



# The indirect effect of self-concealment on distress through psychological inflexibility in Asian American, Black American, and White American college students

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## ABSTRACT

The present cross-sectional study examined whether self-concealment was associated with general psychological distress, somatization, depression, and anxiety among Asian American, Black American, and White American college students in the U.S., and whether psychological inflexibility partially explains these associations. Participants ( $N = 991$ , 77% female, age range = 16–60 years) completed self-report measures of interest online. Results revealed the relations between self-concealment and the four distress variables in each ethnic group and suggested that these relations were explained partially through psychological inflexibility. Future research should examine this model among subpopulations of these ethnic groups, as well as the influence of various cultural variables.

## 1. Introduction

Self-concealment, or conscious efforts to conceal personal information that is highly intimate and may reflect negatively on the individual, is an important construct for behavioral health researchers and clinicians (Larson & Chastain, 1990). This importance stems from self-concealment's consistent association with various distress variables (see Larson, Chastain, Hoyt, & Ayzenberg, 2015 for review). Recent literature also suggests that the link between self-concealment and these distress variables can be explained in part through emotion regulation (Masuda et al., 2011). However, the examination of this conceptual model in different ethnic groups of individuals in the U.S. remains limited. Given the importance of filling this gap, the present cross-sectional study first examined whether self-concealment was associated with general psychological distress, somatization, depression, and anxiety in the groups of Asian American, Black American, and White American college students. Subsequently, the study examined whether the associations between self-concealment and these distress variables could be explained at least partially to the effect of self-concealment on psychological inflexibility, a generalized maladaptive emotion and behavior regulation process (Hayes, Levin, Plumb-Villardaga, Villatte, & Pistorello, 2013).

### 1.1. Psychological inflexibility

Given consistent findings of the associations between self-concealment and distress variables in predominantly White American samples, recent research on self-concealment has focused on why these associations exist (Larson et al., 2015). One possible explanation is psychological inflexibility, a generalized process of maladaptive emotion and behavior regulation efforts, thought to underlie both psychological distress and self-concealment (Masuda et al., 2011).

The concept of psychological inflexibility was originally introduced within acceptance and commitment therapy, a contemporary acceptance- and mindfulness-based psychotherapy with growing empirical support (Hayes et al., 2013). The definition of psychological inflexibility varies slightly across investigators (Bond et al., 2011; Hayes et al., 2013). However, it can be operationalized as a generalized effort to down-regulate unwanted psychological experiences, combined with excessive investment in the literal content of thoughts and diminished daily functioning (Latzman & Masuda, 2013; Masuda et al., 2017). Conceptually, psychological inflexibility is a generalized form of dysregulation observed in individuals with various forms of psychology distress as well as a central feature of psychosocial risk factors, such as self-concealment (Bond et al., 2011; Hayes et al., 2013). Recent findings support the notion that psychological inflexibility is a key underlying

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process that establishes the link between self-concealment and a range of psychopathology and distress variables (Larson et al., 2015; Masuda et al., 2017). More specifically, preliminary cross-sectional investigations have demonstrated that self-concealment is indirectly associated with distress variables through psychological inflexibility in samples of general college students (Masuda et al., 2011), sexual minority college students (Leleux-Labarge, Hatton, Goodnight, & Masuda, 2015), and Latina/o college students (Mendoza, Goodnight, Caporino, & Masuda, 2017).

### 1.2. Self-concealment and cultural considerations

Literature in cultural and emotion socialization informs how the behavioral repertoire of self-concealment is shaped and transmitted to the next generation through parental practices in ethnically diverse individuals (e.g., Hughes et al., 2006; Kim, Atkinson, & Umemoto, 2001; Nelson, Leerkes, O'Brien, Calkins, & Marcovitch, 2012). More specifically, this literature suggests that the impact of parental practices is particularly salient in shaping children's sense of identity (e.g., self as a collective whole) as well as the repertoire of emotion expression in such way that they are adaptive to their sociocultural contexts. From this socialization perspective, the positive association between greater adherence to Africentric values and self-concealment found among Black Americans (Wallace & Constantine, 2005) may reflect their cultural value of preserving the integrity of group homeostasis. Similarly, Asian Americans may normalize the behavioral tendency of self-concealment, as many Asian cultural practices value conservatism of interpersonal expression (Kim et al., 2001).

These findings also suggest that self-concealment may reflect somewhat distinct processes across different cultural contexts (Butler, Lee, & Gross, 2007; Sue, 2009). Regarding the intersection of cultural practice and behavioral health, having a secret and attempting to keep it from others is not necessarily detrimental to one's behavioral health (Kelly, 2002). This may be particularly the case in sociocultural contexts where these practices are valued and culturally supported (Hayes, Muto, & Masuda, 2011). However, self-concealment is likely detrimental when it is linked to general maladaptive emotion and behavior regulation processes (Masuda et al., 2017). That is to say, we speculate that self-concealment is likely maladaptive when related to distress through its association with psychological inflexibility.

