

# Shame and non-disclosure: A study of the emotional isolation of people referred for psychotherapy

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Thirty-four people referred to an NHS psychotherapy department were given a modified form of Oatley and Duncan's (1992) emotion diary which included questions about whether each recorded emotion had been subsequently disclosed to anyone (for example a partner, friend or professional). One week later the diaries were collected and participants interviewed. Interviews focused, among other things, on reasons for non-disclosure of recorded emotional experiences and the relationship between shame and non-disclosure. The results indicated that a majority of the emotional incidents recorded in the diaries were not disclosed (68%). This result contrasts with studies on non-clinical samples in which only approximately 10% of everyday emotions are kept secret. Qualitative analysis of the interview data revealed that participants appeared to be habitual non-disclosers of emotional and personal experiences and that non-disclosure was related to the anticipation of negative interpersonal responses to disclosure (in particular labelling and judging responses) in addition to more self-critical factors including shame. It is suggested that these results add to the existing literature on shame by illustrating the interpersonal effects of shame in a clinical sample.

There are many unresolved issues regarding the definition of shame. In a recent review of theories Gilbert (1998) argues that a definition which captures shame most closely is that it is 'an inner experience of self as an unattractive social agent, under pressure to limit possible damage to self via escape or appeasement' (p. 22). Shame can be differentiated from guilt where the action tendency promotes reparation and the focus of attention is outside the self (Lewis, 1971; Tangney, Miller, Flicker, & Barlow, 1996). Shame can be associated either with a consciousness of how one is seen by others (Sartre, 1943) or with a negative self-evaluation, and these two different facets of shame have been termed *external shame* and *internalized shame* respectively (cf. Gilbert, 1998). While in practice these two cognitive domains are likely to be highly correlated (Lewis, 1971) this is not necessarily the case (Gilbert, 1998). Perhaps the least controversial characteristic of shame is that it is

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associated with a desire to hide or conceal the self or aspects of the self (Barrett, 1995; Lindsay-Hartz, 1984; Mollon, 1984).

In recent years studies have linked a tendency to experience shame with the incidence of psychopathology (Andrews, 1995, 1997; Gilbert, Pehl, & Allan, 1994; Harder, 1995; Sanftner, Barlow, Marschall, & Tangney, 1995; Tangney, Burggraf, & Wagner, 1995; Tangney, Wagner, & Gramzow, 1992); however Alexander, Brewin, Vearnals, Wolff, and Leff (1999) found to the contrary that proneness to guilt rather than shame was associated with depression. Most of this research has been cross-sectional and questionnaire-based and to date there appears to have been no attempt to examine the role shame plays in the interpersonal lives of psychologically distressed people. An aspect of psychologically distressed people's interpersonal lives that seems especially likely to be affected by the experience of shame, and the accompanying impulse of hiding or concealment, is that of emotional disclosure.

Both common sense and empirical evidence suggest that emotional disclosure is an important component of clinical practice. Stiles (1995) has reviewed a number of studies which suggest that all types of psychotherapy are characterized by high levels of personal disclosure by clients and that personal disclosure by the client is in turn correlated with measures of good psychotherapy process. A consumer study by the Mental Health Foundation (1997) indicated that a primary need of mental-health patients when in distress is to have 'someone to talk to'. This is consistent with the protective effect of having a close confiding relationship in the presence of other factors conferring vulnerability to psychopathology (Brown & Harris, 1978). Pennebaker and colleagues (e.g. Pennebaker, 1993) have demonstrated that the disclosure of traumatic experiences appears to have physical-health benefits (including decreases in visits to physicians and an enhancement of immune function) when disclosure includes the emotional response to the experience.

There is already some evidence that shame may be associated with emotional secrecy in non-clinical populations. Research by Rimé, Finkenauer and colleagues has revealed that disclosure of everyday emotional experiences occurs approximately 90% of the time (Rimé, Mesquita, Philippot, & Boca, 1991; Rimé *et al.*, 1994). Follow-up research designed to identify characteristics of the 10% of emotions that were not disclosed suggested that 'secret' emotions are associated with the desire to avoid shame and other unpleasant social emotions such as guilt and embarrassment (Finkenauer & Rimé, 1996; Finkenauer, Rimé, & Lerot, 1996). Finkenauer and her colleagues have not focused on the role of shame *per se* in the non-disclosure of emotional experiences. Nor did they examine the disclosure decisions of 'normally occurring' emotions. Finally, as noted above, their work was conducted in a non-clinical sample.

The current study aims to extend the literature on shame and psychopathology and shame and disclosure by examining the impact of shame on an aspect of the daily interpersonal lives of psychologically distressed adults—namely their non-disclosure of specific negative emotional experiences. Given the lack of research in this area, it was decided that a specific focus on the role of shame should be accompanied by a more open-ended inquiry into factors associated with non-disclosure. This, it was hoped, would result in a holistic and context-sensitive view of the role of shame in emotional non-disclosure.

The desire to develop an inclusive and context-sensitive understanding of participants'

decisions not to disclose emotions led to the adoption of a qualitative research method based on the 'grounded' techniques described by Pidgeon and Henwood (1996). This procedure enables the researcher to develop a theoretical understanding which is based closely on participants' own accounts and which can encompass unforeseen factors which might otherwise be obscured by the researchers' *a priori* constructs.

