

Emotional Inhibition: A Discourse Analysis of Disclosure

Darren Ellis (UEL) and John Cromby (SSEHS, Loughborough)

Psychology and Health, 2011

DOI: 10.1080/08870446.2011.584623

Numbers in square brackets [p.xx] refer to page numbers in the published version

John Cromby
Psychology, SSEHS
Loughborough University
Loughborough, Leics
LE11 3TU England UK
J.Cromby@lboro.ac.uk

[p.1] Emotional Inhibition: A Discourse Analysis of Disclosure

Abstract

Evidence generated within the emotional disclosure paradigm (EDP) suggests that talking or writing about emotional experiences produces health benefits, but recent meta-analyses have questioned its efficacy. Studies within the EDP typically rely upon a unidimensional and relatively unsophisticated notion of emotional inhibition, and tend to use quantitative forms of content analysis to identify associations between percentages of word types and positive or negative health outcomes. In this paper we use a case study to show how a qualitative discourse analysis has the potential to identify more of the complexity linking the disclosure practices and styles that may be associated with emotional inhibition. This may illuminate the apparent lack of evidence for efficacy of the EDP by enabling more comprehensive theorisations of the variations within it.

Introduction

In health psychology, the possible links between emotional inhibition, emotional expression and wellbeing have been extensively discussed. Whilst it is considered adaptive for people to inhibit their feelings to some extent, problems have been associated with very high (Petrie, Booth, & Pennebaker, 1998) and very low (Linville, 1996) levels of emotional inhibition. A significant proportion of the research into the health effects of emotional inhibition and expression is conducted within the emotional disclosure paradigm (EDP), within which talking or writing about emotional experiences is associated with health benefits; however, some recent meta-analyses have suggested that the EDP shows little evidence of efficacy and should be reassessed. In this paper, we propose that any such reassessment might usefully clarify the meaning of the key concept of inhibition. We then present a discourse analysis of

some relevant data, and use this to show that the kinds of linguistic analyses typically conducted within the EDP might be insufficiently sensitive to variation in their data. Consequently, important effects might be getting masked, and error variation being introduced.

There is a considerable body of literature exploring the associations between the inhibition or non-expression of emotion and various forms of pathology [p.2] and ill-health. For example, emotional inhibition is seen to be related to psychological processes associated with problems of anxiety (Hirshfield et al, 1992; Krause et al., 2002; Turner & Beidel, 1996), mood (Goeleven, et al., 2007; Krause et al., 2002) and dissociation (Simeon, et al., 2002). Shading across from the psychological to the physiological, emotional inhibition has been associated with raised physiological arousal (DePaulo & Rosenthal, 1979; Gross & Levenson, 1993; 1997; Wenger et al, 1990); and increased illness (Cole et al., 1996; Larson & Chastain, 1990; Redford & Barefoot, 1988; Temoshok, 1985; Weidner et al., 1989). Emotional inhibition, then, straddles the uncertain terrain between body and mind: wholly of neither, it is associated with effects within both.

Numerous studies within the EDP exemplify this transgression of conventional dualisms, using what is sometimes called “the expression approach” (Panagopoulou et al., 2002) to explore how the disclosure of memories laden with negative affect may have beneficial effects upon physical health. Typically, within the EDP participants complete a disclosure task (usually, writing or talking about emotional experiences) on a number of occasions, and pre- and post health-related variables are assessed (see Pennebaker, 1997). For example, there have been studies using the ecologically valid measure of frequency of reported visits to general practitioners as an outcome variable; these studies have shown that, compared to controls, those who disclose negative affect laden memories subsequently make fewer visits to their general practitioner (Cameron & Nicholls, 1998; Francis & Pennebaker,

1992; Greenberg & Stone, 1992; Greenberg, Wortman & Stone, 1996; Pennebaker & Beall, 1986; Pennebaker, Barger, & Tiebout, 1989; Pennebaker & Francis, 1996; Pennebaker, Kiecolt-Glaser, & Glaser, 1988). In addition, there have been studies using immune system functionality measures as outcome variables: Pennebaker *et al.* (1988) looked at blastogenesis (t-helper cell response to phytohemagglutinin), Esterling, *et al.* (1994) examined Epstein-Barr virus antibody titers, and Petrie, Booth, and Pennebaker (1995) assessed hepatitis B antibody levels: to varying degrees, emotional disclosure has shown to be beneficial with respect to each of these immune response markers. In some studies, health outcomes have been assessed by a self report questionnaire (Richards *et al.*, 2000; Sheese *et al.*, 2004). One such measure is the Pennebaker Inventory of Limbic Languidness (PILL, Pennebaker, 1982) which was designed to measure reactions and sensations associated with heightened autonomic nervous system activity. Importantly, in the context of this paper, there has also been a focus upon the impact emotional disclosure has upon autonomic nervous system activity (Mendolia & Kleck, 1993; Pennebaker, Hughes, & O'Heeron, 1987; Hughes, Uhlmann & Pennebaker, 1994; Pennebaker, *et al.*, 1989). Pennebaker *et al.* (1987), following Gray (1975) and Fowles (1980), suggest that the autonomic arousal caused by inhibition of emotional memories is specifically linked to increased skin conductance activity. The studies show that disclosure of particularly upsetting or traumatic experiences tends to decrease skin conductance levels (SCLs); conversely, individuals higher in emotional inhibition who find it difficult to disclose such experiences tend to have increased SCLs.

Recently, a number of meta-analyses have been published that assess the efficacy of the EDP, with mixed results. Smyth (1998) looked at the effects of emotional [p.3] disclosure upon healthy people. Thirteen studies were meta-analysed and it was suggested that emotional disclosure significantly improved health in four outcome types: reported physical health, psychological well-being, physiological functioning, and general functioning.

Frinsina, Borod and Lepore (2004) looked at the effects of emotional disclosure upon people with physical or psychiatric disorders. Nine studies were meta-analysed and it was suggested that, whilst emotional disclosure did significantly improve health, it was more effective for physical than psychological health outcomes. Finally, in the most comprehensive review, Meads and Nouwen (2005) looked at the effects of emotional disclosure upon both healthy participants and those with pre-existing morbidity. Sixty-one studies were meta-analysed and it was suggested that, for most outcome measures, there was no clear benefit associated with emotional disclosure: consequently, they argue that the paradigm is in need of reassessment. Pennebaker nevertheless continues to insist that a wealth of EDP studies support the efficacy of the paradigm, and cites over sixty on his website (see <http://homepage:psy.utexas.edu>).