### 1.3. The present study

This conceptualization of self-concealment as maladaptive is theorized to have a broad generalizability (Larson et al., 2015). However, it is crucial to examine directly whether this is the case for Black Americans and Asian Americans, given the potential distinctions regarding the specific functions of self-concealment in these ethnic groups. Asian Americans, Black Americans, and White Americans represent three major ethnic groups in the U.S. and are the focus of this study. Given previous evidence (e.g., Larson et al., 2015; Masuda et al., 2011), we predicted that self-concealment would be associated with all distress variables across all three groups. Furthermore, we predicted that the effects of self-concealment on these distress variables would be due at least partially to self-concealment being a manifestation of the emotional and behavioral dysregulation construct of psychological inflexibility in all three ethnic groups (Fig. 1).

## 2. Method

### 2.1. Participants

Participants consisted of 991 non-Hispanic undergraduate psychology students (77% women; mean age = 20.89,  $SD = 5.20$  years) at a southeastern public university in the U.S. They were 388 African American students (85% women;  $n = 331$ ), 210 Asian American

students (66% women;  $n = 139$ ), and 393 White American students (75% women;  $n = 296$ ). Sexual minorities were represented in each ethnic group, with 25 African American students (6%; 22 women, 3 men), 11 Asian American students (5%; 6 women, 5 men), and 51 White American students (13%; 36 women, 15 men) reporting sexual minority status (i.e., "bisexual" or "homosexual").

### 2.2. Measures

#### 2.2.1. Self-concealment

The Self-Concealment Scale (SCS; Larson & Chastain, 1990) is a 10-item, self-report measure of a person's predisposition to actively conceal negative and distressing personal information from others (e.g., "I have a secret that is so private I would lie if anybody asked me about it"). Items are rated on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Responses are summed to yield a total score, with greater values reflecting greater self-concealment. The SCS has demonstrated test-retest reliability and internal consistency, with reported estimates of 0.81 and 0.83, respectively (Larson & Chastain, 1990). In the present study, internal consistency reliabilities (Cronbach's alphas) in the full sample and subsamples determined by their ethnic background (i.e., Asian American, Black American, and White American) ranged from 0.88 to 0.91.

#### 2.2.2. Psychological inflexibility

The Acceptance and Action Questionnaire-II (AAQ-II; Bond et al., 2011) is a 7-item, self-report measure of experiential avoidance, psychological inflexibility, and lack of acceptance. Each item is rated on a 7-point Likert-like scale ranging from 1 (*never true*) to 7 (*always true*). Higher scores indicate higher levels of psychological inflexibility and experiential avoidance; lower scores reflect greater acceptance and psychological flexibility. Items include, "My painful memories prevent me from having a fulfilling life" and "Emotions cause problems in my life." Internal consistency estimates have ranged from 0.78 to 0.88 (Bond et al., 2011). In the present study, the Cronbach's alphas of the full and sub-samples ranged from 0.92 to 0.93.

#### 2.2.3. Depressive, anxious, and somatic symptoms

The Brief Symptom Inventory 18 (BSI-18; Derogatis, 2001) is an 18-item, self-report measure of three domains of psychological distress: depression (e.g., "feeling of worthlessness"), anxiety (e.g., "spells of panic"), and somatization (e.g., "pains in chest"). Eighteen items are rated on a 5-point Likert-like scale ranging from 0 (*not at all*) to 4 (*extremely*). Derogatis (2001) reported Cronbach's alphas ranging from 0.74 to 0.89 for the somatization, depression, and anxiety scales. In the present sample, Cronbach's alphas for these scales in full and subsamples ranged from 0.78 to 0.87.

#### 2.2.4. General psychological distress

The General Health Questionnaire-12 (GHQ-12; Goldberg, 1978) is a 12-item, self-report measure of current general psychological distress (e.g., "Have you recently felt constantly under strain?"). The GHQ-12 utilizes a 4-point Likert-like scale ranging from 0 (*not at all*) to 3 (*much more than usual*). Higher scores reflect greater general psychological distress. Previous research has reported Cronbach's alphas of 0.89 (Masuda et al., 2011). In the present study, Cronbach's alphas for the full and subsample ranged from 0.86 to 0.87.

### 2.3. Procedure

All study procedures were approved by the Institutional Review Board. Participants were recruited from undergraduate psychology courses between March 2010 and October 2013 through an online research recruitment tool managed by the Department of Psychology. After providing informed consent, participants anonymously completed an online survey of mental health-related attitudes and psychological

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