## Method

### *Materials*

A modified form of Oatley and Duncan's (1992) emotion diary was used to obtain accounts of shame, guilt, hatred and disgust. This method is based on the assumption that, while not all affective experiences are accessible to introspection, people are able to identify accurately many of their more salient everyday emotional experiences (see Oatley and Duncan (1992) for further discussion of this issue) including shame. A review by Macdonald (1998) suggests that, in spite of the fact that few instruments intended to measure shame actually ask participants directly about their experiences of shame (Andrews, 1998), the available evidence suggests that both clinical and non-clinical samples will voluntarily report experiences of shame in a confidential research setting. Oatley and Duncan's (1992) development of emotion diaries represented an attempt to obtain more reliable accounts of subjective emotional experiences by minimizing retrospective biases, which would seem more likely in studies where people are simply asked to recall an instance of the emotion of interest, as for example in Wicker, Payne, and Morgan (1983). Oatley and Duncan (1992) provide some evidence for the validity of this method in a study comparing participants' diary record of their own emotions with an independent record of their emotions provided by their partners. This demonstrated an 84% agreement as to the occurrence of incidents.

The diary was structured and asked participants to record specific details about each emotion as soon as possible after the emotion had been experienced. Participants were asked to fill in the diary questions for the first instance of any of the four emotions of shame, guilt, hatred and disgust that they experienced in the 7 days after they had been given the diary. The diary included a number of questions about the disclosure or non-disclosure of each emotion that had been recorded. Of relevance to the current report was the question 'Did you tell anyone about this?' and two follow-up questions asked if the reply was negative 'Were you afraid about how others might see you if you told them?' and 'Did the thought of telling anybody make you feel any shame?' Full details and findings from the diary are reported in Macdonald (1999).

A follow-up semi-structured interview was carried out in which participants were asked to provide information about (1) the reasons for the non-disclosure or disclosure of each emotion they recorded in the diary, (2) shame and related feelings associated with anticipated disclosure of each emotion, and (3) the effects of disclosure or non-disclosure of each emotion on their relationships with other people. The interview protocol for non-disclosed emotions is included in Appendix 1. These questions were designed as a follow-up to the 'yes/no' questions about non-disclosure included in the diary. The intention was to obtain a richer account of factors associated with the decision to keep the emotional experience private, the role of shame in this process and the impact of non-disclosure on the participants' relationships. In this paper, due to space limitations, only the findings relating to (1) and (2) (reasons for non-disclosure, including shame) will be reported. It was hoped that by asking these questions for each emotion recorded in the diary the information provided would be more reliable and more valid as a result of being grounded in concrete instances.

### *Participants*

Participants were people referred to an NHS psychotherapy out-patient clinic which specialized in the provision of psychodynamically informed psychotherapy. The majority of referrals to the service were made by local GPs and 38% (48/126) of the people invited to take part completed the diary part of the study. Of the 62% (78/126) who did not complete it, 54% (42/78) said they did not wish to take part, 36% (28/78) failed to turn up to one or other of the appointments (most frequently the second) and the remaining 10% (8/78) of non-completers had other reasons for not attending one of the appointments.

Of those who did complete the study, 20.8% (10/48) reported that they had not experienced any of the

target emotions. Four of the remaining 38 participants failed to provide an audiotaped interview (one participant did not want her interview taped, two participants were unable to attend the interview appointment, and in one case, the tape-recorder did not work). The final sample therefore consisted of 34 psychotherapy referrals, which was 27% (34/126) of those invited to take part. Of these 34 participants, 73.5% (25/34) were women. 55.9% of those who provided interviews (19/34) had, according to their referral letters, medical notes or what they said in the interview, suffered childhood sexual abuse (CSA). Studies have found that between 26 and 40% of psychiatric in- and out-patients have suffered CSA (Draucker, 1992); 60% (15/25) of the women in the final sample had suffered CSA and 44.4% (4/9) of the men. The average age of the participants was 37.2 years.

It is not clear exactly why there was such a low participation rate; however, the demanding nature of the research (monitoring emotional experiences for a week and coming in to the clinic especially for the interview), the requirement to focus on painful and distressing emotional experiences, anxiety associated with being assessed for psychotherapy and possible feelings of shame associated with disclosure to the researcher, may all have played a role. The low level of participation raises questions about the representativeness of the final sample; 70% (63/90)<sup>1</sup> of those invited to take part who either did not complete the study, did not experience one of the target emotions or did not provide an interview for other reasons, were women compared with 73.5% in the final sample, suggesting that there was no gender differential drop-out rate. About 36% (31/86)<sup>2</sup> of those who did not complete the study, did not experience one of the target emotions or did not provide an interview for other reasons, were identified as having suffered CSA in their medical notes or referrals made to the clinic. This contrasts with 55.9% of those who provided interviews, although a number of the latter only identified themselves as having suffered CSA in the interview itself. However, only 22% (2/9)<sup>3</sup> of those who did not provide an interview because they reported not experiencing any of the target emotions in the diary were identified as having experienced CSA. This suggests that people who had suffered CSA are likely to have been somewhat over-represented in the final sample.

### *Procedure*

Participants were first contacted by letter in which they were given a patient information sheet explaining the study and asked to return a form saying whether they wished to participate. When permission was received there was usually a 2-week period prior to their first meeting with the researcher. They were seen initially for approximately 15 minutes when the diary was explained and an appointment made 1 week later for the return of the diary and a follow-up interview. For all but three of the participants, this first appointment took place immediately prior to their assessment appointment for psychotherapy<sup>4</sup>. The reason for this was that the study aimed to examine processes of disclosure and non-disclosure before these had been substantially influenced by treatment. However, as noted above, proximity with the stress of the psychotherapy assessment may have contributed to low participation rates.

When participants returned to the clinic for the follow-up interview, the interviewer went through the responses written in the diary with the participant, which functioned partly as a means of clarifying the written responses and partly as a means of bringing the recorded emotion back into the participants' awareness. The interviewer then went through the interview questions for each emotion that was recorded in the diary.

The study was approved by the local NHS ethics committee and all participants signed a consent form which stressed that participation was voluntary. After the interview, participants were thanked and the background and purpose of the study were explained to them. Following analysis of the results, participants and clinicians in the service were sent a summary of the main findings.