Analyses seeming to show adverse or inconclusive effects of emotional disclosure have been accounted for with respect to methodological issues such as variation in sample size, design, procedure, choice of outcome measure, and duration of study (Pennebaker, 1997). Although there is some variation in relation to theorising the embodied processes that lead to the reported health benefits of emotional disclosure (see Bryne-Davis et al. 2006 for a review), one of the key factors that researchers in the field have been concerned with is inhibition-confrontation. . Psychological discussion of this relationship can be traced back to Breuer and Freud (1957/1895), who argued that the inhibition of traumatic emotional experiences causes psychological illness. Subsequently, following Anna Freud's work, psychoanalysts have conceptualised two modes of emotional inhibition, suppression and repression: the former being a conscious process while the latter operates unconsciously (Anderson & Levy, 2002; Dalgleish, Mathews and Wood, 1999; Elderlyi, 2001; 2006; Ellis & Cromby, 2009; Kihlstrom, 2002). Elderlyi (2006) sought to further clarify this distinction by proposing that it rests upon two distinct processes of repression: inhibitory or subtractive processes ('degrading the signal'), and elaborative or additive processes ('adding noise to the

signal’). A related distinction distinguishes between active (or controlled) processes of emotional inhibition and passive (or automatic) processes (Dalgleish, et al., 1999). Active inhibition is conceived of as being deliberate but operating on the edge of consciousness to constrain thoughts, feelings and behaviours, while passive inhibition is conceived of as the wholly non-conscious inhibition of affect (Ellis & Cromby, 2009). Other facets of debate address the question of how people learn to repress. In this regard Billig (1999) proposes that repression is first of all enacted in everyday conversation, which – in a broadly Vygotskian fashion – then provides the discursive tools for its individual operation. His analyses show how rhetorical and discursive psychological analyses can therefore be used to chart some of its workings.

The dominant model used to account for the associations between emotional disclosure and health outcomes is the inhibition-confrontation model. This model suggests that inhibition of trauma-related thoughts, feelings, and behaviours requires psychophysiological work, which produces autonomic arousal in the short term and places cumulative stress on the body in the long term (Pennebaker & Francis, 1996; Pennebaker, Kiecolt-Glazer & Glazer, 1988; Pennebaker & Susman, 1998; Petrie, Booth, & Pennebaker, 1998). Inhibition is thus an active process which increases the risk of both physical illness [p.4] and mental distress. Talking or writing about emotionally laden traumatic experiences is seen as a relatively safe way of confronting them: having done so, inhibition is no longer necessary and so the stress it causes is reduced, with consequent health benefits. However, this model is limited because it does not consider other forms of emotional inhibition which might be the outcome of passive or automatic processes. It excludes the possibility that some ways of talking about emotional memories might not be beneficial, because they involve simply re-rehearsing the trauma, effectively re-living it in the present, rather than making new links between what happened and how the person now feels. Moreover, it encourages a

view of inhibition operating solely as the consequence of an inner dynamic of personality, rather than also being thoroughly bound up with social relations, material circumstances, life events and situations.

Further, within the EDP relatively little attention is typically paid to the form, structure or function of the narratives produced by participants. Researchers commonly conduct their analyses using the Linguistic Inquiry and Word Count (LIWC) programme, a computerised content-analysis application that calculates the percentage of words in various categories (e.g. Burke & Bradley, 2006; Campbell & Pennebaker, 2003; Fivush et al., 2007; Pennebaker & Francis, 1996; Pennebaker, Mayne, & Francis, 1997). A prominent LIWC category used to assess processes associated with emotional inhibition is 'affect words'. These words, such as *happy*, *bitter*, and *hate*, and are treated as indicative of emotional expressiveness within the narratives. If a narrative contains many affect words it is likely to be said to display a significant amount of inhibition-confrontation; conversely, narratives low in affect words are likely to be considered as displaying a high amount of inhibition.

Although the LIWC can categorise quite large percentages of the words that are included within disclosure narratives (Pennebaker and colleagues claim that the LIWC2007 version captures, on average, over 86 percent of the words people use in writing and speech (Pennebaker et al., 2007)), it is nevertheless quite limited in what it can reveal about the emotion related content of the disclosure and – thus - about the process of emotional inhibition which may be operating. This is because it fails to account for the context of the words it categorises, even though word meaning is at least partially context-dependent; it has a limited index of what may be considered emotional within a text, even though emotion can be verbally expressed in almost infinite ways; and because it first decomposes and then quantifies the narrative, and so is unable to include the ways in which narrative form and

function might contribute to both the construction of meaning and the expression - or inhibition - of emotion.

In recent years, health psychologists (particularly in the field of critical health psychology) have increasingly begun using qualitative research methods such as discourse analysis (Chamberlain et al, 1997; Willig, 2004). Compared to the quantitative content analysis generated by the LIWC, discourse analysis (DA) more effectively considers context, does not depend on pre-defined categories (for example of 'emotion'), and is sensitive to the form and function of participants' utterances as well as to their content. Thus far, however, DA has been largely neglected in relation to the EDP, despite its obvious relevance. DA addresses questions regarding the interactional function that utterances might serve; the meaning of variation both within and between narratives; the kinds of shared cultural resources that are drawn upon; and the ways that participants position themselves and others within their narratives. Answers to all of these questions may illuminate processes of emotional inhibition, since studies using [p.5] DA have consistently shown that talk of emotion is typically bound up with the achievement of functional, interactional goals, the management of presentation or 'stake', and the construction of legitimate, believable accounts (Edwards, 1999; Potter, 1996). DA adheres to a constructionist epistemology, which means it can be used to explore how participants construct versions of their experiences – for example, experiences of emotional events – and to explore how emotional enactments and discursive meanings are bound together in these processes of construction.

Accordingly, the research that generated the data presented in this paper was a mixed-methods study using DA in the context of an EDP design. Measures of changes in skin conductance were used to identify (from a larger cohort) a small number of participants who, during the study, showed either significant increases or significant decreases in their SCLs. These participants' narratives were then analysed using techniques drawn from DA, to

investigate more closely the ways in which processes of emotional inhibition and expression may be enacted within narratives of emotional disclosure. To illustrate the multiple and complex ways which inhibition and inhibition-confrontation may occur, we have included a detailed case-study of one of the participants' narratives that were produced throughout the study.

