Pakistan Journal of Social Sciences Review (PJSSR)
ISSN (e) 2959-8052 (p) 2959-8044
Volume 4, Issue 2, 2025

FEAR OF DISCLOSURE, EMOTIONAL REACTIVITY AND SOMATIC SYMPTOMS AMONG WORKING WOMEN

Amina[1], Syeda Anum Arooj Bukhari[2], Muhammad Arif[3], Hafiz Kashif Illyas[4], Muhammad Dawood Aslam[5]

[1]MS Scholar Department of Clinical Psychology, Superior University Lahore
[2]MS Scholar Department of Clinical Psychology, Superior University Lahore
[3]MS Clinical Psychology, University of Management and Technology, Lahore.
[4]Department of Clinical Psychology, Superior University Lahore
[5]Department of Clinical Psychology, Superior University Lahore
[1]su92-mscpw-f23-089@superior.edu.pk, [2]Syeda.anum@superior.edu.pk, [3]Shikhzei1993@gmail.com
[4]Su92-msccpw-f23-090@superior.edu.pk, [5]su92-mscpw-f23-060@superior.edu.pk

DOI: https://doi.org/

Keywords
Fear Of Discovery, Emotional Reactivity, Somatic Symptoms, Working Women, Mental Health, Workplace Support

Article History
Received on 21 June 2025
Accepted on 24 July 2025
Published on 25 July 2025

Corresponding Author: *

Abstract

The study aimed to examined the correlation between fear of disclosure, emotional reactivity, and somatic symptoms of working women, whereas they also explored the moderating effect of emotional stability and the role of work sector (government and the private). Based on emotion regulatory and psychosomatic concepts, a purposive sample of 200 working ladies (aged between 25 and 50) was enrolled taking both online and in-person modes. Scales was used Fear of Disclosure Scale (FDS), Emotional Reactivity Scale (ERS), and Somatic Symptoms Scale (SSS-2). Results indicated that there were extensive positive connections fear of disclosure, emotional reactivity, and somatic signs (r =.41-.69, p <.001). The findings therefore reveal the need to create work environments that are psychologically safe and where women are encouraged to air out their feelings and report health matters without any stigma. It also draw attention to the importance of launching mental health programs and gender-sensitive workplace strategies, particularly in environments in which organizational cultures have the potential to inhibit expressing emotions.

INTRODUCTION

Women's psychological and emotional health has become a salient issue of concern an area of concern within contemporary workplaces. The participation of women in the workforce has increased due to various gender equality initiatives; however, there is a deep psychosocial burden that affects working women multi-fold. Some of these include emotional hyper-reactivity, disclosure anxiety, and somatic symptom clusters, which tend to go overlooked (Beutel et al., 2019). Somatic symptoms constitute bodily complaints, which are unexplained from a medical standpoint or are frequently associated with psychological distress. These symptoms, viewed in the context of social emotion regulation and disclosure to others, can provide insights into the complex struggles of working women in the high-pressure contexts (Okur Güney et al., 2019).

There's increasing attention towards the need to understand the psychophysiological aspects of somatic symptoms. Schnabel, Schulz, and Witthoft in 2022 pointed out that people with high emotional reactivity and maladaptive strategies for emotion regulation are more likely to experience somatic symptoms. Such is the case for women, in particular, at the workplace, where emotions can be constrained due to professional etiquette, creating an internal emotional war that manifests as stress in its physical form (Petzke & Witthoft., 2024). Moreover, emotion-dismissive workplace cultures may provoke an unduly fear of disclosure, which is known to cause psychological strain and other bodily manifestations (Komalasari, 2024).

Variances in feeling somatic symptoms by gender create extra challenges. Middle-aged women in the study by Beutel et al. (2019) mentioned a lot more somatic complaints than men did, and experts say this is because women deal poorly with stress compared to men. Study results suggest that women's jobs can increase or decrease anxiety levels, so exploring the psychosomatic mystery further is needed.

PROBLEM STATEMENT

Although the awareness of mental health is increasing, a large portion of women are reluctant to display emotions in the workplace, fearing that they can affect their careers. It may be disastrous to mental health, and also lead to physical manifestations, more common in women, particularly aged 4060 (Beutel et al., 2019). The existing studies do not provide much information about the role of the fear of emotional expression and emotional reactivity in the manifestation of somatic symptoms among

working women. Because the inability to control emotions is one of the main characteristics of stress related disorders, which affects women more than men, more research is required on the individual factors of fear, emotional reactions, and bodily suffering at the workplace level.

