

Georgia State University ScholarWorks @ Georgia State University

Psychology Faculty Publications

Department of Psychology

2011

Psychological flexibility mediates the relation between self-concealment and negative psychological outcomes.

Akihiko Masuda

Georgia State University, amasuda@gsu.edu

P. L. Anderson

J. W. Wendell

Matthew Price

University of Vermont, matthew.price@uvm.edu

A. B. Feinstein

See next page for additional authors

Follow this and additional works at: https://scholarworks.gsu.edu/psych_facpub

 Part of the [Psychology Commons](#)

Recommended Citation

Masuda, Akihiko; Anderson, P. L.; Wendell, J. W.; Price, Matthew; Feinstein, A. B.; and Chou, Y., "Psychological flexibility mediates the relation between self-concealment and negative psychological outcomes." (2011). *Psychology Faculty Publications*. 94.
https://scholarworks.gsu.edu/psych_facpub/94

This Article is brought to you for free and open access by the Department of Psychology at ScholarWorks @ Georgia State University. It has been accepted for inclusion in Psychology Faculty Publications by an authorized administrator of ScholarWorks @ Georgia State University. For more information, please contact scholarworks@gsu.edu.

Authors

Akihiko Masuda, P. L. Anderson, J. W. Wendell, Matthew Price, A. B. Feinstein, and Y. Chou

Accepted for publication in Personality and Individual Differences

Running head: PSYCHOLOGICAL FLEXIBILITY AND SELF-CONCEALMENT

Psychological Flexibility Mediates the Relations between Self-Concealment and
Negative Psychological Outcomes

Akihiko Masuda*, Page L. Anderson, Johanna W. Wendell, Ying-Yi Chou,

Matthew Price, & Amanda B. Feinstein

Georgia State University

*Corresponding author at: Department of Psychology, Georgia State University,

Atlanta, GA 30303, USA.

Tel.: +1 (404) 413-6298

Fax: +1 (404) 413-6207.

Email Address: psyaxm@langate.gsu.edu

Abstract

Consisting of two cross-sectional studies, the present study investigated whether psychological flexibility mediates the relations between self-concealment and negative psychological outcomes. Study 1 examined whether psychological flexibility mediates the relations between self-concealment and emotional distress in stressful interpersonal situations. In addition to replicating results of Study 1, Study 2 investigated whether psychological flexibility mediates the relationship between self-concealment and general psychological ill-health. Psychological flexibility was found to mediate the relation between self-concealment and emotional distress in stressful interpersonal settings and to partially mediate the relationship between self-concealment and general psychological ill-health.

Key Words: psychological flexibility, self-concealment, general psychological ill-health, psychological distress.

Psychological Flexibility Mediates the Relations between Self-Concealment and Negative Psychological Outcomes

People often consciously withhold sensitive information about themselves from others. While seemingly appropriate in many social and interpersonal contexts, researchers and theorists have argued that this behavioral tendency may increase the risk of poor physical and psychological health (e.g., Niederhoffer & Pennebaker, 2009). A construct that is particularly relevant to this context is self-concealment (SC). SC is often theorized to be a stable tendency or predisposition of keeping distressing and potentially embarrassing personal information from others (Larson & Chastain, 1990), which involves the possession of a troubling and negatively evaluated secret, a tendency to keep the secret from others, and avoidance of or apprehension related to self-disclosure. SC is associated with various forms of negative psychological and health outcomes including depression (e.g., Larson & Chastain, 1990), anxiety (e.g., Kahn & Hessling, 2001), psychological distress (Cramer, 1999; Masuda, Anderson, & Sheehan, 2009), pain and headaches (Larson & Chastain, 1990), and many others (e.g., Kawamura & Frost, 2004).

