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Telling Secrets

The Process of Disclosure
for
Women with Stigmatised Experiences

A thesis submitted to the
University of Waikato
for the degree of
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by

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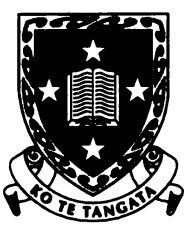

The
University
of Waikato
Te Whare Wānanga
o Waikato

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In memory of

Lillian Frances Murdoch

5 May 1909 – 10 June 2001

Abstract

Social science knowledge has largely been developed via research utilising information that is disclosed by people. Yet little is known about the dynamics and process of disclosure itself.

In the present study, a grounded theory of the process of disclosure was developed for women disclosing one (or more) of three stigmatised experiences or identities: having been sexually abused, coming out as lesbian or bisexual, and/or having a sexually transmitted disease. Eighteen women of diverse ages and backgrounds were interviewed with regards to their experiences of disclosing to partners, friends, family members and acquaintances. In this qualitative study, six categories characterising the process of disclosure were found: the period prior to disclosure, the women's motivation for disclosing (altruistic, affiliative and instrumental needs), developing a network of confidants (essential and chosen), assessing the risks involved, strategies for disclosing and the consequences of disclosing.

A descriptive and interpretive model was developed of the changes that occurred over time for women disclosing their secrets. This model of the process of disclosure was synonymous with the changes and development in the women's self-identity as they came to terms with the impact of having a stigmatised experience or identity.

Findings suggest that disclosure can facilitate healing and lead to increased self-esteem and self-confidence with respect to the negative attributions resulting from stigmatisation. Results also suggest that therapists could facilitate the process of disclosing traumatic secrets for women experiencing difficulties.

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To the women who told their secrets, thank you for your courage, honesty, and wish to make the world a better place. I have been honoured to be able to make your contributions the core of my work.

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To my family: your love and support, in immeasurable ways, have been an integral part of this thesis as in all areas of my life.

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Contents

Preface

Disclosure refers to the communication of information to another person, and in this context, disclosure is basic to most forms of human communication. Almost all of what is known to social scientists, in their endeavour to understand human behaviour, has been gathered by way of disclosed information; that is, self-report data from interviews and questionnaires, from observing disclosures, and from artifacts and reports of self-disclosed information. From this incredibly rich source of information, what has historically been researched (and usually still is) was the product of disclosure, or the information that was gained from people who disclosed. One would have thought that the dynamics and processes of people actually disclosing would be well known to social scientists. This is not the case.

I came to be interested in the subject of disclosure from both research and practice (as a psychologist) in the area of sexual abuse. For children, especially, little is known about the difficulties that they face that determine whether or not they disclose sexual abuse. Similarly, for others who have secrets that are impacting upon their lives, we tend to look at the consequences of their telling these secrets rather than what led them to tell or not to tell. In order to better understand the dynamics of the disclosure of personal information, I considered what information was significantly important enough to a person that they might have difficulty in disclosing it: this seemed to be information they considered secret, that had a consequence if disclosed.

Because stigmatised experiences are often kept secret due to the potential consequences once disclosed, I selected three stigmatised experiences linked in that they were related to sexuality, that were highly likely to be personally meaningful or important experiences to talk about. These were, having been sexually abused, having a sexually transmitted disease and coming out as homosexual or bisexual. Although sexuality is central to human nature, sexual behaviour is primarily private. People can either deny or fail to acknowledge

sexual behaviours that are thought by themselves or others to be uncommon or distasteful. As a consequence, behaviour that is common (but concealed) may be seen as atypical and sometimes as abnormal and shameful. Homosexuality, for example, is seen by some as immoral or perverse; children who have been sexually abused commonly feel shameful and to blame when perpetrators urge secrecy; and those with STDs may be considered morally lacking and to have slept around. Thus, disclosing becomes difficult due to judgemental attitudes.

Anderson and Jack (1991) note that the expression of women's unique experience as women is often muted, and that interviews are particularly valuable for uncovering women's perspectives. I hoped that by talking with women, the research would be informative and empowering both for the women who participated and for others in similar circumstances.

This research aims to increase the current understanding of the process or dynamics of women's self-disclosure of these three stigmatised experiences. The women who participated in this study were of a range of ages; they talked about different periods in their lives, and about different secrets (and sometimes multiple secrets). Three of the eighteen women were Maori, the remainder were New Zealand born European. It was the first of such studies conducted in New Zealand.

Following this introduction, the first chapter presents and discusses the research that has been done in the area of self-disclosure, in order to better understand the history of the research and to summarise what is known. The second chapter addresses methodology and research design. Chapters three, four, and five present for each of the three groups respectively (sexually abused, coming out as lesbian/bisexual, those with sexually transmitted disease) a brief context, literature review, profile of each of the women in that group, findings and discussion of the women's accounts of disclosing. Chapter six discusses the similarities and differences in the findings, comparing the three groups. Finally, chapter seven involves an overall analysis of all the women's multiple disclosures, in all three groups, looking at the changes over time that occurred for women repeatedly disclosing their experiences. From these findings, suggestions are made about the implications for women with similar experiences and for those working with women in these situations.

The way this thesis is ordered (literature review, research design, results chapters) conforms to accepted thesis style and does not reflect the process of the research. When generating grounded theory, data is gathered and the process of analysis occurs prior to

reviewing existing studies. The reason for this is that familiarity with the literature may influence the generation of theory from the data, in essence 'forcing' data rather than allowing it to emerge.

Writing for an academic audience involves requirements that define style, format and referencing. It is hoped that these requirements do not deter those from other backgrounds, who might find this study helpful.

Chapter 1

Disclosure

The purpose of this chapter is to review the available literature on disclosure in order to gain an understanding of what is currently known. This chapter firstly describes the history of research into disclosure, as a way of giving an overview of the main influences into disclosure research to this date. Secondly, the literature is critically reviewed, both quantitative studies and qualitative studies.

1.1 History of Disclosure Research

Research investigating disclosure began in the late 1950s, and is generally attributed to have been initiated by Sidney Jourard. Jourard was influenced by humanistic psychology, and believed that disclosure was beneficial to mental health (see below, Theories of Disclosure). Jourard's pioneer work in the field (see for example Jourard, 1959, 1961, 1971) was cut short by his accidental death in the early 1970s. At this time, quantitative methods under positivist paradigms were generally considered the most appropriate means of conducting valid and reliable studies. Research into disclosure did not come to a complete standstill following Jourard's death, but continued at a slower rate, with similar quantitative methods being used to investigate mainly students in laboratory settings (for example, Goodpaster & Hewitt, 1992; Shaffer, Pegalis & Cornell, 1992; Snell, Miller, Belk, Garcia-Falconi & Hernandez-Sanchez, 1989; Hinson & Swanson, 1993; Hill, 1991).

Over time, various factors have been in and out of fashion in terms of researching their association with disclosure. Gender differences have long remained a favourite, as have cultural differences, and studies are still being published on significant differences in disclosure patterns found between groups of people differentiated on these bases (for example

Dindia & Allen, 1992; and Chen, 1995) (for a summary of findings, see below). Another aspect investigated at different times has been theories which incorporate disclosure as part of an affective or psychological process (see below for a summary). With the increase in awareness of sexual abuse over the past two decades, there has been an acknowledgement of the role of disclosure for those talking about their abuse experiences, particularly in the therapist-client relationship (for example Hill, Thompson, Cogar & Denman, 1993; Hinson & Swanson, 1993) and for abused children (such as Summit, 1983; Sorenson & Snow, 1990). Another influence has been the increase in prevalence of AIDS and the HIV virus, leading to safety concerns and drawing attention to the way those with AIDS/HIV disclose (for example Kimberley, Serovich & Greene, 1995; Simoni, Mason, Marks, Ruiz, Reed & Richardson, 1995). This more recent literature has usually focussed on disclosure as one small aspect of the subject being studied. Yet another recent direction for research investigating disclosure has been to test psychological and physical health (e.g., physiological immune responses) in association with telling or withholding secret or traumatic information (Pennebaker, Kiecolt-Glaser & Glaser, 1988; Pennebaker & Beall, 1986).

1.1.1 Definition of Disclosure

One definition of disclosure is the uncoerced revealing of personal information in the context of a positive interpersonal relationship (Allen, 1974). Jourard and Lasakow (1958) consider disclosure to be "the process of making the self known to other person" (p.91). People will freely self-disclose personal information to someone with whom they feel comfortable. Individual differences in disclosure are thought to be due to the idiosyncratic patterns developed by an individual by way of social learning processes (Chelune, 1975). On a group level, differences in disclosure patterns between different cultures is an area of interest to researchers, as findings contribute to better cross-cultural understanding (Chen, 1995).

1.2 Theories of Disclosure

There have been a number of theories discussed in the literature that have attempted to provide a better understanding of the dynamics of disclosure. These theories can be generally categorised into two models: the fever model (related to the catharsis model and the theory of inhibition), and the goal-based model (characteristically, investigating the

influence of affiliative needs).

The fever model and the catharsis model are combined here because they are similar in that both consider disclosure to be a positive and healthy response to a negative experience. The fever model holds that the relationship of disclosure to psychological distress is analogous to the relationship of fever to physical infection, in that both indicate some underlying disturbance and are part of a restorative process (Stiles, Shuster & Harrigan, 1992). The fever model's central tenets are that disclosure increases with psychological distress, and that disclosure relieves distress (Stiles *et al*, 1992; Jourard, 1971; Greenberg & Stone, 1992; Chaikin & Derlega, 1974; Chelune, 1975). The catharsis model dates back to Freud and Breuer, whose early writings suggested that the origin of patients' hysteria lay in their repressed memories of past traumas, and that releasing or reviving past inhibited memories and their associated emotions was a positive response (Greenberg & Stone, 1992).

A development of the fever model of disclosure is the theory of inhibition. The central tenet of the theory of inhibition is that failure by the individual to confront and process traumatic events (by attempting to inhibit thoughts, feelings and related behaviours) requires physiological effort. Over time, the work involved in suppressing the trauma leads to stress, a cumulation of which results in an increased vulnerability to stress-related diseases (Greenberg & Stone, 1992; Pennebaker & Beall, 1986). The corollary to inhibition theory is that disclosure of trauma should reduce the likelihood of negative health outcomes (Greenberg & Stone, 1992)

A number of studies support both the fever model and the theory of inhibition. These studies have found that respondents who disclosed traumatic events and other personal secrets reduced both psychological and physical problems (Pennebaker & Beall, 1986; Lane & Wegner, 1995; Spiegel, Bloom, Kraemer & Gotheil, 1989; Greenberg & Stone, 1992; Forbes & Roger, 1999). In addition, continuing to conceal or actively inhibit disclosure has been found to increase depression, anxiety and other dysphoric emotions (Larson & Chastain, 1990; Pennebaker, 1989; Lévy, Laska, Abelhauser, Delfraissy, Goujard, Boué & Dormant, 1999).

We can assume that the range of responses and patterns of disclosure are large. There are likely to be a range of reasons why people disclose that are not limited to crisis situations or social reasons. Miller & Read (1987) considered that a more profitable focus for disclosure research would be to bypass single consequences of disclosure, and to address

the motives for disclosing. They suggested a goal-based model of personality on which to orient disclosure research. A goal-based model approaches disclosure with the view that there are likely to be many reasons for disclosing information, and that different reasons for disclosing may explain (and eventually, possibly to predict) different disclosure patterns for different goals. Examples of goals that might be realised via disclosure include, wanting to make friends, wanting to be with people, to please and win affection, and to make a good impression (Miller and Read, 1987). The four components of the goal-based model are: the *goals* for disclosure, the *plans and strategies* used to attain the goals, the individual's *beliefs* that influence the choice and completion of the plans, and the *resources* available to the individual (such as social skills, time, money). This model is based on the premise that disclosure is purposeful, and also suggests that patterns of disclosure are influenced by the purpose of disclosure (Miller & Read, 1987). Miller and Read posit that this model could account for variability in previous studies that hypothesised that the tendency to disclose was a stable personality characteristic.

A number of studies have found evidence to support the hypothesis that disclosure is motivated by people's affiliative needs (Hill, 1991; Forbes & Roger, 1999; Mikulincer & Nachshon, 1991; Hinson & Swanson, 1993). Hill (1991) found that people with strong affiliative needs, in combination with a perception that disclosures would be warmly and empathically received, showed more interest in disclosing to others than those who had lower affiliative needs. Mikulincer and Nachshon (1991) found that people's characteristic patterns of relating to others predicted their degree of disclosure; and studies conducted by Forbes and Roger (1999) and Hinson and Swanson (1993) found that people's willingness or need to seek support from others influenced their disclosures.

1.3 Methodology of Disclosure Research

The pattern of research conducted in the area of disclosure has tended to be of small, discrete hypotheses tested in series, with replication of results of influencing variables such as gender, age and culture (for a review, see Cozby, 1973 and Jourard, 1971). This pattern characterises the development of a new construct; however with Jourard's death, what could have been a promising start has not made great progress. Although many of the articles in this review were published before 1979, most of the early findings are still held to be valid today (see for example Petronio, Alberts, Hecht & Buley, 1993; Hill, 1991;

Greenberg & Stone, 1992).

Disclosure research may be categorised into qualitative and quantitative studies. Qualitative disclosure studies have emerged in the counselling and psychotherapy literature, which consider disclosure of the client to the therapist an important, primary component of the therapeutic relationship (see for example Petronio, Alberts, Hecht & Buley, 1993; Knapp & Miller, 1985; Howard, 1986).

Quantitative disclosure studies exist in the interpersonal relationship, personality, and acquaintanceship literature. To quantitatively analyse data means to quantify data in order to better understand the phenomenon being researched. The assumptions underlying quantitative research are that there is a discrete objective reality that may be measured reliably by systematic measurement. These studies measure variables thought to influence disclosure, produce analog (simulated) situations in laboratories or administer questionnaires, quantify the findings and statistically test differences for significance (for example Shaffer, Pegalis & Cornell, 1992; Snell, Miller, Belk, Garcia-Falconi & Hernandez-Sanchez, 1989; Hinson & Swanson, 1993; Hill, 1991). The advantages of quantitative research design are that by investigating a limited representative group of people, responses may be averaged in order to find a norm or common standard that is representative of the whole population from which the subgroup was drawn. Only that information thought to be relevant by the experimenter may be drawn from the sample, in a standardised form. The disadvantages of this research design are that only a limited aspect or question is tested (i.e., the hypothesis) and the researcher must have a relatively good knowledge of the research area prior to the research in order to formulate the hypothesis to be tested. Otherwise, the results may answer an irrelevant question. For a more in-depth comparison of quantitative and qualitative research, see Chapter Two.

1.3.1 Quantitative Disclosure Research

Quantitative studies have investigated the following factors, thought to influence disclosure: gender, age, culture, personality, propinquity, affect, breadth and depth of subject, intimacy level, knowledge of and/or liking for the other person, and reciprocity of disclosure (for a review, see Cozby, 1973 or Jourard, 1971 or current interpersonal communication literature such as Knapp & Miller, 1985; Petronio *et al*, 1993).

Three basic parameters of disclosure have been identified (Chelune, 1975): these are

the breadth or amount of information disclosed; the depth or intimacy (i.e., the personal relevance of the subject) of information disclosed; and the duration or time spent disclosing the information (Chelune, 1975; Cozby, 1973). The more intimate the information, the less breadth or amount is likely to be disclosed — and the intimacy of the information being disclosed does not appear to be related to the duration of the disclosure. Chelune suggests a further parameter, the emotional or affective manner of presentation of the information disclosed.

Disclosure in Relation to Others

Associations between disclosure and mental health were initially investigated in the 1960s and early 1970s, with the hypothesis that greater disclosure is related to positive mental health (Jourard, 1971; Cozby, 1963). People who disclosed more to close associates, and less to acquaintances, were thought to have better mental health than people who did not discriminate between disclosures to friends or acquaintainces (Jourard, 1959, cited in Cozby, 1973). In other words, a person's ability to discriminate high-intimacy information from low-intimacy information, to discriminate close friends from acquaintances, and to appropriately disclose (such that high-intimacy information is disclosed only to close friends), is thought to be an indicator of better mental health (for a review, see Cozby, 1973). Cozby concluded, however, that the magnitude of correlations were small and that attempted replications yielded lower correlations (Cozby, 1973). Seeking an association between disclosure (categorised as appropriate or non-appropriate) and mental health appeared to be too simplistic.

In terms of interpersonal relationships, it has been found that an individual will disclose more to a person whom they like, or whom they know, or who self-discloses personal information to the individual (Jourard, 1971; Jourard & Friedman, 1970; Cozby, 1973; Ellingson & Galassi, 1995). Individuals were more likely to self-disclose to family members who were rated as close, warm, friendly and accepting, or who were generally liked (Jourard & Lasakow, 1958; Snell, Miller, Belk, Garcia-Falconi & Hernandez-Sanchez, 1989). These findings, in terms of disclosure flexibility, measure appropriate disclosure behaviour. Worthy, Gary & Kahn (1969) found that respondents liked best the people who had self-disclosed most to them. Studies have found that people disclose to their spouses more than to others (Jourard & Lasakow, 1958), and that females disclose more to same-sex friends than do males and also love their same-sex friends more than do males (Rubin,

1970). These findings suggest that the more a person loves another, the more likely they are to disclose to them.

Disclosure has been found to be higher (greater amount, more intimate, talking longer) when it is positively reinforced or the content is positive, suggesting a degree of social approval influencing disclosure (Levinger & Senn, 1967; Taylor, Altman & Sorrentino, 1969). The degree of dependence two people have and their similarity to each other also influences disclosure, with high dependence and similarity increasing social interaction and intimacy (Altman & Haythorne, cited in Cozby, 1973). People also disclose more, of a greater intimacy, over time (Frankfurt, cited in Cozby, 1973). Goodpaster & Hewitt (1992) investigated the anticipated reaction of others to hypothetical intimate and non-intimate disclosure situations. Respondents expected to be less well received by high disclosure of intimate, negative topics, and considered only positive, non-intimate disclosure to be attractive. Goodpaster and Hewitt's (1992) study was interesting in that it looked at what respondents considered to be appropriate disclosure behaviour, and in this sense their study was more direct than studies which employ self-report measures to find out what respondents do but which probably find out what respondents *think* they should do (such as Levinger & Senn, 1967 and Taylor, Altman & Sorrentino, 1969). Results were consistent with the expected reception of disclosure to strangers or acquaintances.

Studies investigating correlations between disclosure and personality measures have been typically low and contradictory and thus inconclusive (for a review, see Cozby, 1973). If disclosure is a goal-based behaviour, then correlations between disclosure and personality measures are predictably low, since associations would only become apparent if personality traits were also associated with goals for disclosing. In any event, the lack of correlation between personality traits and disclosure suggests that this is not a profitable direction in which to research disclosure patterns.

Disclosure and Culture

Research has investigated culture as a possible influence in disclosure patterns. A number of studies concluded groups of people from one culture disclosed more than or less than another. For example, American people were found to disclose more than did people from Britain (Jourard, 1961), Puerto Rico (Jourard, 1971), Germany or Mexico (Rivenbark, 1971). However, other studies found little or no difference (Kohen, 1975; McAllister, 1980), and yet other studies found differences were moderated by other variables such as

gender (Snell, Miller, Belk, Garcia-Falconi & Hernandez-Sanchez, 1989). It appears that differentiating between disclosure patterns on the basis of culture is too simplistic.

Disclosure and Gender

Gender differences in disclosure patterns have also been researched. Initially, studies were in agreement that females disclosed more than males (Jourard, 1971; Jourard & Lasakow, 1958; Jourard & Richman, 1963). These findings reflected the stereotypes that women were more expressive than men, and that men were unsentimental and unexpressive. These findings also suggested (although the conclusion was never drawn) that women shared better mental health than men, since high disclosure was held to be predictive of better mental health (Jourard, 1971). Subsequent studies (see Dindia & Allen 1992 for a review) followed a trend towards finding no significant differences in disclosure between males and females. A meta-analysis of 205 studies investigating sex differences concluded that moderator variables (relationship to discloser, sex of discloser, type of measurement used) influenced which gender disclosed more (Dindia & Allen, 1992). In short, disclosure was found to be situation-specific, and the effect size of overall gender differences was very small. It appeared to be too simplistic to try to find differences in disclosure patterns based on single variables. Disclosure is obviously a complex form of communication.

Snell, Miller, Belk, Garcia-Falconi & Hernandez-Sanchez (1989), in a study of emotional disclosure to recipients of choice, found that females were more willing than males to discuss emotional feelings with others. An additional study by Snell *et al* (1989) also reported an effect of the masculine role on disclosure; findings indicated inhibited affection and restrictive emotion decreased willingness to disclose to therapists. Shaffer, Pegalis and Cornell (1992) also looked at disclosure in relation to gender roles, and found that the masculinity/femininity discrimination was a better predictor of contextual variations in disclosure than sex *per se*. Femininity promoted disclosure in a social, expressive context, and androgynous subjects were more revealing across context than any other group. This finding that the masculinity/femininity discrimination was more appropriate in categorising differences in disclosure patterns reflects current thought that gender does not automatically imply gender roles. In this light, previous studies discriminating on the basis of gender only need some reinterpretation.

Methodology Issues

The pitfalls of self-report data may have influenced these studies. Not only are questionnaires and interviews indirect measures of obtaining data, but potential biases such as social desirability and susceptability to faking are present (Bellack & Hersen, 1988). This is especially true since disclosure is portrayed as a positive thing, and high disclosure between two people in an intimate relationship is considered the norm (Knapp & Miller, 1985). For example, Davidson, Balswick and Halverson (1983, cited in Knapp & Miller, 1985) found that couples repressed and distorted inequalities between married partners when asked to judge disclosure. It is possible that the information that has been gathered by way of questionnaires and self-report data on disclosure reflects more what is considered the norm, or appropriate behaviour, than what actually occurs.

All of the studies referenced in the current review of quantitative disclosure studies bar one have made use of students as respondents, either from university, college or high school. Apart from studies designed to investigate differences between cultures in disclosure patterns, almost all studies used American students (apart from one study using Israeli students). American students, for the large part, are relatively intelligent and young, and hold values associated with the white, middle-class culture. These values are not representative of all cultural groups and may be inappropriate in investigating disclosure patterns among groups other than white middle-class people. Students are not representative of the general population and therefore results from these studies may not be considered generalisable or predictive of other groups of people. These criticisms highlight the need for research that investigates disclosure from a wider variety of populations.

The above studies also suffer from several other shortcomings: Jourard and others, in investigating disclosure, set up their own parameters and used self-designed measures whose validity and reliability were not established. As has already been mentioned, the measures (questionnaires, analog situations) were largely used with non-representative groups (i.e. students).

Summary of Quantitative Research

Disclosure has been quantitatively investigated by researching discrete variables such as gender, culture and socio-economic status, using methods such as questionnaires and analog situations. The large numbers of findings from the wide range of quantitative studies

have tended to stand alone, since there is no appropriate overall model to explain disclosure, or with which to integrate results.

1.3.2 Qualitative Disclosure Research

Qualitative researchers do not assume that there is an objective reality, but believe rather that 'reality' is highly subjective (Hammersley, 1996). The process of conducting qualitative research does not depend on answering a specific, predefined question but instead, can require that hypotheses have not been formulated as the expectation of results can predetermine findings. Qualitative research tends to be more fluid and flexible than traditional quantitative research, and researchers acknowledge their influence and participation in the research process. The definition of qualitative research is broad, and encompasses different sources of data (e.g., interviews, focus groups, text) and a variety of methods of analysis (such as discourse analysis and grounded theory) (Hammersley, 1996).

Disclosure in Therapy

Disclosure in therapy is essential, without which assessment and treatment cannot occur. While the term 'disclosure' incorporates most of the communication that occurs within therapy, it is more often referred to in the context of therapy as the act of revealing intimate, shame- or guilt-associated information. The influence of stigma is explored briefly below, followed by a brief review of some of the literature regarding disclosure in the context of revealing secrets (such as sexual abuse and being homosexual). Literature pertaining to the disclosure of specific secrets (child sexual abuse, coming out as lesbian/bisexual, and having a STD) will be elaborated on when the results of the current study are presented, in following chapters.

Early researchers defined stigma as an attribute or aspect of self that is devalued by others (Goffman, 1963). Feelings of shame, inferiority, uncertainty and humiliation may be experienced by those with stigma (Goffman, 1963). According to Goffman (1963), 'an undesired differentness' that constitutes stigma, is the basis on which others exercise varieties of discrimination (Goffman, 1963, p.15). Pinel (1999) and others have shown, however, that the perception of the probability of being stereotyped influences people's interpretation of their experiences (Smart & Wegner, 1999; Major & Gramzow, 1999). In other words, people interpret experiences according to their expectations of discrimination. Pinel (1999) defined the construct of stigma consciousness to describe the extent to

which people expect to be stereotyped. According to Pinel, stigma consciousness does not mean people internalise the beliefs related to their stereotype. Her definition refers to the expectation that one will be stereotyped irrespective of behaviour (Pinel, 1999).

Some stigmas are visible (such as physical deformities) and as such, have the potential to elicit negative responses and reactions in a wide variety of situations and relationships. Other stigmas are invisible, or concealable. People who possess concealable stigmas can choose to minimize their impact by concealing them or by withholding disclosure; however, even invisible stigmas can have profound psychological and behavioural consequences for those who possess them (Major & Gramzow, 1999; Goffman, 1963; Frable, Platt & Hoey, 1998).

An example of a concealable stigma is where women have experienced child sexual abuse. Although there is no general, widespread stigmatisation of those who are sexually abused, women who have been abused frequently feel they are dirty, shameful or guilty (for example Swink & Leveille, 1986) and thus expect or perceive they are negatively stereotyped (Pinel, 1999). With the current concern about child sexual abuse, literature regarding disclosure of abuse has begun to be published over the past twenty years. Summit (1983) wrote an article concerning the accommodation process that sexually abused children go through in coming to terms with the abuse. Disclosure is described as one part of the process, and Summit emphasises the child's decision to disclose and the reception of disclosure as significant aspects (Summit, 1983). Reiser (1991) and Sauzier (1989) investigated the retraction of disclosure of child sexual abuse, and Sorenson and Snow (1991) and Sauzier (1989) looked at the process of disclosure within the context of child sexual abuse. Sorenson and Snow concluded that disclosure of child sexual abuse contains four variables (denial, disclosure, recantation and reaffirmation). Sorenson and Snow's structure of the disclosure process of child sexual abuse may be applicable to other instances of disclosure, although for the most part the literature in this area is more concerned with the subject of abuse than the subject of disclosure.

While it appears an inherent assumption of many of the qualitative studies on disclosure, only one author specifically discusses the reception of disclosure as an influence (Summit, 1983). People's tendency to disclose information of an intimate nature to strangers could be explained by this factor; a stranger is less risky to disclose to since they do not have the peer or social influence of friends or family and they are unlikely to be seen again. Similarly, a negative reception to disclosure to a stranger wields less power than that of a

close friend (Summit, 1983).

Swink and Leveille's (1986) outline of the recovery process for adult incest survivors lists disclosure of the incest as a primary phase. According to Swink and Leveille, the survivor needs to recover the memories of the incest and to work through the issues raised; denial of the incest or doubting the reality of the memories is common, and the survivor needs to disclose the experience in an atmosphere of acceptance and belief. Disclosure in itself, in a receptive environment, produces relief and release and allows the client to begin to incorporate the response of others to her incest experience (Swink & Leveille, 1986). Aukett (2000) has also developed a model of the healing benefits of interpersonal relationships, in which disclosing trauma is a primary step towards resolving personal issues.

Swink and Leveille's (1986) account is typical of much of the current literature concerning disclosure in therapy (see for example Laidlaw & Malmo, 1990). While it is important to state that a safe environment and a positive, accepting relationship with the client encourages disclosure, the focus of the literature is not on disclosure itself but on the role of disclosure within the context of incest, or abuse, or primarily within therapy. This allows limited insight into the process or dynamics of disclosure itself.

Yalom (1985) and Hymer (1982) have found that people in group therapy who attempt to keep information hidden from other group members and the therapist impede the therapeutic process to the extent that the discussion of superficial topics or silence may occur. A number of researchers have discussed the difficulties of keeping track of secrets and maintaining silence (Yalom, 1985; Pennebaker, 1990; Wegner, 1994; Wegner & Gold, 1985; Lane & Wegner, 1995; Wegner & Erber, 1992). This is thought to be due to the significant amount of energy and cognitive resources required to keep the information hidden and to deliberately withhold relevant aspects of themselves. Pennebaker's (1990) research supported the hypothesis that the harder one works at inhibiting information, the higher the probability of stress-related physical and psychological problems.

Wegner & Erber (1992) have labelled the difficulty in suppressing information as the "hyperaccessibility" of the secret. Wegner (1994) described it as follows: "The secret must be remembered, or it might be told. And the secret cannot be thought about, or it might be leaked" (p. 288). People who deliberately suppress or withhold information may develop a full-blown preoccupation with the secret (Wegner, 1994; Smart & Wegner, 1999). In comparison to people self-suppressing information, Kelly & Kahn's (1994) research found

that instructions given to respondents to suppress intrusive thoughts led to a reduction in their frequency. However, Kelly & McKillop (1996) suggest that this may have been because, over time, people could develop strategies and techniques to suppress intrusive thoughts that become virtually automatic.

Some psychotherapists and researchers have noted that the process of sharing secrets can lead to insights regarding the meaning of those secrets and develop a sense of control over their lives, due to reframing and assimilating them into their worldviews (Meichenbaum, 1977; Pennebaker, 1989; 1990). Pennebaker (1990) noted that people who keep secrets can benefit from having their (sometimes) distorted perception challenged by someone else, when they disclose.

Other researchers have found that disclosing secrets can have significantly negative consequences. Silver, Wortman & Crofton (1990) observed that people who have experienced negative life events can alienate their social networks by openly expressing their distress when disclosing. Kelly & McKillop (1996) note that research has shown that those "who express their struggles actually elicit more rejection from others than do people who act as if they are coping quite well". Coates, Wortman & Abbey (1979, cited in Kelly & McKillop, 1996) also found that people tend to be avoided by confidants after revealing secrets to them, and that this effect is shared by cancer patients when they share their fears with family friends and health care staff (Spiegel, 1992), leading to isolation and alienation for the patients.

Responses to revealed secrets have been shown to be frequently unhelpful, such as unwanted advice, unhelpful comments, interrupted disclosures, imposed interpretations, and suggestions to be positive about other things in their lives (see Kelly & McKillop, 1996). Kelly & McKillop (1996) recommend that people should consider the likelihood that keeping secrets can be beneficial unless they are particularly troubled by the secret. They also suggest discretion and careful evaluation of potential confidants.

Identity

In investigating the impact of stigma, which is in essence the influence of other people's prejudices upon members of a particular group (Goffman, 1963), it is important to discuss the construct of identity. Identity is the sense of self or consciousness of self and is developed via experience; it is socially constructed and identity formation is bound up

with culture (Charles, 1995; Roseneil, 1995). Roseneil defines identity as a view of one's self and relationships with the world and with family and friends, and further delineates between personal identity (one's sense of self) and social identity (the roles one takes on as in group membership, interpersonal relationships, social positions and status) (Roseneil, 1995). Roseneil further states that identities are "unstable, fluid, often contradictory and always in process" (Roseneil, 1995, p.90), and that the multiplicity and ambiguity of the social identities available to women mean that women struggle to reconcile conflicting social and personal identities, leading to a contradictory sense of self.

Adams (1995) believes that identity is not merely a product of reflection but is conceived within ideological frameworks and objective conditions, and that a transformation of self requires interactional support and affirmation. Adam's assertion of the necessary conditions for a transformation of self (interactional support and affirmation) appears to assumes that disclosure to others is the process by which these conditions are met. For the three groups of women, in order to perceive that others exercise discrimination towards them on the basis of their group membership (cf Pinel, 1999), they would have identified on either a personal or a social level with that group, to some extent (i.e., I am an abuse survivor, a lesbian or bisexual, a woman with an STD).

Power

Another perspective from which to view differences in disclosure patterns is to consider the role of power, whether it be personal, situational, or social/economic power. Feminist critiques of western philosophical thought have shown the gendered nature of the traditional western power structures (i.e., that they are masculinist and superordinate), and in comparison traditional feminine aspects and roles have been subordinate (Charles, 1995). Implicit in most feminist research is the assumption that gender relations are relations of power (Charles, 1995). In the present study, the common experiences of the three groups of women in belonging to their particular groups are inherently disempowering in a range of ways. Sexual abuse is disempowering by definition (e.g., Finkelhor and Browne, 1985). Lesbian and bisexual women function in a traditionally heteronormative culture with the power and privilege to deny, repress and/or reject differences in sexual orientation (Montini, 2000). Dominant social norms discourage women from acting assertively in using condoms yet hold women responsible for preventing sexually transmitted diseases (Warnke, 1993).

Disclosing secrets in therapy is a situation in which power inequalities exist inherently (Douglas, 1985). The therapist-client relationship is defined as one of temporary inequality; i.e., one based on service to the client. The client is then dependant on the therapist (who retains greater power than the client in the therapeutic process) (Douglas, 1985; Anderson and Jack, 1991; Cook and Fonow, 1986). Having a secret, and controlling the disclosure of that secret, can infer personal power. However in the present study the disclosure of the women's secrets is not inherently empowering because of the significant risks they take that the disclosure will result in their rejection and alienation.

Gender Differences in Communication

The current attitude in quantitative studies of disclosure is that there are no significant gender differences in disclosure (Dindia & Allen, 1992). However, in qualitative research into disclosure, the opinion is different. Minister (1991) notes that the subject of women's communication differs significantly from that of men's; women talk about personal and affiliative issues that reflect who they are, whereas men talk about power and task issues that reflect what they do (Stewart, Cooper & Friedley, 1986, cited in Minister, 1991). Women use communication as an opportunity for establishing equality and intimacy; for men, it is used to compete and to dominate (Minister, 1991). Hare-Mustin (1983) states her concern that women are at a disadvantage as subjects of interviews, since interviewing has been developed in the context of the male sociocommunication system. For example, in the context of therapy, practitioners are more likely to discount patients who describe their symptoms in an expansive fashion than those "who deny symptoms and appear stoic" (Fidell, 1980, cited in Hare-Mustin, 1983). This example highlights Hare-Mustin's (1983) concern that the difference in style between women and men's communication may adversely affect the reception of women's disclosure. According to Minister, an oral history interview that involves a clash of communication form (i.e. men interviewing women) will not only preclude topics central to the narrators' lives, but will increase the unreliability and lack of validity of the information.

Discounting differences in disclosure patterns between women and men, as findings by Dindia & Allan (1992) suggest, seems premature. Minister (1991), Fidell (1980) and Hare-Mustin (1983) have all noted differences in disclosure patterns between men and women. This inconsistency between qualitative and quantitative studies may be explained by Shaffer *et al*'s (1992) study (as discussed above with reference to quantitative studies),

which found gender roles to be more discriminative than gender *per se* in identifying differences in disclosure patterns. Qualitative studies, in looking at the individual in context, are perhaps more likely to have noted gender role differences whereas quantitative studies are selective in their information, looking at respondent sex and disclosure response only.

Disclosure in the Context of Coming Out as Homosexual

Coming out, or disclosing to others the information that one is homosexual, is another area of research in which the role of disclosure of a stigmatised group is discussed. This subject is explored in more depth in Chapter 4. Two studies that provide an overview of some of the issues involved are those of Krestan (1988) and Davies (1992). Krestan (1988) discussed the dilemma of coming out as a lesbian to the family of origin. The discrimination against lesbians that can occur as a consequence of disclosing takes numerous forms, and the difficulty in sustaining an open lesbian relationship in this environment was compared to the alternative, having to hide a major dimension of one's life from view. Disclosing one's lesbian preferences to family and friends risks loss of friendship and rejection from loved ones. Krestan considered 'coming out' to be a process which involved disclosure to others, following coming to terms with one's sexuality. Krestan encouraged women to disclose first to people from whom they can be assured of a positive reaction.

Davies (1992) article provided an in-depth analysis of disclosure as it occurred within the context of coming out as gay. The relevant parts of his analysis, in relation to the current study, were two processes that he identified as involved in coming out. He termed these individuation and disclosure. Individuation was described as an internal psychological process (of coming to terms with, or identifying as, homosexual) and disclosure was the process whereby others were informed of the man's homosexuality. In brief, Davies considered individuation and disclosure to be interrelated processes in that the developing identity motivated disclosure, and disclosure influenced the developing identity. It would be interesting to apply these observations and interpretations to situations and contexts other than coming out, where significant or meaningful disclosures of stigmatised events or identities occur (such as sexual abuse).

Disclosure in the Context of AIDS/HIV

A further, topical issue that concerns disclosing information of an intimate nature with likely negative consequences is that of HIV. Disclosure of HIV (Human Immunodeficiency Virus, precursor to AIDS) is a special case of disclosure, since the implications of disclosing or not disclosing are potentially life-threatening. Serovich and Greene (1993) discussed the benefits of knowing of HIV positive status, such as the provision of health services. Stigma and discrimination can also result for both people with the virus and family and friends associating with HIV positive people (Macklin, 1988). Serovich and Greene consider the crucial issue to be the extent to which the HIV status information is personally relevant to potential recipients, although the effect of disclosure on family and friends can be devastating, as can unwanted disclosure for the person themselves.

Kimberley, Serovich and Greene (1995) qualitatively investigated the disclosure of HIV-positive status for five women. Kimberley *et al* developed six steps that emerged from their data that attempt to describe and explain the process of disclosure for the five women. The main features of their model of disclosure involved the women coming to terms with their diagnosis and considering their ability to communicate their HIV seropositivity, evaluating and anticipating potential recipient's reception to disclosure, and the women's motivation for disclosing. Kimberley *et al*'s research specifically studied disclosure as a process and developed an initial model of disclosure for this population, which is a promising beginning that warrants further research.