Method Participants (n=32) were recruited through emails sent to all students within a UK university Department: 22 were female, 10 were male. Three quarters of participants were of white British ethnicity, and over half were between 18-24 years of age and the rest were between 25-44 of age. Participants were randomly assigned to one of two groups, and were asked to talk freely (i.e. without any prompting from the researcher) about either a highly charged negative emotional experience (experimental group) or an emotionally neutral experience (control group). They did this on three separate occasions, a week apart. The narratives were audio-recorded; simultaneously, participants' SCLs were continuously measured as they talked. On each occasion, participants also completed a battery of questionnaires to assess mood, life events, daily hassles and other influences which might impact upon their emotional state. Ethical approval for this study was given by the University's ethics committee; all participants read an information sheet describing the procedures and goals of the research before signing consent forms; and they were assured of their right to withdraw at any point. Once narratives had been recorded and transcribed all identifying features, such as names and places, were altered to ensure anonymity. Statistical analyses of group differences in SCL were conducted in relation to measures from the LIWC and to variables generated by the various questionnaires, but these analyses will not be discussed here (see Ellis, 2006).

Purposive sampling was used to select four participants for further, more detailed analysis; techniques drawn from DA were then used to examine the form and function of their accounts. Selection was conducted on the basis of SCL, and by comparison to the group baseline mean. Each of the 32 participants recorded three SCL baselines (one at each session) yielding 96 SCL baseline measures. The mean of these 96 measures was 3.25 μ s; the standard deviation was 1.94 μ s. Since “conductance values above 5-10 μ s are thought to be relatively high, whereas those below 1 μ s are thought to be low” (Peek, 2003, 73) the SCL baseline mean of [p.6] 3.25 μ s falls within the expected range. In relation to this mean, four subgroups of participants were identified.. This included one participant from each of the neutral and emotion group who had the most significant decrease from week 1 to 3 away from BL mean and one participant from the neutral and emotion group who had the most significant increase from weeks 1 to 3 away from the BL mean. Following Jacobson and Truax (1991) clinical significance was defined here as a movement of one or more standard deviations either toward or away from the mean baseline SCL of the population.

Below we present a DA of the narratives offered by the participant from the emotion group whose SCL displayed the greatest clinically significant increase *away* from the baseline mean. Participant 16, ‘Julie’, had a baseline SCL of 5.18 μ s, this rose to 6.15 μ s in week 2 and rose again in week 3 to 8.61 μ s – a move of nearly 2 SD’s away from the baseline mean of the sample.

[Insert graph 1]

Graph 1 illustrates Julie’s skin conductance activity throughout the three disclosure periods. The first section of each graph, shows the conductance levels as much lower than the rest of the graph, this is illustrates the period through which a base-line measure was taken of the participant’s conductance level before he began the actual disclosure task. Julie’s

conductance levels remained relatively stable in period 1 and 2 (although the level of conductance is increased between periods) in period three we can see the level increases from the beginning of the disclosure period to the end of the period.

Julie was a white, British, woman between the ages of 35-44. Although Julie was one of the older participants, he was one of five of the participants who were between the ages of 35-44 and therefore could not be considered as an outlier in terms of age. Julie was chosen as a case study for two particular reasons. Firstly, her SCLs increased more than any of the other participants. It was suspected therefore that there would be a significant amount of inhibition occurring throughout his disclosures. Secondly, her disclosure narratives are extremely interesting from a DA perspective as they are produced with a rich array of rhetorical devices. Therefore, we decided to focus on a single case study for analysis as this particular case introduces readers to a raft of ways that DA may be used to facilitate analysis of narratives in the context of the EDP and more particularly, illustrates some interesting aspects of what we determine here as being related to emotional inhibition.

The version of DA used to analyse Julie's narratives drew upon discursive psychology (Edwards & Potter, 1992) to examine how factuality is rhetorically produced and reproduced using discursive and rhetorical devices such as *category entitlements* (Potter, 1996); *corroboration* (Potter & Edwards, 1990; Potter; 1996); *active voicing* (Woofitt, 1992); *modalization* (Latour, 1987; Latour & Woolgar, 1986; Woolgar, 1988), and *extrematization* (Pomerantz, 1986).

Results

Julie's narratives contained a gruelling account of witnessing the immediate aftermath of a motor vehicle accident which culminated in her attempting to stop a person from walking out onto a fogbound motorway; unfortunately, the person went onto the motorway anyway, and

was run over and killed. For analytic purposes the narratives [p.8] were divided into subplots; the first subplot was labelled '*the drunk-man*'. In this sub-plot Julie describes meeting a man and woman standing on the road beside a crashed car. She explains that the man was drunk, and how she thought he was attempting to hide the 'fact' that he had been driving and caused the accident. A key emotion linked to this sub-plot is *suspicion*, "the feeling or thought of a person who suspects" (Swannell, 1992). In everyday parlance, the word *feeling* is frequently used as though it is synonymous with *emotion*, and also frequently used as though synonymous with *thought* or *cognition* (e.g. Prinz, 2004). Our analysis shows how 'suspicion' is worked up by Julie as a smooth interchange between thought/cognition and feeling/emotion. On the one hand, it can be seen as bound up with one of Julie's 'category of entitlement positions' (see Potter, 1996) as a former police officer; on the other hand, and simultaneously, it constructs a logical argument that nevertheless leads to a false conclusion. In fulfilling both functions, Julie's narrative also manages dilemmas of accountability, and raises issues related to emotional inhibition.

At the start of the narrative, Julie describes how she and her friend Jack (an off duty but serving police officer) were driving back from a police Christmas social event along a foggy motorway. Upon seeing a crashed car they stopped, and went to speak to a man and a woman, whose car it was, and who were standing beside the motorway. Extract 1 shows how Julie portrays the man as the likely cause of the accident, since he is *suspected* to have been driving whilst under the influence of alcohol.

Extract 1 (Week 1):

145. the MAN was obviously drunk (1)

146. obviously drunk (1) mm (2)

147. so (.) we were talking to them

148. saying how did it happen

149. AND NONE of them
150. neither of them would talk to us
151. about how it happened (.)
152. so (.) I don't know whether it was being police officers [p.9]
153. or whatever but Jack and I BOTH assumed (.)
154. that the bloke had been driving (.)
155. and that he'd caused this accident
156. and that there was no way he was going to tell us
157. what had happened (1)

Julie begins by strongly emphasising that the man was drunk. This factual construction is rhetorically ratcheted up by simultaneously repeating the phrase (1: 145 – 146) and by the use of extrematization with the adverb “obviously”. These strategies build a definitive case: the man was drunk and there is no doubt or suspicion associated with this assertion.