It is unclear why SC is associated with negative psychological and health outcomes. One view (Kelly, 1998; Kelly & Yip, 2006) posits that SC is a biologically inherent predisposition, and that a person with greater SC is vulnerable to negative psychological outcomes. Another view seems to suggest that SC is related to negative psychological outcomes in part because it involves maladaptive mood regulation and coping (Wismeijer, van Assen, Sijtsma, & Vingerhoets, 2009). In the latter view, it is theorized that some people make a great effort to inhibit, avoid, and suppress potentially embarrassing personal information and associated psychological events, partially because

the act of disclosure and awareness often evokes negative affect (e.g., Farber, Berano, & Capobianco, 2004). However, these attempts can paradoxically amplify psychological distress, which in turn strengthens them further (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996; Wegner, 1994). Recent evidence suggests that the link between SC and negative psychological outcomes (e.g., diminished subjective well-being) are not merely due to their shared features of negatively evaluated events (e.g., secrets) or a general tendency to be anxious (e.g., neuroticism) (Wismeijer & van Assen, 2008), but also due to the shared features of maladaptive patterns of experiencing and regulating these events, such as diminished mindful attention and awareness (Masuda, Anderson, et al., 2009) and poor mood monitoring and labeling (Wismeijer et al., 2009).

Psychological Flexibility

This line of reasoning concurs with the model of psychological flexibility (PF), a contemporary behavioral account of psychological health (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). According to Hayes et al. (2006), PF is “the ability to contact the present moment fully as a conscious human being, and to change or persist in behavior when doing so serves valued ends” (p. 7). In other words, it is an overall behavior pattern of experiencing whatever one is experiencing as it is fully and non-judgmentally without excessive defense (i.e., mindfulness), while engaging in value-directed activities at the same time (i.e., commitment to actions). The theory also posits that diminished PF, characterized by the domination of verbal judgment and maladaptive affect regulation and coping strategies (e.g., avoidance and suppression) is at the core of human suffering. Research has shown that PF is positively related to mindfulness, a factor associated with greater well-being (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006), and inversely

associated with a wide range of negative psychological outcomes, including depressive symptoms (e.g., Bond & Bunce, 2000), anxiety (e.g., Kashdan, Barrios, Forsyth, & Steger, 2006), general psychological ill-health (e.g., Bond & Bunce, 2003), and emotional distress in stressful interpersonal contexts (Masuda, Price, Anderson, Schmertz, & Calamaras, 2009).

Although evidence is limited, one study has reported that PF is inversely related to SC (Masuda, Anderson et al., 2009). It is possible to speculate that the inverse link between SC and PF is in part because both SC and PF reflect particular types of mood regulation and coping patterns. While PF involves the nonjudgmental and full experience of private and external environments, SC seems to reflect inhibitory and avoidance regulation strategies, which are antithetic to the core of PF.

Psychological Flexibility as a Mediator of Risk Factors and Negative Psychological Outcomes

Although the existing literature suggests that social support (Larson & Chastain, 1990), neuroticism (Wismeijer & van Assen, 2008), and mindfulness (Masuda, Anderson, et al., 2009) at least partially account for the link between SC and negative psychological outcomes, other potential factors have not yet been investigated. A large part of the association between SC and negative psychological outcomes may be accounted for by these unknown factors (Wismeijer & van Assen, 2008). Clinically, knowledge of such factors has greater practical value for enhancing changes in psychological outcomes.

PF is a potential candidate to explain the link between SC and negative psychological outcomes. In addition to being found as a generalized diathesis of human suffering (Kashdan et al., 2006), diminished PF is found to account for part of the

association between risk factors and negative psychological outcomes, such as the link between anxiety sensitivity and the diagnosis of borderline personality disorder (Gratz, Tull, & Gunderson, 2008) and the relationship between materialistic values and diminished emotional well-being (Kashdan & Breen, 2007). Furthermore, evidence suggests that PF is effectively increased through behavioral interventions, and that positive treatment outcomes are often mediated by improved PF in these interventions (Hayes et al., 2006).

Present Study

The present investigation consists of two cross-sectional studies investigating PF as a mediator of the relationship between SC and negative psychological outcomes. Study 1 investigates whether the relationship between SC and emotional distress in a stressful interpersonal context is established through PF. Emotional distress in a stressful interpersonal context is selected as the criterion variable because negative effects of SC and diminished PF are often situational and interpersonal. In addition to replicating Study 1, Study 2 investigates whether the relationship between SC and general psychological ill-health, a fairly stable negative psychological outcome, is established through PF. It is speculated that the link between SC and psychological distress is established in part because they share the feature of diminished PF.

