# Emotional Blackmail and Coercion in Unconventional Emotional Regulation

## Academic Introduction

The use of emotional or psychological blackmail —by members, family, friends, or Church leaders— to pressure the abandonment of uncommon emotional regulation procedures constitutes a form of interpersonal coercion with documented neurological, clinical, and spiritual consequences. This analysis examines the scientific, ethical, and doctrinal implications of such coercion, grounded in contemporary evidence on emotional regulation, trauma, and personal agency.

## Fundamental Scientific Definitions

### Emotional Blackmail: Clinical Definition

#### Emotional blackmail (operational definition):

* Interpersonal strategy that conditions acceptance, love, or belonging on the renunciation of a legitimate regulatory need
* Uses guilt, fear, or exclusion as control mechanisms
* Frequently presents under the appearance of "concern" or "spiritual obedience"
* Lacks clinical foundation and violates ethical principles of non-maleficence

### Emotional Agency: Neurological and Ethical Right

#### Emotional agency (scientific definition):

* Person's capacity to recognize, name, and respond to their own regulatory needs
* Grounded in the integrity of the autonomic nervous system
* Protected by ethical principles of autonomy in clinical practice
* Recognized as essential for trauma-informed healing

## Neuroscientific Framework of Consequences

### Re-traumatization through Relational Invalidation

**Van der Kolk's research (2014)** establishes that early trauma permanently alters neural architecture, especially in circuits connecting the prefrontal cortex with the limbic system. When community belonging is conditioned on abandoning consolidated regulatory mechanisms, the threat detection system is reactivated, generating:

* Emotional hypervigilance
* Chronic interpersonal distrust
* Isolation as a survival strategy
* Loss of subjective agency

This phenomenon aligns with findings in complex trauma: **chronic invalidation** is a robust predictor of long-term functional deterioration.

### Disruption of Autonomic Homeostasis

According to Porges' polyvagal theory (2011), the nervous system develops specific strategies—sometimes unusual in appearance—to maintain physiological regulation. Emotional blackmail disrupts these pathways, causing:

* Increased sympathetic activation (fight or flight response)
* Accumulation of undischarged neurological tension
* Dysregulation of the HPA (hypothalamic-pituitary-adrenal) axis
* Secondary somatic manifestations (chronic pain, fatigue, insomnia)

## Differential Clinical Evidence

### Indicators of Damage from Regulatory Coercion

Clinical literature identifies predictable consequences when legitimate neurological needs are coercively restricted:

#### Psychological manifestations:

* Significant increase in anxiety and depression
* Suicidal ideation in contexts of prolonged isolation
* Development of dissociative symptoms
* Loss of trust in one's own internal perception (functional alexithymia)

#### Behavioral manifestations:

* Displacement toward risk behaviors (substance abuse, self-harm)
* Abandonment of support networks (family, religious community, treatment)
* External over-adaptation with internal collapse

These patterns do not reflect "lack of faith" or "weak will," but the predictable response of a nervous system deprived of its regulatory pathways.

### Comparison with Validated Neurological Conditions

**Tourette Syndrome:** Voluntary suppression of tics generates measurable physiological tension accumulation. External coercion intensifies this cycle, increasing distress and social dysfunction.

**Autism Spectrum Disorder:** Prohibition of stimming is associated with increased anxiety and sensory collapse (Kapp et al., 2019). Inclusion, in contrast, improves adaptive functioning.

**Complex PTSD:** Invalidation of safety rituals reactivates trauma, as the limbic system interprets prohibition as a new threat.

## Contemporary Emotional Regulation Framework

### Neural Automation and Resistance to Voluntary Change

**Gross's research (2015)** establishes that emotional regulation strategies become **neurologically automated** after repeated use. Once consolidated, they are not easily modifiable by "willpower" or social pressure.

**Critical implication:** Demanding that a person "stop using" an unconventional regulatory mechanism without specialized clinical intervention is equivalent to asking them to "stop having migraines." The strategy is integrated into physiology, not conscious choice.