With respect to the construction of certainty, Latour and Woolgar present what they call a hierarchy of modalization:

- X
 - X is a fact
 - I know that X
 - I claim that X
 - I believe that X
 - I hypothesise that X
 - I think that X
 - I guess that X
 - X is possible
- (in Potter, 1996, p. 112)

In relation to this hierarchy, the statement “the man was obviously drunk” is a relatively certain mode of construction. Latour and Woolgar suggest that such statements are typically treated as largely unproblematic, and so usually not needing clarification or explanation. Indeed, Julie does not present details to explain or justify this claim, which is presented as simply factual. However, as Extract 2 begins to show, the later parts of this narrative are more problematic for Julie:

Extract 2 (Week 2)

188. and (1) we were talking to them (.)

189. you know (.) and they wouldn't say how it happened (.)

190. which I suppose heightened our suspicions (1)

Here, the term ‘suspicions’ (like the term ‘assumed’ at 1: 153) lies somewhere toward the middle of Latour and Woolgar’s hierarchy; hence, further explanation is given concerning the nature of the assumption/suspicion. For analytic purposes the explanation can be broken down into the construction of three distinct but related facts:

a) In extract 1, Julie states that they “BOTH assumed” that the man had been driving. Here, the heavily emphasised word “both” adds corroboration to Julie’s claim, whilst also perhaps simultaneously alleviating or sharing responsibility for the interpretation.

b) The category of entitlement ‘police officers’ is invoked to further legitimise their emerging joint suspicion, since police officers might reasonably be expected to have relevant expertise in determining the validity of suspicion, whether through skill and training, experience, or both [p.10]

c) In extract 2, the silence of the couple concerning the cause of the accident is constructed as further “heightening” both Jack and Julie’s suspicions.

Extract 3 shows how Julie then goes on to further develop her account and, along the way, legitimise and account for her and Jack’s suspicious stance:

Extract 3 (Week 2):

197. and (.) the MAN wanted his GLASSES (.)
198. and he wanted a cigarette
199. so we said alright where's your glasses (.)
200. he said they're in the car well we you know (.)
201. forget your glasses
202. you're not (1) you're fine without them (.)
203. I want a cigarette (.)
204. OK you can have one of Jack's cigarettes (1)
205. so Jack gave him a cigarette
206. but he was (1) ADAMANT
207. HE was going to go back to his car (.)

Here, various elements of the situation are presented which, together, serve to further warrant Julie's and Jack's suspiciousness. The sequential manner of presentation poses implicit questions which we are led to imagine that she and Jack were asking themselves: why did the man want to get his glasses from the car? why did he have to get his own cigarettes and not take one of ours? Julie then goes on to answer these questions:

Extract 4 (Week 3)

298. it was the only vehicle that was involved (1)
299. you know (.) nobody else involved mm (1)

And so:

Extract 5 (Week 2)

208. and we thought (.) right
209. YOU'VE been DRIVING
210. your GLASSES are obviously on the DRIVER'S side

211. you want to get them
212. to REMOVE them (.)
-
216. but (.) this is what was going through my mind (.)
217. you know you want to HIDE the evidence
218. of the FACT that you were driving (1)
219. you know (.)
220. BOLLOCKS you're going nowhere

Thus, Julie and Jack's joint suspicions are constructed as flowing logically from a series of self-evident premises:

Premise 1: the man was drunk

Premise 2: the couple would not speak about how the accident happened

Premise 3: the man wanted to get his glasses from the car for no apparent reason

Premise 4: the man wanted his own cigarettes from the car, even though we offered him one of ours [p.11]

Premise 5: no other people or cars were involved in the accident

Conclusion: He wanted to get back to the car so that he could rearrange items in the car so that he could cover up the *fact* that he was drunk driving and thus caused the accident

Thus, in extract 5 Julie's suspicion that the man was drink-driving has become a firm belief.

The 'fact' that "your glasses are obviously on the driving side" (5: 210) is closely followed by "the fact that you were driving" (5: 218). Both claims are no longer in the middle of the hierarchy of modalization as mere suspicions, but are presented as being at the top, as "obvious" and simply, factually true. By dint of these various discursive and rhetorical moves, suspicion gets constructed as a wholly rational process of feeling and thinking. The

feeling of suspicion is professionalised by use of the ‘police officer’ category entitlement, and worked up as a skilled sense of or feeling for the ‘truth’.

These moves reinforce Julie’s identity position as the rational good citizen by contrast to the irrational and irresponsible ‘drunk-man’. Julie nevertheless further legitimises the shift from ‘suspicion’ to ‘fact’ by constructing it as being continuously corroborated, albeit extra-discursively, by Jack.

Extract 6 (Week 3)

284. and all this AND (.) Jack and I (1)
285. rightly or wrongly BOTH presumed
286. and I DON’T think we actually communicated this (1)
287. but we were sort of looking at each other
288. and (.) you know we both accused the man of driving
289. although we didn’t actually SAY THAT to him
290. we said (.) you know what’s happened
291. whose was driving (.) mm (1)
292. and I THINK the fact that there was no lights
293. on the car was also mentioned at this stage to them
294. (1) AND (.) we BOTH thought
295. that the BLOKE had been driving (1)
296. because he was drunk

As this extract suggests, throughout the narratives Julie consistently portrays her suspicion as being both rational-cognitive and shared in equal measure by Jack. In extract 1 she says “Jack and I BOTH assumed” (1: 153); similarly in extract 6 says “we BOTH presumed” (6:285).

Whilst presumption (“a belief based on fact that something is considered to be extremely reasonable or likely” - Swannell, 1992) is stronger than assumption, what seems most

significant in both cases is the powerful emphasis placed on the word “both”. Similarly, Julie later describes how “we both accused” the man of drink-driving (6: 288) – albeit without actually saying so; and other phrases throughout her narratives (“and we thought”; “we both thought”) further legitimate her suspicion with reference to its shared character. At the same time, however, this construction of her suspicion as reasonable by virtue of being shared is potentially comprised by the way in which these shared suspicions were communicated solely through extra-discursive activity - presumably facial expressions, postures and tones of voice. Julie describes herself as having a definite sense that Jack also felt suspicious, and portrays them both as simply knowing each other’s thoughts concerning the drunk-man’s driving, even though no words on the subject [p.12] were exchanged. This is not to deny that such extra-discursive communication occurs; simply to highlight an apparent tension in Julie’s accounts between the highly rational construction of her (and Jack’s) suspicions and the more uncertain means by which their shared understanding was developed.

Some of the significance of this tension perhaps becomes apparent when, toward the end of narrative 2, Julie makes an admission:

Extract 7 (Week 2)

was mm (1) I got a letter from the woman (.)