Study 1

Methods of Study 1

Participants

The study was conducted at a large public 4-year university in a metro-area of Georgia. Participants were 591 students (76%, $n_{Female} = 448$) recruited from

undergraduate psychology courses through a web-based research participant pool. They completed an online survey package that included the measures for the current study. The mean completion time for the package was 24.4 minutes ($SD = 11.55$), and participants who completed the survey in less than 15 minutes or more than 45 minutes were removed from the sample because of the questionable validity of their responses. As a result, 476 participants (80%, $n_{Female} = 381$) remained with the age of the participants ranging from 17-55 ($M = 20.45$, $SD = 4.62$). The ethnic composition of the sample was representative of the city where the university is located, with 44% ($n = 208$) identifying as “European American,” 30% ($n = 144$) identifying as “African American,” 13% ($n = 64$) identifying as “Asian American/Pacific Islander,” 7% ($n = 31$) identifying as “Hispanic American,” and 6% ($n = 28$) identifying as “bicultural” or “other.”

Measures

Emotional Distress in Stressful Interpersonal Settings. The Interpersonal Reactivity Index – Personal Distress (IRI-PD; Davis, 1983) is a 7-item subscale that measures self-oriented personal distress (e.g., “I sometimes feel helpless when I am in the middle of a very emotional situation”). Using a 5-point scale, ranging from 0 (*does not describe me well*) to 4 (*describes me very well*), higher scores indicate greater degrees of emotional distress in stressful interpersonal and emergency situations. The IRI has good psychometric properties. All subscales of the IRI, including the IRI-PD, have satisfactory Cronbach’s alphas ranging from .71 to .77 (Davis, 1980).

Self-Concealment. The 10-item Self Concealment Scale (SCS; Larson & Chastain, 1990) was used to measure a person's tendency to conceal personal information that is distressing or negative (e.g., “There are lots of things about me that I keep to myself”).

Each question is answered on a Likert-scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Participants' responses to the 10 items were summed, with greater values indicating greater SC. The SCS is a reliable measure of SC, with test-retest (over 4 weeks) and inter-item reliability estimates of .81 and .83, respectively (Larson & Chastain, 1990).

Psychological Flexibility. The Acceptance and Action Questionnaire (AAQ-16; Bond & Bunce, 2003) is a 16-item questionnaire of PF, designed to assess willingness to accept undesirable thoughts and feelings (e.g., "I rarely worry about getting my anxieties, worries, and feelings under control") while acting in a way that is congruent with one's values and goals (e.g., "Despite doubts, I feel as though I can set a course in my life and then stick to it"). The measure uses a 7-point Likert scale, ranging from 1 (*Never true*) to 7 (*Always true*). Total scores range from 16 to 112, with greater scores indicating greater PF. In a previous study conducted in a work setting (Bond & Bunce, 2003), the alpha coefficient for this measure was found between .72 and .79.

Procedure

All participants completed an anonymous web-based survey. Before participants began the survey, information relevant to the present study was presented on a computer screen, explaining the purpose of the study and providing instructions regarding how to respond to the survey. Participants anonymously provided demographic information and completed the measures. This study was monitored by the university Institutional Review Board.

Results of Study 1

Correlations among Dispositional Measures

Table 1 contains descriptive statistics, coefficient alphas, and a correlation matrix of all variables included in the data analyses. SC (SCS scores) was positively related to emotional distress in stressful interpersonal settings (IRI-PD scores). SC was also found to be negatively related to PF (the AAQ-16). These results suggest that greater SC was associated with greater levels of emotional distress in stressful interpersonal settings and lower levels of PF. Finally, PF was found to be negatively related to emotional distress in stressful interpersonal settings.

Psychological Flexibility as a Mediator of Self-Concealment and Emotional Distress

Based on the guidelines of Baron and Kenny (1986), a series of linear regression analyses were conducted to examine whether the positive relations between SC and emotional distress in stressful interpersonal settings were mediated by PF. The previously discussed correlations established a significant A path, between SC and PF, and a significant B path, between PF and emotional distress.

The final condition of mediation requires a significant reduction in the relationship between SC and emotional distress in stressful interpersonal settings after PF has been added to the model (Table 2). Results revealed that the relation between SC and emotional distress was no longer significant when PF was taken into account, suggesting that the relation between SC and emotional distress is established in part through PF.

