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The disclosure processes model: Understanding disclosure decision-making and post-disclosure outcomes among people living with a concealable stigmatized identity

Stephenie R. Chaudoir and
Bradley University

Jeffrey D. Fisher
University of Connecticut

Abstract

Disclosure is a critical aspect of the experience of people who live with concealable stigmatized identities. This article presents the Disclosure Processes Model (DPM)—a framework that examines *when* and *why* interpersonal disclosure may be beneficial. The DPM suggests that antecedent goals representing approach and avoidance motivational systems moderate the effect of disclosure on numerous individual, dyadic, and social contextual outcomes and that these effects are mediated by three distinct processes: (1) alleviation of inhibition, (2) social support, and (3) changes in social information. Ultimately, the DPM provides a framework that advances disclosure theory and identifies strategies that can assist disclosers in maximizing the likelihood that disclosure will benefit well-being.

Keywords

disclosure; concealable stigmatized identities; psychological inhibition; approach; avoidance; goals; social support

Self-disclosure, or the sharing of personal information with others through verbal communication, is an integral part of social interaction. Disclosure can provide an opportunity to express thoughts and feelings, develop a sense of self, and build intimacy within personal relationships (Derlega, Metts, Petronio, & Margulis, 1993; Jourard, 1971). Disclosure is also thought to be a critical component in building client-practitioner relationships and in enabling therapeutic progress (for a review, see Kelly, 2002). Thus, given these far-ranging positive outcomes and purposes of disclosure, it might at first appear that disclosure is advantageous for people's well-being.

However, when people who bear a concealable stigmatized identity (Pachankis, 2007; Quinn & Chaudoir, 2009; Quinn, 2006)—personal information that is socially devalued but is not readily apparent to others, such as mental illness, experiences of abuse or assault, or an HIV-

Correspondence should be addressed to the first author, Department of Psychology, Bradley University, 1501 W. Bradley Ave., Peoria, IL 61625. schaudoir@bradley.edu..

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positive diagnosis—disclose this information to others, they risk experiencing negative outcomes or even becoming the targets of prejudice. In these cases, decisions to disclose concealable stigmatized identities are much more complex because they may yield unfavorable outcomes such as social rejection and discrimination. For example, people who “come out of the closet” about their sexual orientation continue to be victims of hate crimes, verbal harassment, and employment or housing discrimination (Herek, 2009). Thus, disclosing a concealable stigmatized identity may be a highly complex process because it can yield the potential for both benefit *and* harm.

When will disclosure yield benefit rather than harm? Consider, for a moment, two individuals who are making the difficult decision about whether to disclose their concealable stigmatized identity. One is a young man named Jason who feels guilty and ashamed about keeping his HIV-positive status concealed from his father, but worries that his father will react negatively. Jason decides to tell his father because he doesn't want to have to live with the burden of keeping this secret and tries to avoid being disowned by him. Another is a middle-aged woman living with HIV named Susan whose romantic relationship has recently become more serious. She decides to tell her partner about her HIV infection because she wants to protect his health and share this important part of herself in order to strengthen their relationship. In which of these situations is disclosure more likely to be beneficial?

Existing research and theorizing provides some answer to this question, predominantly emphasizing the reaction of the confidant. A growing literature suggests that the reaction of the confidant is one of the most important factors predicting whether disclosure will be beneficial or not. In a longitudinal examination of disclosure of abortion, women who disclosed but felt that their confidant was not fully supportive did not show benefits of disclosure in the form of lower psychological distress (Major et al., 1990). Experimental manipulations have also revealed similar findings, indicating that participants do not experience the benefits of disclosure when confidant reactions are neutral or negative (Lepore, Ragan, & Jones, 2000; Rodriguez & Kelly, 2006). This evidence suggests that Jason and Susan may be equally likely to benefit from disclosure *when* their confidants respond in positive or supportive ways.

Are the outcomes of disclosure completely contingent on how the confidant reacts, or are there attributes of the disclosers—the goals they possess for disclosure, how they communicate about the identity, and how they cope with the confidant response—that can affect this process and determine *when* disclosure will be beneficial? Put differently, might the goals, communication skills, and coping abilities of Jason and Susan affect the outcomes of their disclosure events as well?