### Functionality as Ethical and Clinical Criterion

The **DSM-5 (APA, 2013)** defines pathology by **dysfunctionality**, not by deviation from social norm. If a regulatory procedure:

* Maintains effective social and occupational roles
* Does not cause harm to others
* Contributes to subjective well-being
* Does not interfere with relationship capacity

...then it **does not constitute pathology**, regardless of its external appearance. Coercion in these cases lacks clinical and ethical foundation.

## Evolutionary and Adaptive Perspective

### Regulatory Diversity as Collective Resilience

Evolutionary psychology **(Gilbert, 2019)** proposes that diversity in emotional regulation strategies represents an **adaptive advantage for the human species.** Behaviors that appear "unusual" in modern contexts may be highly effective solutions developed for specific environments of adversity.

**Key evolutionary principle:** The human brain does not optimize for social conformity, but for **survival and functional continuity**. Coercively restricting these adaptations reduces the collective resilience of the community.

## Implications for Religious Practice

### Harmony between Science, Doctrine, and Compassion

Emotional blackmail contradicts both scientific findings and fundamental doctrinal principles. The doctrine of The Church of Jesus Christ of Latter-day Saints emphasizes **charity**—"the pure love of Christ" (**Moroni 7:47**)—as the foundation of all community interaction.

**Ethical convergence:**

* **Science:** Recognizes the neurological legitimacy of regulatory diversity
* **Doctrine:** Prescribes unconditional love and inclusion
* **Clinical ethics:** Demands non-maleficence and respect for personal agency

### Emotional blackmail violates all three pillars.

Evidence-Based Support Framework

Scientific research provides clear guidelines for faith communities:

#### Validated practices:

Validate subjective experience before seeking change

Offer environmental adaptations (not imposition of rigid norms)

Educate leaders and families about regulatory neurodiversity

Refer to qualified professionals when therapeutic transformation is required

## Scientific Conclusions

### Validation of Blackmail as Risk Factor

Contemporary scientific evidence establishes that emotional blackmail to force abandonment of unconventional emotional regulation procedures:

* Constitutes a **clinical risk factor** for psychological deterioration
* Generates **measurable physiological consequences**
* **Reproduces original traumatic dynamics**
* Contradicts ethical principles of inclusion and human dignity

### Imperative for Informed Inclusion

Recognition of these procedures as **legitimate neurological needs** demands:

* Evidence-based community policies
* Leader training in trauma neuroscience
* Stigma elimination through scientific education
* Creation of safe spaces where authentic regulation is possible

## Call to Integrated Action

The religious and scientific community shares a historic opportunity: apply contemporary neuroscientific knowledge to build environments where **regulatory diversity is welcomed, not corrected.**

**The imperative is clear:** Protecting the neurological integrity of each individual is not a concession, but an act of informed charity, coherent with science and faithful to the gospel of Jesus Christ.

## Scientific References

### Primary Sources in Neuroscience

* Van der Kolk, B.A. (2014). The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. Penguin Books.
* Money, J. (1986). Lovemaps: Clinical Concepts of Sexual/Erotic Health and Pathology. Irvington Publishers.
* Porges, S.W. (2011). The Polyvagal Theory: Neurophysiological Foundations of Emotions. W.W. Norton & Company.

### Emotional Regulation Research

* Gross, J.J. (2015). "Emotion regulation: Current status and future prospects." Psychological Inquiry, 26(1), 1–26.
* Kapp, S.K., et al. (2019). "Motivations for self-stimulatory behavior in people on the autism spectrum." Autism, 23(4), 967–977.

### Clinical and Diagnostic Frameworks

* American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.).
* SAMHSA (2014). "Trauma-Informed Care in Behavioral Health Services." Treatment Improvement Protocol Series.

### Evolutionary Perspectives

* Gilbert, P. (2019). "Evolutionary Psychology and Mental Health: Past, present and future." Clinical Psychology Review, 73, 101751.