..

and her and I met up a couple of times

and had some lunch together

and sort of (.) talked about the accident

and it was then that (.) she (.) SHE was driving (1)

HE was drunk and he’d grabbed the wheel (.)

so HE WAS to blame but SHE was driving

so I then felt really guilty

Here, Julie constructs herself as feeling “really guilty” as a consequence of the faulty logical conclusion reached by herself and Jack. In this context, the amount of discursive and rhetorical work she undertakes to construct her suspicions as both shared and reasonable becomes more understandable. However, it seems that Julie may feel guilty, not only for her misplaced suspicion, but for the consequences that followed from it, set out here in her description of how she and her colleague attempted to physically prevent the man back from going back to the crashed car:

Extract 8 (Week 1)

NO you're not going anywhere near your car (2)

a little TUSSELE (.) that's all I can describe

as he (.) he DID (.) he BROKE free (.)

and he RAN across the Motorway(1) to his car

As the man ran into the motorway he was knocked over by oncoming traffic: instead of being able to make a calculated decision about when to cross, we are presented with a picture of him being held back and struggling, then breaking free, bounding suddenly across the road and being knocked over. However, in drawing attention to this feature of Julie's account, we are in no way judging or blaming her - or indeed anyone else. It was a dark, foggy night, the man was intoxicated, and there seemed to be no obvious reason why he should risk his life, and those of other people, by returning to the crashed car. Yet, at that moment, it seems clear that he felt strongly that he should do so, and he no doubt had his reasons for this - just as Julie and Jack had good reasons for trying to stop him. It nevertheless seems clear that Julie's feeling “really guilty” is not simply about the error of interpretation she made, but about its unintended, fatal consequence.

Discussion

Not only did Julie's SCL move almost two SD's away from the baseline mean of the participants, this move was an increase when, according to the EDP, her SCL should have *decreased* because she was in the experimental (disclosure) group. What could have happened to produce this contradictory effect? [p.13]

From the perspective of the inhibition-confrontation model, we might expect to find Julie's narrative all-but devoid of emotion. By deliberately not recognising or talking about the emotions associated with this traumatic memory, the inhibition- confrontation model would say, she preserves them intact and they then serve to raise her SCL. However, even a cursory reflection on the DA of her narratives shows that, on the one hand, Julie does talk of emotional states (particularly guilt, in the extracts presented here, but other states are also indexed). And on the other hand, the frequent patterns of emphases and pauses throughout her talk serve to load what she says with a sometimes-powerful affective charge, suggesting that she was also quite actively emotionally engaged in the lived moment of recounting the memory. Clearly, then, whatever emotional inhibition Julie might be enacting is not simply 'active' or conscious, and nor does it seem to be simply the case that the totality of her emotions are being blocked or denied expression.

Accordingly, we might deploy notions of passive inhibition or repression, acting automatically and non-consciously and serving to deny expression to the painful emotions associated with her most difficult memories. From this perspective, we might argue that Julie is unconsciously shielding herself from the most excruciating aspects of what occurred, by denying expression to the most difficult and damaging emotions associated with her memories. By only giving vent to those emotions she feels are safe, acceptable and not overwhelming, perhaps, Julie preserves an acceptable sense of herself : but this comes at the cost of preventing the disclosure from being therapeutic, and indeed of increasing rather than decreasing her SCL. Whilst this explanation is potentially more satisfying than that supplied

from within the inhibition-confrontation model, it too seems inadequate in some respects. For one, at no point does Julie seem to shy away from any of the most traumatic and painful details of her memory: in addition to the details presented here, for example, elsewhere she describes how the man's body was actually run over by more than one car, and how she and Jack faced the dilemma of whether to try to retrieve him from the motorway in case he was still alive. She also describes graphically her shocked, traumatic state in the hours, days and weeks following these events. And for another, rather than being affectively flat or emotionally neutral, Julie's talk is continuously emotionally loaded throughout the recounting of the narratives. And although her feelings of guilt get framed in relation to an error of reasoning rather than simply with respect to the drunk-man's death, she does talk openly about this very painful emotion and seems quite aware of its intimate linkage to the tragic outcome of the sequence of events. Passive inhibition, then, seems to provide only a partial explanation for the contradictory rise in Julie's SCL; accordingly, we want to draw attention to other influences which might be responsible for it not only failing to decrease but actually increasing. Three aspects, in particular, seem relevant.

First, despite assurances of confidentiality and neutrality and the adoption of an explicitly non-directive interviewing style, it remains possible that during the study Julie continued to work to justify her actions: to herself, and perhaps also to the interviewer. The narratives she produced were rich with discursive and rhetorical manoeuvres and fluctuating identity positions, many of which seemed designed to bolster and legitimate both her suspicions and her actions, to normalise them as the kind of thing anyone might have done in such extreme, difficult circumstances. Interviews to gather psychological data are never themselves devoid of social influence but are, patently, particular kinds of social situation. Julie's orientation [p.14] toward the normative social requirements to present herself as a good person, a responsible citizen, and a co-operative, thoughtful psychological subject, may

have meant that she engaged with the social situation of the interviews in ways that increased, rather than decreased her emotional arousal.

Second, Julie's narratives appear to be "well worn stories" (Kehily, 1995) that have been rehearsed many times over a number of years. Thus the memory of the story, as told and re-told, may have to some extent replaced the event as experienced. There are complex issues here to do with the way that affect and memory are related in the re-telling of traumatic memories, and the consequent ways in which 'virtual', affectively charged events can get re-told or 'actualised' on subsequent occasions (for discussions, see Haaken & Reavey, 2009). Suffice it to say that years of repetition may have rendered Julie's narratives somewhat emotionally incongruent with those that actually occurred at the time, loading the emotions of the original experience with the more recent, frequently rehearsed emotions of their (re)telling.

Third, in all of Julie's narratives there is a tendency to denigrate and marginalise emotional states. Although this is not explicit in the extracts we have given above, Julie tends to portray emotions as signs of weakness and a hindrance to logical thought. For example, at one point Julie states,

Extract 9 (Week 3)

453. and it was almost like (1) my emotions
454. were (.) were CHARGED
455. that's how I could (.) feel
456. I was ALMOST BUZZING with my emotions (.)
457. but SOMEWHERE in the back of my mind (.)
458. the sensible part of me (.)
459. the LOGICAL part of me (.)
460. TOOK OVER to SAY (.)
461. you've got to do this
462. you've got to do that (.)
463. you've got to stop these people going into the road

