, & Augsburger, 2020), individual differences—mediated by empathy and attachment—may buffer this effect (Millings et al., 2016).

Cross-cultural and longitudinal research could clarify how professional experience interacts with cultural norms to shape emotional regulation. Longitudinal evidence links adaptive emotion-regulation strategies with reduced burnout risk in healthcare and counseling professionals (Salminen & Ruotsalainen, 2023).

Qualitative approaches, including interviews with therapists, could deepen understanding of how crying is perceived within professional ethics and emotional authenticity. Expanding the sample and including observational data would enable more robust interpretations of emotional expression across cultures.

Broader Implications for Cross-Cultural Psychology and Professional Self-Care

Tears serve as powerful social and communicative signals, eliciting empathy and support from others (Krivan & Thomas, 2020). Within helping professions, crying reflects a tension between emotional containment and authenticity. Cultural and institutional norms define what counts as "appropriate" vulnerability, influencing both therapists' inner experiences and their professional interactions.

Developing emotional and social competencies—including empathy, reflective awareness, and regulated expression—enhances not only therapeutic efficacy but also personal resilience.

The findings suggest that cross-cultural psychology should integrate emotional regulation and professional well-being as interconnected constructs. Supporting helpers' emotional awareness and authentic expression is thus not merely an ethical expectation but a foundation of sustainable mental health practice.

Conclusion

Crying among helping professionals reflects a complex interplay of demographic, cultural, and professional factors that shape how emotions are expressed and regulated. Gender, age, marital status, cultural background, and experience influence crying patterns, indicating that both personal and contextual dimensions contribute to emotional expression. Although professional experience may reduce crying frequency through improved regulation or desensitization, it underscores the need for sustained emotional awareness.

These findings highlight the value of integrating emotional self-awareness, resilience-building, and cultural sensitivity into professional education, supervision, and continuous training. Reflective practice, structured supervision, and culturally informed communication programs can strengthen practitioners' emotional competence and well-being, supporting more authentic and sustainable therapeutic engagement.

Future research should broaden cross-cultural comparisons and employ qualitative methods to further explore how contextual and cultural dynamics shape emotional regulation and crying within helping professions.

Acknowledgment

The author expresses sincere gratitude to all participating therapists for their openness and contribution to this study. Special thanks are extended to colleagues who assisted in data collection and translation, and to the University Ethics Committee for approving and supporting this research.

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