RESEARCH OBJECTIVES

1. To investigate the relationship among fear of disclosure, emotional reactivity, and somatic symptoms among working women.

RESEARCH QUESTIONS

1. What is the relationship between fear of disclosure and somatic symptoms among working women?
2. How is emotional reactivity associated with the occurrence and intensity of somatic symptoms among working women?

SIGNIFICANCE OF THE STUDY

The article associates fear of emotional disclosure with psychosomatic well-being of the working women based on the emotion regulation theory and presents the concept of disclosure avoidance as a risk of the somatic symptom disorders. In practice, it will help HR professionals, clinicians, and policymakers to improve emotional well-being and diminish absenteeism through the creation of supportive workplace conditions. Studies confirm those results- Petzke & Witthöft (2024) point out that there are inadequacies in clinical emotion regulation and somatic symptoms, and Komalasari (2024) states that unsupportive environments make individuals develop functional somatic disorders owing to their behavior of emotional avoidance.

LITERATURE REVIEW

Recent studies emphasize that there is a strong association between fear of disclosure, emotional somatic symptoms, reactivity and working women. Most women fear to talk emotional or psychological strain at work places because of the fear of being been judged, misunderstood or experience the negative ramifications at work. This is the fear that tends to result in emotional suppression that makes one more emotionally reactive and thus more difficult to regulate, manage stress and emotional reactions. This increased emotional pressure can in the long term play a role in the somatic symptom's development, including chronic fatigue, aches, and other physical unexplainable problems. Twice the responsibility of professional duties. this cycle is further reinforced by the societal expectations which tend to burden the woman with even more stress.

Studies reveal that working women have fear of disclosure as a huge roadblock to the expression of mental health. The stigma, fear,

and job insecurity prevent people with emotional distress and challenges in the workplace since it is not socially accepted to work with such problems and is prone to judgment (Poddar & Chhajer, 2024; McGrath et al., 2023), then disclose such issues, which evolve into emotional suppression and emotional reactivity, a combination that will ultimately lead to the onset of somatic symptoms, such as fatigue or body pain (Poddar & Chhajer, 2024).

Disclosure decisions are highly influenced by organizations culture. Stigma and bad management do not encourage openness, and supportive workplaces encourage it (Zamir et al., 2022; Stratton et al., 2021). Hall & Miller-Ott (2019) discovered that women tend to hide health conditions to not face the loss of jobs as a result of having chronic illness.

Stress and emotional reactivity drop with increased flexibility and team managerial support in the form of interventions (Leger et al., 2021). The therapies of emotional processing have also proven to reduce somatic complaints (Maroti et al., 2021). Severe job stress is closely associated with somatic symptoms in healthcare and education industry (Li et al., 2016).

Emotional expression is affected by culture. A lot of times this suppression of disclosure happens in the collectivistic world as they want to uphold social harmony and it back fires when they get somatized (Hofstede, 2001; Kim et al., 2008). However, that is not the case with individualistic cultures, where the emotional openness and psychological expression is fostered (Jourard, 1971; Gross & John, 2003). All in all, the correlation of fear of disclosure, emotional reactivity, and somatic symptoms shows the importance of employee-centered cultural mental health approaches within the workplaces.

METHODOLOGY

This chapter will give a detailed explanation of the methodology that was employed in performing the current study The research is assessed to explore the correlation, fear of disclosure, emotional reactivity and somatic symptoms among working women.

RESEARCH DESIGN

The study employed the nature of quantitative correlation research design, which aimed to examine the association between three psychological variables comprising, fear of disclosure measure, emotional reactivity, and somatic symptoms in working women. Correlational design was considered adequate since the study aimed at determining how variables interact by examining patterns of relationships without controlling any of the variables

SAMPLING STRATEGY

Purposive sampling was employed as per the suggestions of Cohen (1992) of choosing participants that relate to the study inclusion criteria on fear of disclosure, emotional reactivity as well as somatic symptoms.

PARTICIPANTS OF THE STUDY

The population of the study consisted of 200 working women across different urban occupations in Pakistan who were selected based on their emotional stress of juggling work and life.

INCLUSION CRITERIA

- Working women was included
- working in private and government sector.
- Age range of working women was between 25 to 50.
- At least 1 year of experience in the current role

EXCLUSION CRITERIA

- Not employed or working for less than 6 months in the current job.
- Women who are currently pregnant or have given birth within the last 6 months.
- Participants with significant cognitive impairments that could affect their ability to understand and complete the survey.