To date, very little research has considered these possibilities. We suggest that there are two reasons why research is lacking in this domain, limiting empirical understanding of *when* disclosure may be beneficial. First, research examining disclosure dynamics among people living with concealable stigmatized identities has largely focused on examining two separate processes: (1) how people make decisions to disclose, and (2) how people are affected by their disclosure decisions. Frequently, empirical and theoretical examinations of disclosure focus solely on antecedent factors that may affect the decision-making process, such as goals, anticipated negative confidant responses, and the type of confidant relationship, without attending to the outcomes of these decisions (e.g., Derlega, Winstead, Greene, Serovich, & Elwood, 2004; Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Omarzu, 2000; Schneider, 1986; Tröster, 1998). Similarly, other empirical and theoretical examinations focus solely on the outcomes of disclosure without attending to the antecedent factors that led these individuals to disclose (e.g., Rodriguez & Kelly, 2006; Smart & Wegner, 1999). Thus, beyond a few notable exceptions (Clair, Beatty, & Maclean, 2005;

Garcia & Crocker, 2008; Major & Gramzow, 1999), the disclosure literature has largely examined these two processes *separately*, making it unclear how the full disclosure process unfolds.

Second, because antecedents and outcomes have infrequently been examined together, there has been relatively little theorizing regarding how the factors that lead people to disclose may impact these outcomes. In recent years, several researchers have proposed process models of disclosure that represent aspects of the full disclosure process—how people make decisions to disclose, choose confidants, communicate about their identities, and are affected by disclosure (Clair et al., 2005; Greene, Derlega, & Mathews, 2006; Rags, 2008). However, none of these models speculate as to how what occurs in the decision-making part of the process may affect the rest of the disclosure process—how people communicate about their identity and how the event ultimately affects their outcomes. Thus, there has been a gap between extant theoretical and empirical conceptualizations of disclosure and its practical functioning in real world settings. In practice, disclosure is a complex behavioral process that involves sustained self-regulatory efforts—exerting self-control in order to make disclosure decisions, communicate effectively, and cope with the outcomes of disclosure—and empirical analysis has largely failed to understand the interrelations among the component parts of the disclosure process.

In addition to understanding *when* disclosure will be beneficial for people, it is also necessary to understand *why* disclosure affects well-being. Functionally, disclosure can affect a wide variety of outcomes, including individual psychological (e.g., Major et al., 1990; Major & Gramzow, 1999; Ullman & Filipas, 2001; Zea, Reisen, Poppen, Bianchi, & Echeverry, 2005), behavioral (e.g., Broman-Fulks et al., 2007; Farina, 1971; Quinn, Kahng, & Crocker, 2004; Simoni & Pantalone, 2005), and health (e.g., Greenberg & Stone, 1992; Ullrich, Lutgendorf, & Stapleton, 2003) well-being, dyadic outcomes such as intimacy and trust (e.g., Laurenceau, Barrett, & Rovine, 2005), and social contextual outcomes such as cultural stigma (Corrigan, 2005). Considered together, disclosure is a powerful behavior that can shape nearly every domain of people's lives.

However, to date, researchers have paid limited attention to the potential mediating mechanisms, or reasons *why*, disclosure can affect such a wide array of outcomes. Among those who have, researchers have predominantly relied on an alleviation of inhibition mechanism—the idea that disclosure can be beneficial because it allows people to express pent up emotions and thoughts. This process, borrowed from the literature on written disclosure (e.g., Lepore, 1997; Pennebaker, 1995), suggests that individuals benefit from disclosure to the extent that they can cognitively or affectively process previously inhibited information. While this process has been demonstrated to apply in the context of verbal disclosure, it cannot explain the full range of effects caused by interpersonal forms of disclosure. Thus, further theorizing is needed to fully elucidate the mediating mechanisms whereby verbal disclosure can affect well-being.

DISCLOSURE PROCESSES MODEL

In light of these existing limitations, the goal of the current article is to outline a process model that addresses these two primary questions: *when* and *why* is disclosure beneficial? The disclosure literature is immense in both its scope and diversity of approach. Previous researchers have offered reviews regarding the disclosure decision-making process (Greene et al., 2006; Omarzu, 2000), the role of self-disclosure in the development of intimacy and close relationships (Reis & Shaver, 1988; Reis & Patrick, 1996), consequences of revealing personal secrets (Kelly & McKillop, 1996) and written disclosure (Pennebaker, 1997; Smyth, 1998), and the ways in which disclosure is implicated in management of concealable

stigmatized identities in workplace domains (Clair et al., 2005; Ragins, 2008). In the current paper, we review evidence examining the disclosure decision-making *and* outcome processes among people living with a wide range of concealable stigmatized identities.