Discussion of Study 1

Consistent with existing literature (Cramer, 1999; Kelly & Yip, 2006), Study 1 revealed a positive and significant association between SC and emotional distress in stressful interpersonal settings. The study also has shown that SC is inversely related to

PF, which in turn is inversely related to emotional distress. Our results suggest that the link between SC and emotional distress is accounted for in part by PF.

Given the cross-sectional nature of the study, it is difficult to establish a directional or causal link. However, it seems fair to suggest that PF plays an important role in the relation between SC and emotional distress in stressful interpersonal contexts. Moreover, Study 1 at least does not negate our speculation that the relation between SC and emotional distress is established partially because the two variables share the feature of diminished PF. Results showed that once PF was co-varied and removed from the account, the positive relationship between SC and emotional distress was no longer significant.

Although stimulating, the generalizability of these findings is limited. This is in part because emotional distress in stressful interpersonal settings, the criterion variable of Study 1, is a fairly specific variable in a specific situation. Given this limitation, Study 2 was conducted to investigate whether PF accounts for the relationship between SC and general psychological ill-health (i.e., a set of non-specific negative psychological outcomes in the last two-week period), a more general negative psychological outcome.

Methods of Study 2

Participants

Using the identical recruitment procedure as Study 1, Study 2 was conducted at the same university. Of 580 participants who completed the survey, five participants were excluded because they participated in Study 1. The remaining 575 students (74%, $n_{Female} = 424$) completed the survey with a mean completion time for the instrument of 30 minutes ($SD = 14.55$). After screening for the duration criteria, which were identical with

those of Study 1, 453 participants (76%, $n_{Female} = 343$) remained for data analyses. The age of the participants ranged from 17-42 ($M = 20.42$, $SD = 4.00$). The ethnic composition of the sample was representative of the city where the university is located, with 43% ($n = 195$) identifying as “European American,” 29% ($n = 133$) identifying as “African American,” 12% ($n = 53$) identifying as “Asian American/Pacific Islander,” 7% ($n = 30$) identifying as “Hispanic American,” and 9% ($n = 42$) identifying as “bicultural” or “other.”

Measures

The measures employed in Study 2 were identical to those utilized in Study 1, except for the addition of a measure of general psychological ill-health.

General Psychological Ill-health. The General Health Questionnaire-12 (GHQ-12; Goldberg, 1978) is a measure of general psychological ill-health. Participants are asked to rate the frequency with which they experience common behavioral and psychological stressors (e.g., “Have you recently lost much sleep over worry?”). Items are scored on a 4-point scale, ranging from 0 (*not at all*) to 3 (*much more than usual*), with a total score derived from the sum of all responses. Total scores range from 0 to 36, with higher scores indicating poorer psychological health. Previous studies conducted in a work setting reported that the GHQ-12 has good psychometric properties. A recent study in a worksite setting has shown adequate levels of internal consistency, ranging from .73 to .76 (Bond & Bunce, 2000).

Procedure

The procedure of Study 2 was identical with that of Study 1. Participants anonymously provided demographic information and completed the measures. This study was approved and monitored by the university Institutional Review Board.

Results and Discussion of Study 2

Table 3 contains descriptive statistics, coefficient alphas, and a correlation matrix of all variables included in the data analyses. SC (SCS scores) was positively related to emotional distress in stressful interpersonal settings (IRI-PD scores) and general psychological ill-health (GHQ-12 scores). SC was also found to be negatively related to PF (the AAQ-16). Finally, PF was found to be inversely related to emotional distress in stressful interpersonal settings and general psychological ill-health.

Psychological Flexibility as a Mediator of Self-Concealment and Emotional Distress

Investigating whether the relationship between SC and emotional distress in stressful interpersonal settings is accounted for by PF, the guidelines of Baron and Kenny (1986) were employed again in Study 2. As shown in table 3, the first three conditions were supported. Table 4 shows the results of the linear regression analysis that tested the final step of PF as a mediator of the positive link between SC and emotional distress in stressful interpersonal settings. Consistent with the findings of Study 1, results suggest that PF mediates the relation between SC and emotional distress.