HYPOTHESIS

- It is hypothesized that there would be a positive relationship between fear of disclosure, emotional reactivity and somatic symptoms among working women

INSTRUMENTS

Fear of disclosure Scale: The Fear of Disclosure Scale is a 12 question self-report scale that evaluates the reserve of people to disclose their personal, emotional or sensitive information to others especially at work or other social set ups. Measured on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree), the higher the scale the more a person has fear about being judged negatively or being discriminated or rejected by someone because of self-disclosure. One of the items sounds as follows: I can be evaluated in a negative way when I disclose some personal information in the workplace. The scale has sufficient internal consistency and has a valid use of studying the problem of communication, identity, and work stress.

Emotional Reactivity Scale: Emotional Reactivity Scale (ERS) is a self-report questionnaire which has 21 items that evaluate the level of emotional responses to both internal and external stimuli as well as the period and sensitivity of the responses. The items are measured in the 5-point Likert scale (Not at all like me to completely like me), and higher the scale, the more emotionally susceptible, sensitive, and reactive the participants are. One of such

might include: I am more emotional than other people are. The ERS measures cognitive and physiological elements of emotional experience and has provided high internal consistency and construct validity, which indicates that it can be used very broadly in clinical investigations and occupational research.

Somatic Symptoms Scale: The PHQ-15 is a 15-item scale created, which measures the frequency and severity of somatic symptoms over the past four weeks (e.g. pain, fatigue, gastrointestinal discomfort). The scale of each item is 3-point Likert scale (0 = Not bothered at all to 2 = Bothered a lot) and the total scores range between 0 and 30. Increased scores indicate an increased somatic symptom load, which is usually associated with psychological distress. It is a valid and dependable instrument applied in clinical evaluation and research studies with an aim of identifying somatic symptom disorder and also complementing the estimation of anxiety and depression.

PROCEDURE

The period of the collection of data was four weeks, both online and in person in order to gather a wide area with ease. The women who worked were reached during the times at the schools, hospitals, corporate offices, and digital media, such as email and WhatsApp. An introduction session was briefly done to clarify the purpose of the study, that it is voluntary, and the need of confidentiality. Informed consent was taken in the written form, and a demographic questionnaire that involved age, marital status, education, job, experience, and income was taken. Then, the participants underwent three standardized self-report scales, including Fear of Disclosure Scale, Emotional reactivity scale, and Somatic Symptom Scale (PHQ-15) on a paper or by filling in Google Forms. The answers were anonymous and stored in a safe manner to be analyzed.

RESULTS

This chapter shows the results of the main study. The aim of this study was to investigate the relationship among fear of disclosure, emotional reactivity and somatic symptoms among working women.

SECTION I: PSYCHOMETRIC PROPERTIES OF SCALES

Internal consistency of the scales used in this study was obtained by computing the Alpha Coefficient. It was checked on every factor of the scale which are following below.

TABLE 1: ***CRONBACH ALPHA OF FEAR OF DISCLOSURE, EMOTIONAL REACTIVITY SCALE AND SOMATIC SYMPTOMS SCALE***

					Range			
Scales	***K***	***M***	***SD***	**(α)**	Actual	*Observed*	*Skewness*	*Kurtosis*
FDS	12	36.64	15.89	0.91	12- 94	12-88	.17	-1.03
ERS	21	38.19	19.44	0.95	0-84	8-78	-.14	-1.19
SSS	15	20.49	4.66	0.81	0- 30	0-29	-.59	-.49

Note: M=mean, SD= standard deviation, FDS= Fear of Disclosure, ERS= Emotional Reactivity Scale, SSS= Somatic Symptoms Scale

The values of Cronbach's alpha show the reliability of questionnaires. FDS scale shows fair internal consistency as the values of Cronbach alpha was 0.91. ERS scale reliability was also good as the value was 0.95 whereas Cronbach alpha value for SSS was poor as the value was 0.81. The table suggests that values of skewness and kurtosis fall within the range which indicates that distributions are approximately normal. However, Q.Q plots are also normally distributed.

SECTION II: SIMPLE DESCRIPTION

This section involves the description of the characteristics of research participants (N=200). This section also determines the frequency, percentages and standard deviation of demographic characteristics of the sample. The demographic variables are age, working sector, marital status, monthly income and medical and psychological condition

TABLE 2: ***MEANS AND STANDARD DEVIATIONS OF AGE (N = 200)***

Variables	***M***	***SD***
Age	30.48	3.97

Note. M=Mean; SD=Standard Deviation

The result showed that mean age of participant is 30.48 which mean that most of the adult belong to age 30 with a standard deviation of 3.97.