### *Analytic strategy for the interview data*

In this paper only analysis of data relating to reasons for non-disclosure of emotions recorded in the diaries is reported. The analysis was conducted inductively by developing codes in a 'grounded' manner from the

<sup>1</sup> The gender of two people who were invited but did not take part in the study was not established.

<sup>2</sup> Notes could not be traced for four people invited who did not take part in the study.

<sup>3</sup> Notes could not be traced for one of these individuals.

<sup>4</sup> Three participants were in a group that started before I saw them.

descriptions provided by participants (Pidgeon & Henwood, 1996). This procedure enables the researcher to develop theoretical ideas which are based closely on participants' own accounts and should allow factors that are important in the participants' social world to emerge in the developing theory. It seems particularly appropriate to use such a method in this case because there appear to be few alternative explanations offered for why participants fail to reveal emotional experiences.

Interviews were transcribed by the first author, and all information relating to reasons for non-disclosure was marked. This material was extracted from the interviews and labelled with the number of the participant it came from. Using the material on reasons for non-disclosure, an open-ended coding system was then developed in which categories were generated to describe reasons given for non-disclosure. These categories were refined until a category was developed for all recurring reasons for non-disclosure mentioned by the participants. A description of each category was written and a note was made of the way it appeared to be linked to other categories. Where possible these lower-level categories were organized into broader and more abstract categories. An example of coding from one interview is included in Appendix 2.

A number of techniques were used to enhance the validity of the conclusions drawn from the interview data. First, examples from the interviews are presented so that readers can see for themselves the relationship between categories and the source data, as recommended by Elliott, Fischer, and Rennie (1999). In the original analysis this process was taken a step further by using data-display matrices as a way of illustrating the categories in a systematic way (Miles & Huberman, 1994). The data-display matrix for the category of 'habitual non-disclosure' is included in Appendix 3; however, other display matrices have not been included here due to space limitations. They are presented in Macdonald (1999). A second approach has been to state how representative each category is of the sample as a whole by noting the proportion of participants who made comments which were coded in each category. Third, the original analysis included a negative case analysis (Yin, 1989). In fact, only two participants had reasons for non-disclosure which diverged markedly from the sample as a whole. Discussion of these cases has not been included here due to space limitations but can be found in Macdonald (1999).

## Results

### *Results from the diary relating to non-disclosure of emotions*

Of the emotions reported in the diaries, 68% (51/75) were not disclosed. This contrasts with the discovery of Rimé *et al.* (1991, 1994) that between 4% and 10% of emotions recorded by a variety of non-clinical populations were not disclosed to others. (Rimé and his colleagues studied all the emotions in the current diary, with the exception of hatred, which was the emotion which was most disclosed in the current study.)

When participants did not disclose an emotion, the diary asked 'did the thought of telling anybody make you feel any shame?'; 90.9% (10/11) of non-disclosed instances of shame were given a 'yes' rating for this question. However the proportion was quite high for the other three emotions as well—in all, 65% (26/40) of the other non-disclosed emotions were associated with shame at the thought of telling anyone (66.7% (12/18) for guilt, 72.7% (8/11) for hatred and 54.5% (6/11) for disgust). This appears to support the notion that in this clinical population experiences of shame are associated with non-disclosure of emotional experiences.

When participants had not disclosed an emotion they were also asked, 'were you afraid about how others might see you if you told them?' Overall 63.2% (24/38) of the undisclosed emotions were associated with positive responses to this question (50% (8/16) for guilt, 72.7% (8/11) for hatred, 72.7% (8/11) for disgust and 72.7% (8/11) for shame). This suggests that, in keeping with feelings of shame, non-disclosure is associated with the perception that other people will regard the individual less favourably if they disclose the emotional experience.

*Results from the interviews relating to reasons for non-disclosure*

This part of the analysis uses material from the 27 interviews in which participants spoke about an instance in which they did not disclose an emotion to anyone else (79.4%, 27/34, of the participants in the study discussed at least one emotion which they had not disclosed). The material comes mainly from participants' responses to the questions, 'If you can, can you explain why you chose not to tell anyone?' and 'Do you think that if you told somebody you would feel stupid, or silly, or ashamed of yourself?'. Categories developed in a 'grounded manner' from the interviews will be presented along with a table summarizing which codes were given to each participant. Because of the comparatively large number of categories which emerged in the analysis, a list of the categories relating to reasons for non-disclosure is included in Table 1.

**Table 1.** The main categories of reasons for non-disclosure of emotional experiences recorded in the diary

Main category	Sub-category
Habitual non-disclosure (81.%, 22/27)	
Anticipated response to disclosure	Negative recipient responses (e.g. labelling, judging and blaming) (70.4%, 19/27) Fear of upsetting or burdening others (55.5%, 15/27) Unhelpful positive responses of others (33.3%, 9/27) Others not understanding (33.3%, 9/27) Lack of interest or attention (25.9%, 7/27) Disclosure pointless (25.9%, 7/27)
Shame and other factors associated with the self	Shame and self-conscious emotions (74.1%, 20/27)—shame (18.5%, 5/27)—guilt Out of character (40.7%, 11/27) Inability to justify feelings and experiences (37%, 10/27) Own responsibility (33%, 9/17) Rejection of own feelings (18.5%, 5/27) Reluctance to experience unpleasant emotions or memories (22.2%, 6/27)
Isolation (29.6%, 8/27)	

*Habitual non-disclosure.* Responses to the interview question, 'If you can, can you explain why you chose not to tell anyone?' included many comments that suggested that non-disclosure was habitual. This was often described by participants as a general tendency presumably relating to a wide range of emotional experiences:

'I normally keep things to myself (P5<sup>5</sup>).

'I'm not one for telling people how I'm feeling' (P33).

'I somehow keep it all bottled up' (P18).

In some cases non-disclosure was described as a property of the kind of person they were:

'I'm a very private person' (P8).