Summary of Qualitative Research

Macklin (1988) and Serovich and Greene (1993) make the point that disclosure may have far-reaching consequences not only for the individual, but for others around her/him. The perceived consequences of the act of disclosing are likely to influence how, and when, and where information is disclosed, and to whom.

The limiting factor in the majority of qualitative studies involving disclosure is that these studies are concerned about the role that disclosure plays within the context of a specific crisis or life situation (such as coming out as a homosexual, disclosing child sexual abuse or incest, revealing HIV or AIDS status). The focus is specific and based upon the event and its consequences more than on disclosure itself. What is needed is research concerned primarily with the process, consequences and influences of disclosure

itself, which may be illustrated by the similarities and differences of disclosure in different contexts. Davies' (1992) study of gay men coming out is a promising analysis of the process of disclosure that lends itself to further investigation across other fields, as does Kimberley *et al*'s (1995) research concerning the process of disclosure for HIV-positive women.

1.4 Conclusion

Disclosure appears to be dependent upon personal patterns that are learned, socialised or otherwise developed over time; and as a primary communication tool in society, it is greatly affected by factors found to influence general socialisation and interpersonal communication. Gender roles, culture, age differences, attitudes, expression or any factors influencing people relating to people, are likely also to influence disclosure. Internal perceptions of the potential consequences of and reception to disclosing, one's personal need to relate to others, and concurrent decisions about discriminating intimacy content and disclosure recipient also appear to influence disclosure. Disclosure, then, as with socialisation, is a very complex phenomenon.

The comprehensiveness and complexity of disclosure as suggested by research findings are more indicative of disclosure as a process than an event. All qualitative research investigating disclosure of a specific subject describes the context within which disclosure occurs; the controversies and factors influencing decisions and attitudes about the subject also affect the decisions concerning disclosure. This characteristic generally distinguishes between qualitative and quantitative studies, since quantitative studies are less concerned with context than about the dynamics of disclosure in general. The majority of qualitative studies have been more concerned with the role disclosure plays in the resolution of some crisis than about disclosure itself, although some qualitative researchers are beginning to investigate disclosure as a process and are offering important findings.

Delineating Research

What is known about a subject is the amount that people choose to disclose about it, particularly with respect to concealable stigmas that can potentially significantly impact upon people's lives. What goes on for women prior to disclosure, that influences their decision to disclose? What does disclosure do for those who tell? How do women go about disclosing? What influences their decision to disclose or not to disclose? These are the

sorts of questions that this research will attempt to investigate. It is apparent that in order to investigate disclosure, research needs to take a broader perspective than quantitative research has to date. In addition, research findings have suggested that disclosure is a very complex phenomenon, and studies investigating it as an event, or unit, have been limited in their findings. Thus, addressing disclosure as a process as opposed to an event is the direction of choice for the current research. Because knowledge about disclosure is relatively limited, diverse and fragmented, an approach which would produce a model or theory is desirable.

Chapter 2

Research Design

This chapter focuses on the epistemology, methodology and design of the present study. Firstly, the epistemological position inherent in this research process is outlined and a rationale is established for using a qualitative design. Secondly, the methodology is presented and the grounded theory strategy of theory construction is discussed. Finally, after reviewing these methodologies, the specific research design of the present study is described.

2.1 Epistemology

Harding (cited in Henwood & Pidgeon 1994) argued that one's epistemological position, methodology and method need to be stated and distinguished from each other when establishing the context within which research is conducted. One's epistemological position refers to the paradigms inherent in the research. My epistemological position, arising from my background, experience and beliefs, is as follows:

As a clinical psychologist I have worked largely with women and children. My training was based on a cognitive-behavioural approach. Using a cognitive-behavioural approach means to observe behaviour and to question what and how the individual thinks about the world. Behaviours are thought to result from learning from past experience, and from the way we think. On a broader level, the individual influences and is influenced by their environment; this includes their interactions with the people around them and the physical boundaries of their world. Thus, asking about their interactions and relationships with others, and how they function within their environment lends another perspective to that person (Masters, Burish, Hollon & Rimm, 1987; Kanfer & Goldstein, 1991; Bellack &

Hersen, 1988).

I am also a feminist; although that statement says very little given the heterogeneous and changing nature of feminism. My position is influenced by both socialist and liberal feminist perspectives. Liberal feminism holds that inequalities are demonstrated by fewer opportunities for women in comparison to men, and aims to extend the rights of women in employment, politics and education (Sapiro, 1994). Socialist feminism, however, posits that inequalities are based on the social structure and ideologies inherent in society that oppress women, and that providing more opportunities for women does not address the structural problem.

Feminist research has grown out of the feminist movement. Addressing women's needs within their own context and social environment is needed (Geiger, 1990). Yet Geiger questions the assumption that research involving women's oral history, or women doing women's oral history, is inherently feminist. Her article identifies aspects of research that support the claim that this research is, in fact, feminist research. For example, Geiger lists feminist objectives as including an acceptance of women's own interpretation of their identity and experience, and generating the research questions for the study of women as embodying specific realities. Using grounded theory (see below) is another way in which this research endeavours to be feminist. In seeking to understand the data rather than forcing it via interpreting the words to fit preconceived notions and categories, I have tried to avoid creating findings based on matching them to pre-existing "authorities" (prior repositories of knowledge i.e. previous studies). Published literature often fails to acknowledge the political and emotional agendas inherent in the research (Geiger, 1990). By stating my experiences and motivation, I am acknowledging some of the influences in my research.

I conducted quantitative research (questionnaires) on the prevalence, risk factors and disclosure of child sexual abuse for my Masters thesis in psychology in 1993 (Muir, 1993). While findings with regards to both the prevalence and risk factors for abuse were useful and interesting, I found that the questions (both open and closed) I had included in the questionnaire with regards to disclosing abuse were obviously limited and limiting for the respondents. This provided a strong motivation for me to explore in greater depth, with qualitative methods, an aspect of abuse (and of other stigmatised experiences and identities) that has been seldom investigated.

2.2 Methodological Approach: Quantitative vs. Qualitative Analysis

Quantitative analysis in the form of deductive research has stood the test of time because there is a logical progression from the hypothesis to the results via the analysis of the data, and its application has tended to be rigorous and systematic. However, where the quality of interactions in complex social realities is investigated, qualitative research can provide different insights (Dunn, 1999; McBurney, 1998).

Qualitative research allows the generation and development of theory in a way that quantitative research cannot, because it works by generating ideas about a mass of data as opposed to testing a statement from specific information gathered in order to prove or disprove the statement. The significant factors in deductive research are the way the research has been carried out, and the results of the research. In inductive research, it may be argued, the only really significant factor is the theory that is generated because the methodology is dependent on a variety of factors that cannot be quantified, such as the researcher's ability to be creative and intuitive, and their experience and skill (McBurney, 1998; Henwood & Pidgeon, 1994).

A qualitative, inductive approach to social science research is one that is oriented towards investigating value-laden aspects of human interactions, usually from a humanistic approach, using language to describe and summarise interrelationships and events. Qualitative research endeavours to clarify and make understandable specific aspects of social reality, and can investigate for example behaviours, attitudes, emotions, ideas and beliefs. Qualitative research is grounded in that it refers to, and relies on, data gathered about the aspect of social reality under study(Henwood & Pidgeon, 1994; Dunn, 1999).

2.2.1 The Strengths of Qualitative Research

Qualitative research facilitates detailed analysis as generally, fewer participants are involved, who contribute a greater breadth and depth of information. This lends to a richness of data that, via analysis, enables complex phenomenon to be better understood. Because fewer participants are involved, one researcher is usually able to conduct all interviews and analyse the data obtained. This enables a greater degree of consistency of both data collection and analysis (Guba & Lincoln, 1981; Stanley & Wise, 1993).

Interviewing participants, where the schedule of topics to be covered is neither too

structured nor rigid, means that both the participant and that researcher may be more versatile and flexible. Greater variations in the subject under discussion may be encountered, where experiences are followed up by the interviewer. This allows a greater richness and depth of information to be obtained (Bellack & Hersen, 1988).

For the participant, there are significant benefits in qualitative research. The pace may be determined by following the participant's cues, which is especially important where subjects of sensitivity are discussed and concerns or needs of the participant, elicited by the interview, need to be addressed. Interviewers are more likely to become aware of participant's negative reactions raised by discussion, and may then respond appropriately and responsibly. Interviewed participants are also more likely to be able to retain control of what, and how, they relate to the interviewer's questions than in other forms of data collection. Also, given concerns that qualitative researchers have for conducting research ethically and responsibly, every effort is made to inform participants of the process and to involve them in obtaining an accurate record of their story (Stanley & Wise, 1993).

Interviewing replicates the most common form of communication, that of conversation, meaning that women (who tend to be language-oriented in relating to other women) are more likely to be comfortable disclosing information (Oakley, 1981). Being at ease with the interviewer is vitally important if the women are to be open and direct in relating their stories, and for the interviewer to develop an understanding of each participant's individual and unique experience. In addition, interviews enable participants to relate and interpret their experiences without having to fit a structure imposed by other methods (Oakley, 1981).

There are several issues that arise when relying on self-report data, such as that obtained via interviewing. One of the difficulties in using interviews to gather data is that the subject may disclose socially preferable versions of reality over factual events in order to increase their attractiveness to the researcher ("impression management") (Bellack & Hersen, 1988; Deaux & Wrightsman, 1988). A related issue is the accuracy of recall of the subject, thus introducing bias (Deaux and Wrightsman, 1988). Another significant factor influencing interviewing as a method of data collection is the rapport developed between the researcher and the subject, that is a specific influence unable to be replicated. Thus, a different interviewer could obtain different results. In response to the positivists' criticisms, difficulties with reliability and subjectivity are encountered with all self-report data, qualitative and quantitative (Bellack and Hersen, 1988). Stanley & Wise (1993) represent

proponents of qualitative research in positing that the participant's account, biassed and incomplete due to faulty memory though it may be, represents their subjective account of their constructed social reality (which is what qualitative researchers aim to study). The relationship that is established between participant and researcher is another aspect of their social reality, and rather than the interviewer artificially responding without affect in order to reduce influence on the data, they need to respond as one person does, socially, to another (Stanley & Wise, 1993). In addition, disclosure research indicates that a positive, accepting environment, such as that provided by an interviewer who has developed a comfortable rapport with a participant, enhances the breadth and depth of disclosures made by the participant (Jourard, 1971; Ellingson & Galassi, 1995). This is far more likely to be achieved by flexibility and some degree of interviewer self-disclosure than by following a rigid structured schedule of questions.

Traditional positivist research advocated reduced contact, participation and disclosure by the interviewer in order to obtain unbiassed, objective information (Dunn, 1999; Bellack & Hersen, 1988). However, when disclosure researchers interviewed respondents and disclosed personal information about themselves and their research subject and aims to the respondents, respondents learned set tasks more quickly than respondents who had not been interviewed (Jourard, 1971). Further, Jourard & Kormann (1968) found both that the respondent's attitude towards the researcher significantly altered the respondent's disclosure, and that researcher disclosure increased respondent disclosure. These findings have some impact on the role of the interviewer in eliciting information from respondents. The above results indicate that the more the respondent knows, likes and trusts the interviewer, and the more the interviewer participates and discloses, the more the respondent will disclose truthful, intimate information about themselves. The implications for research of these findings are that disclosure research is likely to be more valid if the researcher discloses, participates, and maintains contact with the respondent. These researcher behaviours are consistent with the philosophy of most qualitative research paradigms.

In summary, a greater depth and breadth of information from comfortable, open and direct participants means an increased potential for analysis of complex social processes. Consequently, the potential for greater understanding is a reality for qualitative research.

2.3 Methodology

This section of the chapter comprises an examination of grounded theory, and a brief justification of the use of grounded theory as the method of analysis for the present study.

2.3.1 Grounded Theory

The basic tenet of grounded theory is that the theory must emerge from the data, and in other words, theory is grounded in data. According to Strauss and Corbin (1990), two major proponents of this approach, "the grounded theory approach is a qualitative research method that uses a systematic set of procedures to develop an inductively derived grounded theory about a phenomenon" (p.24). The intent is to develop a better understanding of a phenomenon by identifying major constructs (or "categories") from the data within their contexts, the relationship between these constructs, and the processes that underlie the constructs and their relationships. The resulting theory is therefore much more than a descriptive account of the phenomenon (Strauss & Corbin, 1990). The two primary principles of grounded theory are generativity and grounding. Generativity refers to the aim of breaking out of the confines of existing knowledge by creating new theory, rather than seeking to prove (or more accurately, disprove) hypotheses. Grounding refers to the constant process of referring back to the data (rather than analysing one aspect only) (Henwood & Pidgeon, 1994; Glaser, 1992). Henwood & Pidegeon (1994) consider that grounded theory strategies make explicit much of what is usually left implicit in qualitative research, and thus promotes the conceptual development of qualitative research data.

Four principal tenets determine the criteria for relevance of data in relationship to theory: fit, work, relevance, and modifiability. *Fit* refers to categories being "readily applicable to and indicated by, the data under study" (p3, Glaser & Strauss, 1967)(i.e., do they describe the data well, are they representative of the data?). *Work* means the findings must be able to explain the behaviour under study (Glaser & Strauss, 1967). *Relevance* has to do with whether the findings are appropriate, or relevant to, the specific area under study; and *modifiability* means the generated theory must be able to be altered, or modified, when new data present variations in emergent properties (Glaser, 1992).

According to Glaser and Strauss (1967), the key to analysis using grounded theory is the constant comparison of the data. At each step of analysis (or "coding"), the researcher is directed to refer back to the data, and to question the data using broad, open-ended

questions (e.g., what is going on here?, what category or property of a category does this incident indicate?) (Glaser, 1992). The use of questions such as these are designed to help the researcher avoid preconceived assumptions about the nature of the information.

Grounded theory utilises a systematic set of procedures to search for interrelationships between identified themes. This facilitates the identification of processes and formulations about the phenomenon under study, by increasing the opportunities for identifying the abstract relationships required in developing a theory. These procedures are as follows.

Initially, information is gathered on an open sampling basis, whereby information is sought in a variety of ways on a variety of subjects, in order to discover and identify the data which is relevant to the research question. The first level of analysis is called open coding, where by the repeated application of comparisons and questioning, common aspects or concepts in the data emerge. Via comparison of different participant's experiences, the researcher considers the relevance, fit and workability of the categories in addition to their properties (aspects of or concepts about the categories). This is called axial coding. Frequent within-category and between-category analysis occurs, and the categories are thus subject to modification. Frequent ongoing comparison ('constant comparative analysis') between data and analysis allows the generation of hypotheses and propositions (i.e., the developing theory) that are grounded in the data. Theoretical sampling is where the researcher samples the data on the basis of theoretically relevant constructs. When saturation is reached (that is, no more categories or properties are found in the data), the categories are examined to identify the core category, which is considered to be the concept which ties together and relates to all the other categories identified. The selection of the core category is called selective coding (Glaser and Strauss, 1967; Strauss and Corbin, 1990; Glaser, 1992).

Data collection is terminated when 'theoretical saturation' is achieved; that is, when additional data adds little or nothing to the theoretical model developed. Similarities in data lead to verification of categories and generation of properties. Differences in data lead to the development of properties of the categories, and integration and refinement of the categories themselves (Battersby, 1981; Glaser and Strauss, 1967).

Grounded theory was first developed by Glaser and Strauss as a method of analysis they developed and utilised in joint research ('Awareness of Dying', Glaser and Strauss, 1967). Requests by colleagues for their method led to their book, 'Discovery of Grounded Theory' (Glaser and Strauss, 1967). Another book on the method was written in 1978 by Glaser ('Theoretical Sensitivity'), and two further books by Strauss ('Qualitative Analysis for Social Scientists', Strauss, 1987; 'Basics of Qualitative Research', Strauss and Corbin, 1990). Since 1967, grounded theory has become utilised widely in the field of social science, in particular in sociology, education and psychology. It is currently used by social science researchers in a range of areas (e.g., DeWit, Teunis, Vangiensven, & Sandfort, 1995; Donovan, 1995; Frontman & Kunkel, 1994; Golander, 1995; Kearney, Murphy & Rosenbaum, 1994; Wells, 1995) and increasingly, researchers in other fields are making use of it (e.g., Hasselkus, 1995; Hine & Gifford, 1994; Wells & Freer, 1994).

An important basis for conducting grounded theory is to attempt to avoid any pre-conceived ideas or assumptions as to what shape the data will take. To this end, Glaser (one of the researchers who originally developed grounded theory) recommends beginning the analysis of the data before gaining any comprehensive understanding of the research problem. In this way, the researcher avoids bias as to what will emerge from the data at hand, allowing the process to occur rather than expecting certain findings. An obvious criticism of grounded theory is thus that preconceived bias is virtually impossible to avoid given the nature of people to stereotype and organise information (Rennie, Quartaro & Phillips, 1988). However, an awareness of this difficulty (and an effort to counteract it when questioning and comparing data), an acknowledgement of possible assumptions and influences, and an avoidance of a thorough investigation of the literature prior to analysis mean these difficulties may be reduced, and at the least by acknowledging potential bias and influence, the reader is forewarned (Glaser, 1978, 1992; Rennie, Quartaro & Phillips, 1988).

The skills required of a researcher utilising grounded theory, as defined by Strauss and Corbin (1990), are to be able to critically analyse situations, to recognise and avoid bias, to obtain valid and reliable data, and to think abstractly. Thus, the researcher requires social and theoretical sensitivity, the ability to maintain analytical distance while utilising previous experience and theoretical knowledge to interpret data, observational skills, and

good interactional skills.

It is true that different researchers may emphasise different aspects of the data and in so doing, develop different theories. However, because researchers must stay very close to the data, these differences in theory are likely to produce a difference in scope rather than a decrease in credibility of the grounded theory that is developed (Rennie, Quartaro & Phillips, 1988). In addition, the literature contains many references to virtual manuals describing how to go about using grounded theory in specific, comprehensive detail (not least those books written by the authors who developed this method, Glaser and Strauss). Although instructions do not guarantee validity or provide theoretical sensitivity, certainly the transparency of the method facilitates ease of use.

Another issue in utilising grounded theory is one that is present in all research: what criteria are used to select a source of data? Ideally, bias should be avoided in that the selection of subjects or data should be representative of the population, such as by random selection. Yet, as with all research, selection is constrained by the structural conditions of the research so that subjects are those people who consent to participate and are motivated to volunteer (Glaser and Strauss, 1967; Bellack and Hersen, 1988; Deaux and Wrightsman, 1988). In response to this criticism, grounded theory is designed so that via repeated sampling, data is gathered until saturation is reached so that the initial source of data is not the entire data base on which the analysis depends. Further information is sought as it is relevant to the direction the analysis is taking. Grounded theories are designed to provide a greater understanding of a phenomenon common to the collective experience of the participants, and do not claim to be true for every individual everywhere (Glaser & Strauss, 1967; Glaser, 1992; Rennie, Quartaro & Phillips, 1988).

In 1992 Barney Glaser published another book criticising Strauss' two books. It was a vitriolic attack not only on Strauss' version of grounded theory, but also a personal attack on both Strauss and Corbin. Glaser wrote in a letter to Strauss, published in his (1992) book, that Strauss' 1990 book was, "a book which misconceives our conceptions on grounded theory to an extreme degree, even destructive degree", and "You implied ... my complete endorsement of these misconceptions, which ... is very destructive to me and my creativity and my cherished contribution... I demand that you withdraw the book" (p1, Glaser, 1992). Glaser denigrated throughout the book Strauss' intellectual and scholarship abilities, saying Strauss had completely misinterpreted their grounded theory; had written the book as if Glaser had supported his views; and had denied Glaser, as the

co-originator of the theory, input into the book. About Juliet Corbin, Glaser wrote that she "mooched in as a co-originator, which she obviously is not, because tagging along is where her talents lie. They certainly do not lie in origination." He also stated she was immoral and questioned her scholarship abilities.

Glaser's (1992) book spelt out, step by step in parallel to Strauss' book, how and why he believed Strauss had gone wrong. Glaser stated that Strauss' version was tantamount to, "If you torture the data enough, it will give up!" (p123, Glaser, 1992). Wading through Glaser's frequent insults and pedantic criticism of words and sentences employed by Strauss, it was apparent Glaser's main issue with Strauss' book was the issue of emergence of theory versus forcing of theory.

According to Glaser, the basis of grounded theory is that no preconceived assumptions are made in terms of what will be found in the data (although this is a somewhat unrealistic expectation). By following the methods of substantive coding and consequent theoretical coding, the theoretical model will emerge of its own accord because it will be apparent to the theoretically sensitive researcher. What does not emerge is not part of the process under consideration or investigation. What Glaser contends Strauss advocates, is to not merely accept emerging properties and dimensions of categories, but to actively seek them out in the data. This is done by constantly asking a range of questions of the data. Where Glaser advocates asking only "What is the nature of these data?", and "What is going on here?", Strauss recommends probing for a wide range of variables (e.g., "What, why, where, when, how"; searching for dimensions such as how much, how often, time/age factors, intensity, duration, location).

The difference between Glaser's and Strauss' versions of grounded theory is not only the difference between passive accepting of the emerging data (Glaser) and actively seeking out the data (Strauss) ('forcing' according to Glaser), but also the basic assumptions made prior to the study beginning. Glaser states grounded theory is dependent on the researcher not having (practically speaking, limiting as far as possible) any *a priori* beliefs, concepts or models of how the data will form a theory, as these bias the study and limit the identification of emerging findings. To this end, Glaser recommends the researcher review the literature after some of the data has been collected, thus the literature provides an additional source of data to analyse (Glaser, 1992). Strauss does not define this point in his books as being a significant factor in the grounded theory process, but does posit that the previous skills, experience and abilities of the researcher will (and should) contribute

to the generated theory (Strauss & Corbin, 1990).

While these issues are the main ones in contention, there are others that contribute to the schism between the original grounded theory and Strauss' later publishings. Strauss appears to have changed his terminology for some processes while retaining the concepts (e.g., axial coding for theoretical coding). Strauss also significantly changes the four principal tenets on which grounded theory is apparently based. 'Fit' retains the terminology and meaning, and 'work' becomes 'control' with the same meaning. 'Relevance' appears similar to Strauss' 'understanding' (i.e., of the phenomenon under study). The final tenet emphasises the difference that has developed between the two co-originators of grounded theory: Glaser's 'modifiability' refers to the flexibility of the grounded theory to adapt to variations presented by new data, while Strauss introduces the concept of 'generality' (which is the generalisability of the theory to other situations/environments). Glaser, however, pointed out that the property of generality refers to the ability of grounded theory to be tested in a deductive fashion — *but that grounded theory is an inductive method* that cannot be tested as such but only compared with the data.

Another issue is that grounded theory is an investigation of a process, or fluid occurrence changing over time as opposed to a study of a unit, such as a person, or thing. Glaser (1992) notes that this is an important criterion for grounded theory that Strauss does not emphasise.

In this thesis, the paradigm underlying grounded theory analysis follows Glaser's philosophy more closely than Strauss'. In comparing both Strauss' later work and Glaser's (1992) criticisms with their joint 1967 book, it does appear that Glaser has more closely followed the nature of the original grounded theory, and that Strauss has deviated somewhat. Strauss' later version is more consistent with a method somewhere between an inductive and deductive method, without the system or rigor of a deductive method, and with an inductive method more closely associated with comprehensive description and categorisation than theory generation. If data were 'required' to fit categories, this would be contrary to the assumption that findings should not be preconceived. However, the fact that Strauss recommends a variety of perspectives and dimensions and questions to be asked when coding data does not mean that he supports researchers 'forcing' the data to answer them. Glaser's conflict with Strauss appears to be inappropriately intolerant.

In summary, there are a variety of researchers currently utilising grounded theory in a range of social science (and other) fields since its conception by Glaser and Strauss in

the 1960s. Grounded theory is a qualitative research method designed to develop a better understanding of a phenomenon by identifying the major constructs of the phenomenon, how they are interrelated, and the processes that underlie these aspects. Some of the criticisms of grounded theory include the difficulties in avoiding preconceived bias, and the generalisability of grounded theories. The schism between the original authors of grounded theory as a method of theory construction has also led to criticism. However, grounded theory has a number of strengths, such as the transparency of the process of generating theory, the grounded nature of the theory in the data, the systematic and detailed nature of the procedures, and the quality and comprehensiveness of the resulting theory if procedures are followed correctly.

The aims of the present study included developing a model or theory of the process of disclosure to further understanding in this area, using a qualitative methodology, consistent with the principles of feminist research. Grounded theory fitted these requirements.

2.4 Research Design

The intent of the present study was to contact and interview at least six women from each of the three groups (i.e., those who had been sexually abused, those who had come out as lesbian or bisexual, and those who had contracted sexually transmitted diseases). The phenomenon to be studied was the process of disclosure for these women: to whom they disclosed, the circumstances surrounding their disclosures to different people, and the impact of these disclosures.

2.4.1 Contact with Participants

A variety of methods was used to contact participants, including posters, advertisements, contact with key people, and networking. Posters (see Appendix A) were left at locations likely to be frequented by potential participants (Waikato University's Medical Centre waiting room, the Women's Rooms on campus, the Student Union building; and the waiting room at Waikato Hospital's Sexual Health Clinic). Advertisements were placed in Nexus, Waikato University's student newspaper. Contact was made with people who were involved with potential participants. These were two therapists who counselled sexually abused women, the facilitator of a gay support group on campus (BiChoice), the campus medical centre director, a counsellor and a nurse at Waikato Hospital's Sexual Health

Clinic and a counsellor at Hamilton's Rape and Sexual Abuse Healing Centre. Most of the women who had been sexually abused were contacted via a counsellor at Hamilton's Rape and Sexual Abuse Healing Centre. The counsellor informed the women she was counselling, about the research. When the women consented, a time was made for the researcher to come to the Rape and Sexual Abuse Healing Centre to interview the women. In this way, the women's counsellor was available at the Centre if needed, and the women were able to talk in a place they felt safe.

Participants were asked to inform their friends and associates with a view to participating. Interested participants either contacted the researcher directly, or the people who had contacted the participants let the researcher know that the participants were interested. The researcher sent or gave the information/consent form to the potential respondent (see Appendix B). Further contact was made by the researcher after several days and interviews arranged when respondents agreed to participate.

There was some difficulty making contact with potential participants. This was predicted to be the case, given the nature of the research. Stigmatised experiences are disclosed with caution precisely because of the negative attitudes present in society. Those to whom the experiences are disclosed to are often carefully selected and the researcher was, at best, an associate of the participants and at worst, unknown to them. The risks of disclosing were therefore unknown, or only approximated.

However, it was thought that women might feel safer participating given they were to disclose to a stranger. Disclosing to a stranger is noted to be easier in some circumstances because due to having no emotional ties to the person, there is less at risk (i.e., "even if the response to disclosure is negative, what do I care about what they think?") (Kelly & McKillop, 1996). In addition, it was hoped that participants would consider disclosing to a researcher to be a relatively safe undertaking given the researcher's potential interest, professionalism and experience in hearing their stories (i.e., "she's heard it all before so I won't be unusual"; "she wants to listen"; "she wouldn't be doing this unless she were positive about it"). For the women who knew the researcher, it was hoped they felt safe to participate because of their knowledge of the trustworthiness of the researcher and her interest in their stories. This appeared to be the case, according to participants who were known personally.

Participants

Participants were eighteen women, of a range of ages between fifteen and fifty nine years. Three women were Maori and the remainder European/Pakeha; and the majority of women were students (nine; at high school, Polytechnic, or University) or women working in professions (seven), with two women working at home.

Each woman talked about at least one of the three experiences (being homosexual, having a sexually transmitted disease, being sexually abused), with four women talking of two and one of all three experiences. There were ten accounts of disclosure of sexual abuse, six of disclosure of homosexuality or bisexuality, and seven of disclosure of having a sexually transmitted disease. Two women also volunteered to talk about disclosure with regard to additional stigmatised experiences or identities they had had. (These were, having been a prostitute, and being Jewish.) In total, there were twenty five stigmatised experiences or identities that were discussed in interview, with multiple disclosures (telling more than one person) in relation to each one.

Method

Names and telephone numbers of potential participants were given to the researcher by the counsellor/therapist/associate/participant. Contact was then made by telephone, and the research was discussed and an information/consent form mailed to them (see Appendix B). In the case of the women contacted through the Rape and Sexual Abuse Healing Centre, prior consent was obtained via their counsellor, thus telephone numbers and addresses (and often, full names) were not disclosed to the researcher. Each participant met with the researcher at a mutually agreed time and place. The location of the interviews occurred at the Rape and Sexual Abuse Healing Centre for those participants contacted through this agency; for the others interviews occurred on campus; at the participant's place of work; at the participant's home; or (once, at the participant's request) at the researcher's home.

Semi-structured interviews were carried out, based on questions on the list given on the information/consent form (see Appendix B); however, the interviews were flexible and adapted as required. In practice, this meant ensuring areas of interest in relation to women's disclosures were covered by following up with questions or cues to elicit detail (such as feelings or anticipated reactions). Where respondents talked of issues of interest

not anticipated by the interview schedule, these were followed up by the researcher and subsequent respondents were questioned to see if similar or different issues were present for them. Interviews tended to follow the history of the women's experiences in identifying with, and then disclosing, the stigmatised incident or identity. Questions included to whom, when, how and why disclosure occurred. Interviews took between forty five minutes and two and a half hours, over one or two sessions. Interviews were taped with the participant's knowledge and consent. The taped interviews were then transcribed by the researcher in whole or in part, and analysed. Some of the women who participated were happy for their real names to be used, although to ensure privacy all names were changed.

In accordance with grounded theory, the number of women whose stories matched categories were not counted. Words such as few, many, several, some and most were used to give very general indications of the proportion of women in each group whose disclosure accounts were included in each category. As a general indication, a 'few' women represented perhaps 10 - 15% of the group, 'some' and 'several' up to 50%, 'many' up to perhaps 75%, and 'most' of the women meant from over 50 % to 90%. 'All' the women is self-explanatory. Some of the quotes are used more than once, where they illustrate more than one code or aspect of disclosure.

Ethical Considerations

Participants were fully informed about the research and consent was obtained before interviewing began. It was established that each participant had access to a counsellor or therapist to whom they felt comfortable approaching if negative affect was experienced following the interviews. In addition, the researcher was a registered psychologist (New Zealand Psychological Society) with some experience of interviewing women disclosing difficult subjects. Interviewing was paced to the participant's needs and any apparent negative affect was attended to.

The Waikato University Ethics Committee and the Waikato Ethics Committee (a Waikato Hospital-based group set up to consider the ethics of research conducted in the Waikato community) were approached, and both granted permission for the research to be conducted. Permission was sought from key people where advertisements and posters were erected (Waikato University Medical Centre Director, Waikato Student Union staff, Health Waikato Sexual Health Clinic Manager).

Analysis

As discussed above, the method of analysis chosen for the present study was grounded theory. This involved reducing and categorising the transcribed interviews into meaningful 'units' representative of the content. Via repeated comparison between interviews and within an interview, patterns of behaviour, affect and cognition were sought that described the events and practices the participants discussed. In addition, analysis sought to explore the underlying processes the data represented. Physically, the transcripts were coded and recoded as different aspects of disclosure were explored. Notes and codes were recorded on computer and on paper for reference and further comparison (see Appendix C on page 189 for more detail on the coding process, and Appendix D on page 193 for a more comprehensive list of the general categories and a visual map of their organisation).

Disclosing During Interview

At the completion of each interview the researcher asked the women how it had been for them to disclose as part of the research. All the women said that they had found being interviewed and talking about their "secret" to have been at least neutral, and most found it to have been a positive thing. Many of the women stated that they had learned about themselves, that the questions had been thought-provoking, or that the interview process had clarified issues for them.

> *"It's made my mind a lot clearer about where I'm going. Up!" (Karen)*
>
> *"I hadn't thought about it like that. It's been really interesting" (Anna)*
>
> *"I hadn't realised how much has changed just through talking about it" (Fiona)*

With respect to participating in the research, the women who took part usually said that their motivation for disclosing for the purposes of research was to benefit others by increasing knowledge and changing attitudes. An additional benefit for several women was to disclose for their own benefit, to participate in the research as part of their healing process.(i.e, to practise disclosing in a safe environment).

> *"I wanted to talk. Part of my healing, I suppose." (Karen)*
>
> *"It would be good practise for me to get better at it" (Denise)*

Chapter 3

Disclosures of Women Who Were Sexually Abused

3.1 Introduction

Ten women who had been sexually abused in childhood were interviewed about whom they had disclosed their abuse to and the circumstances around their disclosures. This chapter involves the stories of these women. Firstly, it examines the culture within which sexual abuse occurs, and some of the influences affecting sexually abused women. A review of the literature relating to the disclosure of women who have been sexually abused is included. A brief profile of the women who participated in this study is given, so that the reader may relate the women to their quotes, and their individuality is not lost in the process of bringing together results. The women's stories were analysed using grounded theory and the results of this analysis are presented as the second part of this chapter. Thirdly, the results are discussed. In the fourth section of this chapter the cultural aspects of the disclosures of two of the Maori women are discussed.

3.1.1 Sexual Abuse In Context

Definitions of what constitutes sexual abuse vary widely, influenced by different beliefs relative to the country, culture and even the agency within which the sexual abuse is encountered (Kempe & Kempe, 1978). Definitions also differ according to factors such as what sexual acts are considered abusive, the age of the perpetrator relative to the child, and the current social/moral/political climate that exists at the time (Finkelhor, 1986; Russell, 1983). The broadest definitions of sexual abuse encompass any act with

sexual connotations, overt or covert, that is unwanted (Fromuth, 1986). Differences in definitions, methodology and the secretive nature of research into sexual abuse mean that it is difficult to fully understand the extent of sexual abuse in society. For the purposes of this study, the type or severity of sexual abuse the women had experienced was not specifically defined as a prerequisite to participation in this study. What was required was that participants had suffered what they considered to have been a sexually abusive experience during childhood.

The prevalence of child sexual abuse in New Zealand has been estimated to be 32% of women (sexually touched or penetrated, before the age of 16) (Anderson, Martin, Mullen, Romans & Herbison, 1993). This figure is within the range obtained by general prevalence studies in other countries (e.g., Finkelhor, 1986; Wyatt, 1985; Russell, 1983; Finkelhor, Hotaling, Lewis & Smith, 1990) although studies investigating specific populations have shown that some groups of people are far more likely to be sexually abused than others. For example, it is thought that girls who do not have stable, protective parents present for them may become vulnerable to the (often inappropriate) attention of others (Finkelhor, 1986, Russell, 1983).

In terms of societal attitudes, while society purportedly proscribes sexual abuse in any form, in subtle and even blatant ways sexual abuse is supported (Rush, 1980; Coulburn Faller, 1990). Although feminism has made significant inroads into the paternalistic society that used to be present, sexism is still the prevailing attitude. It is still considered acceptable for males to behave aggressively, sexually and in other ways (such as in sport and business) (Ritchie & Ritchie, 1990). That someone is alleged to have committed date rape or sexual abuse, especially the "boy next door", the local scout leader or the PTA member, is hardly countenanced. Accusations of abuse become emotive and highly charged situations that presage change for those involved (Summit, 1983; Finkelhor, 1984; Sorenson & Snow, 1991).

Another factor that facilitates the sexual abuse of both women and girls is that constructions of femininity create a context in which sexual abuse is facilitated. Victims commonly feel guilty, as if they are to blame. Girls are taught to be obedient to adults, and young girls believe adults are inherently omnipotent (MacFarlane & Waterman, 1986). Girls are extremely vulnerable to any adult who is in a position of trust with a child, because of the child's belief that the adult must be right. If something about an interaction feels wrong, girls tend to attribute blame to themselves (especially if family members are

involved) (MacFarlane & Waterman, 1986; Summit, 1983).

It is acceptable to hint or even to flaunt the promise of sexual acts, especially in order to attract partners (such as emphasising various body parts, using sex to sell, dressing in provocative ways). Yet traditional conservative attitudes proscribe talking about sex openly. A common feeling for abused women is that somehow they were to blame by dressing too provocatively or being somewhere they should not; that abuse does not happen to "good" girls therefore they often feel they somehow asked for it (Bagley & King, 1990; Bass & Davis, 1988).

In addition to these attitudinal factors that facilitate abuse, it is known that sexual perpetrators are often predatory in their behaviour, grooming unwary girls to shape up successful sexually abusive encounters (Finkelhor, 1986; Finkelhor & Brown, 1986). Girls who appear quiet and isolated are preferred as potential victims (Finkelhor, 1986; Finkelhor & Baron, 1986). A successful sexually abusive encounter, for a perpetrator, is largely defined by the establishment and maintenance of secrecy of the abuse (Finkelhor, 1986; Dent & Newton, 1994; Summit, 1983; Sauzier, 1989; Sorenson & Snow, 1991).

The effects of sexual abuse are insidious and pervasive. In clinical samples, the majority of sexually abused girls show mild to severe evidence of emotional, behavioural and cognitive psychological disturbance (Bushnell, Wells & Oakley-Browne, 1992; Norris, 1992; Draucker, 1989; Conaway & Hansen, 1989; Finkelhor, 1986; Anderson, Bach & Griffith, 1981; Orzek, 1985; Tharinger, 1990; Berliner & Conte, 1995). Depression, anxiety, eating and sleeping disturbances, feelings of depression, guilt, anger and shame, increased fears and phobias and inappropriate sexual tendencies are some of the difficulties experienced. The development of clinical disorders and dysfunctions is also a frequent occurrence: clinical anxiety and depression, relationship difficulties (sexual difficulties in particular) somatic disorders and eating disorders are typical (Mullen, Romans-Clarkson, Herbison & Walton, 1988; Einbender & Friedrich, 1988; Norris, 1992; Orzek, 1985; Wolfe, Gentile, & Wolfe, 1989; Browne & Finkelhor, 1986).