TABLE 3: *FREQUENCIES AND PERCENTAGES OF SOCIODEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS (N = 200)*

Variables	*F*	%
Working sector		
Private	108	54
Government	92	46
Monthly Income		
35000-70000	166	83
70000-150000	34	17
Medical and psychological		
Yes	170	85
No	30	15
Marital Status		
Married	98	49
Unmarried	102	51

Note. f=frequency; %=percentage

Table 3 show detailed description of categorical variables with the help of frequencies and percentages. The first categorical variable was working sector private (54%) and government sector (46%) distributed. Second variable monthly income which revealed that 35000-70000 (83%) and 70000-150000 (17%) were divided into two categories. Any medical and psychological condition revealed that 85% participant having medical or psychological issues 15 were no medical and psychological issue. Next variable marital status revealed that married (49%) and unmarried (51%) were divided into categories.

INFERENTIAL ANALYSIS

SECTION III: TESTING OF MAIN HYPOTHESES

This section involves the testing of hypothesis of this research. The correlation method was used to find the relationship among fear of disclosure, emotional reactivity and somatic symptoms in working women.

Hypothesis: The following hypothesis was formulated:

- It is hypothesized there would be a positive relationship between fear of disclosure, emotional reactivity and somatic symptoms in working women.

TABLE 4: ***PEARSON PRODUCT MOMENT CORRELATION COEFFICIENT AMONG FEAR OF DISCLOSURE, EMOTIONAL REACTIVITY AND SOMATIC SYMPTOMS IN WORKING WOMEN (N=200)***

	Variable	M	SD	1	2	3
1	Fear of disclosure	36.64	15.89		.69***	.41***
2	Emotional Reactivity	38.19	19.44			.45***
3	Somatic Symptoms	20.49	4.66			

Note: M = mean; *SD*= standard deviation; *p<.05 **p<.01. ***p<.001

The results indicate that fear of disclosure has significantly positive correlation with emotional reactivity (r= .69, p<.001) and Somatic symptoms (r= .41, p<.001) suggesting that working women with higher level of fear of disclosure tend to perceive greater somatic symptoms and emotional reactivity. Emotional reactivity was moderately positively correlated somatic symptoms (r=.45, p=<.001) indicate that higher emotional reactivity associated with high somatic symptom.

DISCUSSION

The research was done to investigate the linkage amid fear of disclosure and frantic reactivity and somatic manifestations in working women. The results indicated strong positive correlations between the variables combining with previous literature and psychological theory. The sample was composed of 200 working women who had different occupations working both in the private and government sector. Information offered some ideas in the way work place factors and emotional coping skills affect the psychological and physical health of women.

In this research it is hypothesized that there would be a positive relationship between fear of disclosure, emotional reactivity and somatic symptoms among working women. It indicates that women who show more hesitation or reluctance to share personal or emotional details tend to more emotional reactivity, which is connected with the more frequent occurrence of somatic symptom reporting, namely fatigue, headaches, and muscle tension. Psychological inhibition is an effective stressor. More specifically, the Inhibition-Confrontation Theory by Pennebaker. (1997) states that active suppression of emotional experience is likely to lead to a prolonged physiological activation, which manifests itself in the increased rate of heartbeat, muscle tension, and cortisol levels. Prolonged detention of emotional expression generates an ultimate

physiological constricting which results in somatic expressions as constant pain, continuous fatigue, sleep issues, and gastrointestinal disorders. Consequently, emotional disclosure serves as a critical process of cognitive and emotional processing, and the lack of which prevents psychological recovery following stressing events thereby negatively affecting physical health.

Furthermore, Luyten et al. (2011) noted that the same groups of people, who consciously suppress or avoid expressing emotion, report greater medically unexplained symptoms, particularly during exposure to chronic interpersonal stress. In the work environments where people are not allowed to express their emotions freely, occupational groups, especially women, can decide to suppress this pain rather than revealing it, therefore, promoting somatic symptomatology. Even though emotional self-silencing is a survival style, it leads to problems of physiological dysregulation.