However, in other cases it seemed to be more specific to a particular experience or emotion, as in the following extracts:

'You know, to me it's something private and I just don't want to share it with anybody' (P22).

'I don't find it easy to share, that particular feeling' (P15).

Overall 81.5% (22/27) of the participants who discussed an undisclosed emotional experience indicated that non-disclosure was a recurrent or habitual pattern. This corroborates the pattern of non-disclosure found in the diary part of the study and it underlines the contrast between the study participants and the non-clinical populations studied by Rimé and his team who, as noted above, found that disclosure is a normal characteristic of the aftermath of emotional experience. These findings suggest that such 'emotional isolation' might be a significant component in these participants' emotional distress. It also highlights the importance of an understanding of why the participants chose not to disclose.

*Anticipated responses of others.* Many of the reasons given for not disclosing could be loosely grouped under a broader category relating to participants' expectations of how other people would respond if they disclosed.

*Negative recipient responses (including labelling, judging and blaming).* The most frequent of these anticipated responses were negative and these generally involved labelling, judging or blaming. Participants feared that, if they disclosed, others would see them as 'barmy', 'crackers', 'stupid', a 'freak' or simply 'judge' them. The following comments capture the spirit of these responses:

'to a normal person in the street, you know, I mean, the basic thing is when you turned your back they say "He's round the bend", you know. So, uh, you tend not to, you bottle it all up, you know. Uh, basically for your own self-respect I suppose. You know, to give you what little respect you've got left' (P38).

'I couldn't see myself telling anybody at all. Because, you see, because, people don't know the things, they can't judge me by them. So I wouldn't tell them' (P16).

A few said or implied that they thought their disclosure would lead to arguments. P38 said that if he spoke about his experience to his wife she might not agree with him, in which case he is 'likely to go up the wall again' and this will 'double' his problem. Some

<sup>5</sup> Refers to 'participant 5' in the study.

said that other people were likely to tell them that their feelings were wrong, for instance P10 who thought his wife would say 'I suppose this is another bloody depression', and P8 who thought her friends would tell her what she was feeling was wrong.

Overall, 70.4% (19/27) of the participants invoked a fear of this kind of negative recipient response to explain why they chose not to disclose. The common denominator in all these anticipated responses seems to be that the recipient of the disclosure will respond in a clearly invalidating manner—generally evaluating the participant less favourably.

*Fear of upsetting or burdening others.* About half (55.5%, 15/27) of the participants mentioned not wanting to upset or burden others by telling them about the experience:

'I don't really feel I ought to burden people with my depression, or my problems' (P14).

'I just feel like I'm just putting on people and I'm not, you know, they've got better things to do, than listen to me, wallowing in self-pity, you know' (P15).

*Unhelpful positive responses.* In addition to burdening or damaging others, a number (33.3%, 9/27) of non-disclosing participants talked about how other people might respond in an apparently positive way which was nevertheless perceived as unhelpful as the following example illustrates:

'I think that a little while ago, a few years ago, when I first saw [name of psychiatrist] and then sort of told my mum about it, my parents said "Don't be ridiculous, pull yourself together. You've got everything going for you"' (P23).

*Lack of understanding.* About a third of the non-disclosers (33.3%, 9/27) referred to the possibility that other people would not understand them:

'I just feel that people don't understand, and I think that they'll know [there is something] abnormal about me if I try to explain how I feel about my family' (P14).

*Lack of interest or attention.* About one-quarter (25.9%, 7/27) of the non-disclosing participants mentioned that they thought other people would not listen or be interested in their disclosure. As one participant put it:

'they might not just be bothered or want to sit there and listen to it' (P26).

*No point disclosing.* A similar proportion of participants (25.9%, 7/27) mentioned that they thought disclosure would be pointless. For instance:

'I just don't see the point in telling them. I just don't see the point' (P18).

*Other categories of anticipated response.* There were a number of other categories of



anticipated response which were noted in less than 20% of cases. These were lack of trust in others (14.8%, 4/27), fear that the recipient will tell others (lack of confidentiality), (7.4%, 2/27) and fear of not being believed (18.5%, 5/27).

The mean number of anticipated negative responses per participant was 2.8. These results suggest that a major factor in the participants' non-disclosure was a concern about how others might evaluate them.

*Shame and other factors associated with the self.* In addition to 'anticipated responses of others' there was a loose association of a number of reasons which seemed more self-related and intra-psychic (although in most cases these reasons coexisted with the more overtly social reasons for non-disclosure). These involved shame and other factors that seem to relate more to qualities associated with the self than to how other people might respond. Much of the material included in this section was elicited by the question: 'Do you think that if you told somebody you would feel stupid, or silly, or ashamed of yourself?'

*Shame and other self-conscious emotions.* 74.1% (20/27) of the participants agreed that they would feel shame if they told somebody else about an undisclosed emotion recorded in their diaries:

'That's the shame part of it, to tell anyone. Um, because I mean I was always like somebody that they looked at to sort anything out you know. Um, the same now [inaudible]so. But you can't make them understand it' (P38).

'Um, I wouldn't, I would feel I think more shame than stupid. Um, I would feel that um, it's something that I should, a problem that I should keep to myself, that I shouldn't tell anybody about, um, 'cos it is shameful, it is a shameful thing' (P21).

'Um. It's not, uh. It's this thing about men not talking about their emotions. Uh. It's, it's a, a girly thing to do. [Laughs slightly]. So I'd feel a bit stupid. I'd feel a bit ashamed as well. I'd feel a bit ashamed if I told a man. I'd feel definitely. Not so much if I told a woman' (P4).

Three participants who did not agree that they felt shame used descriptions that many shame theorists (e.g. Lewis, 1971; Retzinger, 1991) would regard as indirect expressions of shame, e.g. 'silly' or 'uncomfortable'. The fact that the majority of participants made remarks of this kind suggests that shame was associated with non-disclosure of emotional experiences in this sample.