Finkelhor and Browne (1985) developed the model of traumagenic dynamics as a perspective from which to view the effects of child sexual abuse. Their model involved four trauma-causing factors: traumatic sexualisation, betrayal, powerlessness and stigmatisation. Traumatic sexualisation is the process whereby the child's sexuality is shaped in developmentally inappropriate and interpersonally dysfunctional ways due to the sexual abuse. Betrayal is where children learn a person who is vitally important to them has

caused them harm. This dynamic can be caused by the perpetrator's actions, or by family members disbelieving or failing to protect the child. The third dynamic of powerlessness refers to the ways (for example coercion, manipulation) in which the child's will and desires are perpetually frustrated. Fear, dependancy and rejected disclosures of abuse contribute to this process. The dynamic of stigmatisation involves the negative attributions and connotations associated with sexual abuse that the child incorporates into their self-image. These may arise from the abuser's demands for secrecy, their demeaning abusive behaviour, and from attitudes of family and community. Negative reactions to disclosure can also reinforce this dynamic (Finkelhor and Browne, 1985).

Once sexual abuse occurs, disclosing the abuse can be an extremely difficult step. In childhood, fears of disclosing include negative consequences such as disbelief, disrespect, rejection, broken families, further blame and guilt, significant disruption, lack of support or active retribution, loss of family and friends and the fear of punishment (Summit, 1983; Finkelhor, 1986). For those who are actively threatened by perpetrators in order to maintain their silence, fear that the threats will come true also holds. Maintaining secrecy is often seen as preferable to disclosing for abused girls (Berliner & Conte, 1995; Coulburn Faller, 1990; Farrell, 1988; Burgess & Holmstrom, 1978; Summit, 1983; Cashmore & Bussey, 1987; Risin & McNamara, 1989).

Disclosure may occur in limited ways: either the child discloses actively; the abuse is discovered indirectly (e.g., via investigations into truancy or delinquency, the abuse is observed, or effects such as pregnancy or sexually transmitted diseases are diagnosed); or the perpetrator volunteers a confession. The latter two options for disclosure of sexual abuse are unlikely or unknown (Summit, 1983; Reinhart, 1987; Sauzier, 1989). For women who have maintained secrecy since childhood, self-disclosure must be an active choice, given their ability to hide even blatant clues of abuse.

Studies have shown that a proportion of girls do disclose at the time of the abuse, and try repeatedly (33%–55% Anderson, Martin, Mullen, Romans & Herbison, 1993; Muir, 1993; Finkelhor, Hotaling, Lewis & Smith, 1990; Sauzier, 1989; Reinhart, 1987). However, many women (approximately 20%: Anderson *et al*, 1993; Muir, 1993) only disclose later in life, and in Anderson *et al*'s (1993) study, 28% of the women interviewed had not disclosed at all prior to being interviewed for the research.

In terms of who is disclosed to, mothers or parent figures were the most frequently told by sexually abused girls (55%) (Sauzier, 1989; similar findings by Gordon, 1990; Anderson

et al, 1993; and Muir, 1993). Another adult relative or friend was told in 10% of cases and siblings in 8% of cases (Sauzier, 1989). In a New Zealand study, Muir (1993) found that 32% of adult respondents disclosed to friends. Respondents in Muir's study indicated that the most important criteria for recipients of disclosure were not so much their closeness or familiarity to the respondent but the recipient's personal qualities (such as warmth, trustworthiness, empathy, sympathy, ability to listen without judging or being affected, and sensitivity). Gordon (1990) found that regardless of who was disclosed to, in a massive 68% of cases where disclosure of child sexual abuse occurred, nothing was done about the abuse. The tremendous difficulties (such as feelings of self-doubt and self-blame, and inability to verbalise the abuse) that accompany disclosures for the girls who do manage to speak out, are seldom considered. The period following disclosure is so negative for many girls and the immediate benefits so few that a significant proportion of girls (22%) retract their true disclosures under the pressure (Sorenson & Snow, 1991; supported by Reiser, 1991 and Muir, 1993). Muir found that 37% of respondents had been physically or sexually revictimised since their disclosure.

Women disclosing sexual abuse that occurred in childhood can face many of the difficulties experienced by those disclosing during childhood. Fear of disbelief, disrespect, and lack of support can be present. In addition, significant disruption can be feared, especially where a perpetrator, known to or part of a family, could lead to broken families or loss of family and friends. Feelings of fear, blame and guilt frequently remain until abuse issues are challenged (e.g., in therapy). As noted previously, long term sequelae of child sexual abuse are common and pervasive, and mental health issues can provide a further source of stigma and alienation (Norris, 1992; Conaway & Hansen, 1989; Finkelhor, 1986; Anderson, Bach & Griffith, 1981; Bushnell, Wells, & Oakley-Browne, 1992; Tharinger, 1990; Bagley & King, 1990; Bass & Davis, 1988). McNulty & Wardle (1994) found evidence that women disclosing child sexual abuse experienced hostile and rejecting responses. They posited that for some women, disclosing abuse may be a primary cause of psychological distress, resulting in the dissolution of social support systems. Roesler & Wind (1994) investigated women's disclosure of incest and found that for their participants, disclosing in childhood received a worse reaction than did disclosing in adulthood. In adulthood, disclosures were more likely to be met with support, validation and acceptance; and disbelieving or blaming reactions (experienced for childhood disclosures)were less common (Roesler & Wind, 1994). Roesler & Wind recommended that victims, already

reluctant to disclose abuse even within therapy, be taught strategies to exert effective and nonthreatening control over reactions of significant others.

Disclosing sexual abuse both in childhood and adulthood can lead to the survivor receiving support and professional help to deal with abuse issues. Patterns of self-destructive behaviours impacting upon functioning in areas such as relationships and employment can be identified and resolved over time (Bagley & King, 1990; Bass & Davis, 1988; Aukett, 2000).

An additional issue facing women who have been sexually abused is that of memory. It is thought that sexual abuse can be so traumatic that to integrate it psychologically requires defensive strategies. These strategies can include dissociation and numbing, which in turn can interfere with memory processes (for example, amnesia, hypermnesia or inability to lose memory, and partial or fragmentary memory) (Alpert, Brown & Courtois, 1998).

Some women have continuously maintained the memory of their abuse (53% of a sample of abused women, Herman & Harvey, 1997); some women recover memories of abuse after some time, sometimes many years (16%, Herman & Harvey, 1997); and some women believe they have been abused but cannot remember specific details (repressed memory) (Herman & Harvey, 1997; McNally, Clancy, Schacter & Pitman, 2000). Memories recovered after a long latency period (i.e., period between abuse and memory) can be very distressing for the abused woman as well as for her family and friends.

The issue of recovered/repressed memory is contentious. Disbelief in the validity of allegations is common, especially given false allegations of abuse and the denial of alleged perpetrators. Abuse memories recovered after, or during, therapy (a common precipitant for recovered memories of childhood trauma) are often considered by some (e.g., some researchers, courts, some family and friends) to have been falsely induced via suggestion or imagery, and therefore not credible or valid (Herman & Harvey, 1997; Courtois, 2001). Research reflects this contention (e.g., American Psychological Association Working Group on Investigation of Memories of Childhood Abuse, 1998). However, there is new evidence to show that people have executive control processes that may be used to prevent unwanted memories from entering awareness; and that the enduring consequences of doing so mean that later recall may become more difficult (Anderson & Green, 2001; Conway, 2001).

In summary, at the core of sexual abuse is a blatant manipulation and betrayal of the

trust women have in others. Abusers take advantage of those girls who appear vulnerable. Sexual abuse can result in a range of dysphoric feelings and dysfunctional behaviours for girls which impact on their lives, sometimes for the rest of their lives, with psychological sequelae including mild to severe mental dysfunctions. Remembering the abuse is another issue; some women remember but do not disclose, and some women do not remember for some time (if ever). Disclosing the sexual abuse can be very difficult due to self-blame and fear that disbelief, disruption, retribution or punishment will result from disclosures. Some women do not disclose until adulthood, if ever. For those that do disclose in childhood, many attempts are often needed before action is taken.

3.2 Profiles of the Women Who Disclosed Child Sexual Abuse

Respondents were ten women, of a range of ages between fifteen and fifty two years. Three women were Maori and the remainder European/Pakeha; the women were students or working in professions, with two women working at home. All of the women who participated disclosed at least one episode of sexual abuse. Details were not sought by the interviewer as the subject of interest was their disclosure , although in fact often details emerged during the course of the interview.

Belinda Belinda was a student, aged 15 at the time of interview. She chose her own alias. She had been severely sexually and physically abused by her father from an early age. Through her father's conditioning of her and threats of harm to her family if she disclosed, Belinda remained silent and became more withdrawn and isolated. She had accidentally disclosed to a friend at a camp, but begged her to stay silent. Belinda's friend eventually persuaded her to disclose at school by noting how Belinda's father was showing more interest in her young sister, and in order to protect her sister she disclosed to school staff. As a result, Belinda's father was arrested and jailed and her mother (who has been very supportive of Belinda) was told. Belinda talked about how her family had been affected by the disclosure (her mother having to deal with the abuse of her daughter, moving house, her sister's grief at losing their father, Social Welfare input). She said overall she was glad she disclosed, but life had been chaotic and difficult in the five years since for both herself and her family. Belinda was in therapy and finding it very helpful. All her adult friends knew of the abuse and were supportive of her, and a group of her friends at

school knew (some had been told, some had found out from others or overheard). Belinda wanted to help other young sexually abused people cope with disclosing by writing a book.

Caitlin Caitlin, aged 44, worked in a bank. She was about ten when her father began to sexually abuse her, and she blocked out the memories. Her memories and feelings were triggered when her father married an intellectually handicapped woman, reminding her of herself as a child. At a reunion she met up with a friend who disclosed to Caitlin she had been sexually abused, which validated Caitlin's own feelings and suspicions. Caitlin first went to her GP and then a local therapist for a while, both of whom were supportive.

Caitlin told her husband, who disclosed he had been sexually abused by an uncle. A few years later, Caitlin's son said he had been abused by the same uncle, and Caitlin felt disbelief and had difficulty accepting his disclosure. Overall, Caitlin thought reactions to her disclosures had been better than she expected. She thought people would not believe her, and that she was at fault, although having gone through much personal work with counselling and workshops she felt she had come a long way and made many changes.

Denise Denise, 33, a student, experienced two episodes of sexual abuse, one in childhood by a family friend over several months (around age 11), the other a date rape (at age 18). She remembers having difficulty telling her mother about the first, and was left with the impression that she had been in the wrong. She experienced memory blocks of that period in her life, and her behaviour deteriorated. Denise's father was authoritative and dominating and she remembers being fearful and changing her behaviour in his presence for fear of "getting a hiding". Denise began therapy in her twenties and talked to her sister, with whom she had been very close as a child. Her sister's memories reinforced Denise's own recollections, validating her experiences. Denise has talked about her abuse to large groups of students in order to share her experiences and to help others who may feel isolated. She also disclosed other secrets she had had disclosure issues with: having been a prostitute at one time in her life, and coming out as bisexual.

Ella Ella, aged 27, a student, mainly talked about coming out as both lesbian and bisexual. She also talked about disclosing a sexually transmitted disease she had

contracted (see the following chapters). Ella said that she had few memories of her childhood and realised she had some typical symptoms of women who have been sexually abused as girls. She said she has had one distinct memory and believes there is much more that she does not remember, but believes the abuse occurred before the age of fourteen.

Gina Gina, 46, was a therapist. She had been severely sexually abused by her father (and to a lesser extent by her brother) from about the age of 5 until approximately age 13. Efforts to resist her dominating, authoritative father were countered by fear instilled by threats of harm (putting huge spiders on her). Coming from a Catholic family, Gina believed she was bad and tried to compensate by attending every morning mass. At 18, Gina told her husband about the abuse briefly in a way that she was able to brush off as being unimportant. She worked at not allowing the abuse to affect her life, although involvement with a young woman who was also abused created a catalyst from which Gina began to grieve. She began therapy, and eventually left her church and her husband. She talked to her siblings, and received mixed reactions (although not her mother or father, who were dead), and told her girls, who were very supportive. Gina has made huge changes in her life. At the time of interview, Gina says she struggles at times, but basically likes who she is.

Irene Irene was aged 30 at the time of interview and worked at home. She remembered numerous episodes of abuse from babyhood throughout childhood. She tried to show her father what her uncle had done to her; instead of stopping the abuse, her father began to abuse her. He was violent towards his wife and Irene was not close to her mother. Irene continued to try to disclose, once to a nun who accused her of lying, and to her mother when she was 11 who let her know that it was Irene's fault. Irene told her sister to disclose to their mother when Irene saw her sister being abused by their father. Her mother went to the police with regards to Irene's abuse. Irene's father spent a period in jail, then came back home to live again. Irene left home as soon as she could, because she felt at risk from her mother's new boyfriend, but felt guilty because she believed her mother would not stop her brother and sister from being harmed. As she had feared, her brother was abused.

Jackie Jackie was aged 39 at the time of interview. She had been sexually abused from about the age of 8 by her father, who was a violent and volatile man. She would have

liked to have told her mother but feared her father's reaction. Jackie felt that she was likely to have tried to tell her mother but could not remember any specific disclosures she had made. When her parents separated a few years later, Jackie was raped by her stepfather. Despite an obvious traumatic reaction to the abuse, she did not disclose and her behaviour was attributed to her parent's separation. Later, married with two girls, Jackie's brother-in-law approached her sexually. Jackie experienced a severe breakdown at this event and her husband, whom she had told about the previous abuse, sought help for her.

Karen Karen, Maori, aged 35, remembered first disclosing to her mother before her fifth birthday that her oldest brother, ten years older than she was, had been sexually abusing her. Her mother confronted him and he denied it; nothing more was done that Karen recalls. Karen kept silent about the abuse, fearful of repercussions if she told, until she disclosed to a friend in early adulthood, following her friend's disclosure of abuse. Again, nothing more was said until the issue arose in relation to another woman's delayed disclosure of child sexual abuse, and Karen disclosed to her husband in defence of the woman. Since that time, Karen has been dealing with the associated issues that have come with her disclosure to her husband and her counsellor.

Karen was prompted to disclose to her husband by several factors. One significant factor was that her abuser was taking on the role of the eldest brother in her family, which meant the increase in mana and power within her whanau. She believed he should not hold the position he was working towards, and disclosed in order to bring shame and disrespect on him, and to stop him from gaining it.

Natalie Natalie, Maori, was aged 52 and had worked until her disclosure (some years prior to interview) of severe emotional, physical and sexual abuse brought up issues that disabled her from working. Natalie had been abused by both her mother and stepfather from age 5. Natalie did not disclose for many reasons, and her parents carefully prevented her from trying. Her parents told others she lied and fantasised; the family moved frequently; she was often kept from school with the (false) excuse of bad asthma; she was kept from seeing other adults alone; and she was threatened with losing her loved younger twin siblings if she disclosed. One effort to disclose to an aunt at age 11 was met with threats of telling her stepfather and accusations she was lying and a slut. Natalie had a child to her stepfather at age 17, and at age

19 she finally managed to break from her family. Natalie thought her silence was protecting her younger siblings. When at age fifty she discovered her brother feared he would do to his girls what he had seen done to Natalie, she realised she had not been protecting them because they knew. Memories and issues overwhelmed her and she disclosed to her own family and counsellors. Natalie regrets her loss of job and abilities since the abuse came out, but has told everyone she wants to know about the abuse and is happy for anyone to know.

Rachel Rachel, aged 25, a student, had been sexually abused by the brother of a friend of hers when she was aged 12 years. She told no-one at the time because she thought she was to blame, and because her mother (whom she would have like to have told) was strictly Catholic and "had weird ideas about sex". Rachel became sexually active with boyfriends without caring for the sex, and over time began acting out. She told friends that she had had sex in casual talks a few years later but did not elaborate about the abusive nature of it because she thought it was normal.

Rachel travelled overseas and married, and within the secure boundaries of the marital relationship she developed flashbacks, and became panicky and anxious during sex. She talked to three women about their feelings about sex, trying to find out whether her negative feelings were normal; one of the women felt the same way Rachel did and Rachel felt validated by this. She first disclosed her abuse explicitly to a friend she trusted. She also briefly disclosed to her husband so that he would understand why she wanted to abstain from sex. He was "okay" about it, asked no questions and wanted no information. She became depressed and saw a therapist. At this stage she disclosed her abuse to her mother, and was angry when her mother said she had wondered whether Rachel had been abused. Following further therapy she began disclosing her abuse to other family and friends, and is now comfortable disclosing to friends and acquaintances.

3.3 Results

From the women's stories of disclosing their abuse, grounded theory was used to identify the main categories or themes that were involved in disclosure. These were: the events *prior to disclosure, defining the women's social network, the motivation for disclosure, assessing the risks involved in disclosing, strategies* and *consequences.* When the women

talked of disclosing, it soon became apparent that the process they were discussing could be categorised on a temporal basis. That is, there were issues or influences that occurred prior to, or before the decision to disclose; those that were related to the actual disclosure (network, motivation, assessing the risks, strategies) and the impact or consequences of the disclosure. The description and definition of these categories will be most thoroughly defined in the present chapter, and the following two chapters will refer to these descriptions in order to avoid repetition.

3.3.1 Prior to Disclosure: Whether or Not to Disclose

There were several features that characterised the period prior to disclosure. The essential feature that established the process of disclosure was the women's realisation that they had a stigmatised experience or that they shared a stigmatised identity. In association with this was the influence of stigmatised or negative attitudes in relation to themselves and their own situation. These two features established the women's secret(s). Consequently, the first step in the process of disclosure appeared to be the women's decision to disclose, or to withhold their secret.

For some of the sexually abused women, the experience or knowledge of sexual abuse was a sudden, distinct event or experience (such as rape or recovered memories of abuse later in life), while for others awareness was gradual (for example knowledge that something was wrong and suspecting abuse, for those women with repressed memories).

All of the women knew they had been sexually abused for some time prior to being interviewed, most with distinct memories of the abuse, although for some their recollections were hazy in some respects. Some women had blocked all details for years.

> *"I'd always known. I'd always had this feeling [that] there was something wrong... It really bugged me for a long time I blocked it out so much" (Caitlin)*
>
> *"There were clues that made me think, oh there has to be a reason why I don't remember anything before the age of fourteen" (Ella)*

Almost all of the sexually abused women talked of feelings of shame, guilt and self-blame. They commonly believed they were at fault.

> *"I always thought it was me, I was wrong. " (Irene)*

"It was my fault, I said yes to go into the bedroom and everything happened from there, and I just froze up, and it was always my fault, I shouldn't have done that, I shouldn't have gone in there, I'm too old for this sort of stuff, it happens when you're a kid, sort of thing." (Rachel)

"I just remember standing in the garden path, and talking to her [mother], and that it was hard, I remember twisting my hands behind my back like I'd done something wrong" (Denise)

The majority of women who were sexually abused said they withheld disclosure for some period of time. Three disclosed in some form (memories of saying, or wanting to say something; giving only a few details or 'brushing off' the significance) around the time of the abuse and then withheld further disclosure for years (2–16 years). Others withheld their initial disclosure for some time (4–28 years). For the women who disclosed in some form, they tended to consider that their first 'real' disclosure was the one that was complete and reception to the disclosure was responsive (e.g., Belinda and Gina).

For the sexually abused women who did not disclose at all for some time following the stigmatised experience, the factors influencing their withholding disclosure included repressed memories, and fear of the consequences of disclosing.

"I had to make everything in my life look normal...I created this massive defence. I was just totally separate from my feelings" (Irene)

"I denied it to myself" (Denise)

Fear was instilled in several women by their perpetrators at the time of the abuse, when they were girls. This effectively silenced them for years (see Assessing the Risks).

"In his hands he had two very large spiders. And he put them on my chest... it's like that scream, that wanting to tell someone, froze in my throat. The fear of that kept me silent" (Gina)

"My father said if I ever told, my family would be killed and I'd be made to watch and it would be the longest death I'd ever see in my life" (Belinda)

For some women, their families were so dysfunctional and the family dynamics so abusive, secrecy was very concisely constructed and maintained.

"My mother and step-father were forever telling people I was a liar and I told fantasy stories. I never realised why we moved so much when I was young... when people started to realise something was wrong, we would do what I used to call a 'night flight', pack up in the middle of the night and go... [My step-father] used to threaten me with, he would take the twins away. They were the only thing I had to love... I was kicked, burned, stabbed, scarred... I was told [the abuse] was because I was naughty" (Natalie)

"I told my mother when I was eleven or twelve. She heard what I said but put across the message that it was my fault... it doesn't matter about Irene... Things weren't right between my mother and me, anyway I never felt close. My father was really violent" (Irene)

For some women, disclosure occurred following their friend's disclosure of sexual abuse:

"My friend and I were driving into town to go to a computer course. I don't know how we got onto the subject but she told me about some abuse that happened to her, so I told her about the abuse that happened to me... After I said [his] name, my face just turned red and there was a big knot in my stomach and I was too scared to look at it" (Karen)

Disclosure Following Change

For many women, disclosure was precipitated by some significant change in their lives. However, when women chose to withhold disclosure, for whatever reason and sometimes for many years, disclosure seemed to occur when another significant event occurred. This secondary significant event did not necessarily appear related to the sexual abuse for the women themselves, at least at the time of disclosure. At the time of interview and in retrospect, the women who had disclosed following the secondary significant event were usually able to review events and identify the relationship between the sexual abuse and the secondary event that precipitated their disclosure. For some women the significant event precipitated an active choice to disclose at that point. For others, it appeared to bring about a crisis in their ability to deal with the event or experience, and a consequent breakdown in their ability to maintain the secrecy.

"There was a young woman who had been sexually abused... we started having a lot to do with her. And she was finding it very hard to cope with and ended

up in hospital. We went to visit her a few times, and on one of the times we spent some time talking to the psychiatrist that was looking after her. As the psychiatrist talked with [my husband] and I, it's like doors started to open in me. And I started to cry. [The psychiatrist asked to speak to Gina alone]. And then once she did I just broke down and talked to her all about my past...it's like it all just tumbled out" (Gina)

"It wasn't until after we were married that things really started coming up. I got really panicky...[the fear] was so great I just had to say something" (Rachel)

"I went to Manuwai when my son was molested. That was the first time I really talked about it" (Irene; Manuwai is part of the Child, Youth and Family Agency)

"All I ever knew was to protect [my brother and sister]. I thought they never knew. Then I found out my brother was going to leave his wife and daughter because he was afraid of doing to his daughter what he had seen done to me. When I realised they knew all along, I let it all flow out" (Natalie, disclosing for the first time at age 50)

Caitlin's father married a woman who was intellectually handicapped. In identifying with the childlike aspect of her father's fiancee, Caitlin remembered her father's abuse of her. The marriage precipitated her disclosure.

"[My father] announced he was going to marry C... it was like seeing my father with a young child. Not long after that things started going haywire for me" (Caitlin)

Gina, who was a therapist, had also noted that disclosure often followed significant events in the women she had spoken to.

"I've seen that in a lot of women who come in, it's like, why do you want to tell me now? What's happening?" (Gina)

Gina, in addition to fearing her abuser, endeavoured to maintain some sense of control over the abuse by believing she, and not the abuser, was at fault. Disclosing her abuse would then be telling others she was a bad person.

"If I could say I'm bad, then if I'm really good then it will stop. Whereas if I said my father (or mother) were bad for not noticing then there was no hope" (Gina)

In summary, some women disclosed at the time of abuse, while the majority did not. Most of the women withheld disclosing their abuse, some for many years. The women described withholding disclosure because the dynamics of their dysfunctional families meant efforts to disclose were stymied and thus the abuse continued; and perceived fears (including memories) of the consequences of disclosure maintained the secrecy. For those women who kept their abuse secret, disclosure typically occurred following some significant event in their lives.

3.3.2 Creating a Network of Confidants

One of the important themes in the women's accounts of their disclosures were the people to whom they told their secret (the confidants). The women talked of the confidants in terms of their relationships with them. Regardless of the amount of thought that went in to preparing for disclosure (for some women, there was virtually none), all women first disclosed to someone they trusted. Thinking about disclosure involved considering who they knew and who they would tell their secret to. Who women disclosed to (i.e., their network of confidants) was often closely related to why women disclosed (i.e., their motivation). Thus they disclosed to a particular person for a particular reason.

The people women disclosed to first were categorised as essential confidants. Essential confidants were usually those people close to the women (such as close friends, intimate partners or close family members such as sisters or parents) that the women especially wanted or needed to know their secret, those they felt a strong need to tell. Sometimes they were defined by the women's desperate need to tell (in which case there was sometimes little apparent selection other than the women's belief in their trustworthiness). The term 'essential confidants' seemed to best represent the women's feelings towards the first confidants they told.

After the essential confidants knew, and the women's need to disclose had apparently lessened, the women disclosed to chosen confidants. Chosen confidants were those people the women wanted, or chose to have know, but felt no strong need to tell their secret to. There was sometimes an obvious distinction between who were considered essential

and who were chosen confidants, and sometimes there just appeared to be a more gradual prioritising of who was told. In addition to selecting confidants, sometimes the women were influenced by circumstances and events that occurred.

A circumstantial factor that influenced the network of confidants was, where the women were when they were motivated to tell. A primary determinant of who was first disclosed to seemed to be, who was available to talk to? When the women were at home, or in their usual surroundings when they felt the need to disclose, they had their usual range of their friends and family to select from to disclose to. Where the women were elsewhere, their choices of who to disclose to were sometimes different.

A special group of recipients of the sexually abused women's disclosure that needs mentioning is that of abusers. Three of the women talked to their abusers. Examples of essential confidants, chosen confidants, and circumstantial influences defining the women's network of people they had disclosed to follows, with accounts of the women who talked to their abusers.

Essential Confidants

For almost all the sexually abused women, essential confidants were close friends and family members. For Caitlin, however, the first person she disclosed to was her doctor to whom she had taken her child for medical attention.

> *"I wanted to tell her [Mum] because I really wanted her to know" (Rachel)*
>
> *"I really trusted my husband and that's probably why I told him" (Karen)*
>
> *"I disclosed to my doctor, who was a family friend" (Caitlin)*

The strength of the women's need to tell people, and the priority they gave to disclosing to them, tended to define who their essential confidants were. Sometimes women stated that their concern was for the confidants, when they felt they had to disclose to significant others. Concerns included the confidant's welfare, their need to understand, and their right to know.

> *"The first person I told was my ex-husband, because I couldn't do it [have sex] anymore" (Rachel)*

Some women said that their partners or mothers had a right to know because the relationship they shared with them meant they shared significant events. The women

implied that the stigmatised experience had an impact on themselves and consequently their relationships that their significant others needed to know of in order to understand.

> *"We shared a lot, there was nothing hidden there" (Caitlin, with regards to telling her husband)*
>
> *"My second husband I told because I wanted to be honest with him" (Natalie)*
>
> *"All my girls know. I have no secrets from my girls" (Natalie)*

Risks (such as a negative reception to disclosure) appeared to have only secondary impact in influencing these disclosures, other than a consideration of the impact of disclosure on the confidant (as opposed to the woman herself) (see Assessment of Risks).

Chosen Confidants

Once the women had told their essential confidants, they disclosed to other people as and when they chose to. There was no great need to tell or not to tell.

> *"I did tell my friends... I said, oh yeah, I've had sex, you know, when it was, who's done it? sort of thing" (Rachel, as a teenager)*
>
> *"I thought, well, I don't have to worry about other people finding out about me if they know it all already so I just talked freely about it" (Rachel)*
>
> *"If it's pertinent to a discussion I will bring up the fact that I was abused as a child" (Ella)*

Some women chose to disclose their own experiences to people whom they saw as having stigmatised views, in order to increase the knowledge and change the stereotypical attitudes of others (see Motivation for Disclosing). As well as to individuals, some women talked to groups and one had written a book.

> *"R asked, he was having some people come in to tell their life story and he asked if I would. And so I said yeah" (Denise)*
>
> *"I've talked to a couple of groups about it" (Natalie)*
>
> *"I've recently written a book... I went to the libraries and they only had books for adults from their points of view. I just want people to understand what it was like" (Belinda)*

Confronting Abusers

Three of the women had spoken to their abusers about their abuse. None of the abusers in these cases were described as violent men in other respects. Karen had confronted her abuser, her oldest brother, with the support of her mother and another brother.

> *"I've had the strength to see him and tell him. Face him and tell him what he did to me. And then he admitted he'd done it. And he just kept standing there and I told him how much I hated him" (Karen)*

While still a child, Denise's abuser, a family friend, admonished her for having disclosed.

> *"Once when we were alone he said to me you broke your promises, you weren't supposed to do that [the promises were don't tell, don't let anyone else do this to you]. And I remember I'd nutted it out so carefully. I said I broke one so I could keep the other one... I mean, in order not to have anyone else do that to me I had to tell" (Denise)*

Caitlin had been beginning to have memories when she talked to her father.

> *"I actually asked him if he abused me, because at the time it was way back and I didn't know who. And I said to him, something has happened, and I hope it wasn't you, Dad. I mean that sounds terrible but I honestly had no idea. I wanted him to say no, which he did say. Well when I look back now anybody would deny that wouldn't they? Nobody would say, Oh yes I did." (Caitlin)*

In summary, the women had first disclosed to people that they trusted. Their relationships with others determined whom they told. Usually the first people they told were those they were closest to, who were important or significant in their lives. The women expressed strong needs to tell these confidants. Later, other people were told as the women felt like telling their secrets. Three women had confronted their abusers.

3.3.3 Motivation to Disclose

Some women were conscious at the time of disclosure of the reason(s) they had disclosed, and others, on reflection, identified factors that had motivated them. All the women

inferred they had some purpose (e.g., to gain support, relief or information; to educate) in disclosing, and these predicted gains appeared to have provided motivation to disclose.

Some women talked of a compulsive need to disclose when first disclosing to another. For some, this appeared to be because the immediacy of the experience interfered with their lives, such that they could not continue to function without making changes. This was the case for many of the women who had initially withheld disclosure until the occurrence of a secondary significant experience initiated a crisis. For the women for whom this was the case, they felt they did not have much choice, but had to disclose 'or burst'. They could not continue to keep their secret. The people they disclosed to were a variety of friends, family, professionals and acquaintances, depending on the women's circumstances and need. For example,

> *"I disclosed to my doctor... I was so desperate to tell that it didn't matter. I had been hiding it from everybody" (Caitlin)*

> *"I let it all flow out. Then I went to my GP because I tried to commit suicide" (Natalie)*

The strength of the motivation (i.e., the need to disclose) and the ability to make the choice to disclose varied between women (e.g., some women felt a compulsive need to disclose). There were a variety of factors that women identified or inferred that provided motivation for them. These were categorised into three main groups: instrumental needs, affiliative needs, and altruistic needs. There were overlaps between the categories in that some women reported multiple motivators for a single disclosure, and some of the disclosures met several needs.

It could be argued that all the motivators were instrumental in that some gain was sought each time the women disclosed (i.e. that affiliative needs and altruism were also inherently reinforcing). Instrumental needs, as a separate category, were (in light of this argument) differentiated on the basis that these needs did not include either affiliative or altruistic needs.

The women's motivation was often closely linked to the person they disclosed to (see Creating a Network of Confidants, above). In addition, the women's motivation for disclosing frequently changed over time, over different disclosures.

Instrumental Need to Disclose

In this first group of motivators, some women disclosed their secret with the aim of bringing about a specific response (for example, to stop the abuse). It appeared that a primary motivation underlying many other reasons given was to gain information in order to answer the questions that they were asking themselves. Disclosing served two purposes in this quest: in verbalising their concerns they expressed the impact of the experience; and the confidant's response to their disclosure began to shape the women's meaning of the experience for themselves.

> *"All I knew was that I wanted it to stop and I thought, well Mum's a grown-up so she'll make it stop...I imagined I wouldn't have to see him again" (Denise)*
>
> *"I went to show my father, in actions not words, what was happening to me, what his brother was doing to me hoping he would ask where I'd learnt it from" (Irene)*
>
> *"It felt half a relief and half a lie or guilt thing so that I wouldn't have to have sex" (Rachel)*

Affiliative Need to Disclose

The second group of motivators for disclosure was best described as the women's need to relate to other people; hence, the label "affiliative need". Within this category, women talked of many reasons why they felt motivated to disclose their abuse. These included the need to share, to be supported, to receive empathy and sympathy, to be understood, to connect with others, to be seen in a positive way, to have their experiences and feelings normalised, and to be validated and acknowledged.

> *"I wanted to be cuddled and loved and 'its alright, its alright, its not your fault' sort of thing" (Rachel)*
>
> *"It was important that people would hear and acknowledge that [the abuse] had happened to me. Like some validation that they believed me" (Gina)*
>
> *"I felt that I wanted him to know the reasons why" (Caitlin)*
>
> *"I'd like to tell my father but I can't find him. He's a part of me" (Natalie)*

Another reason that women listed as motivating them to disclose to others included wanting to banish feelings of isolation and alienation they had experienced following the abuse. Disclosing to others meant sharing the secret in an endeavour to normalise the experience.

> *"To a certain extent it normalised what was an unnormal happening. Which meant I'm not crazy" (Gina)*
>
> *"Relief in a way, it was like finding some substance in what I was feeling...It was really scary him believing me when I didn't really believe it myself" (Denise)*
>
> *"[Mum] would have understood why I was being like I was" (Rachel, with regards to her rebellious behaviour)*

Another affiliative motivation for disclosing was to develop intimacy in a relationship. Where relationships were developing, women reached a stage where they felt that they were prepared to disclose their secret. A positive response to the women's disclosure increased the level of trust, intimacy and the significance of the relationship for the women and their friends or partners.

> *"When I'm wanting to get closer to people, wanting to share something a bit special, so I want to make sure they're the sort of person that can share that sort of stuff with me" (Denise)*

In sharing their abuse stories with others, some women found meaning in identifying with the idea of being a survivor of sexual abuse. This was also apparent for some of the women who disclosed in the forum of support groups involving other sexually abused women.

> *"I think it was probably important for me to talk about it, because in a sense it was an identity. It was like, hey I'm a sexual abuse survivor" (Gina)*
>
> *"I've talked to a couple of groups about abuse. I stood up and told my story" (Natalie)*

Altruistic Need to Disclose

The third major category of motivators for women was their motivation to disclose for the benefit of others — acquaintances, others in their situation, the community at large.

This group of altruistic motivations included providing support, or a model of behaviour, for those in a similar situation to their own. Where women disclosed to support others, this was often in the context of another woman first disclosing that they had had a similar experience.

> *"Whenever I would mention it it would be part of what they were talking about. So it always felt like I was contributing to the conversation more than something about me" (Ella)*

> *"I had seen him sexually abuse my sister. I made my sister tell [my mother]" (Irene)*

> *"[My friend] pointed out to me the only thing that made me talk, was she was noticing he was going on to my sister and she was only two" (Belinda)*

For several women, where their motivation to disclose was to alter prevailing prejudicial or stereotypical attitudes, they did not assess the risks of disclosing, prior to disclosing. Their reasoning was, disclosing in these cases was for the benefit of the group they identified with, therefore the risk of negative response to themselves (the individual) was insignificant in comparison to the wider potential benefit of the group.

> *"At times I've shared with some of the partners [of sexual abusers] that are women that I am an abuse survivor" (Gina)*

> *"I had these big motivations for them because they think that their secret's the worst, they think their secret is the shameful one. I thought there are a few things that would be good for students...there are a lot of self-disclosures, and if I can model that a little bit and show people that it's alright" (Denise)*

For Denise, talking about her abuse in front of many people was also a thrill, a way of overcoming her own fears about disclosing to an audience whose reception was unknown.

> *"It was that thing about being in front of a crowd, confidence-wise... I thought, here's a chance, the ultimate challenge, this is really letting the secret go because I don't know who will be in this class" (Denise)*

3.3.4 Assessment of Risk

The women's assessment of the risks involved in disclosing their sexual abuse was a significant point in the disclosure process. All the women described how they had considered whether or not to disclose to a particular person, as many of the women saw the risks involved in disclosing as being the ways that confidants would respond to their disclosure. This decision rested on balancing what the women perceived to be the predicted positive aspects, in comparison to the predicted negative aspects of disclosure to that confidant. Women considered different risk factors when deciding whether or not to disclose. When factors were not considered and the woman experienced a negative response to disclosure, some women identified factors they wished they had considered that might have led to a different decision about disclosure.

The *preferred* response to disclosure was one that was positive or neutral. A positive response was one where the confidant accepted the information with interest, support or concern for the woman and where their consequent behaviour indicated they thought no less of them. Other examples of positive responses were when confidants wanted to discuss the information in a nonjudgemental light (e.g., seeking further information), did not avoid later discussion on the subject, offered support, kept the information confidential, or simply accepted the information.

> *"They were kind, considerate and loving. I knew they'd be like that" (Natalie, telling her friends)*
>
> *"My friend was okay about it. I didn't tell her much at first" (Jackie)*
>
> *"The very first person I told was a friend of mine...she was really concerned...I made her swear she would never tell a soul. And ever since that day she hasn't told anybody" (Belinda)*

There were a variety of responses considered negative. In general, negative responses embodied forms of rejection, negative affect, and lack of confidentiality. The fear of negative responses from others, especially significant people in their lives such as partners, close friends and family, meant women were wary about disclosing.

> *"I wanted to tell my mum, but she was real Catholic...she would have thought it was my fault" (Rachel)*

"A lot of people might say they do [listen] but you get the underlying message that they don't" (Caitlin)

"I felt because I loved her it was a risk. And without her, I can't... It would be a huge loss" (Denise, about telling her sister)

A potentially negative response was that confidants would not maintain secrecy, once disclosed to, but would disclose to others (issue of confidentiality). Women 'owned' their disclosure information, and this meant confidants were morally required to maintain secrecy unless they had permission from the women to inform others. For those assessed to be likely to fail to keep confidentiality meant others would be told for whom the risks of disclosing had not been assessed, or may have been assessed and the decision was made not to disclose to them.

"Someone broke my confidentiality and I did tell them something and that has made me even more cautious about what I tell to people that I'm telling. I would not tell them details... in case the confidentiality is broken" (Ella)

One woman had experienced few of these forms of negative response.