The current findings support the Transactional Model of Stress (Lazarus & Folkman, 1984) that holds people to evaluate stressors in their mind and later display emotional and physiological consequences. Anxiety of being revealed can be interpreted as a long-term industrial stressor, which triggers an increase in emotional arousal (Gross, 1998) and somatic counterpart in a form of lasting activation of stress response (McEwen., 1998).

These associations are validated by research. According to Kahn and Garrison. (2009), fear of disclosure in professional setting is associated with psychological distress, because they are likely to stifle their emotions to avoid negative assessments or penalties. Besides, Pennebaker (2000) has established the relationship between emotional suppression and the increased physiological reactivity supported by findings of Barsky et al. (2001) that individuals of a higher status of emotional reactivity demonstrated increased level of medically unexplainable symptoms thus reinforcing the mind-body complex in case of stress responses.

The implications of the research on mental health interventions at the workplace are apparent: organizations should foster a psychologically safe atmosphere where workers can share their stress-causing factors without fear of punishment (Edmondson., 1999). In addition, the emotion-regulation techniques like mindfulness-based stress reduction (Kabat-Zinn, 1990) can limit the emotional reactivity and subsequent somatic consequences. The finding is in agreement with findings obtained by Suls and Bunde.

(2005), in which a large collection of research studies has been reviewed and it has been concluded that emotional characteristics particularly high neuroticism and unstable emotionality have always resulted in predicting the somatic reporting. In addition, Brosschot et al., (2006) brought forward the construct of perseverative cognition understanding as the persistent mental processing of or concerns with stressors, leading to a persistence of physiological stress responses well past the end of the original stressor. This is a loop of second order taking the form of cognitive-emotional feedback and it maintains the bodily arousal and eventually results in somatic complaints.

CONCLUSION

The current study provides a significant contribution to the psychological background of working females, having analyzed the nature of the interaction between fear of disclosure, emotional reactivity and somatic symptoms. Hypothesis confirmed because a strong positive association linking the fear of disclosure, emotional reactivity, and somatic symptoms among working women was established in the study. Less expressive women showed persevering emotional reactivity and physical symptoms. These data are in confirmation of the Biopsychosocial Model, which illustrates the role of psyche and social constituents in the physical well-being. The findings support the context of human factors, such as emotionally conducive work places and inclusion of mental health program as part of workplace policy that can promote the overall well being of women.

PRACTICAL IMPLICATIONS

- Emotional stability is a form of protective factor which moderates the association amid the physical health results and the constant physical condition. Based on this, workplace mental health programmers, including counselling, stress management strategies, and emotional regulation technique, have been suggested to protect employee wellbeing.
- The current research also points out the requirement of gender sensitive organizational policies particularly those that treat the emotional needs of working women.
- Due to the difference in cultures between the public and the private sectors, sector-specific interventions should be promoted.
- It is recommended that managers and human resources trainings should be made to promote emotionally supporting work environments.
- It is also recommending future researchers to carry out longitudinal,

culturally diverse research to explain the long-term impacts of emotional suppression and instability on the mental and physical wellbeing in women.

REFERENCES

Barsky, A. J., Goodson, J. D., Lane, R. S., & Cleary, P. D. (2001). The amplification of somatic symptoms. *Psychosomatic Medicine*, 63(5), 602–610.

Beutel, M. E., Wiltink, J., Ghaemi Kerahrodi, J., Tibubos, A. N., Brähler, E., Schulz, A., ... & Henning, M. (2019). Somatic symptom load in men and women from middle to high age in the Gutenberg Health Study- association with psychosocial and somatic factors. *Scientific reports*, 9(1), 4610.

Brosschot, J. F., Gerin, W., & Thayer, J. F. (2006). The perseverative cognition hypothesis: A review of worry, prolonged stress-related physiological activation, and health. *Journal of Psychosomatic Research*, 60(2), 113–124.

Dewa, C. S., van Weeghel, J., Joosen, M. C. W., & van der Mei, S. F. (2021). What could influence workers' decisions to disclose a mental illness at work? *Journal of Occupational Rehabilitation*, 31(3), 638–647. https://doi.org/10.1007/s10926-020-09943-5.

Edmondson, A. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly*, 44(2), 350–383. https://doi.org/10.2307/2666999

Ejaz, Z., Sarfaraz, N., & Sarfaraz, A. (2022). Loneliness and emotional regulation among un-married working women. *Journal of Professional & Applied Psychology*, *3*(1).