Guilt was seen as a factor in the non-disclosure of an emotional incident by 18.5% (5/27) of participants. As one participant put it:

'If I wasn't feeling guilty because of that I would have explained and told someone' (P33).

Guilt was not specifically probed in the interviews and therefore may have been under-represented in the interviews.

*Out of character.* 40.7% (11/27) of non-disclosing participants related non-disclosure to the fact that disclosure would somehow contradict or undermine a valued outward identity.

'I've always been really strong and in control. And to tr-, to, to then be reduced to relying on other people to help me, and, um. Other people usually tell me their problems, and to tell them, it's too difficult for me . . . I've kept it together up to now, but, I think it's just so difficult, um, to put myself in a position where I'm not in control of the situation' (P8).

'the family see me as a laugh, and a sense of humour and all that stuff, and, um, I don't know how they'd see me if I said anything' (P2).

The comments in this category suggest that these participants are trapped in forms of relating to others which, while they may be validated by others, are false to the participants' own emotional experiences.

*Inability to justify feelings and experiences.* 37% (10/27) of participants referred to how they felt unable to justify or account for their feelings or experience. For instance:

'women of my age are, um, normally perfectly capable of having, um, a sexual relationship with their husband. They are expected to have a sexual relationship. There's no reason why they shouldn't. For whatever reason I, I don't or can't, um, and that is an extremely shameful thing. Um, I should be able to. Um, it's, he's an extremely caring man, so there's no reason why I shouldn't be able to' (P21).

Here the participants' experiences appear to be incommunicable because they contravene norms of behaviour and experience.

*Responsibility.* 33.3% (9/27) of non-disclosing participants mentioned that they considered themselves responsible for their difficulties. As one participant put it:

'You're on your own. You know your own problems. You've got to sort them out yourself. It's easier said than done. It took a lot for me to come here' (P10).

*Rejection of one's own feelings.* 18.5% (5/27) participants made explicit comments about how they regarded their feelings as invalid. For instance:

'I'm not supposed to have these feelings, I'm supposed to be self-disciplined, you know' (P17).

*Reluctance to experience unpleasant emotions or memories.* Over a fifth (22.2%, 6/27) of the non-disclosing participants made comments to the effect that they did not wish to disclose because it would have intensified or reinforced the pain of their feelings. For instance:

'If I don't tell anybody, people can't remind me about it. And then eventually, when the memory gets distant, you can blank it, forget it happened, you know, pretend that it didn't happen, or it didn't happen to me' (P16).

This category, similar to the notion of 'emotional avoidance' in cognitive therapy, is the only one of the 'factors associated with the self' that may be distinct from the overall theme of how the individual fits in with others. This is because reluctance to experience a memory or emotion could be simply because it is painful *per se*, and not because of the social implications of experiencing it.

For 'shame and other factors associated with the self' the mean number of categories per participant was 2.2.

*Isolation.* In addition to the 'anticipated responses of others' and 'shame and other factors associated with the self', over a quarter (29.6%, 8/27) of participants said that one of the reasons they did not disclose was because there was simply no one available that they felt they could talk to. For example:

'There was no one around to tell. Apart from my husband, which I'd rather not discuss it with' (P24).

Comments of this kind seemed to underline the participants' sense of isolation and lack of solidarity with other people.

*Participants who only disclosed.* The qualitative analysis reported above is based on material from participants who failed to disclose at least one emotion and were therefore asked questions about why they had not disclosed. Seven participants (20.5%, 7/34) only reported emotions that they subsequently disclosed and so were not asked these questions. This raises the question of whether these disclosing participants' pre-occupations and beliefs regarding disclosure were entirely different to non-disclosing participants or whether they were similar and differed chiefly with regard to outcome (i.e. they disclosed in spite of their reservations); 57% (4/7) made comments which suggested that they disclosed in spite of experiencing similar pressures to withhold as participants who remained silent. The following comment made by a male participant whose emotions were related to flashbacks of childhood sexual abuse illustrates the kind of concerns these disclosing participants mentioned even though they *did* confide their feelings in someone else:

'There've been times when I've actually written the flashbacks down and I've hidden the paper, so she couldn't find it like, because I didn't know how she would react to what I'd put down' (P6).

Comments of this kind tended to be made by the participants who elaborated more in their interviews so it is possible that the remaining three participants experienced fears of this kind but did not voice them in the interview.

## Discussion

Following mention of the limitations of the sample, the main themes that emerged in the analysis will be discussed. Consideration will be given to (1) the participants' apparent emotional isolation, (2) the nature of shame associated with the non-disclosure of emotional experiences, (3) the accuracy of negative interpersonal expectations about disclosing, and (4) the question of whether, in spite of their tendency to keep emotional experiences private, participants actually wanted to disclose, if they were able to find the right circumstances.

### *Limitations of the sample*

The current study is the first attempt to examine information on the disclosure of specific

emotional instances in any clinical sample. However, because the final sample was only 27% of those invited to take part, and not all of those participants contributed data to the main analysis (because they disclosed all the emotions they recorded in the diary), the degree to which these findings can be generalized to the broader population of people referred for psychotherapy is severely limited. The tentative conclusions discussed in the following sections should be considered with this in mind. It is hoped that the findings can be verified in a follow-up study.

### *Emotional isolation*

Perhaps the most striking preliminary finding was the extent of non-disclosure in this sample: 68% of emotions reported in this study were not disclosed, contrasting with a mere 4–10% of emotions in comparable studies with non-clinical samples (Rimé *et al.*, 1991, 1994). This tendency was underlined by the theme of 'habitual non-disclosure' in the interviews. Even those participants who *only* disclosed the emotions they recorded in the diary ( $N=7$ ) more often than not indicated that disclosing emotional experiences was problematic for them.