As a former police officer, Julie would have been very aware that highly charged emotional states frequently serve to reduce the credence of witness accounts given in court; and indeed, it is perhaps relevant she had given evidence about the man's death to a coroner's court. Moreover, as a consequence of her police training, Julie must have been well rehearsed (perhaps unintentionally) to tell her story with respect to the kind of clear, rational causal links that are necessary for stories told in legal contexts to be considered believable (Gergen and Gergen, 1988). Relatedly, Howard et al. (2000) found that police officers in New Zealand utilised what was described as a discourse of "unspeakability" with respect to emotions, which were typically "framed as dangerous and threatening to performance, demanding management and control" and this in turn "enabled officers to present themselves as both culturally and professionally competent" (Howard et al., 2000, p.295). Returning to Billig's (1999) account of how repression is learned, then, we might suggest that these occupational imperatives taught Julie how to repress discursively in ways that, subsequently, made it difficult for her to benefit from simply talking about her emotional memories

Thus, some mixture of these three influences may have combined to produce, for Julie, a particular *style* of emotional disclosure, a style associated with raised rather [p.15] than lowered SCL. First, the normative demand to be a good psychological subject may have meant that the emotions enacted by her in the lived moments of disclosure may themselves have been productive of raised SCL. Second, the familiarity of the story may have meant that the emotions of its telling have at least partially replaced the emotions of its occurrence. And third, Julie's professional training and experience may have inadvertently endowed her with a critical stance toward her own emotions, which may at least partially prevent her gaining any cathartic benefit from talking about them. It would seem, then, that emotional disclosure is a far more complicated practice than can be wholly captured by either the inhibition-confrontation model, or by notions of suppression or passive inhibition. Moreover, rather

than being the simple outcome of an internal dynamic or personality characteristic, our analysis suggests that it is already bound up with both past and present social relations and situations, such that the actual occasions of disclosure, and their specific characteristics, might influence its character and effects. If this is so, any reassessment of the EDP's efficacy and value might usefully take account of such considerations.

References

- Anderson M.C. and Levy, B.J. (2002). Repression can (and should) be studied empirically: Reply from Anderson and Levy, *Trends in Cognitive Sciences* 6, 502–503.
- Bayer, B.M. and Shotter, J. (eds). (1998). *Reconstructing the psychological subject: Bodies, practices and technologies*. Sage Publications: London.
- Billig, M. (1999). *Freudian repression: Conversation creating the unconscious*. Cambridge: Cambridge University Press.
- Breuer, J., & Freud, S. (1895/1991). *Studies on hysteria*: Penguin Freud Library (Vol. 3). Harmondsworth: Penguin.
- Bryne-Davis, L.M.T., Wetherell, M.A., Dieppe, P., Weinmann, J., Byron, M., Donovan, J., Horne, R., Brokes, S. & Vedhara, K. (2006). Emotional disclosure in rheumatoid arthritis: Participants' views on mechanisms. *Psychology & Health*, 215(5), 667-682.
- Burke, P.A., and Bradley, R.G. (2006). Language use in imagined dialogue and narrative disclosures of trauma. *Journal of Traumatic Stress*, 1, 141-146.
- Burr, V. (1995). *The person in social psychology*. Hove: Psychology Press.
- Butt, T and Langdrige, D. (2003). The construction of self: The public reach into the private sphere, *Sociology*, 37(3), 477-94.
- Cameron, L.D., and Nicholls, G. (1998). Expression of stressful experiences through writing: effects of a self-regulation manipulation for pessimists and optimists, *Health Psychology* 17,

84-92.

Campbell, R.S. and Pennebaker, J.W. (2003). The secret life of pronouns: Flexibility in writing style and physical health. *Psychological Science, 14*, 60-65.

Chamberlain, K., Stephens, C., and Lyons, A.C. (1997). Encompassing experience: Meanings and methods in health psychology. *Psychology & Health, 12*(5), 691-709.

Cole, S.W., Kemeny, M.E., Taylor, S.E., & Vissher, B.R. (1996). Elevated physical health risk among gay men who conceal their homosexual identity. *Health Psychology, 15*(4): 243-251.

Cromby, J. (2004). Between constructionism and neuroscience: the societal co-constitution of embodied subjectivity. *Theory and Psychology 14*(6): 797-821.

Cromby, J. (2007). Toward a psychology of feeling. *International Journal of Critical Psychology, 32*, 94-118.

Dalgleish, T., Mathews, A., and Wood, J. (1999). Inhibition processes in cognition and emotion: A special case? In T. Dalgleish & M. Power (Eds.), *Handbook of cognition and emotion* (pp. 243-265). Chichester, UK: John Wiley.

DePaulo, B.M., & Rosenthal, R. (1979). *Telling lies. Journal of Personality and Social Psychology, 37*, 1713-1722.

Edwards, D. (1999). Emotion discourse. *Culture and Psychology, 5* (3), 271-291.

Edwards, D. and Potter, J. (1992) *Discursive Psychology*. Sage: London.

Ellis, D. (2006). Narrative, disclosure and psychophysiology: A mixed methods exploration of emotion. PhD thesis, Loughborough University.

Ellis, D. and Cromby, J. (2009). Inhibition and reappraisal within emotional disclosure: The embodying of narration. *Counselling Psychology Quarterly, 22*(3), 319-331.

Erdelyi, M.H. (1990). Repression, reconstruction, and defense: Historical and integration of the psychoanalytic experimental frameworks. In J. L. Singer (Ed.), *Repression and*

dissociation: Implications for personality theory, psychopathology, and health (pp. 1–33).

Chicago and London: The University of Chicago Press.

Erdelyi, M.H. (2006). The unified theory of repression. *Behavioral and Brain Sciences*, 29, 499–551.

Esterling, B. A., Antoni, M. H., Fletcher, M. A., Margulies, S., & Schneiderman, N. (1994).

Emotional disclosure through writing or speaking modulates latent Epstein-Barr virus antibody titers. *Journal of Consulting and Clinical Psychology*, 62, 130-140.

Fivush, R., Marin, K., Crawford, M., Reynolds, M., and Brewin, C.R. (2007). Children's narratives and well-being. *Cognition and Emotion*, 21, 1414-1434.

Fowles, D.C. (1980). The three arousal model: implications of Gray's Two-Factor Learning Theory for heart rate, electrodermal activity and psychopathy. *Psychophysiology*, 17: 87–104.

Francis, M. E., & Pennebaker, J. W. (1992). Putting stress into words: the impact of writing on physiological, absentee, and self-reported emotional well-being measures. *American Journal of Health Promotion*, 6 (4), 280-287.

Frisina, P.G., Borod, J.C., & Lepore, S. J. (2004). A meta-analysis of the effects of written emotional disclosure on the health outcomes of clinical populations. *Journal of Mental Disorders*, 192(9): 629-34.

Gergen, K. J., and Gergen, M. M. (1988). Narrative and the self as relationship. In L.

Berkowitz (Ed.) *Advances in experimental social psychology*, V. 21, New York: Academic Press.