"I've sensed people's awkwardness, especially when I started to talk about it. And I can remember some people's uncomfortableness. I've never really had any... felt that I've been put down or slapped because of it" (Gina)

For some of the women who had been sexually abused, especially those abused during childhood, the risks involved in disclosing their abuse were seen as fearful consequences of disclosing. These fears were not necessarily rational fears for an adult, but very powerful and logical to a child, which is when they were instilled.

"He came into my room one night...and in his hands he had two very large spiders. And he put them on my chest and they ran across. And it's like that scream, that wanting to tell someone, froze in my throat. And my fear was not so much that the spiders had been on me but because I didn't know where they went, I didn't know where they were which meant they could come back. And the fear of that [happening again] kept me silent. It took away my hope that this would stop" (Gina)

"It felt like because I said it I was going to be punished, killed, lightning would strike me or something" (Karen)

"I asked my aunty to help me. She told me to shut up and don't talk. Better not tell anyone else or she'd let [my stepfather] know [I'd told her]" (Natalie, whose stepfather raped, kicked, beat and stabbed her)

For several women, the risks of disclosing meant their actions would put siblings at risk. For these abused girls, their love of their siblings and their dedicated efforts to protect them from harm formed a core purpose in their lives. Some of the abusers took advantage of this.

"[My stepfather] used to threaten me with, he would take the twins away, I wouldn't see him" (Natalie)

"My father said if I ever told, my family would be killed and I'd be made to watch, and he said it would be the longest death I'd ever see in my life. And I used to have nightmares about it" (Belinda)

These fears had to be overcome, or avoided, in order for these women to disclose. Because the fear for these women was so powerful, it effectively silenced them for years.

How The Risks Were Assessed

When women assessed the risks involved in disclosing to a particular person, they considered several different aspects. For most women, the assessment of risk was summed up in a feeling: whether they felt safe with the potential confidant. Some women were able to identify the factors they had considered when assessing the risks, and determined the potential response based on several variables: their previous experience of the confidant (e.g., their beliefs and behaviours), the confidant's ability to accept the information non-judgementally, the impact of the information on the confidant, and the confidant's ability to maintain confidentiality. Although not all women defined these variables or appeared to consciously, systematically consider them each time, they could well have overtly or covertly influenced the feeling of 'safety' required before disclosure occurred.

"It didn't feel safe" (Ella, Karen)

"It wasn't something we talked about at all. If you talk about things they're real, aren't they?" (Denise)

"It is the reality that there are some people I would rather not know. I feel untrusting of them. I've worked through many issues and there's still a core there that I'm protective of. I think it's important to honour what's in your experience" (Gina)

Women considered their experience of the confidant's response to other disclosures of a similar, or significant, sort. These included other significant experiences made by themselves or others to the confidant. They also considered what they knew of the confidant's attitude towards the disclosure subject. Women recounted how they predicted the confidant's response to their disclosure based on comments they had heard the confidant make in the past. A predicted negative impact counted as a factor to withhold disclosure or to change the form of disclosure.

"She's pretty weird around that [sex], like I don't think she and Dad have done it for around twenty years or something [laughter], she's got warped ideas. I remember once she found my pill and she walked out of the house and didn't come back for the night because she was so shocked" (Rachel)

Women estimated how nonjudgemental, liberal, or open-minded they believed the confidant to be. The aim was to assess how well the confidant would accept the disclosure information, or could change their attitude to accept the discloser despite the information disclosed. Women made this judgement on the basis of their knowledge of the confidant's views and to what extent the confidants were known to support those views. People who were seen to have strong beliefs, or traditional views (e.g., Christianity), were seen as having a poor ability to accept the disclosure information.

"I...wanted to tell my mum, but she was real Catholic...she would have thought it was my fault" (Rachel)

"Kind, considerate, loving. I knew they'd be like that" (Natalie, telling her friends)

"The message I got from my mother was, it doesn't matter about Irene" (Irene)

In summary, there were a variety of factors that influenced the women's assessment of the risks involved in disclosing their abuse. The women were clear about what constituted positive and negative response to their disclosure. Some women had specific fears

about disclosure that they assessed as very real risks, effectively maintaining their silence, inculcated during childhood by their abusers. In general, the risks of disclosing were considered to be the ways the women perceived the confidants would respond. These risks were assessed according to the women's experience of the confidants.

3.3.5 Strategies for Disclosing

The women's strategies for disclosing changed according to the confidant or at different times in their lives. At one end of the range of choices women had about disclosing was withholding disclosure; there were periods when the women either had not yet disclosed (see Prior to Disclosure), or chose not to disclose, either to particular people or to anyone at all for a period.

For some women, at times they had disclosed without preparation or thought of strategy, and some took advantage of opportunities that arose.

> {*Was it something you wanted to tell your friend?*} *"No. It was just something that happened. I was scared but relieved" (Karen)*
>
> *"We were playing this game on secrets and I slightly slipped about it. I really freaked" (Belinda)*
>
> *"I just sat there and thought about it, it came out in a rush, I couldn't stop it" (Karen, telling her husband)*
>
> *"It was like, well I'm pretty desperate here... I guess it just happened spontaneously" (Caitlin, telling her doctor)*

Two women talked disclosing in the forum of support groups.

> *"I've talked to a couple of groups about my abuse. I stood up and told my story" (Natalie)*
>
> *"I had felt fairly safe talking in depth with women [in groups] who had experienced the same thing" (Gina)*

Two women talked of dissociating while they disclosed as a way of coping with disclosure.

> *"It was easy to [disclose] because I split off, dissociated, went numb. I just froze up" (Rachel)*

"I wasn't in my body... you don't feel the hurt and the pain and the fear and everything else, you aren't there emotionally" (Caitlin)

For many of the women, most of whom were receiving therapy, they found disclosing their abuse and exploring the details and issues thoroughly with their counsellor to be the safest way of disclosing, before approaching other people and talking to them.

"I went to M... that was the first time I really talked about it. They didn't blame me" (Irene)

"I've talked to K, my counsellor... She accepts me for who I am. Thank God for counsellors, is all I can say" (Natalie)

3.3.6 Consequences

The reception to the women's disclosure, or the events or consequences that occurred following the disclosure sometimes had a significant impact on the women. Responses and reactions to disclosure were also part of the consequences of disclosure; these were explored in the section Assessing the Risks. Many of the women in this group made efforts to disclose to adults during their childhood, around the time of the abuse, and their disclosures were met with very negative reactions that effectively stopped further efforts to disclose for some time.

"When I was about eleven I asked my aunty to help me. She told me to shut up and don't talk. Better not tell anyone or she'd let [my stepfather] know" (Natalie)

"I went to show my father what was happening to me... hoping he would ask where I'd learnt that from. But from then on, that's when he began to abuse me... I was asked, is there anything happening in the home you feel uncomfortable about you want to talk about? When I went to talk about it I was called a liar and told that God didn't like naughty girls that lied" (Irene)

Negative receptions to disclosure were not confined to childhood efforts to tell.

"One woman was really quite nasty, she said you could have done something to protect yourself. That really hurt" (Natalie)

If expected negative consequences did not occur, or really positive events occurred following disclosure, women were more likely to feel accepted and supported and go on to disclose to others.

> *"I disclosed to my doctor, who was a family friend... I was really surprised at his reaction. He said, just be very careful who you see, make sure it's someone with really good values and won't abuse the trust that you build. I was quite glad he'd said that to me" (Caitlin)*

Disclosing initiated a significant change in the lives of the women, as for almost all of them, the sexual abuse had had a large influence in their lives. For many women, disclosing initiated a series of events that were very difficult to cope with.

> *"It's been total chaos since that day, nothing's been the same... My sister's withdrawn, my other sister used to go through times when she wanted her dad. There was a time when I wished it hadn't come out. Mum had to cope with me, and the counselling... I was stuck with my aunty and I got put in a primary school... the kids saying rapist and stuff. Just degrading me and calling me a slut and a whore" (Belinda)*

Many of the women said that they were glad they had disclosed, and that it had been a positive thing for them.

> *"And then I had my nana [and others] telling me I was a brave girl and after six months it had actually sunk in... I think, hey, if I hadn't told I'd still be there and I might be dead. I survived it, I'm not having to face every day thinking am I going to survive it? I've got a couple of friends who know, so if I'm depressed they help me and support me. I'm glad that I can talk because now I've got a free mind, I can say what I feel without worrying about paying for it with a hiding. I feel better now that I can actually voice what I want to say. I can fight because I've had enough of people pushing me around. Now I feel stronger, I feel I can do anything, that nothing's going to hold me down." (Belinda)*
>
> *"[After telling the group] it just honestly felt like the last of it [negative self-attributions, shame, guilt] just floated off" (Denise)*

Over time, some of the women had gained experience and skill in disclosing (e.g., the use of strategies, assessing the risks) and had largely come to terms with the effects of the abuse (for a full discussion of these changes, see Chapter 7). For these women, disclosing became very much a reduced, almost non- issue. These women had disclosed to everyone they wanted to, and talked of disclosing in response to situations that arose without need for preparation. The manner in which they discussed disclosing was confident and relaxed. This was true for some of the women who had first disclosed fully some years prior to being interviewed. Some women who were experienced at disclosing said that they still disclosed selectively, depending on the situation (i.e. the person or people present and the subject under discussion). Most typically, they said that they would disclose to those who self-disclosed similar experiences, or where people with stereotypical or prejudicial attitudes invited correcting.

> *"If I'm somewhere and I'm relating to someone for the first time and I feel a bond with that person, feel relaxed with them it wouldn't be hard for me to talk openly" (Gina)*
>
> *"Doesn't really worry me who knows... If I got any negative reactions now it would be like, hey that's your stuff, I won't take it on board" (Rachel)*
>
> *"Whenever it comes up naturally in conversation, I just say it" (Denise)*
>
> *"If I was in a group and we were talking about their abuse and it was appropriate I might say" (Ella)*

Although at the time of the interview, some of the women were still so involved with processing the trauma of the abuse that they were having difficulty coping with daily life. During the interview, Irene was determined to talk about her abuse and its impact on her even though she was in tears throughout. For Natalie,

> *"I've had to leave my job since it all came out. I've got tireder, a lot more depressed, I always need someone to talk to. I think because I'm older, dealing with it now makes me mentally and physically very tired" (Natalie)*

However, most of the women could look back and say it was worth having disclosed. In response to the question, "How have things changed for you since you disclosed?", the women responded:

"I guess as I've sort of worked through things I want more for myself. I feel strong enough now to say well you have to respect me. So it's really a point to disclose [the abuse] now because I think it would be pretty hard for people not to know [due to the apparent fear, shaking] and I couldn't hide that so its a matter of communicating what's going on, and having enough trust in myself to do that." (Caitlin)

"I've had the strength to see him and tell him [abuser]. So that's what disclosing has done, it gave me the strength. And it's also given me courage to, if I see injustices happening I've got the courage to approach them about it because I think, what can they do to me now? Nothing else can hurt me the way I've been hurt by the abuse. It's made my mind a lot clearer about where I'm going. Up!" (Karen)

"I used to be really quiet, people didn't actually know I was there. I'm glad I can talk now with a free mind, I can say what I feel without paying for it with a hiding or something. I feel better now that I can actually voice what I want to say. I now fight because I've had enough of people pushing me around." (Belinda)

3.4 Discussion

The task of this section of the chapter is to provide a discussion of the findings and themes that emerged from the interviews with the women, in order to gain an understanding of the dynamics of disclosing sexual abuse for these women. Studies were found in the literature that supported the components of the process of disclosure as identified in the present study, but none investigated the process of disclosure for women in the manner of the present study.

Withholding disclosure is found in many studies investigating disclosure of abuse (New Zealand studies Anderson, Martin, Mullen, Romans & Herbison, 1993; in the U.S., Farrell, 1988; Burgess & Holmstrom, 1978; Summit, 1983; Cashmore & Bussey, 1987; Risin & McNamara, 1989). Women had withheld disclosure for decades before finally letting go of their secret, despite the significant impact it had had on their lives and on their partner's and girls's lives. Even though they may have tried to disclose at the time of the abuse, a "true" or real disclosure was generally only considered to be one for which the reaction was

responsive (i.e., some action or change resulted from it). Similarly, Reinhart (1987) noted that girls often tried repeatedly to disclose and that even when they did, Gordon (1990) showed that for the majority, nothing was done about the abuse. Future studies investigating disclosure of sexual abuse may show a different picture of when disclosure occurred for women, by defining disclosure as including any efforts to disclose, both explicitly and implicitly, regardless of the outcome or response.

Studies found that the women's perceived fears of consequences significantly affected their ability to disclose (e.g., Summit, 1983; Cashmore & Bussey, 1987; Farrell, 1988). Some spoke of fears effectively disabling hopes and desires to disclose. It was impossible to assess how realistic fears were in terms of the actual probability of feared events occurring, however the fear was certainly real and powerful for them (Swink & Leveille, 1986; Roesler, Czech, Camp & Jenny, 1992; Braverman, 1988). Where the risks of disclosure were related to the potential reactions from confidants, the irony was that women were often attempting to avoid stereotypical stigmatised responses by stereotyped knowledge of the confidant. In the present study the women were many years older than the age they were when they were molested, and yet the fears instilled in them as girls remained, so that their secrecy was maintained. That fears instilled in childhood remain into adulthood, even those that are irrational, is well known in terms of the development and maintenance of phobias (Rosenhan & Seligman, 1989).

Sadly but not uncommonly, the actual experiences of disclosing in childhood for the women in the present study were often very negative, and this too is supported by the literature (Roesler & Wind, 1994; Sorenson & Snow, 1991; Reiser, 1991). The actual negative responses to disclosing did not necessarily match the women's perceived fears, but in the confidant's rejection or threatened betrayal or disbelief in the girls' disclosure of abuse, their remaining hope and faith in others was often damaged or destroyed. These women's experiences highlight the need for attitudes generally to change and perhaps for alternative, publicised avenues of action to be set up so that adults react appropriately and positively to disclosures of child sexual abuse. The reality is, however, that girls disclose to those they know and trust and have access to. In addition to changes in public attitudes, perhaps the message to girls needs to be, keep trying to disclose. This, of course, appears to put the onus of responsibility for stopping the abuse on the victims of abuse, which is patently wrong. However in the interests of abused girls (and boys), including this message in school-taught Keep Safe programmes could increase the chances of action

occurring to protect children.

As in other studies, many of the women in the current study who were sexually abused shared environments that made them a higher than normal risk for abuse (Finkelhor, Hotaling, Lewis & Smith, 1990; Muir, 1993). In the present study, the risk factors that have been identified for other molested girls included being distant from their mothers, having mothers who failed to protect them (in Natalie's case, her mother was an active participant in the abuse that occurred), having stepfathers present, having violent fathers, and having significantly dysfunctional families in terms of the dynamics (for example authoritarian parents and parent-oriented families). Studies investigating risk factors for girls have shown all these factors to increase girls's risk of sexual and other forms of abuse (Finkelhor, Hotaling, Lewis & Smith, 1990; Muir, 1993).

Finkelhor and Browne's (1985) model of traumagenic dynamics, as a perspective from which to view the effects of child sexual abuse, was also relevant in viewing the findings of disclosure in the present study. Their model involved four trauma-causing factors: traumatic sexualisation, betrayal, powerlessness and stigmatisation. Traumatic sexualisation was not as evident in the women's stories as the latter three dynamics identified by Finkelhor and Browne (1985). Betrayal was evident in the women's accounts of family members abusing, or failing to protect the girls, and also where family members rejected efforts to disclose the sexual abuse. The dynamic of stigmatisation was evident where the women talked of being ashamed to disclose, or feeling guilty or to blame for the abuse. The dynamic of powerlessness involves the (lack of) power and control, inherent in the act of abuse. In the present findings, withholding disclosure was a way for the women to exert power in that they controlled the disclosure of information. Some of the women inferred that disclosing increased their personal power, especially in those situations in which they disclosed publicly. This dynamic was also apparent where the women's disclosures as children were rejected, as noted by Finkelhor and Browne (1985).

In the present study, when women withheld disclosure they either delayed the decision to disclose, or they decided that disclosure would not occur for that person at all. The women could reassess their decision and choose later to disclose, whereas once the disclosure had occurred, it could not be retracted. In this way, withholding disclosure was an effective way of retaining control over the women's memories, and for women who have been abused, control (or lack of it) is often a particularly important issue (Laidlaw & Malmo, 1990; Swink & Leveille, 1986; Cotterill, 1992). Roesler & Wind (1994) recom-

mended that victims, already reluctant to disclose abuse even within therapy, be taught strategies to exert effective and nonthreatening control over reactions of significant others.

Another way that the women retained control over their disclosure information was to selectively disclose. The women chose their environment (such as support groups or counsellors) or times (for example withholding disclosure) that maximised their confidence about disclosing. Where the alternative to feeling safe was to risk feeling possible rejection, betrayal, blame and/or guilt, two women who emotionally distanced themselves from feeling and reliving the trauma associated with their abuse effectively avoided the risks that other women took. In this way, they felt safe and they maintained control. Both of these women had received counselling and had "re-owned" their bodies and their feelings, and had found strategies to disclose that maximised their feelings of safety.

Where women withheld disclosure, they effectively avoided risking the consequences. Those women who chose to withhold disclosure from virtually everyone, they did not allow themselves the opportunity to re-learn (via positive, accepting responses) that their negative self-attributes with regards to the abuse were wrong. Pennebaker (1989) noted that in keeping secrets, people did not have the opportunity to have their (sometimes) distorted perceptions challenged.

In the present study, the finding that disclosure was precipitated by some significant change in the women's lives was interesting. It seemed as though, for some women, the effort required to keep the abuse secret was no longer able to be maintained. Given the effort involved in maintaining secrecy (Yalom, 1985; Pennebaker, 1990; Wegner, 1992; Wegner & Gold, 1985; Lane & Wegner, 1995; Wegner & Erber, 1992), perhaps the women's disclosures were facilitated by the extra effort required to cope with the new event. Perhaps there was less care in limiting their speech, affect, and overt behaviours in relation to the abuse. Alternatively, perhaps the new event coincided with a feeling that disclosure was timely, and thus ended the stasis of secrecy. There was evidence that each of these reasons occurred, for different women. For whatever reason, the changes precipitated further significant changes in the women's lives as they began to process the abuse and the impact of their disclosures in their lives.

The finding that the women first disclosed to those people they trusted, was consistent with previous studies (Cotterill, 1992; Muir, 1993; Bass & Davis, 1988). The women's first disclosure of their sexual abuse experiences was likely to have been perceived as the most risky, given their fears of possible consequences. They risked much in disclosing at

all, even though the consequences of failing to disclose at the time of the abuse meant it's continuation. Telling only trusted people was therefore logical. The reaction of confidants to the women's initial disclosures then had a significant impact, and as for the ones who did disclose with negative responses, further disclosures often did not occur for years. These findings supported Summit's (1983) findings relating to the importance of the reception to disclosures of abuse by children, and studies referring to disclosures in therapy (Hill, Thompson, Cogar & Denman, 1993; Cotterill, 1992; Laidlaw & Malmo, 1990; Barringer, 1992).

Disclosing to counsellors and to support groups is generally thought to be a safe forum in which to share personal, significant information (Burgess & Holmstrom, 1988; Howard, 1986; Braverman, 1988). The women in the present study who used these strategies found them to be positive. However some had experienced negative reactions, both from counsellors and from fellow survivors of abuse in support groups. In short, there is no way to avoid the risks that disclosing sexual abuse may bring. As long as the general perception of these strategies for disclosing sexual abuse is in these circumstances seen as supportive (as they should be, and need to be in order to invite women to disclose), women are likely to continue to risk them. In New Zealand, counsellors, therapists and psychologists should be registered by a governing body and monitored for effectiveness and ethical practice. In reality, anyone may label themselves a counsellor or psychologist, and registration and training do not guarantee a positive reception or effective help. Perhaps the general attitude about seeking help would better benefit women if there was an understanding that interviewing and trialling these professionals is recommended (perhaps for example disclosing some other secret). Yet this approach incorrectly assumes that the women, usually vulnerable and often feeling powerless, will be able to act assertively.

The consequences for the women in the current study of disclosing sexual abuse were varied, as many studies have shown is true for other survivors of abuse (Farrell, 1988; Summit, 1983; Cashmore & Bussey, 1987; Risin & McNamara, 1989). Disclosure at the time of the abuse usually incurred some negative fallout as a consequence: either the response from the confidant was negative (e.g., blaming, ignoring, or accusing the child) or the changes resulting from a positive response incurred disruptions. There was a significant difference for the girls themselves. For those girls who had received a positive response to their disclosure, although life became difficult for a while as family and school life was disrupted, in the longer term these women knew that they were important enough for

adults to make changes to protect them. For the women who received negative responses to their disclosures in childhood in the form of rejection of the disclosure or of the girl, blaming the girl, or failing to act on the disclosure, most of the women were left feeling significantly worse and more powerless at the time than they had felt prior to disclosing. As adults, they still felt anger, bitterness, resentment and a sense of betrayal towards the confidants who were perceived to have failed them.

The consequences of the women's disclosures appeared to play the most influential role in future disclosures. The women either changed their disclosure behaviours (by withholding disclosures, changing their strategies or assessing the risks differently) or they changed their attitudes. Changes in attitudes were reflected in the way that some women became more resilient about the reactions of others (i.e., negative responses were seen as the problem of the confidant, not necessarily a reflection of the woman herself). Other studies have also noted similar findings (Summit, 1983; Bass & Davis, 1988; Swink & Leveille, 1986).

3.5 Maori Women's Disclosure of Sexual Abuse: Cultural Influences

Three women who had been sexually abused identified as Maori (Natalie, Karen and Irene). In this part of the chapter, aspects of the stories of the two women (Natalie and Karen) who referred to Maori values in disclosing their abuse are presented and discussed. It is highly likely that more subtle cultural values influencing these women's disclosures have gone unrecognised in their accounts of abuse, however, given the restrictions necessitated by confidentiality, transcripts were viewed only by the researcher. Interviewing the women and analysing their stories occurred at the risk of "reflecting the colonial and patriarchal system from whence the [researcher] originates" (p. 32, Jackson, 1987). Although it is neither possible nor desirable to separate all the strands of how the women's being Maori impacted upon their experiences of disclosing, there were some aspects of their interviews in which their culture obviously influenced their experiences. These aspects are discussed below.

Karen was sexually abused by her brother until she disclosed, at age five or six, to her mother. Her brother denied it when asked, and no more was said. Karen was moved around family members for some time after this, she thinks possibly to protect her from

further abuse by her brother. When Karen was in her late twenties her oldest brother died. He had been the head of her family and who spoke on the powhiri. She later found that he had sexually abused a cousin of hers who committed suicide. Karen said of her abusing brother,

> *"M has always wanted to be the oldest one who speaks on the powhiri, and he's always done that without getting the okay... and by doing that he cheated my [oldest] brother. I saw that happening, I knew it was wrong, M robbed [my oldest brother] of everything he had."*

Whanaungatanga refers to the ways that family relationships define Maori history and place in the world, and reflects the value derived from a sense of belonging to an extended family or network (Ritchie, 1992; Hippolite Wright, 1998). Karen's mother may have been able to move her around family members because of the closeness of family bonds and obligation to family members to provide support that whanaungatanga represents (Ritchie, 1992). Rangatiratanga is a principle or value that underlies the hierarchical organisation of Maori society (Ritchie, 1992). Karen knew that the consequences of her disclosing would be to reduce her brother's mana which was associated with acting as head of the family (which he had usurped), and stop him in his goal of speaking for the family on the marae. In this sense Karen's disclosure had an instrumental motive. Karen's motivation for disclosing at that time was precipitated by her oldest brother's death, and included her wish to exact a measure of revenge (utu) on her brother. In retrospect, she said:

> *"I wanted him to be stripped of his mana that he had in our family. He doesn't deserve it. When [my oldest brother] died, M thought he was going to be the eldest in our family and he would have all the mana and everyone would come to him and make all the decisions. I knew he wanted to be sitting on the paipai. And it was happening like that too when [my oldest brother] died. That made me angry"*

In relation to Karen's motive to bring down her perpetrator, she sought the support of her family to reject him. Rejection by whanau, for a Maori person, is a very serious act and has been likened to death, as it challenges the whanaungatanga and the sense of belonging that this entails (Ritchie, 1992).

"Because I hated him so much I wanted them [family] to hate him too",

and

"My mum...I knew I could trust to disown him".

So with the support and presence of her mother and brother, Karen confronted her abuser.

"I just told him about what he'd done and how it's been for me... he admitted he'd done it. And my other brother said he would never respect him. He said [M] would always be his brother but he would never forgive him for what he had done to me. And that was, that would have been worse than going to jail. Because he would have heard first hand how his own brother hated him. And I said to M, as far as I'm concerned, you will never be my oldest brother, you will never have the mana that an oldest brother has. Mum said what she felt towards him too. And he just stood there waiting for me, he wanted to be forgiven but I wouldn't".

When asked about M's ambitions to speak on the marae, Karen said

"He won't get it. Even if I have to take him to the marae, because I'll do that before he goes up there"

Karen was referring to marae justice, "a way of seeking condemnation of the perpetrator's misconduct by bringing the abuse to light in a traditional forum" (Hippolite Wright, 1998, p.241). This process is where both the survivor of the abuse (via a representative) and the perpetrator have an opportunity to state their position, then forgiveness is requested by the perpetrator of the survivor and her family. Their extended family members then jointly devise restitution, punishment and recommendations for the perpetrator (Hippolite Wright, 1998).

Following her disclosures, Karen said,

"It's certainly changed in our family. None of my family will go to him about anything".

Karen was referring to her brother's reduced status. As the eldest brother, the one self-designated to speak on the marae, he was given the status of a kaumatua to whom family

members go to to make decisions and to be consulted on family matters. Kaumatua are accorded significant mana by family members. To be rejected by his family meant he would no longer have the role of leadership as an elder, nor the status that was given to kaumatua (Ritchie, 1992; Hippolite Wright, 1998).

With respect to withholding disclosure, Karen said,

> *"I think that's one of the biggest things why women and men in our culture get away with [sexual abuse]. Because of their mana, the people around them prop them up in positions, like kaumatua, that's the ultimate position for any maori person to be in. Well, it was for M. He's always wanted that."*

Karen's comment reflects the reality across cultures: adults in positions of authority and responsibility, who are trusted and respected, are protected and supported even when they perpetrate acts of sexual abuse. Their positions facilitate abuse (if they are so inclined) because they are trusted.

Both Karen and Natalie referred to having contact with many of their relatives during their childhood. For Karen, her mother appeared to rely on the support of whanau to protect Karen from further abuse by her brother, as Karen reported being moved around from relative to relative fequently following her disclosure of abuse. For Natalie, whanau were seen as a risk by her abusing parents, who told people Natalie lied before she had a chance to disclose her abuse.

Natalie also said,

> *"I think part of what stopped me was that it was tapu to talk about a man's genitals so I couldn't say what had happened to me. Oh, if you broke tapu bad things would happen to you. And another thing, in our culture you don't look a person in the eyes, you look below that. And that made it hard for me to talk."*

Natalie was referring to tikanga Maori (Maori customs, rules or values) as a specific influence on her decision to disclose her abuse (Hippolite Wright, 1998). One of the values Natalie talked about was tapu, which is traditionally perceived to exist in two major forms: intrinsic tapu, or the 'inherent sacredness and value of each individual linked to others through their whakapapa (genealogy)' (Hippolite Wright, 1998, p.79), and tapu with respect to prohibition and protection by way of ritual restrictions, providing social control, discipline, and law and order (Makaere, 1995 cited in Hippolite Wright, 1998).

Sexual abuse violates a person's tapu and Natalie was reticent to disclose because that would have required her to 'break tapu' in talking about genitals. Natalie's respect for tikanga Maori and her fear of the consequences if she did not do so obviously influenced her decision to disclose. In adulthood, Natalie did disclose in order to protect her family.

Natalie's description of the influence of tapu on her ability to disclose highlighted a factor that is likely to discourage disclosure for other Maori women and children raised to respect Maori values. Although research has shown a large range of factors in general that impede children from disclosing, for Maori girls the belief in and respect for tapu is another influence helping to maintain their silence.

Hippolite Wright (1998) interviewed thirteen Maori women who had been sexually abused, and analysed their experiences from a Maori perspective. On the macro level she discussed how social and cultural influences influenced the women in her study who were sexually abused. Some of the values and concepts discussed by Hippolite Wright were relevant to the Maori women talking about disclosing sexual abuse in the current study. These values included tapu, mana and utu, and the stages of Manaakitanga, Whanaungatanga and Mana (Hippolite Wright, 1998).

The word Manaakitanga encompasses caring, kindness, respect and hospitality, particularly with respect to the family hosting the body of a deceased person lying in state on a their marae. The word Whanaungatanga reflects the value derived from a sense of belonging to an extended family or network. Mana has to do with spiritual power, prestige and authority (Ritchie, 1992; Hippolite Wright, 1998). The stage of Manaakitanga, as described by Hippolite Wright (1998), referred to developing social systems that the abused women identified to provide them with sustained support and safety. This stage had similarities for the women in the present study, where disclosing to people they trusted meant they could be supported, validated, understood and accepted. The next stage identified by Hippolite Wright was Whanaungatanga whereby the woman moved beyond victimisation to confront the abuser. This was apparent in the present study where Karen confronted her abuser. All three of the Maori women in the current study had reached the stage of Manaakitanga, in that their healing incorporated a desire to help others (in this case, by participating in the current study) (Hippolite Wright, 1998).

3.6 Summary

Child sexual abuse in society is pervasive and prevalent. Effects of abuse are insidious and often long lasting, and the dynamics of sexual abuse mean that silence is frequently maintained due to the abuse victim's fears of the consequences of disclosing. In the accounts of the ten women who discussed their experiences of disclosing child sexual abuse, common characteristics of disclosure emerged. These were the events prior to disclosure, creating the women's network of confidants, the motivation for disclosure, assessing the risks involved in disclosing, strategies and the consequences of disclosing. These characteristics described different aspects or components of the process of disclosure. Prior studies investigating aspects of disclosure of sexual abuse were in agreement with the findings in the present study, supporting the components of disclosure as described above. In addition, associated findings such as women withholding disclosure, needing to trust confidants, fearing consequences of disclosing abuse, and endeavouring to maintain control in selectively disclosing (person, time, place) were also supported by the literature. There were no studies found which specifically investigated the process of disclosure for women disclosing sexual abuse in the manner of the present study. Findings suggest there are a number of themes or features characteristic of disclosures of childhood sexual abuse, that contribute to our understanding of disclosure as a process. With regards to cultural influences, for two of the women who identified as Maori in the present study, tikanga Maori was evident in influencing disclosure for these women.

Chapter 4

Disclosures of Women Coming Out as Lesbian or Bisexual

4.1 Introduction

This chapter involves the accounts of six women who talked about their experiences of disclosing their lesbian and/or bisexual status. In the manner of Chapter 3, this chapter is organised into three parts, or sections. The first part involves a general discussion of the influences and attitudes affecting women who come out as lesbian or bisexual. This includes a review of the self-disclosure literature for women coming out as lesbian or bisexual. A brief profile of the women who participated in this study is given to give meaning to the quotes that follow in the results (second) section. Using grounded theory, the women's accounts were analysed and the results presented in the second part of this chapter. In the third section, a discussion of the results for this group of women is presented.

4.1.1 Homosexuality and Bisexuality in Society

The capacity for people to relate to both men and women sexually is alluded to in mythological and historical literature, but seldom named. In general, there is a dearth of historical literature relating to female bisexuality. This is thought to be due to the general focus on men rather than a lack of bisexual feelings and expressions in women (Roen, 1994; Bode, 1976 cited in Roen 1994). Roen explored the identity formation of female bisexuals in New Zealand and noted the difficulty in researching bisexuality as an identity due to differences in definition and usage, the fluidity or changeability of this sexual orientation

for women, and the political influences that impact upon our understanding of bisexuality (Roen, 1994).

In contrast, there are documented accounts of cultures and societies that have celebrated female homosexuality throughout history (e.g., the catamites of ancient Greece and the female followers of Hera, earth goddess, residing on the Isle of Lesbos) (Diamant, 1995). More recently, as Christianity spread, homosexuality and bisexuality came to be seen as a perversion contrary to natural human behaviour (Leviticus 18:22, King James Bible; Roen, 1994; Diamant, 1995). As a result, identifying oneself as being homosexual or even behaving overtly homosexual was tantamount to declaring oneself heretic; the consequences of being considered a heretic were rejection and/or death (Diamant, 1995).

Western society is still largely influenced by traditional Christianity with its accompanying beliefs and judgmental intolerance of many behaviours other than traditional, conservative ways of living. The consequences of identifying as homosexual today are still to risk rejection, devaluation, and discrimination as choices that are contrary to the dominant homophobic and sexist majority. Discrimination may take the form of attitudes that are intolerant, a reduction in one's chances of obtaining employment and immigration opportunities, and in some places overseas discrimination against homosexual people is still legal. Disclosing one's lesbian preferences to family and friends risks loss of friendship and rejection from loved ones (Krestan, 1988; Holtzen, Kenny & Mahalik, 1995). The barriers that contribute towards the difficulties women have in coming out include homophobia, prejudice, ignorance and indifference (Johnson & Guenther, 1987).

Homosexuality influences feelings and thoughts in addition to behaviours. One cannot tell who is lesbian or bisexual as easily as one can identify gender or race, unless the gay person behaves, overtly, in a way consistent with what is considered stereotypical gay behaviour (e.g., limp-wristedness, presence in a gay bar, intimate behaviour with a person of the same sex). Without the behaviours, gay people are invisible, a fact that many homosexual people take advantage of if they choose not to disclose their sexuality (Krestan, 1988; Schneider, 1997; Johnson & Guenther, 1987). Thus, homosexual people are required to explicitly negate their assumed heterosexual classification to prevent others making false assumptions and having false beliefs about them and their behaviour.

For lesbian and bisexual women, disclosure of their sexual identity means not only 'getting it off your chest' in a cathartic sense, or giving personal information in an intimate setting. It is also very important in situations where needs such as health, housing

and work might not be met due to discrimination, in an environment created largely by heterosexuals, for heterosexuals (Krestan, 1988; Johnson & Guenther, 1987; Haines, 1987).

The difficulty in sustaining an open lesbian relationship in this environment is, compared to the alternative, having to hide a major dimension of one's life from view (Krestan, 1988). According to Krestan and Davies (1992), a person coming to realise that they are homosexual in a heterosexual society is faced with three options. The first is to deny her desires and suppress feelings; the second is to deny the expectations of a heterosexual society and begin the process of coming out; or the third is to live with the contradiction between the expectations of society and a homosexual self (Davies, 1992). In this latter option, an accommodation is sought between oneself and the social structure.

Identification with homosexuality confers membership in a stigmatised minority, which is subject to severe negative sanctioning. Much research has been done into defining homosexuality identity, the process of coming out as homosexual and the consequences of coming out (De Monteflores & Schultz, 1978; Minton & McDonald, 1984; Holtzen, Kenny & Mahalik, 1995). Generally, in research on homosexuality, the gay male experience is taken as the norm. Yet studies indicate that lesbian and bisexual women have more in common with heterosexual women than with homosexual males with respect to areas such as equality, the development of sexual awareness and expectations of relationships (Schneider, 1997; Dailey, 1979).

Coming Out: Disclosing One's Homosexuality

The process of coming out encompasses "the developmental process through which gay people recognise their sexual preferences and choose to integrate this knowledge into their personal and social lives" (De Monteflores & Schultz, 1978, p.59). Developing and solidifying a stable sense of identity is considered to be a significant task of late adolescence and early adulthood (aka Erickson; Bee, 1998). For those who are lesbian or bisexual, identity development appears to rest largely on 'coming out', or self-disclosing one's sexual orientation (Minton & McDonald, 1984; Holtzen, Kenny & Mahalik, 1995). Research investigating the experiences of young people identifying as lesbian and bisexual have identified the difficulties of not only forming one's identity as a developmental stage, but also having to concurrently deal with coming to terms with one's homosexual orientation (Quinlivan, 1997; D'Augelli et al, 1998; Schneider, 1997).

There is general agreement in the literature that coming out involves an individual who develops (either slowly or quickly) a personal affinity or identity with the label 'homosexual', or 'gay', or 'lesbian' (Cass, 1979; Coleman, 1982; Cronin, 1974; Davies, 1992). The diversity of personal experiences within this definition adds difficulties to describing the process of coming out. Research investigating the coming out process, with the accompanying identity formation, generally describes a series of stages. The most prolific writers describe stages which involve periods of equilibrium and unresolved conflict; the resolution of the conflict enables movement between stages (Davies, 1992; Rothblum, 1997; Rust, 1997). The dynamics of coming out have been modelled in two general ways; as an internal process motivated by cognitive dissonance, and as a process concerned with identity within a socially constructed environment providing exclusion, labelling, and individual accommodation (Davies, 1992).

Despite the complexity of the process of coming out, different models describing this process propose two distinct components: developing a homosexual identity ('individuation'), and disclosing the homosexual identity ('disclosure')(Davies, 1992; Schneider, 1997; Krestan, 1988). Davies argues that individuation and disclosure are not parallel processes, but that each is preceded by its own separate internal dynamic logic. He considers that coming out repeatedly redefines one's self-identity, and the development of self-identity drives the process of self-disclosure.

Krestan (1988) discusses the dilemma of coming out as a lesbian. Emotional preference, sexual preference and lifestyle or role preference are choices made by the individual. Krestan considers 'coming out' to be a process which involves firstly an internal process of acknowledgement, and secondly an interactional process which requires disclosure to others. She also acknowledged the importance of the reception of disclosure, and encouraged women to disclose first to people from whom they can be assured a positive reaction. Loss of friendship and rejection can result from disclosing to family and friends (Krestan, 1988; Henderson, 1998; D'Augelli *et al*, 1998).