### *The nature of shame associated with non-disclosure*

A rich picture of shame and other cognitive-emotional factors related to emotional non-disclosure emerged in the analysis. Most of these themes could be loosely classified into two broad categories. On the one hand, shame was accompanied by a number of factors which implied some kind of negative self-assessment. In this respect the 'out of character', 'inability to justify one's experience', 'own responsibility' and 'rejection of own feelings' categories, in addition to 'shame' itself, all suggested that the individual judged themselves or aspects of themselves to be unacceptable. On the other hand, many themes were related to participants' projections of how other people would respond to disclosure in ways which were unaccepting. Expectations that others would respond by labelling, blaming or judging, that others would be upset or burdened, that they would disregard the individual by attempting to reassure them or give them advice (unhelpful positive responses), or that they would simply lack interest or be unwilling to pay attention to them, added a strong social counterpart to the more obviously shame-related categories. This association of self-related and other-related appraisals suggests that the shame associated with non-disclosure is embedded in broader interpersonal schemata relating to how a person expects to be regarded and treated by other people. This is congruent with Lewis' (1971) notion of 'superego shame' which includes imagery of a punitive and judging 'other' alongside imagery of the self as weak and inadequate. It also appears to reflect the two facets of shame that Gilbert (1998) has termed 'internalized' and 'external' shame.

The current findings resonate with the dramaturgical theory of Goffman (Goffman, 1959, 1963). In 1959, Goffman coined the term 'destructive information' to refer to information which, if known by others, would damage an individual's attempts to present themselves in a positive light to others. He suggested that people are powerfully motivated to conceal such information by a desire to avoid shame or embarrassment. The current analysis suggests that the burgeoning work on impression management which

stems from Goffman's theorizing and which tends to ignore shame (e.g. Leary, 1995) could profitably rediscover the link between the management of identity and the management of shame. The findings also echo Finkenauer *et al.*'s (1996) discovery that non-disclosure of emotional experiences was related to a desire to avoid shame, embarrassment and the negative judgements of others. The apparent pervasiveness of such processes in this clinical sample is consistent with a higher incidence of stigmatising life events and circumstances (for example higher rates of CSA and humiliating life events).

It should be noted that, in addition to the broadly dramaturgical self and other-related categories, other factors may also have contributed to disclosure. The category 'reluctance to experience unpleasant emotions/memories' suggests that participants may have inhibited emotional experiences simply because they were painful and not because of any identity implications of disclosure. In addition concern that disclosure would upset or burden the recipient and guilt also seem to stand apart from dramaturgical concerns.

#### *The accuracy of negative interpersonal expectations regarding disclosure*

The emphasis that participants placed on how other people might respond negatively and unhelpfully to disclosure raises the question of the degree to which such expectations are accurate. In a review of the literature on interpersonal aspects of disclosure, Kelly and McKillop (1996) suggest that, in general, people do have a low tolerance for other people's disclosures of emotional distress. This implies that the anticipation of negative and unhelpful responses by participants may be quite realistic. Interview material from the same sample relating to emotions which *were* disclosed (analysed in Macdonald, 1999) shows that very few participants reported disclosures which were met with a negative response, while over one-third reported disclosures which met with a positive response. This is consistent with the notion that participants may have been reasonably judicious in assessing how people would respond. Further exploration of this issue is important because it speaks to the degree to which such beliefs should be regarded as 'dysfunctional'. In a recent attempt to integrate cognitive therapy with ideas from community psychology, Hagan and Donnison (1999) have pointed out that many apparently dysfunctional beliefs, such as 'I am worthless' may in fact be overdetermined by the individual's social world (which may for instance be sexist, classist, homophobic and racist).

#### *The desire to disclose*

Finally it should be noted that, although the pattern of non-disclosure and emotional isolation seemed to be pervasive, many participants did express a willingness and even a positive desire to talk about their emotional experiences with others, given the right circumstances. Only 50% (17/34) of the participants reported undisclosed emotions alone in their diaries; 20.6% (7/34) of participants recorded only disclosed emotional instances and about one-quarter (26.5%, 9/34) of the participants reported instances of disclosure as well as instances of non-disclosure in their diaries. Analysis of the interview material relating to disclosure is presented in Macdonald (1999).

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## Appendix 1

### Semi-structured follow-up interview to the diary study on the experience and disclosure of emotional experiences by psychotherapy patients (questions if an emotion was not disclosed)

#### QUESTIONS FOR EACH EMOTION RECORDED

... 2) IF EMOTION NOT DISCLOSED:-

- (i) If you can, can you explain why you chose not to tell anyone?
- (ii) Do you think that if you told somebody you would feel stupid, or silly, or ashamed of yourself?
- (iii) What would have to be different for you to tell someone about this?
- (iv) Do you think that *not* talking to anyone about the way you felt had any effect on your relationships with other people?

## Appendix 2

### Example of coding

#### *Excerpt from interview with Participant 4*

INTERVIEWER: OK, well I'll ask some more questions just about this emotional experience, you wrote about in the diary. Um. The first one is, if you can, can you explain why you chose not to tell anyone about your feeling of hatred?

PARTICIPANT: There was, there was nobody to tell. The only person I usually tell my problems to is my, uh, mother and, uh, I don't say everything to her. So, that was the reason really. I don't have, I don't have a lot of friends, you know. I don't have anybody to talk to. And the friends I do have, I, they wouldn't be, uh. Well, people only want to hear so many things, and then they get fed up, so you don't keep talking about things like that.

INTERVIEWER: OK. Do you think if you told somebody, um, you would feel stupid or silly or ashamed of yourself:

PARTICIPANT: I'd feel stupid.

INTERVIEWER: Stupid. Can you say a bit more about what it would be about the situation that might make you feel stupid?