To do so, we draw on the available disclosure literature which spans a number of specific concealable stigmatized identities, including abortion (Major et al., 1990; Major & Gramzow, 1999), childhood sexual abuse (Lamb & Edgar-Smith, 1994; Ullman, 1996), epilepsy (Tröster, 1998), HIV/AIDS (e.g., Derlega et al., 2004; Zea, Reisen, Poppen, Bianchi, & Echeverry, 2007), mental illness (Corrigan, 2005; Garcia & Crocker, 2008), sexual assault (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007; Ahrens, 2006; Ullman, 1996), and sexual orientation (e.g., Day & Schoenrade, 1997; Ragins, Singh, & Cornwell, 2007; Strachan, Bennett, Russo, & Roy-Byrne, 2007). We acknowledge at the outset that these varying types of identities differ tremendously in their cause, course, and implications for people's well-being. However, the DPM focuses on how these individual types of identities share commonalities in the processes that underlie disclosure decisions and outcomes. In some portions of this review, we also address the gaps in the extant literature by drawing on research examining general disclosure processes (e.g., Altman & Taylor, 1973; Reis & Shaver, 1988). We do so in order to provide a thorough analysis of the entire disclosure process. Importantly, we focus on identifying how these diverse literatures each contribute to and can be integrated within the broad conceptual framework outlined by the DPM.

Ultimately, the Disclosure Processes Model advances current disclosure theorizing in three important ways. First, the DPM posits that disclosure must be conceptualized and studied as a single process that necessarily involves decision-making and outcome processes. The DPM (see Figure 1) highlights the impact of five main components to this process—antecedent goals, the disclosure event itself, mediating processes, outcomes, and a feedback loop. While prior frameworks have included some combination of these components, none have elucidated the mediating mechanisms involved in disclosure. For example, Omarzu (2000) focuses solely on the decision-making process, suggesting that disclosers' subjective perceptions of the utility vs. risk of a given disclosure situation determines how they communicate about the information—the depth, breadth, and duration of the communication. Unlike Omarzu (2000), Ragins (2008), Clair et al. (2005), and Greene et al. (2006) provide frameworks to account for both the decision-making and outcome processes, but they provide no theorizing about the interrelations among the successive parts of the disclosure process or why disclosure may yield beneficial outcomes. Overall, while these prior accounts offer important organizational frameworks that aid in understanding the factors involved in the disclosure process, none offer causal predictions about how these factors are interrelated.

Second, the DPM posits that approach vs. avoidance motivations underlie disclosure behavior and articulates how these motivations can shape each successive stage of the disclosure process. The DPM suggests that a consideration of approach vs. avoidance goals provides a parsimonious framework to consider *when* disclosure will be beneficial. Specifically, we draw on insights from the long line of literature examining motivations, goal-pursuit, and self-regulation (e.g., Carver, 2006; Elliot & Harackiewicz, 1996; Gable, Reis, & Elliot, 2000) to examine how disclosure goals can shape self-regulatory efforts during the full disclosure process and identify conditions under which disclosure is likely to be beneficial.

Third, the DPM posits that the relationship between disclosure and a wide range of outcomes is a multiply mediated process. Specifically, disclosure can affect individual, dyadic, and social contextual outcomes through three types of mediating processes (see

Table 1): (1) alleviation of inhibition, (2) social support, and (3) changes in social information. As research in the domain of written disclosure first suggested, disclosure is a powerful way to alleviate the negative psychological and physiological effects of suppression (e.g., Cole, Kemeny, Taylor, & Visscher, 1996; Pennebaker, Hughes, & O'Heeron, 1987). However, when individuals choose to take this information from the protected confines of their personal writings to their social contexts, disclosure shifts from an individual to a social process. While the alleviation of inhibition mechanism may explain the effects of written disclosure, we argue that it is not sufficient to account for the full range of effects of interpersonal disclosure.

The DPM indicates that when individuals disclose information about their concealable stigmatized identities to other people, disclosure affects people's lives through two additional mechanisms. The first is social support, the notion that interpersonal disclosure renders individuals vulnerable to social evaluation that can either result in greater social support or greater stigmatization. The second is changes in social information, the notion that interpersonal disclosure fundamentally changes the nature of social interactions among disclosers, their confidants, and their broader social contexts. While the social support mechanism is contingent on the confidant's evaluative reaction, the changes in social information mechanism is not. That is, whether confidants accept or reject disclosers because of their identity, information about the identity is now out "in the open" and can shape perceptions and behavior in both the immediate and broader social context.