Rust (1997), in investigating identity development, found that her study of lesbian and bisexual women supported the typical findings in the literature. That is, as a population, there were common or typical ages at which 'stages' (e.g., age of first homosexual attraction, first questioning of heterosexual identity, first self-identification as lesbian/bisexual) occurred. However, in addressing individual differences, she described lesbian and bisexual identity in a changing social environment and found that changes in sexual identity (for

example, from lesbian to bisexual) were common, as were feelings of ambivalence (Rust, 1997).

Henderson (1998) noted that women coming out as lesbian or bisexual in the United States were in significant jeopardy when they were dependent on their family for food, shelter, economic, emotional and/or personal support, according to their ability to judge their families' response. She also noted that unrealistic expectations were often placed on the families' ability to acquire information, assess the new reality, and reexamine their internal assumptions by the women disclosing their sexual orientation. She further noted that parents of adolescents, knowing that coming out can be a political act, are likely to be uncertain about whether their child's affirmation of a gay orientation is genuine or a phase; and their fears for their child with regard to the social stigma are significant. Henderson supported the suggestion that women do not disclose their sexual orientation to their family unless they are sure of a positive reaction (Henderson, 1998).

D'Augelli, Scott, Hershberger & Pilkington (1998) investigated the consequences for lesbian, gay and bisexual youth who disclosed to their families. Findings indicated that those who had disclosed tended to be more open generally ("out") with regards to their sexual orientation, and that consequences for those who had disclosed included verbal and physical abuse, and more suicidality (thoughts and/or behaviours related to suicide) than in those who had not disclosed. The familial reception to disclosure ranged from acceptance and tolerance (approximately half) to rejection and intolerance by parents and siblings. Few of those who had not disclosed expected parental acceptance, and many predicted outright rejection with verbal and physical abuse a distinct probability. D'Augelli *et al*'s research also found that the majority of young people (77%) first told friends, with very few telling their mothers or sisters first (none told fathers or brothers first). The respondents in D'Augelli *et al*'s study had known of their sexual orientation for an average of two years prior to disclosing to any family members (D'Augelli *et al*, 1998).

Researchers have been in consensus when investigating who lesbian/bisexual women disclose to. Initially, women tend to disclose to people with whom they feel safe. These usually consist first of partners or close friends or family, then the wider family and friends (D'Augelli, Scott, Hershberger, & Pilkington, 1998; Holtzen, Kenny & Mahalik, 1995) until the women have come out to those they wish to disclose to. Davies (1992) described two broad strategies for the containment of partial disclosure, or disclosure to a few, rather than all, one's circle of friends, family and acquaintainces. These were

compartmentalisation, whereby life is compartmentalised into areas where the person is known to be homosexual and those where they are not known; and collusion, whereby a few keep the knowledge from many others (or alternatively, many keep the secret from a few). Davies further noted that partial disclosure is unstable given confidentiality may be broken due to deliberate or accidental disclosures by those in the know to those who are not.

Identifying as lesbian or bisexual for many women means "claiming an identity they have been taught to despise" (Quinlivan , 1997). Quinlivan found that positive constructions of female sexuality were generally absent from schools young New Zealand women attended. Furthermore, there was a distinct lack of information regarding homosexuality, and harassment and homophobic attitudes were observed. As a result, lesbian participants experienced feelings of invisibility, isolation, alienation and disempowerment. Disclosing to friends, finding lesbian role models, withholding disclosure of their lesbianism and constructing a heterosexual identity were ways these young women resisted the negative messages they received about homosexuality (Quinlivan, 1997).

For women who identify as bisexual, the same range of stereotypes and prejudices present for lesbian women exist. In addition, there are other stereotypes they must cope with. For example, many people believe that bisexual women are just trying to be trendy or fashionable, or are confused about their sexual orientation with the underlying assumption that bisexuality does not exist, or that it is a passing phase (Liggins, 1994; Roen, 1994). Further to these attitudes is the belief held by some radical feminist groups that people (in particular women) who identify as bisexual are taking advantage of women; females who are bisexual "should know better" and are considered to be more sexist than heterosexual men (Roen, 1994; Liggins, 1994; Tucker, 1995; Bode, 1976).

In summary, women who identify as lesbian or bisexual face a range of stereotypes and prejudices that can make life very difficult. Due to prevailing conservative attitudes of heterosexual communities, women who come out as lesbian or bisexual can be alienated and marginalised, with harassment and discrimination in all areas of life resulting from their disclosures. A lack of information, role models and support face young women who identify as lesbian/bisexual. At stake is whether to deny or hide an important aspect of oneself or to risk the potential rejection and hostility emanating from family, friends and society at large.

4.2 Profiles of the Women Who Came Out as Lesbian and/or Bisexual

Respondents were six women between the ages of 24 and 33. All of the women identified as European/Pakeha, and were students. Four of the women were bisexual (three had previously identified as lesbian) and two of the women were lesbian. Interviews were carried out, based on questions the women had seen prior to interview on the information/consent form (see Appendix B).

Rachel Rachel, aged 25, talked about coming out as bisexual as well as having been sexually abused. Rachel began to recognise she was attracted to females as well as males, and at age 16 she discussed her feelings with a friend when the friend disclosed to Rachel she was bisexual. Rachel, a few years later, disclosed her bisexuality first to the same friend she had told about her abuse, then her husband, then to an aunt (all of whom were accepting of her news). Her siblings were then disclosed to and some cousins and friends. Reactions from two cousins were negative, disbelieving and rejecting of homosexuality, when Rachel expected them to be positive. Her parents are unaware of her homosexuality and she intends to keep it that way until she finds a longterm partner. She thinks having gone through disclosing her sexual abuse has made disclosing her bisexuality easier. She does not tell people about her bisexuality whom she thinks will react negatively, although it is important to Rachel that her friends love and accept her for who she is (abuse and sexuality included).

Denise Denise, aged 33, experienced sexual abuse (see Chapter 3). At age 26 she went through "a definite coming out process" when she realised that she was attracted to women. Due to her own stereotypes and her knowledge of attitudes in society such as homophobia, she was worried about reactions. Denise contacted a group with similar interests in order to come out as bisexual and experienced a good response from the social event she attended. She has told her family, who are supportive of her. Denise said that she sometimes has more of an issue telling lesbians that she is bisexual but generally feels able to tell anyone she wants to.

Anna At age thirteen Anna recognised she was attracted to other women, and thought everyone else was like that too. She acknowledged her bisexuality recently and began to come out, firstly to her fiancé and then to a friend she knew was gay. Both were

positive and supportive of her. There are groups of people that she has not told and does not intend to (such as her partner's friends, her partner's family, her parents) because she believes they are unlikely to understand or to accept her bisexuality. She joined a bisexual support group to meet others like herself, for support and to find out information (such as how to approach others). At the time of interview Anna was a student, aged 24.

Ella Ella, 29, came out as lesbian when she was 22 through having a relationship with a well-known lesbian associated with a woman's community. She told her parents soon after. She has since come out as bisexual. Ella had not found anybody who had had a really negative reaction to her telling people she was lesbian, but this could have been because she stopped being involved with people who might have done so when she came out. She has been more careful disclosing her bisexuality to lesbian friends due to the cultural dislike of female bisexuals by lesbians. When overseas, she was very careful who she told because she did not feel safe disclosing, especially in places where the political climate was overtly homophobic. Ella was also sexually abused, but does not see it as a big issue in her life, and generally only talks about it in situations where others are. Another issue for her is the ethnic group she identifies with, and because she was threatened by people she once told, she is very selective who she tells. She tells even fewer people she has a sexually transmitted disease (see Chapter 5).

Hannah Hannah came out as a lesbian in a women's community she knew would be supportive, at a time when she was involved with women's issues. Although she had recognised her sexual orientation herself for a while, she remained passive about acknowledging it until she became active in the community. When Hannah told her mother, she received a negative response which was quite unexpected. Other people were told as the situation or opportunity arose. Hannah has actively disclosed her lesbian status through her academic work, and this had been somewhat risky for her in the traditional academic environment. Disclosing, in general, has been a positive experience for her.

Fiona Fiona, aged 28, first recognised that her feelings and some of her behaviours were consistent with a homosexual orientation in her late teens. Due to her knowledge and experience of people's negative attitudes towards lesbians (including her own

previous prejudices) she did not begin to come out until she attended University. She then made contact with a support group on campus and found it a positive, supporting influence that increased her confidence in her ability to weather potential negative reactions to her disclosure that she was lesbian. She told family and some friends, with largely positive responses although some people have reduced their contact with her.

4.3 Results

4.3.1 Prior to Disclosure: Whether or Not to Disclose

Being recognised as homosexual or bisexual in our culture means running the same risks (of rejection and intolerance) that other socially stigmatised groups endure. As with the women who were sexually abused, for two of the lesbian/bisexual women, recognition of their homosexuality was a sudden, distinct event or experience (refer to 3.3.1, page 48 for a full description of this category). The realisation for other women appeared to be a gradual recognition of a difference between them and others in terms of their sexuality. For several of the women, relief was experienced. The realisation of their homosexuality usually occurred around the age of teens to early adulthood, although one woman described it as more of "an intellectual decision" (Ella).

> *"It's like making a decision and saying, yes I do feel like this. You're not swimming around in confusion anymore" (Anna)*
>
> *"I never clicked because of my own homophobia and labelling shit, then I realised it and I remembered I had these affairs when I was a teenager and I thought, this isn't just this freudian stage shit, I really am attracted to women" (Denise)*
>
> *" I decided I was simply not going to do that anymore, I was not going to participate in my own oppression... it occurred to me that if I wanted an intimate relationship in my life I might have to look beyond just men" (Ella)*
>
> *"I became more aware of being attracted to both male and female" (Hannah)*

They all said or inferred that their recognition of their homosexuality had had a significant impact on their lives, with the concomitant influences of the stigmatisation that occurs in our society.

"I got all these stares and I thought, Oh god they'll realise I'm a fake... It was so agonising. It's a thing, feeling on the outside, a thing I fool myself into quite a bit" (Denise)

"I had these feelings, but I was too scared to act on them" (Hannah)

There were periods when the lesbian/bisexual women either had not yet disclosed, or chose not to disclose to certain people.

"It didn't feel safe" (Hannah)

"Disclosing to myself was the hardest thing. I kept it to myself for quite a while" (Fiona)

"Its not worth it to us to try and go through the shit we'd have to put up with" (Anna)

Another factor that influenced each woman's disclosure process was her own personal style of interacting and communicating with others. The women's characteristic patterns of disclosure, with regards to information other than this particular secret, guided what they said and to whom.

"I never talk about really personal stuff with him" (Fiona)

"I'm generally a very open person and like to talk about what's going on in my life" (Ella)

"Because we tell each other everything" (Rachel)

In looking at disclosure as a process involving covert behaviours (such as recognition of homosexuality), overt behaviours (such as verbally disclosing) and other influences such as stigma and consequences of disclosing, the first step in the process (following the women's recognition of their homosexuality) was their decision to disclose or to withhold disclosure of their sexuality.

Disclosure Following Change

As for the women who were sexually abused, the women coming out often disclosed following some significant event in their lives; whether it was the initial recognition of their sexuality or some secondary significant event following a period of non-disclosure.

"I'd had this intellectual idea that I was probably bisexual... but I was quite homophobic. Well, I fell in love with this woman, she was quite out. We were working together lots and hanging out with lots of lesbians so when she and I started having this relationship everyone knew and my status just kind of changed" (Ella)

"I'd just come back from a trip [overseas] and I'd broken up with my boyfriend of four years and I felt quite displaced. I'd always been quite a strong feminist. I had this personal thing to myself that I'd get involved with women's issues, women's rights and oppression...during that year when I got so involved with working with other lesbians and learning more about all the issues around women's heterosexuality and lesbians... I realised that this is what I wanted to try for that stage of my life. That's why I decided to come out" (Hannah)

"When I got to Uni I decided it was time to change. There were all these other things going on for me, like leaving home, coming to a big city, new people, new life. I needed to find out more about this other part of me so when I saw the notice for the support group I rang up and eventually went along" (Fiona)

4.3.2 Creating a Network of Confidants

The network of confidants was comprised of those people that knew the women were lesbian or bisexual. For a full description of this theme, please refer to 3.3.2 on page 52.

The women in this group often first disclosed via action rather than words to other men or women self-identified as being homosexual. On some occasions, the circumstances or environment where the women were influenced the people that were told (or at least, when they were told).

Coming Out To The Community

Four of the women said that either they were already part of, or specifically made contact with, groups comprised of people who were homosexual or bisexual. For one woman, her developing relationship with another woman proclaimed her lesbian status when she had been considered heterosexual prior to this, without specific verbal disclosures being made.

"Well I fell in love with this woman, got such a crush on her, and she was quite out... so when she and I started having this relationship everyone knew

and my status just kind of changed" (Ella)

"I had a gay friend... he was like, I'm gay and this is what I like and I'm proud of it even though other people don't like it. And I sort of thought, well I'm this way" (Anna)

Three of the women deliberately contacted and consequently attended bisexual group functions, which again proclaimed their sexual orientation without specific verbal disclosures being necessary.

"I called up my friend and said, you know that lesbian and gay dance you're going to tonight, I'd really like to come along. She said, you'll really be making quite a statement to everyone else about yourself, and I said, yep, that's what I want to do, so along I went" (Hannah)

"I phoned up someone and said I wanted to know how to get in touch with other people like me. I wanted to know what was happening in [the town] and I wanted to go along to women's dances to meet other women for friendship, just to get to know them, because for me there's a whole cultural side of being bisexual" (Denise)

"I went to the gay club and sort of tried to find out a bit more about it because I didn't know much about the scene or anything" (Anna)

Essential Confidants

Essential confidants were those people either well known or closely related to the women who they wanted to come out to as a priority: close friends or close family members such as sisters or parents.

"Oh of course I came out to S, I'm his fiancée I kind of live with him so I came out to him pretty early before I came out to anyone else like years ago" (Anna)

"My mother I told because I've always been pretty close to her" (Fiona)

"The next step was telling straight friends and family" (Hannah)

"I've got to tell [my friend] face to face... She's really important" (Rachel)

Several women said that their sexual identity influenced their relationships, therefore others in their lives needed to know in order to understand. Although the consequences of such disclosures were sometimes predicted to be negative, the cost to the women or the confidants of withholding disclosure was considered to be greater.

> *"My relationship with [my parents] has been open. I felt if I wasn't telling them this important thing in my life I'd be living some kind of lie" (Anna)*
>
> *"It felt like now or never, if I didn't tell Mum now I'd have to tell her in a letter. I thought she'd be sad for me and a bit worried and surprised. I knew it was going to be a really big, important part of my life" (Ella)*
>
> *" I was quite definite about letting (family) know since throughout our life we've been pretty up front with them about everything. It just seemed like too much of a contradiction to kind of censor them, censor the communication that way" (Hannah)*
>
> *"It was important for [my fiancé] to accept everything about me otherwise I couldn't live with him" (Anna)*

Chosen Confidants

Examples of chosen confidants, or those people the women wanted (but did not need) to tell that they were lesbian/bisexual were as follows:

> *"We've been friends longer than we've been lesbians... Pretty much all the people I know I've come out to" (Fiona)*
>
> *"My good women friends I told, I was completely open" (Ella)*

Women chose to disclose their own experiences to people whom they saw as having stigmatised views. In some cases, women had spoken not only to individuals but to groups, one had published papers, and two had lectured to audiences disclosing their own experiences. Hannah had disclosed with the knowledge that doing so could seriously jeopardise her career.

> *"I went to present a paper from that research at [the conference]...I was nervous because I was disclosing my identity and talking about my studies." (Hannah)*
>
> *"My, our relationship had made her have to rethink the prejudice that she'd held towards bisexual women" (Ella)*

Circumstantial Influences: Availability of Confidants

Fiona had been overseas during a time when she considered disclosing her homosexual status. She made the decision to tell once she returned home as people expressed strong homosexual prejudices in the country where she was.

> *"I knew I was ready to come out, but it would have been too hard in the States. There were groups of people really into hating" (Fiona)*
>
> *"I lived for two years in [another country] and at the time the major political issue was the passing of a law to make it legal to discriminate against non-heterosexual people, and so it just didn't feel very safe" (Ella)*

There were people that the women did not want to tell because of their relationship with them. Rachel had not come out to many people and said she could not tell her parents. More often for these women, those people they would not come out to were those whose relationship was so tenuous or distant that they meant too little to the women for them to want, or need, to disclose to.

> *"I don't care enough about them for them to know this about me" (Anna)*
>
> *"By then I'd stopped being friends with the kinds of people that probably couldn't handle it. Like the people who were... you know, guys, musos, a few drinking student types and I just wasn't interested in having them in my life [because they would not have been accepting]" (Ella)*

4.3.3 Motivation to Disclose

The motivation to disclose provided an understanding of the purpose of the women telling their secret. These varied, as for the women who were sexually abused. A full description of the categories within this dynamic of the process of disclosure is provided in 3.3.3, page 55.

Instrumental Need to Disclose

Some women disclosed their sexual orientation with the aim of bringing about a specific goal. Several of the women who came out as lesbian or bisexual said that the reason they had come out was to learn from other lesbian and bisexual women, via modelling and imitation.

"How do you let people know you're interested in them? I needed to learn that, and I still do. The only way I'm going to learn that is by hanging out with lesbian or bisexual people" (Anna)

"I know the way I feel and the only way I'm going to meet other people who feel the same way is by coming out so that I can find them" (Fiona)

Affiliative Need to Disclose

As described in Chapter Three, these reasons involved the women's need to relate to other people (for example, the need to share, to be supported, to receive empathy, to be understood, and to be validated).

"I came out to K because I really was in need of someone who knew what it was I was going through" (Anna)

"It was important for her to accept me for what I am" (Fiona)

"Even if I don't have that much in common with many people in the group I still go as often as I can because they know what it's like" (Anna)

Feelings of isolation and alienation were also common for this group of women, as they were for the other two groups.

"I was beginning to feel abnormal. You realise what you thought everyone else accepted nobody else actually did. [Going to the support group] makes you feel normal, makes you feel accepted instead of feeling like you're hiding something" (Anna)

"You feel like a lot less of a leper [when you come out]. Makes you feel normal instead of feeling like you're hiding something" (Fiona)

Women talked about being motivated by their need to seek validation and acknowledgement of their feelings and their identity from others, and to talk about the meaning of their experiences.

"It's like self-recognition, it's like making a decision and saying, yes I do feel like this...That's the word, validated!" (Anna)

Developing intimacy in a relationship was also an issue for the women disclosing being lesbian or bisexual.

> *"Often my relationships with my friends are built around...exploring our values and our ideas...The relationships that I need to feel a lot of safety in it's important that they know" (Ella)*
>
> *"When I'm wanting to get closer to people, wanting to share something a bit special, so I want to make sure they're the sort of person that can share that sort of stuff with me" (Fiona)*

Altruistic Motivation to Disclose

The third major group of motivators for women was their motivation to disclose for the benefit of others, in order to provide support, or to model being a lesbian or bisexual woman, or to change stereotypes, or to educate. Again, risks were sometimes not assessed where the motivation was altruistic.

> *"I had to tell [my partner's ex-partner], because I had to tell her, I felt that I should. But thinking about it, I didn't really think about the effects on me if she did tell other people. I didn't really think of them until now. Because the main thing was telling her, and the rest was kind of secondary, to be worried about afterwards, which perhaps wasn't so wise" (Anna)*
>
> *"In class, someone talked about this altercation she'd been having with this fat deaf lesbian. And I thought, no I'll wait... about five minutes later someone said something and I thought, oh perfect, so I said, another fat deaf lesbian... Then I laughed and said, no I'm just kidding, I'm a fairly deaf bisexual who doesn't care about her weight" (Denise)*
>
> *"Students got up to give a five minute talk on what they wanted to do that year... I started to talk about lesbians and how they hadn't been represented in the normal curve and how they were the deviations" (Hannah)*

Ella talked of another version of prejudice – that of lesbians towards bisexuals.

> *"This [lesbian] friend hadn't heard [I was identifying as bisexual]. Obviously she had no idea I was no longer the staunch dyke I had been... Oh then I*

said I'm bisexual, and her face. Her jaw dropped, this look of horror came into her eyes, you know she pulled right back. And so we ended up having this discussion for hours where I had to listen to every argument against bisexual women that exists. I just kept saying, hi, I'm your friend... In the end she conceded that she did like me and said that she wanted to see me again. Not that I feel terribly comfortable about spending a long time with her, although I think that it's a good thing for her and I to maintain a relationship because those bridges [changing her lesbian friend's attitude towards bisexuals] need to be built" (Ella)

4.3.4 Assessment of Risk

The lesbian and bisexual women assessed the risks involved in disclosing to potential confidants. These risks were the same as for the women who were sexually abused and for those women with STDs, and basically involved a consideration of a potential confidant's ability to accept and/or support the woman and to keep the secret to themselves. The assessment was based on the woman's experience and knowledge of the potential confidant. For a full description of this category, see Chapter Three, 3.3.4, page 60.

Examples of positive responses for these women were as follows:

"She went, Oh yeah, and she didn't really care much more about it" (Anna)

"A good response was when friends respected my confidentiality, didn't reject me, we stayed friends" (Denise)

"He was curious but not in a negative way. He just wanted to know what it meant" (Fiona)

Most women implied that a negative response was rejection from significant people in their lives. This type of reaction was commonly feared.

"Because I loved her so much, it was a risk [telling her]" (Denise)

"My mother I was kind of worried about...I thought it would be hard for her to accept" (Anna)

"I was all nervous and scared and had no idea what [Mum's] reaction would be and imagined the worst... I thought she'd be kind of sad for me and a bit worried and surprised" (Ella)

Examples of rejection due to disclosure referred to changes in the women's relationship with their confidants.

> *"I hate it when they don't say anything but start treating you differently" (Fiona)*
>
> *"They would have just subtley pushed me out" (Anna)*
>
> *"She stopped seeing me as her good friend and I went instantly into the category of people not liked. It made me sad, it was scary" (Hannah)*

Another form of negative response for two women was where the confidant failed to understand the importance of the disclosure of homosexuality, and thus did not accept its significance.

> *"They think I'm going through a phase and I'll grow out of it" (Anna)*
>
> *"[My father] is really stuck in this little girl thing, and completely denying that I have any sexuality, you know, he likes this image of me as a child" (Ella)*

Confidentiality was another concern.

> *"I'm not going to get a chance to explain myself [if confidants tell others] and I might not want it known all over the place" (Anna)*
>
> *"I want to be the one to choose who knows, and when they know, and that should be when I'm ready" (Fiona)*

The women's predictions of negative responses came from their expectations that others would stigmatise them. Three of the women who came out as bisexual following identifying as lesbian indicated that they had experienced feelings of ambivalence. Although these women found strength and celebrated their identity, they were sensitive to disclosing to lesbian friends. One participant said that her worst reaction to disclosing her bisexuality came from a lesbian woman from a strong community of women holding relatively radical beliefs.

> *"I feel like that lesbian community that I was nurtured in and was such a part of, they're quite, quite anti bisexual women. Bisexual women are worse than heterosexual women and even thought I was part of that community and identifying as lesbian I was always insisting on being inclusive to bisexual women...*

even though I was standing up against this attitude I think I was internalising it too" (Ella)

"People are really confused around [bisexuality], they assume if you're bisexual then you're promiscuous, if you're in a relationship with one person then you have to be involved with other people at the same time. Some lesbians are suspicious you're heterosexual and trying to take advantage of women, and straights think you're just greedy or that you're just trying to be trendy or cool" (Denise)

The women said they had actually experienced few of these forms of negative response.

Some women withheld disclosure of their sexuality for the same reasons that sexually abused women did; they feared the consequences of doing so. The awareness of the negative reactions associated with identifying with a stigmatised group influenced their behaviour from then on.

"They might have a fear of being associated with me, I don't want them to turn right off me. I feared that ...if I'd come out to the women... then they'd be scared that I might come on to them" (Ella)

"At the moment they're very open towards me and we share a lot... I think that they would close off and I would lose what I have with them" (Denise)

"I was petrified that I would have to say I want to do [lesbian-related work]... I would really have to justify it...Fear of being slashed down" (Hannah)

"When people don't know it's easy to assume they're homophobic and if they did know they'd reject me" (Ella)

How the Risks were Assessed

When women assessed the risks involved in disclosing to a particular person, they considered several different aspects. For most women, the assessment of risk was summed up in a feeling: whether they felt safe.

"If... I feel a bond with that person, feel relaxed with them it wouldn't be hard for me to talk. I guess I'm more aware of evaluating people's energies. Its a boundary thing" (Ella)

Women considered what they knew of the potential confidant's beliefs and attitudes.

> *"I remember years ago talking about all the problems you have in relationships with men and she joked how much easier it would be to have relationships with women. I guess I was holding on to that." (Hannah)*
>
> *"Oh, the way Mum is around sex and all, it's just, no I couldn't. I think in the Catholic church it's wrong... She'd really freak out" (Rachel)*

Women estimated how well the confidant would accept them and their disclosure of being lesbian/bisexual.

> *"I'd stopped being friends with the kinds of people that probably couldn't handle it well...[like] guys, musos, a few drinking student types... I'm more likely to tell women, I'm more likely to tell people who are closer to me in age, I'm more likely to tell my peers than my lecturers, I'm more likely to tell Pakeha than Maori... it's that I'm uncertain of their reactions" (Ella)*
>
> *"I didn't tell a lot of friends because they're rugby types...D's family will never handle it, they're so straight they would have no comprehension at all. They're born-again Christians, we have enough barriers between us [already]" (Anna)*
>
> *"Dad would probably disown me. He would think it was disgusting" (Rachel)*

If a confidant was known to be a poor risk because of their beliefs, but the woman wanted them to know the information, they would work on improving and stabilising the relationship over time before disclosing (see Strategies for Disclosing).

Women considered what effect the disclosure information would have on the confidant. A predicted negative impact counted as a factor to withhold disclosure or to change the form of disclosure.

> *"I didn't want to tell my parents, I've shocked them in the past, I didn't want to shock them again" (Anna, who did tell eventually tell them)*
>
> *"I knew she [friend] would get really upset, she'd just flip out, she's so homophobic. I haven't told her. I don't know whether I will" (Fiona)*

Another factor influencing these women coming out was disclosing to straight people in comparison to lesbian women. Two women mentioned the importance of discriminating between these confidants because of the impact their coming out would have on them.

"I come out to straight people as a lesbian but to lesbians I come out as bisexual" (Fiona)

"I'm quite happy for the whole [heterosexual] society to think that I'm lesbian...I don't generally come out to straight people as bisexual... but with lesbians I'm aware they need to know that I'm bisexual" (Ella)

Women risked negative consequences if confidants failed to maintain confidentiality of the disclosure subject and instead informed others (see above). Thus, women assessed the likelihood of confidants' failing to maintain secrecy without consent. This decision appeared to be made on the basis of whether or not the woman trusted the confidant to keep the secret to themselves.

"I've regretted telling some people that I think may have told somebody else without my permission" (Hannah)

"If I told him, he'd tell the world. You think women gossip, well he's the worst I've come across. Telling him would really be coming out, whether I like it or not" (Fiona)

An interesting finding that emerged from more than one respondent was that the women wanted people to respond the way they had predicted they would, even if the predicted response was negative.

"I was kind of disappointed that Mum wasn't shocked" (Ella)

"She didn't react the way I thought she would, she was much more accepting. I kind of felt flat, I'd been expecting this big reaction and I was all hyped up to take it on" (Fiona)

4.3.5 Strategies for Disclosing

The women disclosed their sexual orientation to others using different strategies. Although every disclosure was different, common characteristics emerged from the data that were categorised into three different types of disclosure. These were spontaneous disclosure, prepared disclosure, and eventually, relaxed disclosure. Women did not consistently use one form or another, but tended to make choices as to which strategy to employ based on the assessment of risk in relation to the confidant in question.

There were periods when women either had not yet disclosed (see Prior to Disclosure), or chose not to disclose.

Spontaneous disclosure was when women disclosed without thought or preparation. Sometimes it occurred in response to opportunities that presented in discussions, such as when a related topic arose, and at other times it occurred "out of the blue".

> *"It's really stressful for you and them when you blurt it out and wait for their response" (Anna)*
>
> *"My friends like K, I came out to by mistake, I was at their place and someone rang me about a bisexual meeting, and they were like, what's that for? I thought, oh, why bother lying" (Anna)*
>
> *"I didn't mean to, we were just talking and it sort of popped out, before I was aware I had really said it" (Denise)*

Most commonly, women prepared in some way for disclosing. Sometimes they had thought about how to disclose in terms of what to say and when to say it, and sometimes they even engineered the situation as much as they were able to best present what they had to say. Over time, women gained skills and experience in disclosing, and learned to avoid the most negative responses by learning how to better assess the risks involved.

> *"I called up my friend and said, you know that lesbian and gay dance, I'd like to come along. She said you'll really be making a statement to everyone, and I said, yep, that's what I want to do" (Hannah)*

A specific form of prepared disclosure was to prime confidants of the secret. Priming was a gradual way of disclosing information that was low risk, and there were two main goals in priming confidants: as a form of assessing the risk, and in shaping up a positive attitude prior to actual disclosure.

With regard to assessing the risks of disclosing, the woman would begin to test the identified risks (from their experience of the confidant) by presenting disclosure-related material or information in the abstract, without associating that information with the woman's own situation. Women did this by discussing related items in the media, leaving articles or books around to be seen, or discussing related subjects or issues. In presenting related material in the abstract, the women were able to control the information the confidant received about the disclosure subject. This process allowed the women to test their

perceptions of the risks involved in disclosing to confidants, to assess confidant's beliefs about the disclosure subject, to assess the confidant's ability to change their attitude, and to assess the possible impact of the disclosure on the confidant.

Ideally, the confidant would act on their knowledge of the woman, in preference to their negative stereotypes of those with the woman's experience. The risk was which choice the confidant would make: to accept the woman, inclusive of her stigmatised identity, or to reject her due to her sexuality. As women developed relationships with others without having disclosed, there was more at risk: improved relationships and rejection from those they valued.

> *"Slowly educate them, work towards telling them, talk about it more, then they understand the issues" (Anna)*
>
> *"I tell them the name of a book I'm reading, gender pronouns, it becomes natural to have an explicit discussion" (Ella)*
>
> *"Because of letters I'd been writing to friends, I knew that ...my news would be being passed around which was fine, that was a lot safer than telling people to their face" (Denise)*

Over time, disclosing became very much a reduced, almost non- issue for many of the women. Women talked of disclosing in response to situations that arose without need for preparation. Some said that they now disclosed selectively, depending on the situation (i.e.,the person or people present and the subject under discussion). Most typically, they said that they would disclose to those who self-disclosed similar experiences, or where people had stereotypical or prejudicial attitudes.

> *"If someone's obviously in the dark ages about being homosexual I will say something" (Fiona)*
>
> *"It's obviously safer once the subject has come up, than to say, look I've got something to tell you" (Ella)*

4.3.6 Consequences

There were a range of consequences of disclosing that the lesbian/bisexual women talked about. Some women talked about negative reactions to their disclosures that they had not predicted would occur.

"[His family] would talk to me about leaving him... make it hard on him...they don't invite you places" (Anna)

"It was interesting because it was the single worst, most difficult reaction and it came from a lesbian...I made the assumption that she had heard about me" (Ella)

"[My mother] stormed off and she was quite disgusted and that was the first time I'd had a reaction like that from her so I was quite traumatised. She came back at lunchtime, to see how I was and to start this process of talking about me coming out as a lesbian" (Hannah)

As the women identified as lesbian/bisexual, they also changed other aspects of their lives so that their circle of friends was different, and more accepting of their sexual orientation.

"I was much more involved in the lesbian community being out and so on" (Ella)

"I'd stopped being friends with the kinds of people that probably couldn't handle it well" (Fiona)

"It had been brewing for a number of years, I had a supportive environment" (Hannah)

Most of the women were able to say with equanimity that they would (and did) disclose selectively, depending on the person and the subject under discussion. As for the women who had been sexually abused, they said that they would typically disclose to those who disclosed themselves, or where people had obvious prejudices or stereotypical views. Most of the women said that they had become more immune to negative responses. None of the women who came out as lesbian or bisexual expressed regret that they had disclosed.

"People now I come out to, I just throw it in anywhere" (Denise)

"I feel okay, more comfortable about telling people" (Fiona)

"Over the years its become easier and easier" (Ella)

"I'm starting to settle down now, starting to feel stable about it. It's made me more secure in myself that if I tell people and they don't accept it then it's their problem" (Anna)

"That secret has been pretty ok to tell. There's been a strong tradition of women's rights and lesbian rights. If I get a negative reaction from someone I just look at them and say, you're talking about yourself. I just think in my mind, ok you've got issues you want to work through, and it has nothing to do with me" (Denise)

When asked how disclosing had changed things for them, most of the women who came out as lesbian or bisexual said or inferred that disclosing had been empowering for them.

"I'm realising more and more that it's acceptable to be bisexual and it's acceptable to my friends, and if they're my friends it should be acceptable to them. Rather than, I should hide because it's not acceptable. So I'm starting to settle down and come to terms with it. But it's still, I'm not all the way there because it's fairly new to me. I guess a lot of it is self-development. It's made me feel more secure in myself that if I tell people and they don't accept it then it's their problem" (Anna)

"I'm much more comfortable, much much much more comfortable about just, yeah, my whole bisexual identity." (Ella)

"I feel more open and friendly with women. I feel more connected and all of that, more predisposing. More alive, more me. More real, like I don't have to live lies, or say things I'm not. It's great. [You're strong.] Yep! Getting stronger, I can see it!" (Rachel)

4.4 Discussion

In this section of the chapter there is a discussion of the findings and themes that emerged from the interviews with the women who came out as lesbian or bisexual. The women's accounts of their experiences and disclosures reflect these women's personal experiences and are not intended to be representative of lesbian or bisexual women elsewhere.

The issues that presented for the women in this study prior to disclosure, such as recognising oneself as lesbian/bisexual with the concurrent stigma and the ambivalence some experienced with regards to the complications disclosure would bring, were supported by findings of previous studies (Quinlivan, 1997; Davies, 1992; Krestan, 1988). Davies termed this phase 'individuation', where women initiate an internal psychological process

of coming to recognise their sexual orientation. The issue of the women choosing not to disclose was interesting in that it appeared related to the second process Davies labelled Disclosure (whereby people inform others of their sexual orientation) without disclosure having occurred at that time. Obviously, the women had considered the difficulties and potential risks and decided to withhold disclosure at that time.

With regards to the process of development of identity (Roen, 1994; Davies, 1992; Krestan, 1988), some women definitely acknowledged that they themselves were lesbian/bisexual prior to coming out to others. However, for one woman, the acknowledgement was less decisive in the sense that her recognition of being lesbian (and the disclosure of her sexual orientation, which was concurrent with this recognition), was subsequent to her falling in love with another woman.

One of the women in the present study identified as bisexual following coming out as lesbian, and three of the women came out as bisexual without first coming out as lesbian. Schneider (1998) notes that bisexual women tend to have a more fluid and changeable identity and tend to identify themselves as bisexual at a later age than women who identify as lesbian, although this was not apparent in the present study. There were no apparent differences between disclosures of bisexuality and disclosures of lesbianism for the women in the present study. If differences had occurred, they would have been more likely to be apparent in comparing disclosures in those women who disclosed both sexualities. Apart from the differences in attitude towards bisexuality in comparison to lesbianism noted by one respondent who came out as both (at different times), no other differences were reported by the women, nor were they apparent in their accounts. Certainly, in relation to prior literature, studies have investigated issues relating to either gays (i.e. homosexual men) or lesbians (i.e. homosexual women) or combinations of gays, lesbians and bisexuals (for a review, see Clark & Serovich, 1997); but there was a dearth of literature relating solely to bisexuals of either gender for comparative purposes (as noted by Roen, 1994).

For some of the women in the present study, a significant event initiated their disclosure of lesbianism/bisexuality. In two cases, the women's disclosure was initiated by a change in environment or circumstance. Prior to disclosure, the women's previous circumstances had been assessed as being too risky in which to disclose. When their environments changed, the risks had also changed so that they felt safe enough to disclose. Some of the women chose to disclose to some of their friends and not others, a process Davies (1992) labelled 'compartmentalisation'. In Davies' (1992) article, this process was related to his

respondents choosing not to disclose to networks of people such as work colleagues. In the current study, the people the women chose not to disclose to tended to be less important to the women.

In the present study, the women came out first to those with whom they felt safe: this was of primary importance to them. With regards to their circle of family, friends and acquaintances, safety and support were important influences, with the women disclosing earlier to those they were closer to emotionally until they had come out to everyone they wanted to disclose to. These findings have been established elsewhere in the literature (Schneider, 1997; Johnson & Guenther, 1987).

The women in the present study did not express regret at having disclosed their sexual orientation even though there were negative reactions to their disclosures. Obviously, for these women, the potential difficulties of disclosing were worth risking when the alternative was having to hide a major dimension of their lives from all those around them (Krestan, 1988; Davies, 1992; Johnson & Guenther, 1987). As noted by researchers such as Pennebaker (1990) and Wegner (1992; 1994), maintaining secrets requires a significant degree of energy.

It was interesting to note that some of the women, when disclosing their sexual orientation for the benefit of others (e.g., to educate or support others), did not appear to assess the risks prior to disclosing in these circumstances. Where this occurred, these women appeared comfortable with their identity and perhaps they felt comparatively immune to negative responses, as they appeared to attribute them to difficulties the confidants themselves had (rather than some alleged deficiency in themselves).

In accordance with the literature (Quinlivan, 1997; Krestan, 1988; Henderson, 1998; D'Augelli, Scott, Hershberger & Pilkington, 1998; Holtzen, Kenny & Mahalik, 1995), the women in the present study acknowledged a variety of risks that they feared when disclosing, including rejection, intolerance, and lack of emotional support and acceptance. One of the forms of negative response identified by the women was where the confidant failed to understand the importance of a woman disclosing her sexual orientation, and thus did not accept the significance (e.g., believing it was merely a phase). This response, a form of denial discussed by Henderson (1998) as a common reaction by parents having difficulty coming to terms with their children's disclosures, might also be negative because the women put themselves in a position of risk which was not appreciated; thus, the potential for increased trust, intimacy and depth of friendship was not realised.