Psychological Flexibility as a Mediator of Self-Concealment and General Psychological Ill-Health

Regarding PF as a mediator of the link between SC and general psychological ill-health, the first three conditions suggested by Baron and Kenny (1986) were supported by the correlations reported in Table 3. As shown in Table 4, the results of the linear

regression analysis for the final step of mediation analysis revealed that PF only partially mediated the relation between SC and general psychological ill-health (initial $\beta = .44$, final $\beta = .32$). The conservative Sobel test of mediation suggests that PF accounted for a significant relation between SC and general psychological ill-health ($z = 6.86, p < .001$).

General Discussion

The present study investigated whether PF, a commitment to value-directed activities, while mindfully experiencing and interacting with one's internal and external environments, partially accounts for the relationship between SC and negative psychological outcomes. Consistent with previous studies (e.g., Cramer, 1999), the present study revealed the positive link between SC and emotional distress in stressful interpersonal situations, a situational negative psychological outcome, and general psychological ill-health, a fairly stable negative psychological outcome. The present study also supports previous findings, suggesting that the SC is likely to involve mood regulation and coping, and that these features explain part of its association with negative psychological outcomes. More specifically, the present study suggested that PF, an overarching regulation process, characterized as the combination of mindfulness/acceptance and committed action, may partially explain the links between SC and negative psychological outcomes because diminished PF is a shared feature.

Conceptually, the present findings are consistent with the current cognitive and behavioral view of psychological struggles, stating that the problems present in psychological struggles are not only due to the presence of difficult psychological experience(s), but also due to overall coping or regulation patterns of how a person interacts with his or her own private experience(s) and external environment (Hayes et al.,

1996). Results of the present study suggest that the judgmental, avoidant, and behavior-interfering nature of SC may play an important role in its link to negative psychological outcomes. This theoretical position seems to concur with those viewing SC as a maladaptive behavioral and cognitive tendency of concealing personal information from others (e.g., Cramer & Barry, 1999; DiBartolo, Li, & Frost, 2008; Kawamura & Frost, 2004; Wismeijer et al., 2009).

Although not part of the research questions, a notable set of results revealed differential strengths in the relation between SC and emotional distress in stressful interpersonal situations, and the relation between SC and general psychological ill-health. Whereas both relationships are statistically significant, the link between SC and emotional distress in stressful interpersonal situations is not as strong as the one between SC and general psychological ill-health. It is speculated that this difference can be attributed to the nature of the negative psychological outcomes. While general psychological ill-health is a fairly stable outcome, emotional distress in stressful interpersonal settings is situational, which seems to be associated with circumstantial factors more so than a specific behavioral tendency, such as SC.

Similarly, it is also important to speculate why there were differential findings in the role of PF in the links between SC and the negative psychological outcomes of the study. With respect to general psychological ill-health, SC remains to be a significant predictor after the impact of PF was co-varied and removed from the account. However, this was not the case for emotional distress in stressful interpersonal contexts. These differential findings may suggest that while PF is more likely to be related to how one reacts in a specific situation, SC is likely to involve an additional feature or functional

aspect, other than PF, that is content-specific, rigid, persistent, and uniquely contributes to general psychological ill-health. Potential candidates are emotional stability (i.e., neuroticism), rejection sensitivity, and social anxiety (Wismeijer & van Assen, 2008).

The present investigation has several notable methodological and conceptual weaknesses, so it is important to interpret the current results carefully in light of these limitations. The sample population was limited to college students; therefore, generalizations to clinical populations are limited. Regarding the generalizability of the study, these findings were derived from only one large state university located in an urban area of Georgia. As a result, our results might have been influenced by factors such as university and regional cultures, as well as students' socioeconomic backgrounds.

Another set of weaknesses are the measures employed in the present study. Our study included only two measures of negative psychological outcomes (i.e., emotional distress in stressful interpersonal settings, general psychological ill-health). It is important to replicate the present findings using more conventional measures of psychological distress, such as depression and anxiety.

The study also did not include other variables that may potentially play an important role in the relationships between SC and the negative psychological outcomes of interest. As speculated above, potential candidates are neuroticism, rejection sensitivity, and social anxiety, which are suggested as being at the core of SC (Wismeijer & van Assen, 2008), distress tolerance (Brown, Lejuez, Kahler, & Strong, 2002) and mood awareness (Wismeijer et al., 2009), which are often investigated in the literature from which the construct of PF emerged.