Grasshoff, J., Safieddine, B., Sperlich, S., & Beller, J. (2025). Gender differences in psychosomatic complaints across occupations and time from 2006 to 2018 in Germany: a repeated cross-sectional study. *BMC Public Health, 25*, 409. https://doi.org/10.1186/s12889-025-16439-2

Gross, J. J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology*, 2(3), 271–299. https://doi.org/10.1037/1089-2680.2.3.271.

Hall, R. D., & Miller-Ott, A. E. (2019). Invisible pain: Women's (non)disclosure

of fibromyalgia in the workplace. *Iowa Journal of Communication, 51*(1), 223.

Kahn, J. H., & Garrison, A. M. (2009). Emotional self-disclosure and emotional avoidance: Relations with symptoms of depression and anxiety. *Journal of Counseling Psychology*, 56(4), 573–584. https://doi.org/10.1037/a0016574.

Komalasari, R. (2024). Unravelling the Veil: Exploring the Nexus of Insecure Attachment and Functional Somatic Disorders in Adults. In Change Dynamics in Healthcare, Technological Innovations, and Complex Scenarios (pp. 1-27). IGI Global.

Krsmanovic, A., & Dean, M. (2022). How women suffering from endometriosis disclose about their disorder at work. *Health Communication, 37*(8), 992–1003. https://doi.org/10.1080/10410236.2021.1880053

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: *Springer Publishing Company.*

Leger, K. A., Lee, S., Chandler, K. D., & Almeida, D. M. (2021). Effects of a workplace intervention on daily stressor reactivity. *Journal of Occupational Health Psychology*, *27*(1), 152–163. https://doi.org/10.1037/ocp0000297

Li, J., Ding, H., Han, W., Jin, L., Kong, L.-N., Mao, K.-N., Wang, H., Wu, J.-P., Wu, Y., Yang, L., Zhou, Y., Wang, Y.-X., Wang, W., Loerbroks, A., & Angerer, P. (2016). The association of work stress with somatic symptoms in Chinese working women: A large cross-sectional survey. *Journal of Psychosomatic Research, 89*, 7–10. https://doi.org/10.1016/j.jpsychores.2016.08.001.

Maroti, D., Ljótsson, B., Lumley, M. A., Schubiner, H., Hallberg, H., Olsson, P.-Å., & Johansson, R. (2021). Emotional processing and its association to somatic symptom change in Emotional Awareness and Expression Therapy for Somatic Symptom Disorder: A preliminary mediation investigation. *Frontiers in Psychology, 12*, 712518. https://doi.org/10.3389/fpsyg.2021.712518.

McGrath, M. O., Krysinska, K., Reavley, N. J., Andriessen, K., & Pirkis, J. (2023). Disclosure of mental health problems or suicidality at work: A systematic review. International Journal of Environmental Research and Public

Health, 20(8), 5548. https://doi.org/10.3390/ijerph20085548

Okur Güney, Z. E., Sattel, H., Witthöft, M., & Henningsen, P. (2019). Emotion regulation in patients with somatic symptoms and related disorders: A systematic review. *PloS one*, 14(6), e0217277.

Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*.

Petzke, T. M., & Witthöft, M. (2024). The Association of Emotion Regulation and Somatic Symptoms. *Psychosomatic Medicine*, 10-1097.

Poddar, S., & Chhajer, A. (2024). Detection and disclosure of workplace mental health challenges: An exploratory study from India. BMC Public Health, 24(1), 793. https://doi.org/10.1186/s12889-024-17861-z

Schnabel, K., Schulz, S. M., & Witthöft, M. (2022). Emotional reactivity, emotion regulation, and regulatory choice in somatic symptom disorder. *Psychosomatic Medicine*, 84(9), 1077-1086.

Stratton, E., Einboden, R., Ryan, R., Choi, I., Harvey, S. B., & Glozier, N. (2018). Deciding to disclose a mental health condition in male dominated workplaces: A focus-group study. *Frontiers in Psychiatry*, 9, 684. https://doi.org/10.3389/fpsyt.2018.00684

Suls, J., & Bunde, J. (2005). Anger, anxiety, and depression as risk factors for cardiovascular disease: The problems and implications of overlapping affective dispositions. *Psychological Bulletin*, 131(2), 260–300. https://doi.org/10.1037/0033-2909.131.2.260

Wismeijer, A. A. J., & Vingerhoets, A. J. J. M. (2007). The emotional burden of secrets: Consequences for somatic health and implications for health care. *Tijdschrift voor Psychiatrie*, 49(6), 383–389. PMID: 17611939.