PARTICIPANT: Um. Its not, uh. It's this thing about men not talking about their emotions. Uh. It's, it's a, a girly, girly thing to do. [Laughs slightly]. So, I'd feel a bit stupid. I'd feel a bit ashamed as well. I'd feel a bit ashamed if I told a man. I'd feel, definitely. Not so much if I told a woman.

INTERVIEWER: And, what would have to be different for you to tell someone about this feeling?

PARTICIPANT: Well, they'd have to ask me. They'd have to ask me.

INTERVIEWER: OK. Um, obviously, you've told me about it, and that was because I asked, obviously.

PARTICIPANT: Yes.

INTERVIEWER: Was there something else that you had in mind?

PARTICIPANT: No, I couldn't, I can't really think of any . . . I, I don't, I feel I get drawn into conversations about how I feel, and, uh, its um, I get the feeling people ask for entertainment value. Not, to laugh at, but just 'that's interesting' you know. But after a while these things are less interesting if you keep going on about them, they get boring. I tend to try not to. So I try to avoid talking about [it most of the ?] time.

### Coding for the above excerpt

#### *Habitual non-disclosure*

4	'after a while these things are less interesting if you keep going on about them, they get boring. I tend to try not to. So I try to avoid talking about [them most of the ?] time.'
---	--



*Anticipated responses to disclosure*

4	(i) negative response	(i) Believes other people would get 'fed up'.
	(ii) lack of interest/attention	(ii) People ask about feelings for 'entertainment value', but after a while 'these things get less interesting if you keep going on about them, they get boring.'

*Self-related reasons*

4	(i) shame, etc.	(i) a) I'd feel stupid', b) P says he would feel stupid and ashamed because the feelings are 'girly'.
	(ii) rejection of own feelings	(ii) P relates rejection of his emotional experiences to gender roles: 'It's this thing about men not talking about their emotions. Uh, It's a girly thing to do.'

*Isolation*

4	P says that he has nobody to tell. 'There was, there was nobody to tell.' 'The only person I usually tell my problems to is my mother and uh, I don't say everything to her. So, that was the reason really. I don't have, I don't have a lot of friends, you know. I don't have anybody to talk to.'
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### Appendix 3

#### Data display matrix for 'habitual non-disclosure'

*Table showing data on habitual non-disclosure*

<i>P</i>	Interview material
2	<p>a) Although P has recently disclosed sexual abuse to a counsellor and a friend she talks about how 'it's always been a dark secret'.</p> <p>b) She talks about how she has been 'like covering up, so nobody else in the family clicks onto what's you know, wrong'. She thinks after counselling she'll be able to tell people.</p>
3	D
4	'after a while these things are less interesting if you keep going on about them, they get boring. I tend to try not to. So I try to avoid talking about [it most of the ?] time.'
5	<p>a) P said he kept everything to himself because his abusers told him not to tell anyone and he assumed this was normal</p> <p>b) P said that 'I normally keep, um, things to myself ...'</p>
6	D
7	<p>a) P says that nobody else needs to know: 'If I told anybody about it I wouldn't forgive myself really. Because what it's. I think I, I just want to live with it my own way, and just let me and the wife and whoever else was involved sort it out her own way. No, nobody else needs to know about it.'</p> <p>b) P says that emotional experiences have no 'bearings on anybody else': 'I chose, well the reason I chose is because I didn't think it had anything to do with anyone else. It was something that um I'd done. I was ashamed of what I'd done, and that um [pause] and it was something that I had to sort out myself. And it had no bearings on anybody else, and nobody needed to know. Of what I'd done and why I was feeling this way. So no, I didn't find any reason to tell anybody. It had nothing to do with anybody else.</p> <p>c) P indicates his determination to keep experiences associated with his sexual abuse to himself: 'It does because I won't talk to, I will not talk to anybody. Not even my wife'.</p>
8	<p>a) 'I don't find it easy to disclose anyway.'</p> <p>b) 'I'm a very private person, and I find it really difficult.'</p>
10	'You know, and I, I find it, I've got friends, you know, but I don't discuss anything like this with friends, or. And basically I'm just on my own really, and I've got to sort it for myself.'
11	D
12	a) P says she'd find it very difficult to talk to family or friends: 'I mean I, they obviously know that I've had problems, but to break it down and talk to them about emotions, but, I'd really find it hard.' (Though she says she finds it easier to talk to a doctor or a CPN).

	b) P says 'it's not something that I actually have spoke about really.'
13	P talks about how she can't 'get it out' of her: '[Inaudible] when I was sitting [inaudible] said something to me as well. D "Cos I get angry. I get angry, but I can't get it out of me. So I just sit there quiet and take no notice. Well, I pretend not to take any notice, but I do really.'
14	a) 'I really don't feel I want to drag all the emotions up, um, with people, I just find it better left unsaid.' b) 'Not, no, it just didn't seem relevant to tell anybody.' c) 'I don't know really. I don't think I would discuss it with anybody. I really don't think I would.' d) 'whenever I'm unhappy I don't talk to other people about it. I find it very hard.'
15	a) P keeps her intense feelings of guilt to herself: 'I don't talk about it' b) if anybody sees her when she's feeling this way she says she hides it. c) P says 'cos you can't express it really, so you just keep it inside. By just keeping it inside. Um. But I don't find it easy to share, that particular feeling.'
16	a) P is very clear that she wouldn't talk to anyone about her CSA: 'No I wouldn't tell anybody'. b) 'I couldn't see myself telling anybody.' c) 'It's not an option.' d) 'I don't want anybody to know. That's what happened to me. [Mm] I don't want anyone to know anything that had happened.' e) 'Yeah. [Yeah]. The only way I can conceive of telling anybody is if I was telling it to them about somebody else. [Mm] But not as me.' f) 'I just ... I wouldn't be telling anyone.'
17	? [says <i>re</i> 'pointless' category that talking to his wife would be 'like beating a dead horse.']
18	a) 'I, I don't really share ... out my feelings and thoughts very much.' b) 'I somehow keep it all bottled up.' c) 'I don't really discuss anything to, with other people. Not much.'
19	'Nine times out of ten I don't bother to say anything, because I just think, you know, he's judging me, on certain things, by saying that I am a lousy parent to the extent that he says I've got no control over my children.'
20	D
21	a) Said that she had never discussed emotional situation with anyone apart from interview and therapist. She said 'I feel that, uh, its like carrying a load that you don't want to carry that, 'cos you can't share it sometimes its unbearably hard.' b) 'I'm not open, I'm not an open person.'