Psychometrically, given the ethnically diverse nature of the present sample, it is important to report that the validity and reliability of the scales used in the present study have not been fully tested across a variety of ethnic groups. Among the scales, the coefficient alpha of the AAQ-16, a measure of PF, was found to be lower than a conventionally acceptable level. Although this problem is not unique to the present study, it seems important for scholars to pursue research to examine the reliability and validity of this measure across diverse populations.

Finally, as mentioned above, the present study is cross-sectional and correlational, which precludes derivation of causal inferences or systematic links among variables. Although theoretical literature (e.g., Gratz et al., 2008) suggests that the link between trait-like risk factors, such as SC and negative psychological outcomes are accounted for in part by PF, it is also possible that the inverse relationship between PF and negative psychological outcomes is established through SC. With respect to deriving a causal and directional link, it is necessary to investigate their relations in the context of a large-scale prospective or experimental study.

Despite these limitations, the present study provides new insight into the relations between SC and negative psychological outcomes. Our study has demonstrated that PF mediates the relationship between SC and negative psychological outcomes, namely emotional distress in stressful interpersonal situations and general psychological ill-health. This study also suggests that the investigation of PF for understanding the link between SC and negative psychological outcomes is fruitful.

References

- Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*, 27-45.
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*, 1173-1182.
- Bond, F. W., & Bunce, D. (2000). Mediators of change in emotion-focused and problem-focused worksite stress management interventions. *Journal of Occupational Health Psychology, 5*, 156-163.
- Bond, F. W., & Bunce, D. (2003). The role of acceptance and job control in mental health, job satisfaction, and work performance. *Journal of Applied Psychology, 88*, 1057-1067.
- Brown, R. A., Lejuez, C. W., Kahler, C. W., & Strong, D. R. (2002). Distress tolerance and duration of past smoking cessation attempts. *Journal of Abnormal Psychology, 111*, 180-185.
- Cramer, K. M. (1999). Psychological antecedents to help-seeking behavior: A reanalysis using path modeling structures. *Journal of Counseling Psychology, 46*, 381-387.
- Cramer, K. M., & Barry, J. E. (1999). Psychometric properties and confirmatory factor analysis of the SC Scale. *Personality and Individual Differences, 27*, 629-637.
- Davis, M. (1980). A multidimensional approach to individual differences in empathy. *JSAS Catalog of Selected Documents in Psychology, 41*, 330-339.

- Davis, M. H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of Personality and Social Psychology, 44*, 113-126.
- DiBartolo, P. M., Li, C. Y., & Frost, R. O. (2008). How do the dimensions of perfectionism relate to mental health? *Cognitive Therapy and Research, 32*, 401-417.
- Farber, B. A., Berano, K. C., & Capobianco, J. A. (2004). Clients' perceptions of the process and consequences of self-disclosure in psychotherapy. *Journal of Counseling Psychology, 51*, 340-346.
- Goldberg, D. (1978). *Manual of the general health questionnaire*. Windsor: National Foundation for Educational Research.
- Gratz, K. L., Tull, M. T., & Gunderson, J. G. (2008). Preliminary data on the relationship between anxiety sensitivity and borderline personality disorder: The role of experiential avoidance. *Journal of Psychiatric Research, 42*, 550-559.
- Hayes, S. C., Luoma, J., Bond, F., Masuda, A., and Lillis, J. (2006). Acceptance and Commitment Therapy: Model, processes, and outcomes. *Behaviour Research and Therapy, 44*, 1-25.
- Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Emotional avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology, 64*, 1152-1168.
- Kahn, J. H., & Hessling, R. M. (2001). Measuring the tendency to control versus disclose psychological distress. *Journal of Social and Clinical Psychology, 20*, 41-65.