The women said they had experienced few negative responses, despite their fears that they might. It was difficult to assess how realistic their fears had been, but they were the basis on which the women made the decision to disclose. The women's assessment of the risks involved in disclosing were based on their knowledge of the confidants — which in many cases were stereotypes (e.g., 'musos', 'rugby heads', 'religious'). Stereotypes represent a set of beliefs based on experience or information, biassed though it may be (Deaux & Wrightsman, 1988). The irony here was that the women were aware that lesbian/bisexual women were stereotyped (e.g., butch, dykes, promiscuous), while they themselves were stereotyping their confidants. Nonetheless, the women's judgements of their confidants, using stereotypes, were generally very accurate as the majority of responses were the way the women predicted (i.e., positive). For those confidants where negative responses were predicted, disclosure was most frequently withheld. Krestan (1988) and Henderson (1998) recommend that women disclose only to those from whom they believe they will receive a positive response.

Some of the women in the present study used the strategy of 'priming', or gradually shaping up the desired accepting attitude in their confidants by providing information. This term was not found in the literature although other studies referred to this behaviour (Kimberley, Serovich & Greene, 1995; D'Augelli *et al*, 1998; Henderson, 1998). Kimberley *et al* (1995) discussed this strategy (referred to as 'testing the waters') within a component of disclosure they labelled Anticipating Reactions of Recipient. The word 'priming' appeared to best represent the behaviour that was observed in the women's accounts of disclosing in this way, in the sense of preparing confidants.

An important aim in priming confidants appeared to be to develop in them an accepting attitude or increased tolerance through having exposed them to knowledge of lesbianism or bisexuality (by providing accurate information) and the opportunity to discuss issues and hear accepting views from people they knew. Disclosing information is a one-way process in that once information is disclosed, it cannot be retracted easily. By priming confidants, women gradually disclosed information and were able to control the amount disclosed and monitor the reactions. They also created opportunities for the disclosure to occur more naturally. Disclosure could be stopped at any time, or completed when appropriate, according to the responses they received. Thus, priming or preparing for disclosure represented a lower form of risk than unprepared or spontaneous disclosure.

By priming, the women avoided or delayed the potential risks involved in disclosing,

especially to family and close friends (i.e., rejection and intolerance) (D'Augelli, Scott, Hershberger & Pilkington, 1998; Rust, 1997; Henderson, 1998). Due to the gradual priming, women reported that many confidants had guessed what the disclosure subject was by the time it was explicitly disclosed. Henderson (1998) observated that families are often ill prepared to acquire information and assess the new reality of a family member being homosexual. Preparing family members by priming them in this way appeared to allow them to gradually come to terms with the new reality. Women and confidants appeared to benefit from this form of disclosing over the more sudden disclosure as responses by then were more predictable due to both parties being prepared, thus disclosing was lower risk. In addition, in gradually disclosing, women were more in control over the speed and amount of disclosure appropriate to the situation.

With respect to Henderson's (1998) concerns with regards to women coming out being dependent on family, none of the women in the present study were still residing at home when they disclosed their lesbian/bisexual status to their parents. However, the importance that the majority of the women placed on disclosing to their parents early on, and the ways in which they spoke of their parents, made it apparent that most of the women still gained emotional and personal support from them. Although two of the women believed that their parent's reactions would not be particularly positive and they had concerns for their parent's wellbeing, all except one of the women disclosed to their parents. The woman who withheld her disclosure was not only strongly certain of a rejecting response, but did not care about or respect her parents sufficiently to feel the need to tell them she was bisexual. The parents of one of the women believed that her disclosure was 'just a phase' and she believed they did not fully understand (and therefore accept) her sexual orientation, but she was accepting of their belief. This attitude has been noted by other researchers (Savin-Williams & Dubé, 1998; Henderson, 1998). For the women who disclosed to their families, their families' reactions were generally positive, some surprisingly so, although in a few cases the women said they had misjudged extended family members' reactions to the women's detriment.

Most of the women discussed the prejudice, homophobia and sanctioning they had experienced or were aware of. This significantly influenced their assessment of the risks involved in disclosing their sexual orientation, as attested to by Savin-Williams & Dubé (1998), Krestan (1988) and Quinlivan (1997). For some of the women, identifying as lesbian or bisexual was particularly difficult because of their own homophobic or biphobic

attitudes, shared by social or feminist communities they were part of. This phenomenon has been discussed in the literature (Quinlivan, 1997), and is thought to be due to the lack of positive constructions of female sexuality and the ignorance, harassment and homophobic attitudes present in society.

The dimensions or variables that appeared to influence the movement along the continuum, or alter the strategies of disclosing, included the woman's developing personal identity in relation to the secret, and her acquisition of experience and skills in disclosing.

4.5 Summary

A range of stigmatising attitudes and behaviours are present in society that can be alienating, hostile and rejecting for women disclosing sexualities other than heterosexism. In the present study, six women who came out as lesbian and/or bisexual gave accounts of their experiences of disclosing their sexuality to others. From their accounts, a number of themes or components of the process of disclosure were identified. There were, the events prior to disclosure, motivation for disclosure, creating a network of confidants, assessing the risks, strategies (in particular, priming), and consequences of disclosure. Implications of these findings were discussed. In general, findings of the present study largely supported the literature relevant to disclosing lesbianism and bisexuality.

Chapter 5

Disclosures of Women with Sexually Transmitted Diseases

5.1 Sexually Transmitted Diseases in Society

Sexually Transmitted Diseases or STDs, otherwise known as venereal diseases, are diseases passed on by sexual contact. These include syphilis, chlamydia, gonorrhea, genital herpes, human papilloma virus or genital warts (HPV), and more recently HIV and AIDS. Sexually transmitted diseases tend to be an affliction of young people, and in particular, young women. With regards to literature pertaining to STDs, the majority of research has referred historically to syphilis and now, to HIV, as these two STDs typically lead to death (in the case of syphilis, if left untreated).

In New Zealand, Dickson, Paul, Herbison, McNoe & Silva (1996) found a lifetime incidence for STDs of 17.3% for sexually active women, more than double that found for men (8.6%). It is probable that this rate will increase over time, given that the cohort of women in the study were all only twenty one. The finding that more women than men experienced STDs is common in the literature and is thought to be because women tend to have male partners older and more experienced than themselves; that women with multiple sexual partners were less likely to use condoms than males with multiple sexual partners; and because transmission of STDs is more efficient from males to females (Dickson *et al*, 1996; Aspin, 1997; Public Health Group, 1997). Dickson *et al*'s (1996) study suggested an incidence rate similar to that in the United States. In New Zealand, the most prevalent sexually transmitted condition presenting to sexual health services is genital warts (HPV) (Flannery, 1998). For the majority of STDs, physical effects range from no symptoms,

to discomfort and pain, to infertility and ectopic pregnancy. Some, like syphilis, HIV and HPV, can lead (indirectly) to death if not treated (and even if treated, for HIV sufferers). Treatment for the physical effects of the disease (once identified) depends on the STD, but may range from a course of antibiotics, minor but painful surgery, severely intrusive treatments (e.g. for AIDs) and/or significant lifestyle changes where viral STDs are contracted. Infertility may be permanent (Public Health Group, 1997; Flannery, 1998).

Emotional effects of contracting an STD commonly include feelings of fear, anger, guilt, anxiety, shock, confusion and regret (Winiarski, 1991; Ross & Channon-Little, 1991; Esterling, Antoni, Fletcher, Margulies & Schneiderman, 1994). Other psychological sequelae resulting from STDs may include feelings of being punished, loss of self-esteem, relationship breakdown, and depression (Ross & Channon-Little, 1991). Ross & Channon-Little (1991) further identified attributions that individuals may have in relation to what having an STD means to them. These include the belief that STDs are a deserved punishment for sexual sins and behaviour or a consequence of individual inadequacy leading to sexually indiscriminate behaviour. Studies have shown that the majority of women have little accurate knowledge of many STDs and are likely to be engaging in high risk sexual behaviours because they do not perceive themselves to be at risk (Ramirez, Ramos, Clayton, Kanowitz & Moscicki, 1997; Vail-Smith & White, 1992; Groopman, 1999).

A new field of research is psychoneuroimmunology, whereby behaviours and cognitions are investigated with regards to their physiological consequences on immune systems (for example, see Forbes & Roger, 1999). In particular, the recurrence of herpes (a recurrent viral STD where outbreaks are often associated with stress) has been linked with both psychological and physiological factors. In this respect, emotional disclosure (in the sense of catharsis; written, spoken or in psychotherapy) has been shown to reduce the frequency of herpes episodes (Esterling, Antoni, Fletcher, Margulies & Schneiderman, 1994).

The general stereotypes at the community level with regards to venereal diseases are that people with STDs are promiscuous, unhygienic, immoral and deserve the disease(s). There is an aspect of fear and hatred in the stigma ("Unclean"!) (Ross & Channon-Little, 1991). Historically, the association that warts were witchmarks has remained in the hostility, fear and ostracism accorded to those with HPV (Flannery, 1998) There is also the belief that women with STDs are somehow deserving of their affliction in that they acted immorally or imprudently (e.g., had affairs, were promiscuous, did not engage in safe sex). This belief serves to falsely protect women because they believe they will not contract

an STD because they do not deserve it. In addition, it isolates women from social and peer support because of the fear of transmission by association (Ross & Channon-Little, 1991).

Not only do others reinforce the stereotype of STDs, but those who contract STDs apply their own stereotypes to themselves; they experience significant shock and horror that they somehow have this condition and therefore must be terrible people and deserving of it. Winiarski (1991) discussed a range of issues that are processed in psychotherapy by HIV/AIDS patients that include feelings of loss, betrayal, abandonment and separation from loved ones, shame and guilt, denial, and "why me?". Women who contract STDs can be very self-blaming due to the negative stereotypes that they themselves share with regards to the general stigmatising of STDs. Women, in particular, can also be self-denigrating with respect to how they should have set an example to their children, or fear for their dependents where the effects of their STD is life-threatening (Winiarski, 1991). There is also a sense that the communicative nature of the disease is not only sexual in nature but also transmitted by propinquity, or association. Thus, women with STDs, once they have disclosed or it is known they have a venereal disease, are frequently avoided so that their social support and peer groups diminish significantly (Winiarski, 1991). At a time when they are most in need of support, women with STDs may find themselves alienated, rejected and isolated not just by their own perceptions of themselves, but also physically by their friends and family (Winiarski, 1991).

In terms of the literature regarding disclosing STDs, studies were scarce with respect to disclosing any STD except for HIV and AIDS, which has been a topical issue for some time. HIV testing is a special case of disclosure, since the implications of disclosing or not disclosing are potentially life-threatening (although this can also be the case for other STDs such as HPV). Some of the findings from studies relating to disclosure of HIV/AIDS may also be relevant to other STDs.

For example, Simoni, Mason, Marks, Ruiz, Reed & Richardson (1995) investigated women's self-disclosure of HIV infection. Results indicated that disclosure occurred most frequently to lovers and friends, less frequently to close family, and least frequently to extended family members. Reasons for disclosing differed according to the target, and were classified as self-focussed (e.g., enhance positive outcome for self, desire for support), other-focussed (e.g., concern for other's health), and medical (e.g., "I was getting sick"). Reasons for withholding disclosure also differed according to the target. Self-focussed

reasons (e.g., avoidance of rejection) occurred in relation to disclosure to lovers and friends, and non-disclosure to parents reflected other-focussed reasons (e.g., "I don't want to worry them") (Simoni *et al*, 1995).

Serovich and Greene (1993) discussed the benefits of knowing of HIV positive status, including the provision of social support, prompt medical attention and reduced potential for transmitting the virus. Stigma and discrimination can also result for both people with the virus and family and friends associating with HIV positive people (Macklin, 1988). Worry over disclosure of HIV positive status can lead to increased stress and family arguments, fear of potential loss of employment, child custody, housing and medical attention. Privacy is another issue surrounding HIV testing information. Who has the right to know the information, and who has the right to disclose it? Serovich and Greene consider the crucial issue to be the extent to which the HIV status information is personally relevant to potential confidants, although the effect of disclosure on family and friends can be devastating, as can unwanted disclosure for the person themselves.

Kimberley, Serovich and Greene (1995) qualitatively investigated the disclosure of HIV-positive status by five women. Using semi-structured interviews, stimulus questions included, "Who did you tell/not tell?", "Why those people?", "What factors were involved in telling/not telling?" Kimberley *et al* used grounded theory as their method of analysis. They described six steps to explain the process of disclosure: Adjusting to the Diagnosis; Evaluating Personal Disclosure Skills; Taking Inventory; Evaluating Potential Confidants' Circumstances; Anticipating Reactions of the Confidant; and Motivation for Disclosure.

The first phase, Adjusting to the Diagnosis, was described as the stage where women needed time to react to their HIV diagnosis before telling others. The next phase was a self-examination of whether the women possessed the skills necessary for telling others (Evaluating Personal Disclosure Skills). Taking Inventory was the evaluation of the appropriateness of disclosing to a potential confidant (i.e., whether an individual should or should not be told). Evaluating Potential Confidants Circumstances involved determining whether an individual should be disclosed to based on their circumstances (e.g., health, age, personal crisis of confidant). Anticipating Reactions of the Confidant was trying to foresee how the person would respond to the disclosure of HIV-positive status, and were categorised as being one of three forms: supportive, hostile or ambivalent. Women elected not to disclose when a hostile reaction was predicted. The final step before disclosing was the Motivation for Disclosure, which was either support or obligation. Support took

two forms, either expressive needs, or instrumental needs (e.g., acquiring information). Obligatory motivation was either to warn confidants in some sense, or out of a sense of duty (Kimberley *et al*, 1995).

In summary, more than one in every six women in New Zealand will contract a sexually transmitted disease at some time in their lives. Apart from the physical sequelae of STDs (the worst of which include infertility and death), women with STDs can face ostracism, rejection, alienation and discrimination from members of the misinformed, stigmatising public. As a result, even if they withhold disclosure of their STDs, women typically experience a range of dysphoric emotions and negative self-attributes. These include shame, betrayal, alienation, and feelings of loss, contamination and guilt. There was little literature found in relation to disclosing STDs other than HIV/AIDs; however, Kimberley, Serovich and Greene (1995) developed a model of the process of disclosure for women disclosing HIV seropositivity that may be of value for the present study for comparative purposes.

5.2 Profiles of the Women Who Disclosed STDs

Respondents were seven women, of a range of ages between sixteen and forty nine years. They all identified as European/Pakeha; the women were students or working in professions. Semi-structured interviews were carried out, based on questions on the list given on the information/consent form (see Appendix B).

All of the women who participated disclosed at least one STD. As the subject of interest was their disclosure of the STD, the women's specific STDs and medical details were not sought, although the women disclosed aspects of their condition as they were relevant. To ensure privacy all names and identifying details were changed.

Lisa Lisa, 20, a hairdresser, had had a relationship with a man for a short period, and discovered a month later she had contracted chlamydia. She was devastated but relieved it was treatable; a month later she found symptoms that were diagnosed as herpes, and had to also deal with the shock of finding out she had genital warts a month after that. Lisa had believed that only women who were promiscuous or prostitutes contracted STDs, and she had since developed a relationship with a man who could have been exposed although they used condoms. Lisa first told her close friends, and then steeled herself to tell her partner. His reaction was very positive

and accepting, and helped her to come to terms with the consequences of having STDs. Lisa now feels less threatened by the thought of having others know, although she has not told her parents for fear of hurting them. She does not make a habit of telling all friends and acquaintainces in case they think less of her because she is aware their attitudes towards people with STDs are as ill-informed as hers once were.

Maggie Maggie was eighteen and a student. She had contracted genital warts and herpes. The man she suspected she had caught them from had unsuccessfully attempted to rape her; at the time of interview Maggie said she was a virgin. She told her older sister when she first developed symptoms because her family were on holiday and she was isolated from her friends. A visit to a doctor confirmed her fears and diagnosed the first STD. Maggie told her best friend, who was accepting and supportive. A few months later Maggie attended the Sexual Health Clinic with another outbreak of symptoms and had the second STD diagnosed. At that point she became depressed for a while, although her friend (the only person other than Clinic staff to know she has two STDs) helped her. Although she worried she might have exposed past partners to her STDs, Maggie felt unable to tell them they could have been at risk for fear of them telling others and thinking less of her. She knows she will have to tell the person she is currently developing a relationship with, before he is at risk, but at the time of interview did not know how she would go about it. Another concern for her is her group of friends knowing, as she fears rejection by the group in terms of support, as well as losing potential partners. She is the youngest daughter of a Christian family, and feared hurting her parents and so had not told them (and did not intend to for some time, if ever). The STDs are a big part of her life because she has had to change her lifestyle significantly (avoid illness, stress, eat well, stay healthy and fit) in order to avoid another outbreak. Maggie said she thinks about it every day, and thought she coped better when she thought she had only one STD, but finds two more daunting. She feared having to tell a future husband, and wondered how he would cope with repeated outbreaks of her STDs, let alone the fear of contracting them. Maggie had believed people who contracted STDs were sluts or promiscuous, and knows some of her friends still hold this belief.

Anna Anna talked about having genital herpes, as well as coming out as bisexual (see Chapter 4). She had asked doctors to test both her and her male partner for the

whole range of sexually transmitted diseases before they had unprotected sex, however despite her request they were not tested for herpes (apparently because their history suggested they were at a low risk for contracting herpes and the tests were expensive). Anna then contracted herpes from her partner. Due to an unusual precondition related to her immune system, Anna experienced outbreaks of herpes often and they lasted longer than usual. The impact on her life has been significant. Her partner (now her fiancé) had difficulties coming to terms with having given her herpes which they have had to deal with, as well as the physical manifestations of the STD. She told previous partners she thought might have been affected, and her parents, and close friends. She finds it more difficult to disclose the herpes than her bisexuality, and disclosing her bisexuality has made it easier for her to accept this part of herself. At the time of interview Anna was a student, aged 24.

Ella Ella, 29, talked about coming out as lesbian and then bisexual (see Chapter Five). Ella was also sexually abused, but does not see it as a big issue in her life. Another issue for her is her ethnic identity. She tells even fewer people she has genital herpes, than she tells about being Jewish, or being sexually abused, or being bisexual.

Olivia Olivia worked in the health profession. She was 49 at the time of interview. Olivia had contracted genital herpes when she was aged 40 from a relationship following the end of her marriage. Her partner had told her that he was infected but she had not been concerned about it as she had not been aware of the potential consequences of contracting herpes. In hindsight, she said she felt angry with her ex-partner as he had not encouraged her to be more careful. Initially, Olivia went to the student health clinic; she told her GP but due to personal connections felt awkward telling him. She has found having herpes depressing at times as the symptoms still recur during times of stress. She said the next time she remembered having difficulty disclosing was when she was getting involved sexually with a new partner, although she felt no obligation to tell him. Olivia has told her daughter about having herpes because her daughter also contracted an STD and was very upset. She has told some friends and not others. Olivia has not told people in her family of origin. She said if anyone needed to know she would tell them.

Paula Paula, 37, also worked in the health profession. She had had several partners following the termination of her marriage, and had been diagnosed with genital

herpes at the age of 31. Soon after she became pregnant accidentally. Paula said that the period following her marriage breakup was very difficult and her self-image suffered significantly. Due to an upbringing she described as sheltered and relatively conservative, Paula felt as though she were disappointing her parents in separating and becoming pregnant (let alone having a series of relationships and contracting an STD). Once in an established relationship a few years later (and having visited a therapist), she felt she had largely resolved her negative self-esteem, including that with regards to having had the STD. Paula has not told her parents and does not intend to; she told a close friend at the time and confronted the partner she believed was responsible, and otherwise tells people as she thinks it is relevant to the conversation (who tend to be open-minded friends).

Querida At the time of interview, Querida was 16. She had been 14 when she contracted genital warts. She had told her mother and sister, with whom she was close, and friends she trusted. She said she had been careful who she had told and had not had any really negative reactions. Querida said that she had felt really ashamed and dirty when she first found out about the STD, but that disclosing it to people with positive responses had been reassuring and comforting. She said she knew she should have told the ex-boyfriend she had contracted the STD from but refused because she wanted nothing more to do with him and did not want him to think she had given it to him.

5.3 Results

5.3.1 Prior to Disclosure: Whether or Not to Disclose

Although all the women had suspicions of having contracted an STD, they first knew it for certain via a diagnosis by a health professional (refer to 3.3.1, page 48 for a full description of this category). The relative period between suspecting and knowing for sure was short. The women were suddenly identifying with a stigmatised group. All the women reported or implied that it had a significant impact on their life. Typical reactions when diagnosis was made were shock, disbelief, and negative associations with the concept of having contracted an STD.

"It was just like, oh yuck, it was so gross, I don't believe it. I remember being

horrified... The embarrassment" (Querida)

"I was really devastated, I was really dirty, really disgusting, hideous" (Lisa)

"I knew something wasn't right. I went up to the clinic and I was freaked out. Scary. I felt cheated. I hadn't even really done anything. It's impossible, it's not fair, I thought how can this be happening?" (Maggie)

"I remember being horrified... Creeping up there to see [the STD specialist]" (Olivia)

Almost all of the women who contracted STDs initially strongly held the conviction that society's attitude towards them was judgemental and prejudicial, as they themselves had had stereotypical impressions towards those who had STDs.

"Flags and sleeparounds [got stds] and by no means have I been that sort of person" (Lisa)

"I was really ashamed, made me feel really dirty, nice girls don't get that, that sort of stigma around it." (Querida)

"I thought prostitutes or people who sleep around heaps get them" (Maggie)

For two of the women, the stigma of having contracted an STD was combined with the stigma of having behaved sexually in ways they saw as inappropriate:

"The fact that it was a clandestine relationship too" (Olivia)

"I... had done a fair bit of sleeping around and so I wasn't feeling great about myself anyway and that capped it off, it was like, serves me right. What I was doing wasn't right" (Paula)

Maggie also wondered if the symptoms were some sort of punishment for her behaviour:

"I thought, oh maybe this is something to give me a shock because I had been drinking quite a bit around then" (Maggie)

For these women, the concept of 'prior to disclosure' involved the period between diagnosis and their disclosure to people other than their health professional. The latency period between diagnosis and disclosure for the women who contracted STDs was short — most of the women told at least one person almost immediately.

"My best friend...she went to the clinic with me, she found out basically as soon as I found out" (Maggie)

"At first I just told Mum because I pretty much tell her everything" (Querida)

"I mentioned it to a close friend at the time" (Olivia)

The issue of withholding disclosure for a period, then disclosing following another significant event or change, was not characteristic of these women unless a relationship developed sexually. However, disclosure following withheld disclosure did occur for some women in other circumstances:

"I talked about it with [my daughter] primarily to help her over the stigma stuff because she felt really distraught about [having contracted an STD herself]" Olivia

"I tell... someone that I'm sleeping with, if there's a chance that they're at risk, or if they ask me directly if I had an STD or if it's going to be a long-term relationship" (Ella)

5.3.2 Creating a Network of Confidants

The network of confidants was comprised of those people that knew the women had an STD. For a full description of this theme, please refer to 3.3.2 on page 52.

Two women were away from home when their diagnoses of STDs were made.

"I was on holiday with my family...[so] when I went to the doctor and he diagnosed it I couldn't talk to my friends. I talked to my sister...I probably wouldn't have talked to her [had I been at home]" (Querida)

"I was going through a crisis and we were away and there was nobody else" (Maggie)

Telling certain people, typically current partners, was a big concern for some women.

"My main worry was, how do I tell him and did I get it off him" (Lisa)

"I'd rather [my mother] didn't know. Maybe one day in the distant future" (Maggie)

"Mum said you really should tell him [partner] but I was like, no, I just refused. I didn't want anything to do with him" (Querida)

Essential Confidants

The people that this group of women first disclosed to were characterised by the same need to tell, and the same sort of closeness in relationship, as for the other two groups.

> *"Because it was such a big thing, I couldn't not tell [my friend], she would have known" (Lisa)*
>
> *"Because we tell each other everything" (Maggie, with regards to her best friend)*
>
> *"I just told Mum because I pretty much tell her everything" (Querida)*

For some of the women who had STDs, they saw others — notably current and future partners — as having a right to know that they had had an STD as they felt it could affect their partner's health.

> *"I feel they [sexual partners] have a right to know" (Maggie)*
>
> *"I found out...I thought well I have to tell him, you know, I have to do it for my own conscience. It was really difficult telling him" (Lisa)*
>
> *"Generally the only people I will tell are... someone that I'm sleeping with, I don't get attacks very often but if there's a chance that they're at risk, or if they ask me directly if I had an STD or if it's going to be a long-term relationship. I don't tell everyone else I sleep with" (Ella)*

Paula contacted the partner she believed had given her the STD in order to blame him and to deny her own feelings of guilt:

> *"I rang him up and got shitty with him, decided it was all his fault. I gave him a really hard time... I was keen to blame him. To blame me would have been acknowledging my own feeling of being promiscuous" (Paula)*

Chosen Confidants

> *"I told [a friend] because she was worried about certain things" (Querida, whose friend was concerned about some aspect of STDs)*
>
> *"I told [my close girlfriends] because I wanted them to see how easy it was [to get STDs]" (Lisa)*

There were people that the women considered when being interviewed that they did not want to tell because of their relationship with them.

> *"Among friends I've thought it might be something I could comment on but decided not to, either because I don't trust them with the information with the implied judgement, or that they would find it hard to accept personally and would react differently" (Olivia)*
>
> *"To all those other people, yes it is a secret, it's something I wouldn't go out of my way to tell them. People will always make that judgement" (Lisa)*

5.3.3 Motivation to Disclose

The motivations to disclose for the women with STDs were similar in characteristic aspects to the women in the previous two groups, although of course the context and often the situation differed for these women. The motivations were again categorised into three main groups: instrumental needs, affiliative needs, and altruistic needs.

Most of the women who had contracted an STD talked about having a strong, almost compulsive need to disclose when first disclosing to another.

> *"There was a definite need to tell" (Paula)*
>
> *"I couldn't keep it to myself" (Maggie)*
>
> *"I kind of had to talk about it to someone" (Anna)*

Instrumental Need to Disclose

Women talked of situations in which they would not have disclosed except for the particular circumstances. Their motivations for disclosing were dependent upon the context or environment, but were also instrumental in that the aim was to bring about a specific response.

> *"Probably the reason I told her at that stage was I didn't have a car to take me around places" (Lisa)*
>
> *"She thought I was going for another job...she was getting really concerned. I said, I've got a virus and I have to have treatment" (Lisa)*

Affiliative Need to Disclose

The strongest, most common motivation experienced by the women was to connect with others, and to receive empathy and acceptance. Others talked about their need for support, understanding and positive regard from others in relation to the STD (i.e., seeking reinforcement in light of the negative association).

> *"I would have told [the therapist] and it was a really big deal, because it was part of that feeling that I'd been promiscuous, it really tied in to that because I'd slept with so many people and that's how I got it so therefore I must be a bad person" (Paula)*
>
> *"And of course I told my parents... because I wanted someone else to whinge to, so I told them" (Anna)*

Another reason that women listed as motivating them to disclose included wanting to connect with others in a meaningful way in order to banish feelings of isolation and alienation they had experienced following the diagnosis. Women described how they had felt alienated due to having an STD and disclosed to refute this feeling.

> *"You feel like a lot less of a leper [when you disclose]. Makes you feel normal instead of feeling like you're hiding something" (Anna)*
>
> *"It was really comforting talking to her because she knew what was going to happen" (Querida)*

Some women talked about being motivated by their need to seek validation and acknowledgement of their feelings.

> *"I told K because I wanted to talk about it to someone because it was so aggravating to me" (Anna)*
>
> *"It was a lot of reassurance, having people tell me it was okay" (Querida)*

Altruistic Need to Disclose

The third major category of motivators, disclosing for the benefit of others, was similar for this group of women as for the other two groups. Where women disclosed to support others, this was often in the context of another woman first disclosing that they had had a similar experience.

"I know he's a bit of a ladies man and I didn't want other people to [contract any STDs]" (Lisa)

"I had to search her out and tell her, because she might have had herpes because of [the partner who gave them to me]" (Anna)

Some of the women who had STDs verbalised an ethical motivation to disclose to partners, previous, current and future:

"I feel they have the right to know. It's so hard" (Maggie)

5.3.4 Assessment of Risk

"If there was a world with no consequences I'd go up to him and tell him" (Maggie)

The women's assessment of risk was the consideration of the factors they believed might affect the outcome of their disclosure when deciding whether to disclose their STDs. For a full description of the assessment of risk, see Chapter Three, section 3.3.4, page 60.

The women, of course, preferred accepting, supportive, concerned responses.

"I need to feel okay about myself and if anyone's going to [respond negatively] I won't have anything to do with them" (Querida)

Negative responses to disclosure were the same for this group of women as for the other two groups, i.e., responses that were rejecting, judgemental, or expressed disappointment.

"My partner, it was, I have to do this, I have to tell him but I've got the risk I might lose him" (Lisa)

"My mother and my father... I think they'd be really shocked. My feeling is that that would prove to them that I really was a person of amoral character" (Paula)

"You think, how are they going to react? Are they going to run a mile?" (Maggie)

"There are people that I worry about what they think of me" (Paula)

Another issue was, would the confidant keep their secret?

"If I told Mum I wouldn't have to tell Dad because she would" (Maggie)

"I'd never tell some of my friends, no matter how close I am. They just tell each other everything" (Querida)

"It's having control of the information I think, it's not so much telling people because telling people is okay, the ones you've chosen are okay" (Paula)

The women's predicted potential for negative responses was based on their belief that others would hold stereotypical beliefs, and would stigmatise the women once they disclosed.

"There's no such thing as accident, if you were safe and you did things properly you should never get pregnant and you should never get an STD. That's what I used to think" (Lisa, referring to her friend's attitudes)

"Before I got STDs I thought, typical stereotype, I thought prositutes or people who sleep around heaps get them. I feel like saying, it's not like that" (Maggie)

Most women had experienced few of these forms of negative response, and Querida said she had had none.

"I think I was really lucky with the people I had around me. I didn't get any really negative comments. I think that's partly because I was careful who I told" (Querida)

How the Risks were Assessed

When women assessed the risks involved in disclosing to a particular person, they considered the same sorts of aspects as the women in the other two groups; i.e., whether they felt safe, whether the potential confidant would keep their secret, and whether they would be accepting of them. They did this by estimating their confidant's attitude from their experience and knowledge of them.

"I'll see what she's like with other things first" (Maggie)

"I was always very aware that [my parents] were disappointed in me... Very much aware of what my parents thought of me, then getting down here and then getting pregnant, letting them down again and them being ashamed and me being ashamed" (Paula)

"I kind of am used to [my parents] doing that. I knew that [disclosing the STD] was the same, I knew that they would accept me anyway, you know, there's no real risk" (Anna)

As for the other two groups, these women tried to assess how accepting the potential confidant would be once they learned the woman had an STD, based on their knowledge and experience of the confidant's reactions and attitudes.

"I wouldn't tell people of my parent's generation, people I didn't know very well" (Paula)

"If they're non-judgemental then that's a big plus. If they go around saying 'Oh isn't such and such a little slut' then you go, fuck, I'm never going to tell them!" (Anna)

"I wouldn't tell B. I know what her codes of conduct are, she's much more traditional. She's a very good friend but I don't talk about that sort of stuff with her. You know, that feeling about being judged" (Paula)

"She's the sort of person who isn't going to judge me" (Querida)

Some women considered what effect the disclosure information would have on the confidant. A predicted negative impact counted as a factor to withhold disclosure or to change the form of disclosure.

"He wouldn't handle it too well. He'd be really disappointed" (Lisa, about her father's reaction)

"It'll just break her heart so I'd rather she didn't know" (Maggie, in relation to telling her mother)

These women also assessed the likelihood of confidants' failing to maintain secrecy.

"If I told Mum I wouldn't have to tell Dad because she would" (Maggie)

"I told one of my close friends... she's the sort of person that if you told her something in confidence it wouldn't go any further" (Querida)

All of the women talked about people to whom they chose not to disclose. The following quote was typical:

"It didn't feel safe"(Ella, Anna, Lisa)

For the majority of the women, even those in established relationships, disclosing their STDs to future partners had been or was still an issue as they feared rejection.

"There's a sense, fear that if I told someone I wanted to be involved with sexually then they wouldn't want to be involved with me" (Ella)

"I feel they have a right to know. You think, how are they going to react? Are they going to run a mile? I'm just so scared of ending up alone because no one will want me" (Maggie)

"The worst possible scenario was getting into a relationship that was promising and being rejected" (Olivia)

5.3.5 Consequences

Consequences included the disclosure reactions from confidants (see Assessing the Risks). Over time (for those women who had had an STD for some time) disclosing had become a reduced issue as they became more confident and accepting of themselves having an STD, and less affected by stigmatised, negative self-attributes. As for women in the other two groups, these women said that they now disclosed, or would disclose selectively. Typically, they said they would tell those who also disclosed having an STD, especially if the other person was anxious or depressed about it.

"I saw the ad for a herpes support group starting up. I remember thinking I don't need to go to that [now], I feel okay. The stigma aspect has waned" (Olivia)

"From then on in, [disclosing] was in the context of talking about STDs, reassuring people that it was something that happens to all sorts of people, happened to me as well" (Paula, once she became more accepting of herself)

"I guess if someone else were having problems with it I'd tell them I'd had it" (Querida)

"I'd probably find it easier now. Because it's barely an issue for me. Certainly if I had someone come to me and they were really upset and they said I've got [an std], I'd say oh it's alright, I've got [genital warts]... I can imagine in ten years' time going out into schools and saying, I'm a person with this" (Lisa)

5.4 Discussion

Generally, the pattern of disclosure for all the women who had contracted STDs was very similar, although the women who were interviewed came from a range of backgrounds and ages. The women's beliefs prior to diagnosis had also been very similar in that they had shared the negative attributions that women who had multiple partners ("slept around", "prostitutes", "flags") contracted STDs.

Studies have shown that the majority of women have inaccurate knowledge of many STDs and are likely to be engaging in high risk sexual behaviours because they do not perceive themselves to be at risk (Ramirez *et al*, 1997; Vail-Smith & White, 1992; Groopman, 1999). Certainly, among these women, negative attributions about the character of women with STDs were commonly established. Yet even in cases where the women knew themselves to be at risk, knowledge of how to protect themselves was lacking. Most of the women believed themselves to be safe if their partners wore condoms (which is not the case for some STDs such as genital herpes) (Groopman, 1999; Ramirez *et al*, 1997).

Studies have shown how disclosures can modulate physiological responses, and psychotherapy can reduce the frequency of herpes episodes (Ross & Channon-Little, 1991; Esterling, Antoni, Fletcher, Margulies & Schneiderman, 1994). For the women in the present study who had contracted genital herpes, their experiences of disclosing had been positive, however for two of them herpes continued to be problematic; for one when she experienced stress, and for the other because her immune system was compromised. It is unknown what impact their disclosing had on the course of their herpes.

Winiarski (1991) discussed a range of issues that are processed in psychotherapy by HIV/AIDS patients that include feelings of loss, shame and guilt, denial, and "why me?". The women in the present study, while not suffering from HIV/AIDS, certainly experienced feelings of loss (of innocence and purity), and shame. They discussed more a guilty sense of deserving the STDs for having behaved immorally, and none discussed experiencing denial or feelings of "why me?". It is likely that the majority of Winiarski's clients were male (as HIV/AIDS patients more commonly are) and their self-attributions may have been less blaming and more accepting of variations in sexual behaviour than the women in the present study. For example, one of the stereotypes of people with STDs is that they had a number of partners. This perception tends to hold positive attributions for males (e.g. "studs") and negative attributions for women (e.g., "flags", "loose"). Certainly, two of

the women in the present study, in particular, discussed conservative, rigid attitudes they had experienced in their backgrounds that had shaped their own beliefs and led to severe self-denigration when their STDs had been diagnosed. The most likely explanation for the differences in self-attributions between Winiarski's clients and the women in the present study is that in Winiarski's study, his clients were having to process their expectations of death in addition to shame. In the present study, the women were experiencing shame without the concomitant expectation of death due to their STD.

Women with STDs, once they have disclosed or it is known they have a venereal disease, may experience alienation as social support may diminish and peer groups may avoid them, when they are most in need of support (Winiarski, 1991; Simoni *et al*, 1995). For the women in the present study, this did not appear to be the case; however, all the women were very selective about who they told. They told relatively few people, generally disclosing only to partners, family or friends when they were sure of a positive, accepting response. One of the young women feared that if she disclosed to her ex-partner, he would disclose to her peer group who would subsequently reject her and this effectively stopped her from disclosing. Certainly, the majority of the women talked of people in their circle of friends and acquaintances that they had deliberately chosen not to tell, despite usually sharing many aspects of their lives with these people. This decision was made because the women believed these potential confidants had beliefs or attitudes that would preclude them from responding in the non-judgemental ways the women wanted.

It was unfortunate that studies were very scarce with respect to disclosing any STD except for HIV and AIDS. Disclosing HIV seropositivity is a special case of disclosure, since the implications of disclosing or not disclosing are potentially life-threatening in terms of health care for the patient and the health of partners and ex-partners (although this can also be the case for other STDs such as syphilis and HPV). Other aspects of disclosing HIV relate to the terminal nature of AIDS (such as loss of control and dependency issues, financial concerns, loss of future and fear of dying). In addition, some aspects of the stigma surrounding HIV/AIDs are related to homophobia as it is still often seen as a disease of homosexual men. However, other aspects around the stigma of STDs are the same. These include issues of contamination, shame and guilt, betrayal, punishment, and maladjustment (i.e., that STDs are a consequence of individual inadequacy leading to sexually indiscriminate behaviour) (Winiarski, 1991; Ross & Channon-Little, 1991). Despite these differences, findings from studies relating to disclosure of HIV/AIDS may

also be relevant (and in the least, interesting in their comparative value) to disclosing other STDs.