Goeleven, E., Raedt, R., & Koster, E.H. (2007). The influence of induced mood on the inhibition of emotional information. *Motivation and Emotion*. 31(3): 208-218.

Gray, J.A. (1975). *Elements of a two-process theory of learning*. London: Academic Press.

- Greenberg, M. A. and Stone, A. A. (1992). Emotional disclosure about traumas and its relation to health: Effects of previous disclosure and trauma severity. *Journal of Personality and Social Psychology*, 63, 75-84.
- Greenberg, M.A., Wortman, C.B. and Stone, A.A. (1996). Emotional Expression and Physical Health: Revising Traumatic Memories or Fostering Self-Regulation? *Journal of Personality and Social Psychology*, 71, 588-602.
- Gross, J., & Levenson, R.W. (1993). Emotional suppression: Physiology, self-report, and expressive behaviour. *Journal of Personality and Social Psychology*, 64, 970–986.
- Gross, J., & Levenson, R.W. (1997). Hiding feelings: The acute effects of inhibiting negative and positive emotion. *Journal of Abnormal Psychology*, 106, 95–103.
- Haaken, J. and Reavey, P. (2009) (Eds). *Memory Matters: Understanding Recollections of Sexual Abuse*. London: Psychology Press.
- Hirshfeld, D.R., Rosenbaum, J.F., Biederman, J., Bolduc, E.A., Faraone, S.V., Snidman, N., Reznick, J.S. and Kagan, J., (1992). Stable behavioral inhibition and its association with anxiety disorder. *Journal of the American Academy of Child and Adolescent Psychiatry* 31, pp. 103–111.
- Howard, C., Tuffin, K., and Stephens, C. (2000). Unspeakable emotion: A discursive analysis of police talk about reactions to trauma. *Journal of Language and Social Psychology*, 19(3): 295-314.
- Hughes, C.F., Uhlmann, C., & Pennebaker, J.W. (1994). The body's response to psychological defense. *Journal of Personality*, 62: 565-85.
- Jacobson, N.S., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, 59: 12-19.

- Kehily, M. (1995). Self-narration, autobiography and identity construction. *Gender and Education*, 7(1): 23-31.
- Kihlstrom, J. F. (2002). No need for repression. *Trends in Cognitive Sciences*, 6, 502.
- Krause, E.D. ,& Mendelson, T., & Lynch, T.R. (2002). Childhood emotional invalidation and adult psychological distress: the mediating role of emotional inhibition. *Child Abuse & Neglect*,27(2): 199-213.
- Larson, D.G., & Chastain R.L. (1990). Self-concealment: Conceptualization, measurement, and health implications. *Journal of Social and Clinical Psychology*, 9: 439-455.
- Latour, B. (1987). *Science in action*. Milton Keynes: Open University Press.
- Latour, B., & Woolgar, S. (1988). *Laboratory life: The construction of scientific facts*. 2nd edn. Princeton, NG: Princeton University Press.
- Linville, P.W. (1996). Attention inhibition: Does it underlie ruminative thought? In R.S.Wyer, Jr. (Ed.), *Advances in social cognition* (Vol. 9, pp. 121–133). Hillsdale, NJ: Erlbaum.
- Meads, C., & Nouwen, A. (2005). Does emotional disclosure have any effects? A systematic review of the literature with meta-analyses. *International Journal of Technology Assessment in Health*, 21, (2): 153-64.
- Mendolia, M., & Kleck, R.E. (1993). Effects of talking about a stressful event on arousal: Does what we talk about make a difference? *Journal of Personality and Social Psychology*, 64: 283-92.
- Nightingale D. and Cromby, J. (1999). *Social constructionist psychology: A critical analysis of theory and practice*, Buckingham: Open University Press.
- Panagopoulou, E., Kersbergen, B., and Maes, S. (2002). The effects of emotional (non)expression in (chronic) disease: a meta-analytic review, *Psychology & Health*, Vol. 17 pp.529-45.

- Peek, C.J. (2003). A primer of biofeedback instrumentation. In M. S. Schwartz (Ed.) *Biofeedback: A practitioners guide*, 2nd Ed. New York: Guilford.
- Pennebaker, J. W. (1982). *The psychology of physical symptoms*, New York: SpringerVerlag.
- Pennebaker, J.W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, 8(3): 162-66.
- Pennebaker, J.W., Barger, S.D., & Tiebout, J. (1989). Disclosure of traumas and health among Holocaust survivors. *Psychosomatic Medicine*, 51, 577-589.
- Pennebaker, J.W. & Beall, S.K. (1986). Confronting a traumatic event: Toward an understanding of inhibition and disease. *Journal of Abnormal Psychology*, 95, 274-281.
- Pennebaker, J.W., Chung, C.K., Ireland, M., Gonzales, A. & Booth, R.J. (2007). The development and psychometric properties of LIWC2007. Austin, TX: LIWC.net.
- Pennebaker, J.W., & Francis, M. (1996). Cognitive, Emotional, and Language Processes in Disclosure. *Cognition and Emotion*, 10(6): 601-26.
- Pennebaker, J.W., Hughes, C. F. & O'Heeron, R .C. (1987). The psychophysiology of confession: Linking inhibitory and psychosomatic processes. *Journal of Personality and Social Psychology*, 52: 781-93.
- Pennebaker, J.W., Kiecolt-Glaser, J., & Glaser, R. (1988). Disclosure of traumas and immune function: Health implications for psychotherapy. *Journal of Consulting and Clinical Psychology*, 56, 239-245.
- Pennebaker, J.W., Mayne, T.J., and Francis, M.E. (1997). Linguistic predictors of adaptive bereavement. *Journal of Personality and Social Psychology*, 72, 863-871.
- Pennebaker, J.W. & Susman, J.R. (1998). Disclosure of traumas and psychosomatic processes. *Social Sciences and Medicine*, 26, 327-332.
- Petrie, K., Booth, R., & Pennebaker, J. (1998). The immunological effects of thought suppression. *Journal of Personality and Social Psychology*, 75, 1264-1272.