- Kashdan, T. B., Barrios, V., Forsyth, J. P., & Steger, M. F. (2006). Experiential avoidance as a generalized psychological vulnerability: Comparisons with coping and emotional dysregulation strategies. *Behaviour Research and Therapy, 44*, 1301-1320.
- Kashdan, T. B., & Breen, W. E. (2007). Materialism and diminished well-being: Experiential avoidance as a mediating mechanism. *Journal of Social and Clinical Psychology, 26*, 521-539.
- Kawamura, K. Y., & Frost, R. O. (2004). SC as a mediator in the relationship between perfectionism and psychological distress. *Cognitive Therapy and Research, 28*, 183-191.
- Kelly, A. E. (1998). Client's secret keeping in outpatient therapy. *Journal of Counseling Psychology, 45*, 50-57.
- Kelly, A. E., & Yip, J. J. (2006). Is keeping a secret or being a secretive person linked to psychological symptoms? *Journal of Personality, 74*, 1349-1369.
- Larson, D. G., & Chastain, R. L. (1990). SC: Conceptualization, measurement, and health implications. *Journal of Social and Clinical Psychology, 9*, 439-455.
- Masuda, A., Anderson, P. L., & Sheehan, S. (2009). Mindfulness and mental health among African American college students. *Complementary Health Practice Review, 14*, 115-127.
- Masuda, A., Price, M., Anderson, P. L., Schmertz, S. K., & Calamaras, M. R. (2009). The role of PF in mental health stigma and psychological distress for the stigmatizer. *Journal of Social and Clinical Psychology, 28*, 1244-1262.

- Niederhoffer, K. G., & Pennebaker, J. W. (2009). Sharing one's story: On the benefits of writing or talking about emotional experience. In S. J. Lopez, & C. R. Snyder (2nd ed.), *Oxford handbook of positive psychology* (pp. 621-632). New York: Oxford University Press.
- Wegner, D. M. (1994). Ironic processes of mental control. *Psychological Review*, *101*, 34-52.
- Wismeijer, A., & van Assen, M. (2008). Do neuroticism and extraversion explain the negative association between SC and subjective well-being? *Personality and Individual Differences*, *45*, 345-349.
- Wismeijer, A. A. J., van Assen, M. A. L. M., Sijtsma, K., & Vingerhoets, A. J. J. M. (2009). Is the negative association between SC and subjective well-being mediated by mood awareness? *Journal of Social and Clinical Psychology*, *28*, 728-748.

Table 1

Descriptive Statistics, Coefficient Alphas, and Correlations for All variables in Study 1

	1	2	3
1. Emotional Distress (IRI-PD)	--		
2. Self-Concealment (SCS)	.18**	--	
3. Psychological Flexibility (AAQ-16)	-.47**	-.37**	--
<i>M</i>	12.09	28.75	71.45
<i>SD</i>	4.83	8.63	9.94
<i>α</i>	.76	.87	.67

Note: $N = 476$, ** $p < .001$, IRI-PD = Interpersonal Reactivity Index-Personal Distress,

SCS = Self Concealment Scale, AAQ = Acceptance and Action Questionnaire

Table 2

Linear Regression Analysis for Testing the Final Step of PF as Mediator

Variables	β	<i>B</i>	<i>SE B</i>	<i>t</i>
Emotional Distress				
Self-Concealment	.01	.01	.03	.30
Psychological Flexibility	-.46**	-.22	.02	-10.47

Note. $N = 475$, ** $p < .001$.

Table 3

Descriptive Statistics, Coefficient Alphas, and Correlations for All variables in Study 2

	1	2	3	4
1. General Psychological Ill-health (GHQ)	--			
2. Emotional Distress (IRI-PD)	.30**	--		
3. Self-Concealment (SCS)	.44**	.20**	--	
4. Psychological Flexibility (AAQ-16)	-.47**	-.47**	-.35**	--
<i>M</i>	12.83	12.45	28.43	70.61
<i>SD</i>	6.53	4.77	9.03	9.68
<i>α</i>	.89	.74	.88	.67

Note: $N = 453$, ** $p < .001$, IRI-PD = Interpersonal Reactivity Index-Personal Distress, SCS = Self-Concealment Scale, AAQ = Acceptance and Action Questionnaire

Table 4

Linear Regression Analysis for Testing the Final Step of PF as Mediator

Variables	β	<i>B</i>	<i>SE B</i>	<i>t</i>	<i>Sobel z</i>
Emotional Distress					
Self-Concealment	.03	.02	.02	.75	
Psychological Flexibility	-.46**	-.23	.02	-10.46	
General Psychological Ill-Health					
Self-Concealment	.32**	.23	.03	7.57	
Psychological Flexibility	-.36**	-.24	.03	-8.54	6.50**

Note. $N = 452$, ** $p < .001$.