Simoni, Mason, Marks, Ruiz, Reed & Richardson's (1995) research with HIV/AIDs patients indicated that disclosure occurred most frequently to lovers and friends, less frequently to close family, and least frequently to extended family members. In the present study, these findings supported Simoni *et al*'s, with close friends being the most common confidants told. Close family members were also disclosed to where positive responses were likely. Lovers were often told; however, for most of the women, the STD(s) had been contracted from ex-partners so in some cases the ex-partners were told (to blame, or to warn future lovers of theirs) and in some cases disclosure was withheld (because of animosity or fears of lack of confidentiality). Telling partners was the biggest fear for the women in the current study. Their shared attitude appeared to be that they had some control and choice over who they disclosed having an STD to except in the case of partners whose status developed into lovers. Lovers were seen as having the right to know, both for health and for reasons of intimacy (i.e., not withholding important information). Current partners were told where the relationship was seen to have a future, in which case their partner's response had the potential to increase the intimacy in their relationship if the response was positive and accepting. Two of the young women noted their fear of being rejected as a result of disclosing to future partners. Despite their fears, none of the women in the present study had experienced rejection.

Simoni *et al* (1995) also researched people's reasons for disclosing, which differed according to the confidant, and were classified as either self-focussed (e.g., enhance positive outcome for self, desire for support), other-focussed (e.g., concern for other's health), or medical (e.g., "I was getting sick"). These categories of motivations for disclosing appear similar to those developed in the current study. The self-focussed reasons for disclosing match the affiliative needs given by the women in the present study; other-focussed reasons appear to be altruistic motivations, and the medical reasons for disclosing come into the category of instrumental motivators. In the current study, the women did not have the developing medical problems that HIV/AIDs patients have, therefore their reasons for disclosing would not have included medical reasons in the same context. As noted, the reasons for disclosing labelled as "self-focussed" in Simoni *et al*'s (1995) study appear to be generally the same as those labelled "affiliative" in the current study. However, as the reasons for disclosing were primarily related to needing to relate to others, "affiliative"

seemed to be a better label for these motivators.

Simoni *et al* (1995) also noted that reasons for withholding disclosure differed according to the confidant. Self-focussed reasons (e.g., avoidance of rejection) occurred in relation to disclosure to lovers and friends, and non-disclosure to parents reflected other-focussed reasons (e.g., "I don't want to worry them") (Simoni *et al*, 1995). This did not appear to be the case for the respondents in the current study as specifically as for those in Simoni *et al*'s research. Although the reasons for disclosing or for withholding disclosure were usually specifically related to the confidant and their values or qualities, there did not appear to be the distinction between parents, lovers and friends and self-focussed versus other-focussed reasons for disclosing in the present study. This could have been because the women in the present study had a more variable range of relationships with their family and friends than for those in Simoni *et al*'s research. Alternatively, the difference may have been related to the secret itself (i.e., disclosing HIV compared to disclosing another STD). For example, the women in the present study did not need to be concerned for their confidant's ability to cope with news of a terminal illness.

Kimberley, Serovich and Greene (1995) qualitatively investigated the disclosure of HIV-positive status for five women. The first phase, Adjusting to the Diagnosis, was described as the stage where women needed time to react to their HIV diagnosis before telling others. This stage has similarities to the accounts categorised as Prior to Disclosure in the present study. However, for the women in the present study, although their diagnoses of STDs came as a significant shock, the implications were not the same as for HIV (e.g., inevitable loss of independence, health and life). In addition, the women in the present study generally told someone else immediately whereas for the women in Kimberley *et al*'s study, a period of time typically passed before disclosure occurred.

The next phase, a self-evaluation of whether the women possessed the skills necessary for telling others, did not appear to be an issue for the women in the current study. Again, this may have been because the implications of disclosing HIV are different for family and friends than for other STDs. It may also have been because the women in the present study (generally well educated) could have had more confidence in their ability to communicate effectively. For the women in Kimberley *et al*'s study, three categories (Taking Inventory, Evaluating Potential Confidants Circumstances and Anticipating Reactions) were considered as important aspects of considering the risks involved in disclosing to a potential confidant. Women elected not to disclose when a hostile reaction was predicted.

Similarly, women in the present study chose not to disclose when a hostile or rejecting reaction was predicted.

The Motivation for Disclosure in Kimberley et al's study was either, for support, or out of obligation. Support took two forms, either expressive needs, or instrumental needs (e.g., acquiring information). Obligatory motivation was either to warn confidants in some sense, or out of a sense of duty (Kimberley *et al*, 1995). Again, these motivators were present for the women in the current study although they were categorised differently.

5.5 Summary

Contracting an STD means potentially being subject to feelings of contamination, self-loathing, guilt and shame; and of being considered amoral and promiscuous. Ostracism and rejection from loved ones may be feared or experienced. In the present study, seven women talked of their experiences of disclosing their STDs. From the women's accounts emerged a number of components that described the process of disclosure. These components were, the events prior to disclosure, motivations for disclosing, creating the network of confidants, the assessment of the risks involved, and the consequences of disclosing. Findings were discussed, with particular reference to the appropriateness of comparing research relating to disclosing HIV seropositivity. In general, although basic differences exist between disclosing STDs and HIV seropositivity, the findings in the present study supported existing literature on disclosing HIV seropositivity.

Chapter 6

Comparative Analysis

6.1 Introduction

The task of this chapter is to compare and contrast the disclosure accounts of each of the three groups of women who participated and to discuss the differences.

Areas discussed in this chapter include the period prior to disclosure, the latency period between the identification with the stigmatised group and disclosure, reasons for withholding disclosure, confidants, assessing the risks, strategies and consequences. In addition, a comparison between telling different secrets is discussed.

The most basic aspects that differentiated between the three groups of women were the contextual differences in experiences such as issues of victimisation and recovered memories for sexual abuse (Sauzier, 1989); identity ambivalence (Quinlivan, 1997) and individuation (Davies, 1992) for queer women; and feelings of ignorance and contamination for women who had STDs (Groopman, 1999). In relation to the contextual differences, the stigmatisation and stereotypes towards women from each of the three experiences was different. Disclosing was an issue for all of the women because of the stigma surrounding their experiences (Goffman, 1963). Shame, guilt and fear were commonly experienced by the women in all three groups, and provided an effective barrier that interfered with open disclosure. These findings support studies in the literature discussing disclosing traumatic secrets (for a review, see Kelly & McKillop, 1996).

6.2 Prior to Disclosure

The sexually abused women had commonly internalised their feelings of wrongness, betrayal, shame and guilt to the extent that they often had significant difficulty accepting

any judgement or reaction towards themselves that did not match this image. The women appeared to have internalised feelings of shame and self-doubt to a greater degree than women from the other two groups, and these feelings generally took longer to overcome. These findings were indicated by the length of time disclosure was withheld, the women's fears, and the time it took before disclosure became easy for the women who were sexually abused, compared to the other two groups of women.

A contributing reason for this finding may have been the age at which these women first began to experience negative self-attributions arising from to their secret, impacting upon their self-identity. These women were sexually abused in childhood. Feelings and thoughts relating to the abuse were established earlier in life, and were not challenged as most early efforts to disclose were met with rejection and hostility. They had carried around their negative beliefs and self-doubts for some time, some for many years before disclosing. These findings are common in the literature (Burgess & Holmstrom, 1988; Bass & Davis, 1988; Barringer, 1992), and it is well known that early experiences can become ingrained and difficult to resolve (Rosenhan & Seligman, 1989). When these women did disclose, they reported that the fears inhibiting disclosure in childhood were present at the time of disclosure in adulthood, suggesting that resolution of the fears was arrested until challenged via disclosure. A number of these women reported experiencing very positive life changes after disclosing, usually in combination with therapeutic help.

The women who came out as lesbian or bisexual appeared to have internalised feelings of shame and guilt to the least extent. In comparison to the sexually abused women, the lesbian/bisexual women acknowledged their sexual orientation generally at a much later age (adolescence) than the age that the abuse began for the sexually abused women. Development of self-identity would have been much better established for the queer women (see Erickson, 1978, Quinlivan, 1997) before they began to incorporate the negative attitudes attributed to their sexual identity, in association with identifying as lesbian/bisexual. This was also the case for the women who had contracted STDs. Although the queer women feared negative reactions to their disclosures, the common concern appeared to be that they wanted family and friends to accept their sexual orientation because it was an important part of their identity. Obviously, homophobia was an established, defined source of stigma for these women and not for the other two groups although attitudes towards alternative sexualities are generally becoming more accepting over time; and, within communities such as networks of lesbian women, most welcoming (Rothblum, 1997).

There were several aspects in the experiences of women who had contracted STDs that differed markedly to the other two groups. One of these aspects was that the societal attitude towards those with STDs was in many ways more stigmatising and alienating than for either of the other two groups. Where attitudes towards homosexuality and victims of sexual abuse have generally become more tolerant and less marginalised and rejected (Rothblum, 1997; Finkelhor, 1984), STDs are still not openly discussed or accepted and those with STDs are still subject to wide spread ostracism (Ramirez *et al*, 1997; Vail-Smith & White, 1992; Groopman, 1999). In the researcher's experience, support (such as specific support groups and agencies dedicated to those with STDs) was scarce and information (such as factual information and research pertaining to STDs) was hard to find in the community where the research was undertaken, in comparison to support and information for sexual abuse victims and women coming out as lesbian/bisexual. Thus, disclosing having an STD was a major risk. Another difference for women disclosing STDs was that the suspicion and diagnosis of the STD was fairly immediate, rather than a gradual acknowledgement (such as a recovered memory or a feeling something was different or wrong).

6.3 Latency Period Between Experience and Disclosure

The women who had been sexually abused experienced the longest latency periods before disclosure (i.e., period between the experience and accepted disclosure). This period lasted decades for some of the women, many years for others. While some of the women who came out as lesbian/bisexual withheld disclosure for some time, this period tended to be from months to a few years; while for the women who contracted STDs, disclosure occurred virtually immediately (i.e., within hours to days). The women who had had an STD needed to go to a doctor for confirmation of their suspicions and so were exposed early to the risks of prevalent attitudes without being able to predict their doctor's reactions.

It is possible that the reason for this finding was that respondents in this study were women for whom disclosure was still an issue. In other words, women who had disclosed relatively recently, or whose disclosure had a significant impact were perhaps more likely to participate. The sexual abuse occurred in childhood for those women, adolescence was commonly the age when sexual orientation became an issue, and adolescence to adulthood was when the STDs were contracted for the participants in the current study. However,

the ages of the women, the ages when they had had their stigmatised experiences, and the period since first disclosing to numbers of people ranged between participants and within the groups of women. In addition, a proportion of women within each group were motivated to respond in order to benefit others (for example, to support or educate) and not because disclosure was any longer an issue in their own lives. The common factor differentiating between the latency periods appeared to be the nature of the stigmatised experience.

Evidence to support this explanation lies in the differences in context for each of the three stigmatised experiences/identities. For the sexually abused women, Finkelhor and Brown (1985) note the impact of traumatic events in childhood such as sexual abuse influencing basic development in areas such as trust in others, self-esteem and self-confidence. The women who had been sexually abused may have been so traumatised as children (for example by the abuse or by the betrayal of trust when efforts to disclose were rejected) that they repressed memories or avoided issues relating to the abuse for many years, as many abused women have been known to do (see Finkelhor and Brown, 1985; Herman and Harvey, 1997).

The women who came out as lesbian or bisexual knew their sexual identity was not heteronormative in their early adulthood. Similarly, the women who had STDs contracted them in adulthood. By this stage in their development, the impact of stigma, while significant, would not have shaped core issues such as trust in others in the ways that the impact of the abuse could have had for the sexually abused girls.

Disclosing secrets to others has been shown by the women in the present study to require a significant degree of trust in the confidant, or sufficient self-confidence that rejection is attributed to a problem of the confidant's, not the woman herself. It is likely that the sexually abused women took significantly longer to disclose their secret than the lesbian/bisexual women or the women with STDs because they needed to overcome distrust and develop self-confidence shattered in childhood.

6.4 Reasons for Withholding Disclosure

For all of the women who withheld disclosure, the reasons for doing so were the fear of the potential consequences. There were specific fears shared by the women within each group. For the women who were sexually abused, for example, a typical fear was that

the perpetrator would seek revenge if disclosure occurred. For the women coming out as lesbian/bisexual, fears included others believing they were taking advantage of women (if coming out as bisexual) or that they were promiscuous, or aggressive 'dykes'. For the women with STDs, fears included current and potential partners terminating relationships or failing to develop relationships once their STDs were known. All the women feared negative responses to their disclosures such as rejection or hostility, and many women felt shame or embarrassment at the thought of telling their secret. Hill, Thompson, Cogar & Denman (1993) noted that these were common feelings of women with secrets in therapy with counsellors.

It appeared as if the women who had been sexually abused had internalised negative attributes to a degree that when negative responses were forthcoming in early disclosures, they blamed themselves (as discussed above). Alternatively, when the women who came out as lesbian/bisexual received negative responses, they tended to consider it an attitudinal problem belonging to the confidant. (In later disclosures, some of the sexually abused women's attitudes had changed to this perspective.) In addition, several of the women who disclosed being lesbian/bisexual said they had changed their social circle to exclude those who were unlikely to be accepting of them. None of the women who disclosed having an STD reported having any particularly negative responses (although they had few confidants).

6.5 Confidants

For all three groups of women, confidants were partners, friends and selected family members who were generally seen to be (and experienced as) relatively safe to disclose to, as found elsewhere in the literature (D'Augelli *et al*, 1998; Kimberley, Serovich & Greene, 1995; Henderson, 1998; Kelly & McKillop, 1996). In most cases, women disclosing sexual abuse as children were met with hostile, disbelieving and rejecting responses, whereas in adulthood, disclosures were generally reported to be positive. These findings are also supported by the literature (Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994).

The women with an STD differed from women in the other two groups in that they felt compelled by ethical reasons to tell people they would not otherwise have disclosed to, such as ex-partners and women who were in relationships with ex-partners.

In addition, the women with an STD had told significantly fewer people than had

women in either of the other two groups. Even the women with STDs who had been diagnosed some years prior to interview had told comparatively few people in relation to women in the other two groups, and had no intention of telling many more. For example, only one woman told her parent she had an STD whereas for the women who came out as lesbian/bisexual or the women who had been sexually abused, parents were frequently told. It is likely that the women with STDs told so few people because of the widespread stereotypes and consequent ostracism still so prevalent for people with STDs (Groopman, 1999). The women with STDs tended to blame themselves for having contracted the STD, perceiving that it might have been avoided had it not been for their behaviour (i.e., unsafe sex) or due to ignorance. In comparison, being sexually abused or being lesbian/bisexual was not dependent upon the women's behaviour. These latter two groups of women may therefore have felt more comfortable about disclosing to larger numbers of family and friends as well as to acquaintances.

All three groups of women were identical in the attributes they looked for in their potential confidants (i.e., that they would not judge, that acceptance and support would be forthcoming). These attributes have long been known to be important in confidants (e.g., Hill *et al*, 1993; D'Augelli *et al*, 1998; Barringer, 1992).

6.6 Assessing the Risks

The ways the women assessed the risks inherent in disclosing their secret to a potential confidant were identical for all three groups (i.e., previous experience of confidant, attitudes about other contentious issues, likelihood of an accepting response).

Of the women who participated in the research, the lesbian/bisexual women disclosed with the least known about the potential reception. Women from this group acknowleged they took significant risks (e.g., risking their careers, lecturing to large groups of unknown people).

It is likely that the lesbian/bisexual women took the risks that they did for several reasons; firstly, all the women coming out who participated in the research were students in a highly politicised environment. Most belonged to common interest groups that were accepted and empowered, and thus they were more likely to take risks than women from the other two groups.

In addition, disclosing to strangers as some of the lesbian/bisexual women did was

potentially a highly risky undertaking, given the reception to the disclosure was unknown. Disclosing to groups of strangers increased the risk, as the probability of a negative reception increased. However, the women reported that a consequence of meeting the challenge of disclosing to groups was highly personally rewarding and increased their self-confidence. It is also possible that if the women believed the groups contained only strangers they were unlikely to meet again, they may have considered negative responses to be a low risk for them (i.e. attributing them to problems specific to the person, not themselves). This group of women were perhaps more likely to have the opportunity to disclose to large groups.

Lastly, the stigma associated with homosexuality and bisexuality is generally significantly lower than it has been historically, and is generally less stigmatised in the student and younger populations (Rothblum, 1997). In short, homosexual or bisexual students have perhaps more opportunities to be supported in their sexuality, and disclosure within student environments tends to be less risky because of the higher probability of acceptance.

It would appear as if, as a group, the queer women took the greatest risks when disclosing, however the degree of perceived risk was related to the women's fear of rejection. From the women's stories, it appeared as if the women who had STDs were as, or more, fearful of negative reactions than the lesbian/bisexual women. All the women who had had STDs had limited their disclosures to close friends, some to partners and a few to family members. Comparatively, their disclosures appeared to take as much courage as did coming out to a crowd for the queer women. Also, although these women were diverse in terms of age, their backgrounds and values (as noted by their stories of disclosure) shared similarities. It is the case that similar attitudes limited their disclosures, and it may have been that similar values influenced their assessment of risk.

In comparison to the other two groups, within the group of women who were sexually abused there was a greater range in terms of what the women assessed the risks to be. Several of the sexually abused women had spoken to large groups about the abuse they had experienced and one was in the process of writing a book. Others had limited disclosures to family and friends. The variety of disclosures of the sexually abused women may have been due to individual differences, as this group of women were more diverse in age, occupation and background than the other two groups.

6.7 Strategies

Almost all of the women who came out as lesbian or bisexual used a number of different strategies (in particular, priming in one form or another) to disclose their sexuality to others. Kimberley, Serovich & Greene (1995) noted some of their respondents did likewise when disclosing their HIV positive status. In comparison, only a couple of women who were sexually abused had assessed their potential confidant's responses in this way and disclosed gradually; and none of the women who had been diagnosed with STDs had done so. This may have been because the women who primed their confidants in this way did so in order to assess the confidant's ability to respond positively and disclosure was dependent upon their reactions.

Findings that support this interpretation were that the women with STDs had told as few people as they felt they had to (and those were carefully selected) and further disclosures were not forthcoming, regardless of the outcome of risk assessments. In comparison, the women coming out as lesbian/bisexual had generally told many more people and confidants were not all well known. Another possibility for this finding was that women who primed potential confidants tended to refer opportunistically to media interest in their experience. While information about homosexuality (if not bisexuality) and sexual abuse is not hard to find (e.g., Journal of Lesbian Studies, Child Abuse and Neglect periodical), STDs are still a hidden topic (Groopman, 1999).

6.8 Consequences

The next chapter explores in depth the changes that occurred for all of the women over time, that were repeatedly shaped by the consequences of the women's multiple disclosures. In this chapter, differences in the consequences of disclosure between the three groups of women are discussed.

None of the women who came out as lesbian or bisexual expressed regret that they had disclosed, although responses or consequences were not all totally positive (as for participants in studies conducted by D'Augelli *et al*, 1998; Crosbie-Burnett, Foster, Murray & Bowen, 1996). Some of the women who had been sexually abused regretted having told people where their disclosures had not been believed. For some of these women, they had regretted disclosing at the time of disclosure (because of the big changes that resulted)

but in retrospect were glad that they had (similar results were found by Sauzier, 1989; Barringer, 1992; Roesler & Wind, 1994). Some of the women who had STDs said they regretted having to tell some people (such as ex-partners, potential partners) but that actual disclosures had been met with (often surprisingly) positive responses. Findings in the literature support a similar range of experiences for people disclosing secrets (for a review, see Kelly & McKillop, 1996).

For some of the women who were sexually abused, negative consequences influenced whether they went on to disclose or to withhold disclosure for a period. Some of the women had first disclosed as children and had been disbelieved, blamed or rejected. Further disclosures had been withheld for years, sometimes decades. Women disclosing being lesbian/bisexual did not report changing their disclosures due to negative responses, although some responses were more hostile or rejecting than they had anticipated.

As mentioned in the chapter specific to the women coming out as lesbian/bisexual, a number of these women changed their social circle in response to their experience (or belief) that people they knew would or would not accept their sexuality. Similarly, a number of the sexually abused women noted that, over time, their lives had changed significantly; for example, with the 'fall out' (immediate changes in family and life) following disclosure and from their healing from the abuse. In comparison, the women who were diagnosed with an STD told few people and apart from hard won knowledge with respect to protecting themselves from STDs, they did not report extensive changes to their lives as a result of their stigmatised experience.

These findings are likely to have been due to both the impact of the stigmatised experience on the women's lives and their disclosure of it. Being lesbian/bisexual was integral to the women's identity (Quinlivan, 1997). Being sexually abused in childhood had a significant impact in terms of the women's self-worth and relating to others (i.e., issues of trust, betrayal, guilt) (Bass & Davis, 1988). Having an STD diagnosed also had a significant immediate impact on the women's self-worth (Winiarski, 1991; Ross & Channon-Little, 1991), but long term this appeared to resolve. As the women who had STDs told few people and tended to maintain secrecy in their wider circle, few outward changes were likely to have been apparent. The crisis passed and the women's lives continued relatively unchanged.

6.9 Comparing Telling Different Secrets

Ella ranked having an STD as hardest to disclose (and had told fewer people) than having been sexually abused or being lesbian/bisexual (and had told most people about this). Anna, who had disclosed bisexuality and an STD, felt similarly. Their view, that STDs were the most difficult secret to disclose, reflected those expressed by a number of the women in the present study.

> *"Oh definitely the hardest thing to tell people about is the herpes. There's a lot of shame" (Ella)*
>
> *"[Having STDs] is a kind of real taboo thing, even more than bisexuality" (Anna)*

As discussed above, the women's difficulty in disclosing STDs may have been because contracting an STD is seen to be due to the individual's actions or inactions (i.e., unsafe sex) or worse, due to immoral behaviour (i.e., promiscuity) (Ramirez, Ramos, Clayton, Kanowitz & Moscicki, 1997). Self-blame, shame and embarrassment appeared highest with regards to having an STD for the women afflicted in this way, in comparison to disclosing being lesbian/bisexual or having been sexually abused.

For the two women who had experienced both sexual abuse and coming out as lesbian/bisexual (Denise and Ella), both said that talking about their abuse was more difficult than coming out. Sexually abused children commonly feel shame and self-blame (e.g., Summit, 1983) that may remain through adulthood (Barringer, 1992). However, survivors of abuse are usually acknowledged to be victims of abuse; that is, blameless and not responsible for the actions of the perpetrators (e.g., Barringer, 1992; other article to be listed). Yet the consequences of betrayal of trust and abuse of power that permeate survivors' lives mean that sexual abuse remains difficult to discuss (Barringer, 1992; Roesler & Wind, 1994; Sauzier, 1989).

Several women noted that disclosing being lesbian or bisexual was much less difficult than disclosing other secrets because general attitudes were more accepting, certainly in some groups (e.g., students) more than others. Some women noted that stereotypes towards alternative sexualities included the belief that being homosexual was less a choice than a genetic predisposition.

> *"Gayness is like, Oh they can't help it, it's just the way they feel. It's not*

like running around and being awfully dirty and catching a venereal disease, you know? It's like you can be sterile and still be gay. In my life experiences I would have found it easier to handle someone coming and telling me about being bisexual than someone coming and saying I've got herpes... I have great difficulty telling people I have herpes, whereas I have much less difficulty telling them I'm bisexual. I believe it's much more accepted because I myself accept it much more" (Anna)

6.10 Summary of Comparisons

In summary, all of the women experienced different pressures and stereotypes that influenced their disclosures. Some were due to individual experiences and environments, and some were due to attitudes and prejudices on a community level that differed according to which of the three stigmatised experiences the women had had. The latency period before disclosure varied between groups, but was generally longest for those who were sexually abused and clearly shortest for those with STDs. All the women feared negative responses to their disclosures, with specific fears relating to each experience.

Consistent with the literature, the women disclosed to partners, close friends and family members first. The women with STDs told significantly fewer people and appeared to change their lives the least. Required attributes in confidants (i.e., that they be nonjudgemental, accepting, able to keep a secret) were identical for all three groups. Similarly, all the women assessed the risks involved in the same ways (i.e. prior experience of the confidant, knowledge of the confidant). The range of strategies for disclosing were greater for the lesbian/bisexual women as a group, with more preparation and priming occurring, and some of the lesbian/bisexual women and the sexually abused women had disclosed in the forum of lectures and published material. The women who participated reported that disclosing STDs was hardest, then sexual abuse, then being lesbian/bisexual the least difficult relative to the other experiences. This appeared to be reflected by the relative degree of community stigmatisation (assessed by the apparent availability of support, information and literature) accorded to each of the three experiences.

Chapter 7

The Process of Disclosure: Changes in Disclosure over Time

"It's hard to work it out yourself, I mean maybe the way that you work things out is by talking them over with other people, so while you're talking you're thinking about it yourself" (Anna)

7.1 Introduction

This chapter presents the second level of analysis to emerge from the women's stories; the changes that occurred over time for all of the women, as a group, over multiple disclosures. This chapter describes how the women changed in the nature of their motivation to tell, how they developed good strategies, and how the consequences changed as a result. This analysis incorporated every account of disclosure by the women who participated. Some of this chapter repeats findings discussed in Chapters Three, Four and Five (relating to each group of women); however, the perspective in the current chapter is concerned with changes over multiple disclosures rather than singular disclosure events.

This chapter also involves a discussion of how the women changed in their self-concept, since this was a core influence in bringing about changes in their behaviour.

Overall, there were quite definite changes over time that emerged from the women's stories. Changes were noted in the areas discussed previously in the process of disclosure; namely prior to disclosure, motivation, strategies, assessment of risk, and network. These changes are summarised in Figure 7.1. In describing the progression of the process of disclosure over time, the changes appeared distinct. The categories that emerged showed

distinctions in behaviours, however as with most human behaviour, changes in disclosing were seldom specific or orderly. The women tended to gradually alter their behaviour (for example, in changing their motivation for disclosing) and progress was not always unidirectional or stable. In addition, changes in one area were not discrete and independent but appeared interdependent upon other areas. This suggests that the underlying cognitions were changing. There was a general direction to the change as well, as if the effects of the women's cognitions and behaviour were cumulative (this is likely to be the case, given experience is cumulative by definition).

7.1.1 Prior to Disclosure: The Beginning of Change

All of the women experienced some adjustment to the stigmatised occurrence. For most women, the change was significant. Change began when the women recognised that they had been sexually abused, or when they knew they had an STD, or when they realised they were lesbian or bisexual. This internal, psychological process of adjustment to one's identity was apparent in talking to the women. All of them had been influenced by the negative stereotypes prevalent in the wider community in relation to their experience. All had internalised feelings of negative attribution to some degree (such as feeling guilty, contaminated, or different) usually early on following their stigmatised experience. Feelings of isolation and alienation were common for all three groups of women, as were feelings of anxiety and depression. Self-confidence and self-esteem frequently appeared to be lower prior to the beginning of the process of disclosure.

Research is well documented showing that people belonging to stigmatised groups experience dysphoric emotions (Forbes & Roger, 1999; Crawford, 1996; Thomson & Seibold, 1978; Goffman, 1963). Kimberley, Serovich & Greene's (1995) study of disclosure of HIV positive status for five women described a first stage titled, Adjusting to the Diagnosis. In this stage, the women needed time to make personal adjustments with regards to their diagnosis prior to disclosing to others. The stage of disclosure described in the present study as Prior to Disclosure is similar to, and thus shows support for, Kimberley *et al*'s stage of Adjusting to the Diagnosis.

When faced with the fearful unknown — how life would change once their secret was out — some women withheld disclosure. These women appeared to have made the internal cognitive changes that meant accommodating themselves to continuing functioning in their daily lives while withholding, suppressing or denying significant parts of themselves from

Figure 7.1: Summary of Disclosure Process: Changes in Disclosure Over Time

Network

None know, or few	Essential recipients disclosed to	Chosen recipients disclosed to (social network established)	Others told as required — new friends, acquaintances, strangers

Motivation

Benefit to self — Need to disclose greatest at this point alienation/fears/dysphoric affect experienced	Benefit to significant others — High need to disclose to relate to significant others on meaningful level, concern with their needs/rights/impact of news	Benefit community — Need reduced, disclose as choose to support others in like position/educate others & change attitudes

Risk Assessment

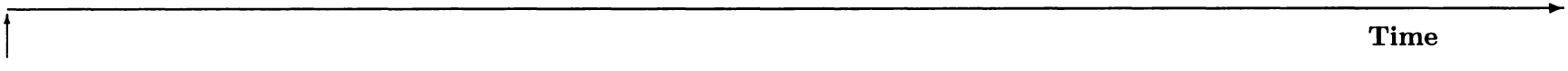
Greatest doubts in relation to personal identity, fear of rejection, impact unknown as fears untested	Perceived risks to self and others high, actively testing fears by disclosing.	Fears decreasing as disclosing elicits successful (positive) response	Least risk, negative response seen as confidant's problem, confidants unknown/less well known so responses less important

Strategy

Withheld disclosure	Unprepared disclosure	Prepared (incl. primed) disclosure	Experienced, relaxed disclosure

Consequences & Personal Identity

Changes in identity beginning with regards to secret	Testing sense of identity and self-worth with external reality via disclosures	Learning more, becoming more confident in identity, found acceptance	Fears resolving, adjusted identity. Increased self-confidence. May identify strongly with others



their relationships with others (Anderson & Green, 2001; Wegner, 1994; Yalom, 1985). When they withheld disclosure due to their fear of rejection, or of their inability to cope, or of change, they did not gain information (via disclosing) that might have contradicted their own worst expectations. In addition, withholding disclosure meant expending significant energy in suppressing and concealing the secret (as also found by Wegner, 1992, 1994; Yalom, 1985). Davies discussed how gay men chose either to "accommodate [themselves] to the structure or the structure to [themselves]" in selectively disclosing (p. 76, Davies, 1992). Using this description, by withholding disclosure, the women were accommodating themselves to the structure, or society's beliefs and norms. In other words, they were making the internal changes necessary to withhold parts of themselves to others and thus keep their secret. By disclosing, they were accommodating the structure to themselves, or inviting others to make changes in their knowledge and/or attitudes.

For the women who kept their secret, early difficulties in keeping their secret appeared to wane over time. It seemed to become easier for them to maintain secrecy and perpetuate relative stability in their lives (see Figure 7.2). This may have been because the women adjusted to the changes needed to maintain secrecy and these became habitual over time. These findings are supported by apparently disparate findings in the literature: Wegner & Erber's (1992) study found that suppressing information led to an increased accessibility to awareness (i.e., more thoughts about the subject), while Kelly & Kahn's (1994) results indicated that for intrusive thoughts, suppression over time led to a reduction in intrusions. Anderson & Green (2001) also found that over time, voluntary suppression led to an increased inability to recall the unwanted thoughts.

7.1.2 Disclosure

When women began to disclose after a period of keeping their secret, it was typically following some significant event in their lives (Figure 7.2). The event was usually related to the secret in some way and led to disclosure (e.g., Natalie disclosing her abuse following her brother's fear he would abuse). Change, associated with the significant event, appeared to act as a catalyst for the women who had kept their secret, and precipitated their disclosure. Some of the women made the most of the opportunity for change and chose that time to disclose. For others, the events that preceded disclosure were momentous in themselves and disclosure did not appear to be a conscious choice (e.g., Caitlin disclosing abuse following her father's plans to marry an intellectually disabled woman). Disclosure

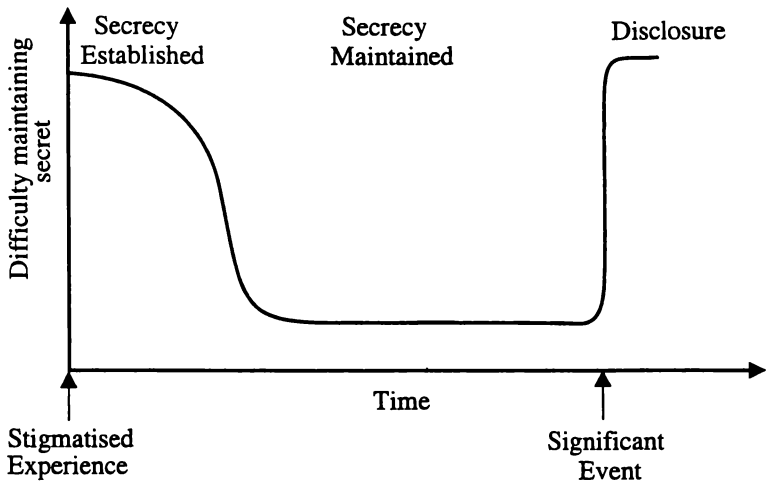


Figure 7.2: The ease of maintaining the secret

at that time complicated the women's lives. Telling their secrets following the change may have been easier because assimilating the change meant expending energy that had been necessary to maintain secrecy (as found by Wegner, 1992; 1994; Yalom, 1985).

When women began to disclose, it was always to people with whom they felt safe, as previous studies attest (Henderson, 1998; D'Augelli, Hershberger & Pilkington, 1998; Kelly & McKillop, 1996). Initially, disclosing met the women's needs for information and support from others (Barringer, 1992; D'Augelli *et al*, 1998). Disclosing to people appeared to facilitate the assimilation and accommodation of the cognitive changes initiated by the stigmatised experience. The women gained information about the attitudes and beliefs of others towards themselves as members of a stigmatised group. They changed their own ideas, values and beliefs about those who had also had similar experiences. Further disclosures allowed them to test these new ideas. They tested their greatest fears — that harm or rejection would result from their disclosures — in the safest possible ways.

Women seemed to come to terms with their stigmatised experience as they discussed it with others (see Anna's quote opening the chapter). Overtly, the content and method of their disclosures changed; covertly, the women appeared to alter their attitudes from the stigmatised stereotypes. This change appeared to reflect changes in the way they perceived the disclosure subject in relation to themselves and their own identity.

7.1.3 Power

The influence of power and control on disclosure was evident throughout the women's stories. The women within each group ranged in age, education and employment status, and thus the personal power these factors elicited varied for the women. On a social level, there were strong support groups readily available for the women who had been sexually abused and for those who came out as lesbian or bisexual that were not available to those women with STDs. The women with STDs also disclosed from a position of inequality in that their initial necessary disclosures were to doctors in the context of needing help and medical attention (and thus were very vulnerable, considering the medical exam) (Groopman, 1999). In contrast, the women coming out as lesbian or bisexual could choose their time and place, as could the women who had been sexually abused as children - although disclosures in childhood, for the abused women, had often been particularly disempowering and engendered a sense of betrayal (as noted by Finkelhor and Brown, 1985).

Initially, withholding disclosure was a way for the women to retain control over their information, especially as the risks of disclosing were usually significant. When they began to disclose, positive responses supported and reinforced their sense of personal power.

Some psychotherapists and researchers have noted that the process of sharing secrets can lead to insights regarding the meaning of those secrets and people can develop a sense of control over their lives, due to reframing and assimilating the insights into their world-views (Meichenbaum, 1977; Kelly, 1955; Pennebaker, 1989; 1990). Pennebaker (1990) noted that people who keep secrets can benefit from having their (sometimes) distorted perception challenged by someone else, to whom they disclose. Distorted perceptions, for the women in the present study, were often related to the stigmatised stereotypes they had internalised.

The consequences over time for many of the women in the present study generally reflected increased self-esteem and self-confidence as they moved from a position of fearing disclosure to some degree of resolution of their fear, i.e., disclosure of their secret was no longer of such concern for them. This process may be viewed as a process of gaining personal power via disclosure.

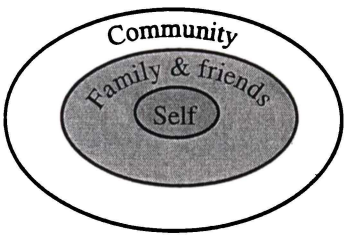


Figure 7.3: Changes in Motivation to Disclose Over Time

7.1.4 Changes in the Motivation to Disclose

As time passed, the women's needs changed. They talked to different people for different reasons. As categorised in previous chapters, in looking at each disclosure as a singular event, the women's needs to disclose were affiliative, instrumental or altruistic in nature. In looking at the changes in the women's motivation to disclose over time, a different picture emerged. As noted previously, the motivation to tell was strongly influenced by who was told. This interrelationship became even more apparent when changes in the motivation to disclose emerged from the women's accounts.

Generally, the women's initial motivations to disclose were related to personal need, or changes relating to *self* (refer to Figure 7.3). These included the need to disclose in order to banish feelings of isolation and alienation engendered by the stereotypes, the need for validation or acknowledgement of the women's feelings and/or their worth, their need for support and connection with others, and their need for understanding and empathy. Seeking support, validation and acceptance are well established findings in the literature (Roesler & Wind, 1994; Bass & Davis, 1988; Hill *et al*, 1993)

Once the women's initial needs had been met and they had told the person or people they most needed to tell, the motives for disclosing tended towards concern for their remaining *family and close friends*, who were the next group of people to be told (see Figure 7.3). These motives included the right or need of others to know for for reasons of health (e.g., STDs), quality or duration of relationship (i.e., if both parties were to continue the relationship, the partner needed to know) or understanding (i.e., for parents or important others to relate on a significant level, they needed to know). Some women said they had disclosed to partners or friends in developing relationships in order to test the relationship; it would either end before too much intimacy was at risk, or the level of intimacy would increase if the response to the disclosure was positive. Again, these

findings are supported by the literature (Kimberley, Serovich & Greene, 1995; Henderson, 1998; Roesler & Wind, 1994)

Some time after the women had told their secret(s), and everyone knew who they felt needed to, disclosures then occurred in response to a third level of motivation. This was wanting to benefit others in the *community.* These motives included the women choosing to provide support, information and to be a model for other women in similar circumstances. Participants told their secrets in response to other women's disclosures. In addition, their motives in disclosing to those they did not know well (or did not know at all) was to teach others about the ignorance and lack of understanding inherent in the stereotyping and stigmatising of their experience. In this way, many of the women aimed to change intolerant attitudes and to benefit others in their situation. Other researchers have reported similar findings (Hippolite Wright, 1998).