22	<p>a) Interviewer asks P if she is nervous about talking in the interview. She says: 'You know to me its something private and I just don't want to share it with anybody'.</p> <p>b) 'I don't know, I just think its private. Why should I share it? You know, you know. I just believe leave it the way it is, you know.'</p> <p>c) 'as I just said before, its something, um, you just don't talk about. You just try to keep it private.'</p>
23	<p>a) P describes herself as a 'closed person': 'Um, I think that's just me generally. I'm quite a closed person, and I don't discuss how I feel about anything, so it would be natural for me not to tell anyone about anything that I feel [inaudible] . . . I tend to bottle things up.'</p> <p>b) 'I'm just so used to not talking about things, that I just don't think I could really.'</p>
24	<p>a) 'I don't think I'd be telling anyone. No, no I don't think I would have done. Nothing can change really . . . I can't imagine talking to anyone about it.'</p> <p>b) 'I would. I would feel silly and stupid. Yeah I would, very much. I'm a very private type of person.'</p>
25	
26	<p>a) 'the problems I've got at the moment, I'd rather keep them to myself than . . .'</p> <p>b) 'I try to hide all my feelings.'</p>
27	
28	<p>a) 'Um. I find it hard, um, to talk about, sometimes I think, Oh its best that I just ignore it, and I find that way I bottle things up. And I try to block it out myself, but the time I'm just getting all worked up, but, sometimes I think, well its not worth telling anybody.'</p> <p>b) 'Um, its just the way I bottle things up for so long, and I just keep it to myself. Like another thing as well, being silly, um, well perhaps to others it might be something trivial, you know, its nothing to worry about. But to me, you know, it was.'</p> <p>c) 'Uh, its like I say, [inaudible] I just tend to bottle things up myself and uh just try and put it to the back of my mind . . . [And do you know why you try to bottle things up?] 'That's something I've always done . . . I've never done anything different.'</p> <p>d) 'if there's anything emotionally I don't really say anything, unless, you know, I have to . . . You know I try to keep it, you know, a front, and just don't tell, you know, anybody.'</p> <p>e) 'I've always done this, and that's the way I do, I don't realize that I'm doing it, but, sometimes I choose that I'd, you know, that I want to keep it to myself, I don't want people to know.'</p> <p>f) 'Anything to do with myself I try, like I say, I try and bottle things up.'</p>
29	D
30	<p>a) Before I turned on the tape she said that writing down and talking about personal things was something she didn't like doing—and that was probably another reason for not filling in the diary.</p>

	<p>b) 'Yes, yes. I sound very so-, I'm not solitary, I have got friends. But I don't go as far as they think I do with them, perhaps.'</p> <p>c) (reluctance to disclose in interview): 'Mm, because I grew up with the feeling of disgust, I mean intense disgust. And uh, that's something I try and put away from me, because it disgusts me about me too, although it had nothing to do with me. Um, but uh, I have actually used the term I am disgusted by something that happened. But again it's to do with someone else's actions, which I found nauseating, really nauseating. Um, but oh, I don't want to talk about that, if you don't mind.'</p>
31	D
33	<p>a) P says she finds it hard to talk about CSA: 'I find it hard to talk about it. [Yeah.] Because my mother didn't believe me for so long. I find it really hard to like talk to someone about it.'</p> <p>b) P also seems to inhibit disclosure of her experiences more generally: 'I don't think I'll ever be able to tell people, you know. They'd have to be like, really, really close friends because I don't know just . . . I expect it's the way I've been brought up, I've never been able to, if something's happened I mean, you know, keep it to yourself. That's how I feel. I'd feel dreadful if I had to tell anybody, you know, anybody and everybody. I mean it's really difficult to, like, to say um to work, I've got to go out. I mean they, they don't know what's happened, or what's gone wrong.'</p> <p>c) 'I'm not one for telling people how I'm feeling. I expect them to read me [laughs slightly].'</p>
35	? ['I would feel it's not the right thing to do'].
36	<p>a) 'Has it happened? I really haven't spoken to many people. [Inaudible] professional people, even then I still feel, uncomfortable.'</p> <p>b) 'I don't know, you see, I've been very good over the years at building up brick walls.'</p> <p>c) 'It was a whole gamut, gamut of things, and um, because uh, the guilt grew even more, and has done progressively, um, it's something I find I don't want to share, to people who, well I don't think it's any of their business [laughs slightly]. There we are. I don't really think it's um, if we're talking about colleagues or, or, or close friends I don't think it is, uh, I don't think it's of any value.'</p>
37	
38	<p>a) 'No, well I tend to coop it away . . . I tend not to involve them now, as much as possible, you know, so. That's basically the trouble, I bottle it up.'</p> <p>b) 'I just keep it to myself, you know.'</p> <p>c) 'Yeah, because I've always bottled it up. I've always sorted me own problems out, you know what I mean?'</p> <p>d) 'as I say, I tend to bottle it up more than anything, instead of telling anyone.'</p>

[D—indicates that the participant disclosed all emotions reported in the diary, and was not therefore interviewed about non-disclosure of emotional experiences]