- Pomerantz, A. M. (1986). Extreme case formulations: A new way of legitimating claims. *Human Studies*, 9: 219-230.
- Potter, J. (1996). Representing reality: Discourse, rhetoric and social construction. London: Sage Publications.
- Potter, J., and Edwards, D. (1990). Nigel Lawson's tent: Discourse analysis, attribution theory and the social psychology of fact. *European Journal of Social Psychology*, 20: 405-424.
- Prinz, J. (2004). Embodied Emotions. R. Solomon (Ed.). (2004). *Thinking about feeling: Contemporary philosophers on emotions*. Contemporary philosophers on emotions. Oxford: Oxford University Press.
- Redford, W., and Barefoot, J. (1988). Coronary-prone behavior: the emerging role of the hostility complex, in Houston, B.K., Synder, C.R. (Eds), *Type A Behavior Pattern: Research, Theory and Intervention*, Wiley, New York, NY, pp.189-211.
- Richards, J.M., Beal, W.E., Seagal, J., & Pennebaker, J.W. (2000). The effects of disclosure of traumatic events on illness behavior among psychiatric prison inmates. *Journal of Abnormal Psychology*, 109, 156-160.
- Sheese, B.E., Brown, E.L. and Graziano, W.G. (2004). Emotional expression in cyberspace: Searching for moderators of the Pennebaker disclosure effect via e-mail. *Health Psychology*, 23(5), 457-464.
- Simeon, D., Guralnik, O., Knutelska, M., & Schmeidler, J. (2002). Personality Factors Associated With Dissociation: Temperament, Defenses, and Cognitive Schemata. *The American Journal of Psychiatry*. 159: 489-491.
- Smyth, J.M. (1998). Written emotional expression: Effect sizes, outcome types, and moderating variables. *Journal of Consulting and Clinical Psychology*, 66(1): 174-84.
- Swannell, J. (1992). *The Oxford modern English dictionary*. Oxford: Clarendon Press.

- Teddlie, C. & Yu, F. (2007). Mixed Methods Sampling: A Typology With Examples. *Journal of Mixed Methods Research* 1: 77-100.
- Temoshok, L. (1985). Biophysical studies on cutaneous malignant melanoma, *Journal of Psychosomatic Research*, Vol. 29 pp.139-53.
- Turner, S.M., Beidel, D.C., & Wolff, P.L. (1996). Is behavioural inhibition related to anxiety disorders? *Clinical Psychology Review*,16(2): 157-172.
- Weidner, G., Istvan, J., and McKnight, J.D. (1989). Clusters of behavioral coronary risk factors in employed women and men, *Journal of Applied Social Psychology*, Vol. 19 pp.468-80.
- Wegner, D.M., Shortt, J.W., Blake, A.W., & Page, M.S. (1990). The suppression of exciting thoughts. *Journal of Personality and Social Psychology*, 58, 409–418.
- Willig, C. (2004) Discourse Analysis and Health Psychology, in M. Murray (ed) *Critical Health Psychology*, Basingstoke: Palgrave Macmillan.
- Wooffitt, R. (1992). *Telling tales of the unexpected: The organisation of factual discourse*. London: Harvester Wheatsheaf.
- Woolgar, S. (1988). *Science: The very idea*. Chichester. Ellis Horwood; London: Tavistock.

Transcription conventions

Underlining (talk is quieter) indicates words or parts of speech that is quieter than the surrounding speech.

Capital letters (talk is LOUDER) indicates words or parts of speech that are louder than the surrounding speech.

Numbers or full stops in brackets (then she paused (1) first by one second (.) then by half a second) indicates pauses. The number (2) represents the amounts of seconds the speech is paused by and a full stop (.) represents a pause less than one second.

Each line of speech on a given narrative transcript has been divided into clauses. These clauses are numbered. For example:

23. this is one clause

24. and this is the second clause

Each extract starts with the participant's number and indicates whether the extract is taken from either the first, second, or third narrative that was recited by the participant. For example:

16.1

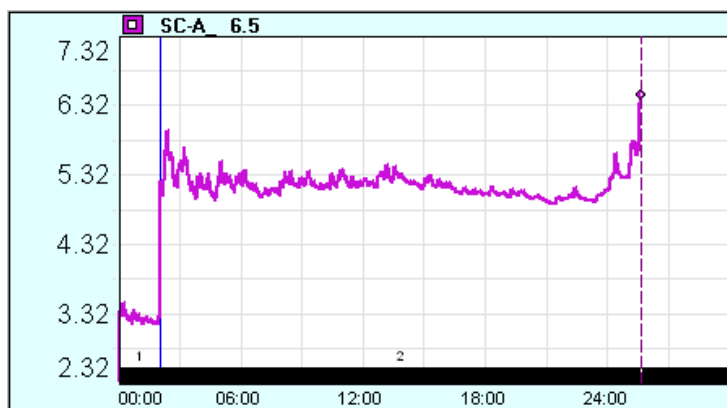
1. the above indicates

2. participant 16's first narrative recital

Graph 1

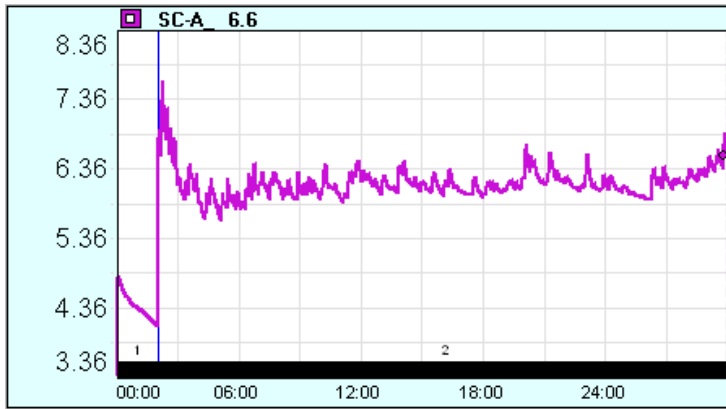
SCLs of participant 16 (Julie)

Disclosure period 1



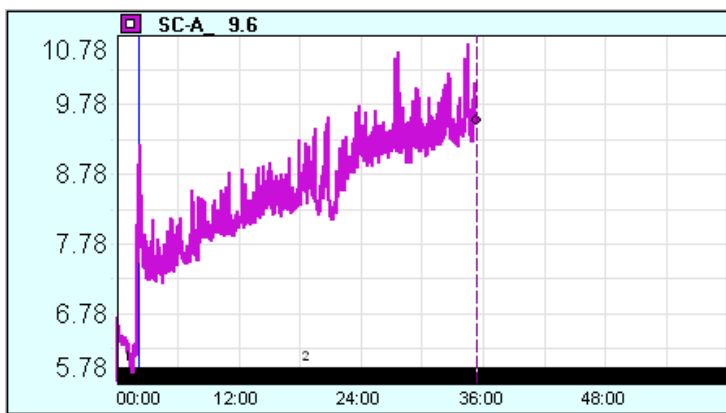
SC mean = 5.18 μ s

Disclosure period 2



SC mean = 6.15 μ s

Disclosure period 3



SC mean = 8.61 μ s