7.1.5 Changes in the Assessment of Risk

The ways the women assessed the risks involved in disclosing did not appear to change. The risks themselves, that is the feared outcomes, did change in terms of the women's perceptions of risk (see Figure 7.1). Prior to disclosing, the women's fear of the risks involved appeared highest and they experienced the greatest doubts in relation to their own self-worth. They faced a dilemma — how to reconcile two paradoxical beliefs: *people with this experience are stigmatised (rejected/marginalised/alienated)* and *my friend/partner/family accept me for who I am.*

When the women began to disclose, their fears of being rejected were actively tested. As time passed, their ability to assess the risks was reinforced as responses were accurately predicted. The women's fears decreased. Throughout the women's history of disclosures, telling their secret was influenced by their assessment of risk, as they preferred to disclose where the potential response was likely to be positive. The outcome of subsequent disclosures became less predictable as confidants were less well known. At the same time, as confidants were less well known, the potential for negative responses became less important.

Kimberley, Serovich & Greene (1995), in their model of disclosure relating to women with HIV positive status, described a number of steps they found their respondents progressed through in deciding to tell their secret. Steps four and five appeared to be similar

to the component in the present study of Assessing the Risks. Kimberley *et al*'s (1995) study defined Evaluating Potential Recipient's Circumstances to be those circumstances that might prohibit disclosure, and Anticipating Reactions of the Recipient to be predicting responses to disclosures to confidants. Similarly, as for the current study, women usually elected not to tell when a hostile reaction was predicted.

7.1.6 Changes in the Network

Over successive disclosures the women's network of confidants increased (see Figure 7.1). When disclosure began, essential confidants, then chosen confidants were told, and over time others were told as the women's circumstances changed or opportunities presented. The women's choice of confidants became less discriminatory over time, depending on their motivation (e.g., political awareness raising); or it remained limited to the specific few they had carefully assessed. The more people who knew, the less of a problem or issue it appeared to be for the women to disclose. This was likely for several reasons: firstly, once the women had told everyone they wanted to tell, negative responses from others they were not as close to were less important. In addition, as time passed, the women tended to become more resilient to negative responses (see Discussion, below). The women told their secret to more people as they gained in confidence, and as they gained in confidence, they told more people.

Relationships with others changed on the basis of disclosure, as they became closer to the people to whom they disclosed, while those the women judged as being unlikely to respond positively, were seen less. Generally, the women were extremely accurate in their assessment of the confidants' reactions since there were very few accounts of reactions being different in nature to those expected.

Kimberley *et al*'s (1995) study discussed findings similar to those found in the present study. Their Step Three, Taking Inventory, described how the women in their study assessed their network of family and friends on the basis of who should be told. Their conclusions, supported elsewhere in the literature and relevant to the present study, were that people with HIV create informational boundaries with regards to appropriate confidants, and that the quality of relationships and predicted responses are significant predictors of disclosure (Serovich & Greene, 1993; Serovich, Greene & Parrott, 1992; Kimberley, Serovich & Greene, 1995)

Silver, Wortman & Crofton (1990) and Kelly & McKillop (1996) observed that people who have experienced negative life events can alienate their social networks by openly expressing their distress when disclosing. Spiegel (1992) found that people tend to be avoided by confidants after revealing secrets to them. This was not the case for the majority of the women who participated in the present study. The fear that avoidance and alienation would result from disclosing was expressed by many of the women but did not eventuate for most of them. This may have been because the confidants who the women talked of disclosing to were generally those who were close (partners, family and some friends) and therefore their secrets did not change their confidant's opinions of the women. It may be that the women in the present study were more successful in their selection of confidants who would accept their secrets. The difference in findings between the current study and similar studies cited may also have been due to a difference in the content or nature of the secrets revealed. For example, perhaps revealing a secret related to noxious behaviour that could have been avoided (such as committing a crime, having an affair with a friend's spouse) might repel confidants. In comparison, revealing a secret related to being a victim or suffering from one's own irresponsible behaviour might evoke sympathy.

7.1.7 Changes in the Strategies Used

Over time, women changed the way they disclosed. Initially, prior to disclosing, withholding disclosure was a strategy designed to contain the information and limit those who knew and who would respond. The effect of this was to maintain control and stability in the women's lives, and to reduce the likelihood of being stereotyped. Some women continued the use of this strategy in relation to some people whom they knew would not respond positively, and, as noted above, often over time these relationships faded. The women who prepared for disclosure, usually did so early on in their history of disclosing their secret. The women would consider who to tell and how to do so. Later on, little or no preparation was apparently needed to disclose.

Some women steeled themselves to reveal their secrets to a confidant at a particular time. Some women worked towards priming their confidants in a specific strategy to gradually impart information, change negative attitudes and reveal their secret. The aim of this was to increase the likelihood of a positive response. As time passed, the women become more confident, and they improved their skills and strategies for disclosure through

experience. The timing and content of the disclosures and the attitude of the women when disclosing became more relaxed.

Kimberley, Serovich & Greene's (1995) study also described a similar component to their respondent's disclosures. In Step 2, Evaluating Personal Disclosure Skills, the women evaluated their ability to disclose their HIV positive status. Kimberley *et al* recommended women in these circumstances be counseled with regards to strategies for successful disclosure.

7.1.8 Consequences

Eventually, many of the women had reached a point where they identified with the broader social and political issues associated with their experience. Having disclosed to a number of people by this time, and spoken to everyone they considered important to them, they had developed experience and skills in disclosing. Most of the women had become more resilient in that the potential negative responses to their disclosures were not considered to be particularly risky. At this point, many of the women were more concerned with supporting others, or facilitating a positive impact and response in their confidants.

There were common disclosure characteristics of women who were confident, for whom their "secret" was accepted and no longer a burning issue for them, and whose motivation and strategies for disclosing appeared to have reached a plateau. These women had reached a point where they had disclosed to everyone they wanted to have know their secret, could function comfortably without feeling the need to actively withhold disclosure, did not live in fear that their secret would be accidentally disclosed, and were confident that they could (and did) disclose where they felt it appropriate to do so. In particular, the stories of the women who had been sexually abused reflected a decreased difficulty in disclosing in association with their healing, as other studies have found (Roesler & Wind, 1994; Barringer, 1992; Bass & Davis, 1988)

7.1.9 Summary

In summary, all the women who participated in the present study had experienced adjustment to their self-identity in relation to their stigmatised occurrence. Negative stereotypes led to negative self-attributions and fears of rejection. In response, some women chose to withhold disclosure, meaning that they made internal changes to avoid or withhold parts

of themselves from their relationships with others. By doing so, they did not challenge their fears and self-perceptions. When disclosure did occur, women's fears were challenged in the safest possible ways, and their ideas about themselves changed as they found acceptance and support.

All the women clearly stated what they required from others in order to disclose to them: to have their news met without judgement and with acceptance. When the women disclosed, they initially did so because they needed to hear positive things to counter their own negative self-talk. Secondly, they needed to inform other people because of the impact their news would have on others as individuals and in terms of their relationships with them. Over time, as the women had met their primary needs to disclose and had become more accepting of themselves, they began to selectively disclose in order to benefit other people in a wider context, such as educating and supporting others.

Generally, the more people the women told, the safer and more confident they felt as they experienced success and acceptance. Potential or actual negative responses later in the disclosure process had much less impact as the women had experienced sufficient acceptance and support so that they were more resilient to rejection.

7.2 Discussion

The changes that occurred for women over multiple disclosures seemed to be directly related to the women's personal adjustment to their stigmatised experience (see Figure 7.4). Their beliefs and thoughts about themselves and others, in relation to the stereotypes, directed their disclosure behaviour. What the women talked about was the changes in their behaviour over time; what was inferred (and sometimes stated) was the way their thoughts and feelings changed. In addition, what the women often gained from disclosing over time altered their attitudes and beliefs about themselves and their identity in relation to these beliefs.

The process of disclosure did not appear to be a parallel process to that of developing identity in relation to the stigmatised experience. If this were the case, each process (disclosure and developing identity) would have a separate internal logic and behaviour consequent to that logic (Davies, 1992). Neither did disclosing appear to be merely a behavioural consequence to cognitions relevant to self-identity. The two appeared related via a dialectic relationship in that repeatedly disclosing shaped and defined the women's

identity in relation to the stereotype, and the developing self-identity motivated the women to continue to disclose. In Davies' (1992) research involving the process of coming out for gay men, he argued that 'individuation' (changing identity) and disclosure were related in this way for the men he studied. "Coming out to others constantly redefines one's notion of self and the development of a self-identity drives the process of disclosure" (p.76, Davies, 1992) (see Figure 7.4).

Findings that support the dialectical nature of the relationship (rather than a parallel phenomenon) between changes in identity and the process of disclosure in this study were the interdependent nature of the changes in motivation, network, strategy and assessment of risk that occurred for the women over time. It seemed unlikely that disclosure was purely a consequence of self-identity (i.e., disclosure occurring only subsequent to developing changes in self-identity) because disclosing provided women with information to alter the negative self-attributions they had made. In addition, for some women, disclosures were motivated by testing ideas about their identity, supporting the theory that the relationship between the development of self-identity and disclosure was a two-way influence. Adam's (1995) belief that a transformation of identity requires interactional support and affirmation, was supported by the model of the process of disclosure as developed in the current study.

For many of the women, their initial identity as members of a stigmatised group clearly implied negative attributes that were often taken on board as they struggled to reconcile these with a formerly positive self-image. Via repeated disclosures with positive, accepting responses, the women slowly resolved or reconciled their contradictory attributes so that the majority eventually developed (or reclaimed) a positive sense of identity despite the ambiguities. This process is consistent with the literature on women's identity (Charles, 1995; Roseneil, 1995; Adams, 1995) and in particular Roseneil's assertion that women's identities are "unstable, fluid, often contradictory and always in process" (Roseneil, 1995, p.90).

Roseneil's distinction between personal and social identities provide another view from which to assess the influence of stigma in the present study (Roseneil, 1995). On a personal level, the stigma associated with each group implied the women were guilty, dirty or unnatural when their behaviour did not justify these judgements. On a social level, the women usually hesitated to disclose their secret(s) for fear their relationships would suffer. Where some women took advantage of their identity in disclosing their secrets in groups in

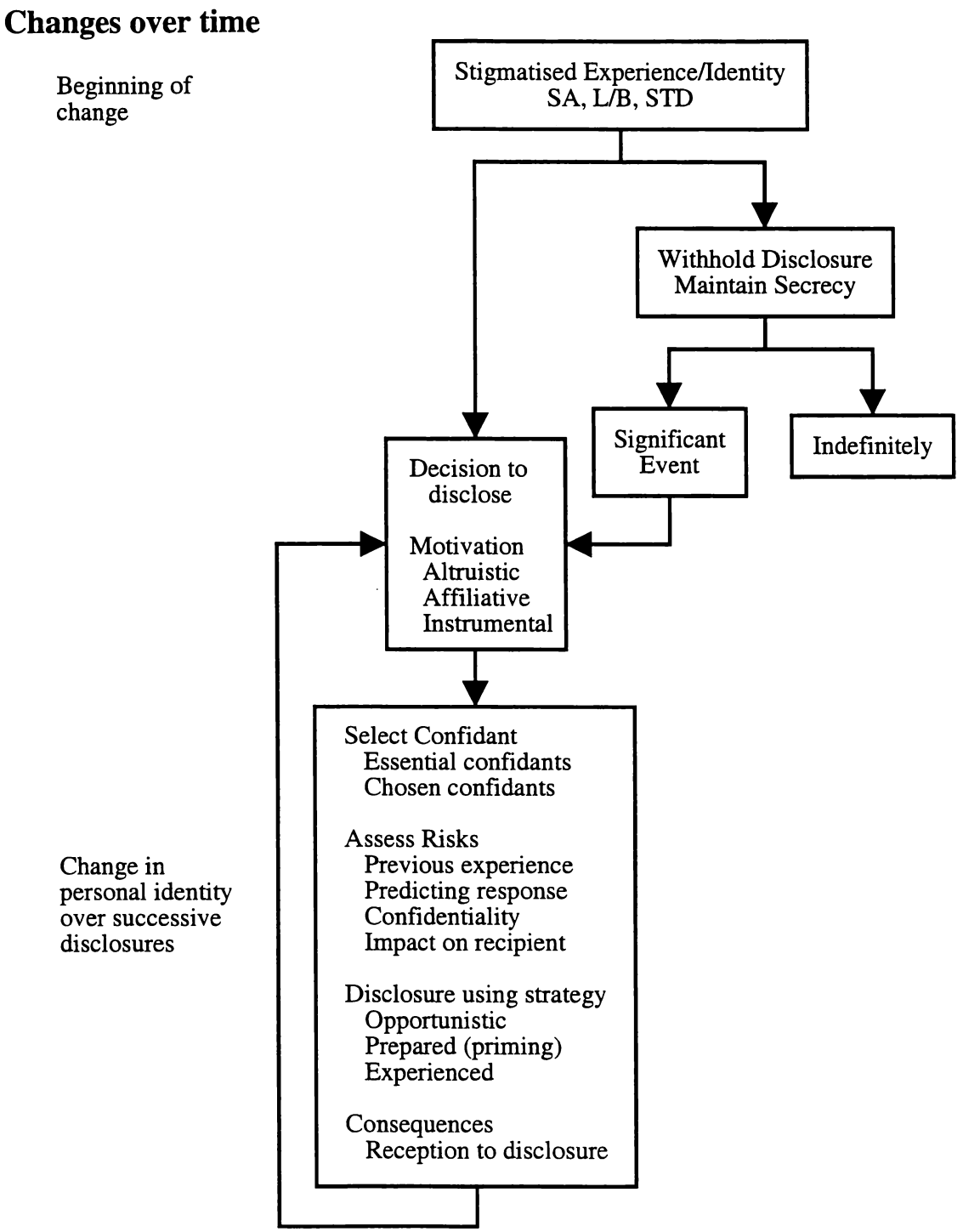


Figure 7.4: Changes over time in relation to repeated disclosures

order to gain support, in other social situations (e.g., work or academic roles) most women actively repressed knowledge of their secret in order to maintain their role and status, or their identity as others knew them.

The stories of the women who were sexually abused, in particular, highlighted the association between changes in self-image and disclosure. For the women in therapy, as they began to disclose, they began to heal. Positive responses to their disclosures facilitated healing, and as the women changed they disclosed to others. These findings are supported throughout literature relating to therapy for sexually abused women (Bass & Davis, 1988; Laidlaw & Malmo, 1990; Bagley & King, 1990). In addition, the changes in motivation over time also support the hypothesis that development of self-image and disclosure are interrelated. The initial fears and low self-confidence commonly experienced by the women who participated, changed in association with having a number of successful disclosures.

In the literature review prefacing this research (Chapter 1), two models attempting to explain self-disclosure were discussed: the fever/catharsis model, and the goal-oriented (affiliative needs) model. Some research was found to support aspects of each of these paradigms; however, none appeared to competently account for disclosure over a range of contexts and for a range of motivations. Both paradigms approached disclosure as an event. In viewing disclosure as a process, as delineated by the model in the current study, both perspectives were validated. The fever/catharsis model perspective, that disclosure is a therapeutic or normative response to some underlying distress resulting in the reduction of physical and psychological problems (Greenberg & Stone, 1992; Pennebaker & Beall, 1986; Lane & Wegner, 1995) is supported by the positive changes over time that occurred for the women. Single disclosure events did not always support this perspective, but, as a process over time, the women certainly tended towards improving self-esteem and decreasing anxiety.

The goal-oriented model, in relation to the affiliative needs perspective (Miller, 1987; Hill, 1991; Hinson & Swanson, 1993; Greenberg & Stone, 1992) was also supported in the current process of disclosure within the area of motivation for disclosure. At times the women reported being motivated to disclose in order to meet affiliative needs, and on other occasions instrumental or altruistic needs were satisfied by disclosing. The incorporation of these perspectives in the model of disclosure in the present study supports viewing disclosure as a process over time rather than an event.

Kimberley, Serovich & Greene's (1995) study investigating the process of disclosure for

five women with HIV positive status (analysed using grounded theory) has been referred to numerous times in the present study as the methodology is similar to the current study. In addition, the findings are highly relevant to, and supportive of, findings in the present study. The six steps (Adjusting to the Diagnosis, Evaluating Personal Disclosure Skills, Taking Inventory, Evaluating Potential Recipients' Circumstances, Anticipating Reactions of the Recipient and Motivation for Disclosure) were described as a progression of steps that the women went through when deciding whether or not to disclose. Kimberley *et al* stated, "Although these steps are presented in a linear fashion, there is no reason to believe women experience them in such a strictly uniform manner. In fact, some women may go back and forth between steps and some steps might not be experienced at all" (Kimberley *et al*, 1995, p 320).

All the steps described in Kimberley *et al*'s research were noted in the present study for the participants disclosing sexual abuse, coming out as lesbian/bisexual or having an STD. However, there was no evidence to suggest that there was any linear progression in the manner described by Kimberley *et al.* It is possible that the women in Kimberley *et al*'s (1995) study differed from the women in the present study in some way that the process of disclosure occurred sequentially for Kimberley *et al*'s respondents and not for the women in the present study. For example, the secrets disclosed were different. However, the women in the current study reported disclosing three different secrets. The ways in which they did were similar, and there was no apparent sequence in the components of the process of disclosure.

In the current study, the changes experienced by the women in the Prior to Disclosure component of disclosure (equivalent to Adjusting to the Diagnosis) did occur, as the title suggests, before disclosure occurred. However, if the remaining 'steps' (Kimberley *et al*, 1995) were equivalent to the components discussed in the present study, as they appear to be, it is argued that they would be more accurately described as components of disclosure without the suggestion of linear progression (as in the present study). The different components were interrelated for the women in the present study to the extent that order could not be ascertained (e.g., the motivation for telling a particular confidant vs. the confidant fulfilling a particular motivation for telling). The ways the women in the present study reported the process of disclosure indicated that there was no such sequence for them in the ways described by Kimberley *et al* (1995).

In contrast with Kimberley *et al*'s study, a further component of disclosure (Conse-

quences) was discussed as it emerged from the women's stories in the present research. The present study has also explored the changes that occurred for the women as they disclosed to different people over time. It would have been interesting for comparative purposes if Kimberley *et al*'s study had also analysed their data from this perspective. Their study was limited to discussing the disclosure process as a series of events. Given that Kimberley *et al* interviewed five women, disclosing a different secret to those investigated in the present study, findings are remarkably similar and are supported by the present study (Kimberley *et al*, 1995).

The present study explores a process of self-development, in the sense of resolving the problem of disclosing a secret. As discussed in the initial chapter of this thesis, the role of disclosure is seldom investigated or even acknowledged as an influence in research. If findings in the present study are supported in future research investigating disclosure of other secrets, the implications are that disclosure of a significant secret plays a significant role in bringing about changes in identity synonymous with self-development. In support of this hypothesis, two diverse studies encountered in the literature which illustrate a process of self-development, show similarities to the process of disclosure as identified in the present study.

In the first study, Hippolite Wright (1998) discussed the healing process for Maori women who had been sexually abused. The relevant stages in her research include Manaakitanga, or the development and utilisation of significant support systems. The women in the present study were motivated to disclose in order to gain support, acceptance and validation of themselves, to close friends and family. The next stage is Whanaungatanga, where the establishment of positive or acceptable relationships with family members and coming to terms with family issues occurs. Tapu and Noa describe the ability to understand and develop healthy interpersonal relationships, and Mana, or personal power, is the stage where the women in her study were involved in helping others who were sexually abused. In relation to the present findings, the stages of healing Hippolite Wright describes for Maori women were largely relevant and similar for the women in the present study. Over time, her stages of healing show a progression or widening in the network of people disclosed to and involved in the lives of the abused women. Finally, the women in her research were involved in work to benefit others in their situation. All the women in Hippolite Wright's study disclosed their sexual abuse to a number of people, and the healing process appeared to be contingent upon their disclosure (Hippolite Wright, 1998).

In the second study Aukett, an experienced counsellor practising humanistic psychology, investigated the role of friendship in terms of personal development (Aukett, 2000). Aukett identified a self-development model based on his research, observations and experience. At the bottom level of his pyramid model Aukett describes a stage of separation where unhealed trauma (for example, from abuse) is "secretively locked inside" (Aukett, 2000). At this level, an inability to trust others and feelings of loneliness, isolation, resentment and low self-esteem occur. The next level is social sharing, which achieves support for those disclosing trauma and a rebuilding of trust in self and others. At the next stage, self-love, positive support and increased self-worth are among the characteristics present in relationships. The service level denotes a stage of pleasure derived from giving to others without expectation of reward. Forgiveness and healing then occur. Aukett's model incorporates the healing benefits of interpersonal relationships. His model describes the benefit of friendships to be contingent upon disclosing trauma.

Aukett's model of self development has obvious parallels to the process of self-disclosure presented here. His separation stage, where secretiveness and inability to trust others leads to isolation and loneliness, reflects closely the period prior to disclosure in the present study where alienation, isolation, dysphoric affect and fear of reactions to the women's disclosures typified this time in their lives. Subsequent disclosure, first to a few trusted people then to others over time marked an increase in the women's self-confidence and decrease in fear of response to disclosure. This gave the women a greater ability to disclose in ways that promoted positive reactions for the benefit of both themselves and their confidants. These findings are supported by the stages of social sharing and self-love described by Aukett. His fourth level, that of service, was characteristic of all the women who participated in the current research (Aukett, 2000). Their having reached the stage of accepting the changes the stigmatised experiences brought about in their lives and their ability to disclose for the benefit of others has been described.

An implication of the findings of the current study is that healing is a result of disclosure. Historically, this hypothesis has been supported by Freud and Breuer in their description of catharsis (i.e., disclosure of repressed memories of past traumas provide a restorative process) (Greenberg & Stone, 1992). More recently, the fever model as developed by Stiles, Shuster and Harrigan (1992) posits that the relationship of disclosure to psychological distress is analogous to the relationship of fever to physical infection, in that both indicate some underlying disturbance and are part of a restorative process (Stiles,

Shuster & Harrigan, 1992). In addition, other models of healing, such as those developed by Aukett (2000) and Hippolite Wright (1998), incorporate disclosure as a necessary facet of developing mental health (and in these two articles disclosure initiates the process of healing). The role of disclosure as a necessary factor in resolving psychological distress is undisputed; however it is interesting to note that disclosure *per se* has until relatively recently been ignored as a subject in its' own right.

With respect to the methodology used in the present study, grounded theory was found to be appropriate in that it met the epistemological requirements of the research and facilitated the development of a model of disclosure. The transparency of the method enabled ease of use, and the process of repeatedly comparing aspects of the data yielded findings, as grounded theory authors had promised (Strauss & Corbin, 1990) The guideline of gathering data until theoretical saturation is achieved (i.e., until new data adds little or nothing to the theoretical model developed) was found to be particularly useful in establishing whether sufficient data was obtained. For all of the themes in the model of the process of disclosure, theoretical saturation was achieved (the exception being the cultural aspects of disclosing sexual abuse, discussed below).

The issue of theoretical saturation relates to the issue of generalisability. Findings are of course relevant to the women who participated in the research, and it is possible that the women who disclosed were not representative of women in the wider population with similar disclosure experiences. Glaser (1992) asserts that grounded theories are not generalisable, but are specific only to the population from which findings were obtained. Lack of generalisability of theories is obviously not desirable, given the resulting findings are of questionable value to others. However, if the process of theoretical saturation is followed, and if the resulting theory is open to further alteration (given conflicting or additional findings from further research), it seems that assuming a grounded theory is generalisable (within identified limits) is appropriate.

According to Glaser (1992), a theory developed from grounded research answers the question of how a basic social problem is processed. In the present study, the basic social problem was the fear of disclosure. The women's stereotyped beliefs about those with their experiences (i.e., subject to stigmatisation and other negative responses) were inconsistent with their desire to be accepted and to belong. Prior to beginning to disclose the secret, the women's beliefs and experiences in addition to their perception of society's stereotypes and stigmas influenced their decision to tell others their secret. By withholding disclosure,

the women endeavoured to present as if nothing had changed in order to remain accepted, although they feared rejection. Disclosure was the process by which they sought to resolve their problem.

7.2.1 Meta-Analysis: Disclosure of Disclosure

The process of talking to the women provided an additional level of data for analysis. In treating the researcher as another confidant of disclosure, where did their disclosure responses fit in the theory generated? For some, their motivation to participate in the research was in order to practise disclosing in a safe environment. This would reinforce their ability to disclose as they learned disclosure reception could be positive. For many others, their motivation to participate was in order to raise public consciousness of the group they identified with or to benefit others in their position. Another version of this motivation for one respondent was to participate in order to decrease the power of secrecy (involved in sexual abuse) by disclosing.

As found in the literature as well as in the present study, respondents needed to feel safe in order to disclose (Kelly & McKillop, 1996). The establishment of safety was artificially produced in a sense, in that the respondents' assumption of what a researcher would do pre-empted their having to assess the risks involved in disclosing. With regards to strategy, respondent-initiated disclosure was pre-empted by the interview process. Expected (or hoped for) beneficial consequences of participating determined the motivation for some women. Some women noted that they had found participating to be therapeutic in a cathartic sense to be asked about their stigmatised experience, because they had the opportunity to disclose and to think about the impact of their disclosures in a safe environment. When the women were asked how they found the research, they were generally very positive. Many said they found it interesting, and were happy to contribute to research they thought would benefit others. Several women chose to participate in order to practise disclosing. Many women said they found their participation had increased their awareness of what had happened to them and how they had changed as a result of disclosing.

7.2.2 Limitations

Given the number of participants and the nature of the methodology (i.e., self-report and self-selection), these findings are limited and do not claim to represent the general population. The process of disclosure, as described in the present study, is a description

of the dynamics of the experiences and changes that occurred for the women participants. As a grounded theory, the process of disclosure may serve as a model that may be added to, given further study and research in this area.

Areas of research suggested by the present study that are likely to further develop the current model of the process of disclosure include disclosure of other stigmatised experiences for comparative purposes (for example, termination of pregnancy and prostitution).

Given limitations on time and boundaries imposed by the researcher, notable areas in which theoretical saturation was not achieved were the influences of identity and culture. The few women in the present study who identified as Maori gave accounts of disclosing their abuse that were obviously influenced by their culture in fundamental ways. Further research investigating the role of culture in the process of disclosure is strongly suggested by these women's stories. In addition, further research investigating how women change as they disclose over time would develop the current model.

7.2.3 Applications and Recommendations

Given that these findings are not generalisable does not preclude other women identifying with the experiences of the women who participated in the present study. It is hoped that the present study will be of benefit to others: women who have difficulties disclosing their own stigmatised experience; for those working with women with stigmatised pasts; and ideally for those in the community reacting stereotypically and prejudicially to those who have disclosed stigmatised experiences. Knowledge of the process of disclosure may increase understanding,and reestablish a sense of normality and predictability for those struggling with disclosing some secret.

For therapists, the findings in the present study relating to the necessary attributes of potential confidants are not new. However, it may be useful for therapists to ascertain from clients having difficulties with revealing secrets, their client's history of disclosure and ability to assess the risks involved. Clients might benefit from guidance with respect to how to assess the risks involved and the potential consequences of disclosing to particular confidants (and possibly the need to do so). In addition, encouraging preparation for disclosure, especially with regards to priming, is likely to increase the probability of reinforcing responses.

The experiences of the women in this study were that disclosing sometimes defined

friends and family who were supportive. However, most reactions to disclosure were accepting and there were ways of lessening the risks involved. People who were known to be liberal, or accepting and nonjudgemental, were thought to be a better risk in terms of choosing who to disclose to. Attempting to cognitively accept, prior to disclosure, responses predicted to be very negative (e.g., from conservative parents) was also helpful.

Following the stigmatised experience for participating women, there were common emotional experiences. These included decreased self image and dysphoric affect and feelings of alienation and isolation. Due to the likelihood that the women initially had to some degree the negative, stereotyped attitudes of the uninitiated/uninformed, negative self-attributions were common. Generally, the women's self-confidence improved over time, and after successive (successful) disclosures. The risks of disclosing decreased as they became more impervious and resilient to negative reactions. For many women, disclosing became a powerful, positive experience.

For the women who participated, progression from disclosing to a few most intimately related people for personal reasons, to disclosing to less well known acquaintances and strangers for the benefit of educating and changing stereotypes, appeared to mark their personal progress in coming to terms with the impact of the stigmatised experience. Most of the women participating, for whom some time had passed since first disclosing, reported being at peace with their ability to disclose when and to whom they chose.

Kelly & McKillop (1996) recommend that people should consider the likelihood that keeping secrets can be beneficial unless they are particularly troubled by the secret, given the potential for subsequent avoidance and alienation by confidants. They also suggest discretion and careful evaluation of potential confidants. Findings from the present study support these recommendations; the women in the present study carefully evaluated potential confidants, and withheld disclosure from people they believed would respond negatively.

7.2.4 Conclusions

The aims outlined in the introductory chapters of this thesis were, what goes on for women, prior to disclosure, that influences their decision to disclose? Why do women disclose? What does disclosure do for those who tell? and how do people disclose? These questions were answered in the current study.

Eighteen women were asked about their experiences of disclosing sexual abuse, coming out as lesbian or bisexual, and/or having a sexually transmitted disease. Despite the differences in environment and experience on the individual level, and context and stereotype on the group level, many similarities emerged from the women's accounts of disclosing secrets. These similarities were discussed as themes in the primary analysis and synthesised into a model of change described as the process of disclosure on a meta analytical level.

In brief, this thesis described a number of themes or components involved in the process of disclosure. These were the period prior to disclosure, the motivation for disclosing, assessing the risks involved, the network of confidants, strategies for disclosing and consequences of disclosing. Who was told the women's secret depended on her relationships with others and her assessment of the risks involved in telling each confidant. How she told her secret depended on opportunity and experience. The consequences of disclosures influenced subsequent disclosures and over time changed the women's self-identity in relation to their stigmatised experience. By disclosing, the women challenged their fears. In disclosing, the women's affiliative, instrumental and altruistic needs were met. The process of disclosure involved reducing the risks inherent in disclosing by assessing the confidants. The women's assessment of the risks was related to their knowledge, their beliefs and their experience of others. Disclosure was promoted by the likelihood of a supportive, accepting response. Disclosure changed over time as the women's needs were met and their identities in relation to their secret altered and developed in response to disclosing. For many of the women in the present study, this ultimately led to a reduced or nonexistent fear of rejection (with respect to their secret) and an enhanced view of self.

The process of disclosure, as a descriptive and interpretive model of the changes that occurred over time for women disclosing their secrets, was synonymous with the changes and development in the women's self-identity as they came to terms with the impact of having had a stigmatised experience.

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Appendix A

Poster

I'm looking for women to participate in my research about disclosure...

Disclosure is: revealing information about some event or experience that has personal importance or significance to you. The event or experience is something that is socially difficult to accept, or to discuss. You might have thought seriously about whether to reveal it because it may have been traumatic, or you may have been stigmatised by others, or you may have felt guilty or ashamed because you were part of that experience or group. *I want to know what it is like for individual women in their own context.*

Examples of the sorts of things that some women have found hard to disclose include:

- **Having a sexually transmitted disease**
- **Having experienced sexual abuse or date rape**
- **Coming out as lesbian or bisexual**

What I'm interested in is the process of disclosing that information, or revealing it. The sorts of questions I'd like to ask include:

How did you feel about the idea of telling other people about your experience?

How did you let other people know about it?

When did you let other people know about it?

Why did you tell those people?

Being part of this research will mean meeting with me once or twice to ask you the sorts of questions listed above. What you say will be kept *strictly confidential*, you will remain

anonymous and there will be *no further contact* unless you wish it. *You can withdraw at any time.*

My name is Nicole and I am doing postgraduate research. I hope this research will be of benefit to others. **Please give me a call for more information, my number is 856 3662.**

Appendix B

Consent Form

I'm looking for participants in my research about disclosure...

Disclosure is: revealing information about some event or experience that has personal importance or significance to you. The event or experience is something that is socially difficult to accept, or to discuss. You might have thought seriously about whether to reveal it because it may have been traumatic, or you may have been stigmatised by others, or you may have felt guilty or ashamed because you were part of that experience or group. What is known about personal experiences is what people choose to talk about to therapists or psychologists or to biographers. I want to know what it is like for individual women in their own context.

Examples of the sorts of things that some women have found hard to disclose include:

- Having a sexually transmitted disease
- Having experienced sexual abuse or date rape
- Coming out as lesbian or bisexual

What I'm interested in is the process of disclosing that information, or revealing it. The sorts of questions I'd like to ask include:

How significant or important was the experience/event to you?

How did you deal with it? Describe what effect the experience had on your lifestyle, values etc. (e.g. when and how did you realise that you were sexually abused, or lesbian)?

How did you feel about the idea of telling other people about your experience?

How did you let other people know about it?

Was it all-at-once or over time?

Had you thought about it or did you just respond to an opportunity, spontaneously?

When did you let other people know about it?

Why did you tell those people? What was it about them in particular?

How did you think they would react to the news?

Why did you want to tell people about it? What did you want to gain by disclosing?

What kind of feedback did you receive from those you disclosed to? How did this affect you?

Were there people you especially didn't want to know? What were those people like, and why didn't you want them to know?

How do you feel about the abuse or lesbianism now? How has it changed due to disclosing it?

My name is Nicole Muir and I am working towards a doctorate in Psychology. If you choose to participate in this research, I will be meeting with you several times to ask you the sorts of questions listed above. This is your story, and I want to make sure I understand what you're telling me.

My home phone number is 856 3662, Hamilton, if you want to contact me about anything.

Consent Form

I understand that I will be interviewed about my disclosure experiences in relation to having been sexually abused, having a sexually transmitted disease or identifying as lesbian/bisexual, and I have had a chance to ask questions and to discuss my participation with other people. I agree to attend meetings at a mutually agreed time and place. I agree to participate in this research project and I understand that I may withdraw from this research at any stage.

Name _____ Date _____

I will ensure the anonymity of _____ story by allowing only my supervisor and myself to see it whole, and by removing any references that may identify her in my thesis or any consequent articles. I will attend meetings at a mutually agreed time and place.

Nicole Muir _____ Date _____

Appendix C

Doing Grounded Theory

This appendix has been written to give a more in-depth view of my experience of the process of using grounded theory.

All interviews were taped, and the first eight interviews were transcribed in full. Where the text in the transcripts (sentences, partial sentences or paragraphs) appeared relevant, or potentially relevant to the general theme of 'disclosure', it was underlined or highlighted and coded. Codes or labels were assigned in the margins according to the concept or meaning the text seemed to impart. I would ask myself, "what does she mean, what is she expressing?", "what is going on?", or "what is happening?" to help.

For example, where the text was related to motivation, the women would be saying, "I told so-and-so because ...", or "I needed such-and-such". Often the text was coded quite specifically, such as "Wanting support for self", "Providing support for others", "Needing someone to understand", "Seeking validation", "Wanting to provide a model", and "Teaching others". (For a list of the general categories and a visual map of their organisation, see the following appendix on page 193). These categories were grouped within the code of 'Motivations', and then within that category there were apparent sub-groups that I titled 'Affiliative', 'Altruistic' and 'Instrumental'. The last category was labelled as such for want of a better word to express the meaning that a specific purpose other than those related to people was the motivator for the disclosure. Similarly, I struggled with the label 'Altruistic', originally calling it 'Political' motivators.

Sometimes the same text seemed to represent different aspects of disclosure, and were then coded in more than one way (this is why the same quotes were sometimes used more than once in the chapters).

For example (this was a particularly 'busy' paragraph),

> *"I didn't tell anyone until I was about 20, 21 (age of first disclosure), and that, the first person I told was my ex-husband (recipient of disclosure), yeah because I couldn't do it [have sex] anymore (motivation) and because it [the abuse] kept coming up [flashbacks] (motivation, memory, prior to disclosure). I think I hadn't until then because I didn't really believe it happened (reason for withheld disclosure/prior to disclosure). That it was my fault, I said yes to go into the bedroom and everything happened from there, and I just froze up, and it was always my fault, I shouldn't have done that, I shouldn't have gone in there, I'm too old for this sort of stuff, it happens when you're a kid, sort of thing (self-blame in relation to abuse, reason for withheld disclosure/prior to disclosure)."*

In contrast, some paragraphs had very little content relevant to disclosure.

After I had coded several transcripts, it became apparent that there were six basic themes that repeatedly occurred throughout the women's stories. These themes were a way of describing the different components that constituted the disclosure (motivation, network, assessing risks, strategies). These same themes were also apparent for the women disclosing different secrets.

I went over the same transcripts again and again when a new code emerged in a later transcript. The focus in grounded theory is not to disprove (and therefore invalidate) the entire research, but to add to and extend the developing model. I would ask of new codes, "How is this the same as the existing categories, or how is it different?".

By this time, I was also looking for examples of how themes were related. For example,

> *"I really wanted to tell [my friend] (network) because I really wanted her to know (motivation)"*

During the course of the research, I suspended my enrolment several times. I got married, had two babies and finished another degree. Each time I returned to the research, I found my thinking or my perspective had changed so that on returning I could see different things in the data. There were moments when I felt that sense of 'Eureka!' as I recognised relationships between categories, only to discover my findings were not new to

other studies (albeit for different secrets). On returning to the research on one occasion, I was able to see how the dimension of time influenced the order of the codes within categories. These perspectives meant looking back over the transcripts again to look for other clues I might have missed, or relationships I had not recognised.

Appendix D

Grounded Theory Categories