In effect, the DPM suggests that disclosure affects outcomes via mediated-moderation (Edwards & Lambert, 2007; Muller, Judd, & Yzerbyt, 2005). Approach vs. avoidance goals for disclosure moderate the effect of disclosure on outcomes. That is, goals determine the magnitude of the effect of disclosure on well-being. This moderated effect is mediated through three potential processes: (1) alleviation of inhibition, (2) social support, and (3) changes in social information. These mediating processes operate simultaneously, and they explain why the moderated outcomes of disclosure occur. In contrast, the mediating process that enables disclosure to affect outcomes does not differ depending on whether disclosers adopt approach or avoidance goals (i.e., moderated mediation; Edwards & Lambert, 2007; Muller et al., 2005). All mediating processes can affect disclosure outcomes regardless of whether disclosers adopt approach vs. avoidance goals.

Defining Disclosure

Disclosure is a term whose meaning has varied considerably in prior work. Jourard (1971) offers one of the earliest definitions of self-disclosure as the "act of making yourself manifest, showing yourself so others can perceive you" (pp. 19). This definition encompasses all of the verbal or nonverbal ways in which people can express self-relevant aspects of themselves to others, a concept that relationship researchers have often referred to as "self-expression" (for a review, see Reis & Patrick, 1996). Like Derlega and colleagues (1993), however, we use the term "disclosure" to refer only to verbal, interpersonal expressions of self-relevant information, or as they write, "what individuals verbally reveal about themselves to others (including thoughts, feelings, and experiences)" (pp.1). In the current review, our analysis focuses on one important type of self-relevant information that can be verbally expressed—possession of a concealable stigmatized identity. Thus, we use the term "disclosure" within the DPM framework to refer to situations in which a discloser verbally reveals information to a confidant about the discloser's concealable stigmatized identity, information that was not previously known by the confidant.

Components of the DPM

The DPM (Figure 1) posits that disclosure must be conceptualized and studied as a single dynamic process that necessarily involves *both* antecedents and outcomes and is composed of a decision-making process and an outcome process. Like many theorists (Dindia, 1998; Reis & Shaver, 1988), the DPM views disclosure as an ongoing process. People who live with a concealable stigmatized identity repeatedly deal with issues of disclosure (and nondisclosure) over the course of a lifetime. Thus, the processes depicted in the DPM represent the workings of just one episode that is situated within many in this ongoing disclosure process.

Antecedent Goals—The model specifies that disclosure begins with a decision-making process in which disclosure goals affect the likelihood of disclosure in a given situation. Disclosure has long been theorized to be a goal-directed behavior in which individuals may have a wide range of goals such as self-expression and enhancing intimacy in important personal relationships (Derlega & Grzelak, 1979; Omarzu, 2000). While these previous accounts provide a description of the types of goals that may guide disclosure decisions, they do not attend to the possibility that these goals may also affect what happens “downstream” in the disclosure process—how the disclosure events unfold and how disclosure ultimately affects important outcomes.

Here, we outline evidence suggesting that an approach vs. avoidance goal framework provides important new insights into the full disclosure process—how people make decisions to disclose, communicate, are affected by disclosure, and repeat this process. Specifically, by positing that two separate motivational systems underlie the overall disclosure process, we suggest that understanding the disclosure goals, or reasons, that lead people to disclose is a critical part of understanding *when* disclosure will be beneficial.

Disclosure Event—Once people make the decision to disclose, they then describe information about the concealable stigmatized identity to their chosen confidant. For many people, this disclosure event will be a one-time situation wherein disclosers talk about their concealable stigmatized identity with the confidant and clearly convey that they possess the identity. For others, however, the disclosure event may unfold over a longer period of time. That is, some people may choose to “test the waters” with their confidant by first introducing the topic in a roundabout way and then come back to the topic later after determining whether the confidant is likely to react positively or negatively (Greene, Derlega, Yep, & Petronio, 2003; Limandri, 1989; Serovich, Oliver, Smith, & Mason, 2005). Regardless of which approach is used, we define a disclosure event as the verbal communication that occurs between a discloser and a confidant regarding the discloser's possession of a concealable stigmatized identity. The culmination of this event occurs when both individuals have reached a consensus about this information—the discloser knows that the confidant is now fully aware of the existence of this previously concealed identity, and the confidant understands that the discloser possesses the identity and has reacted in a supportive or unsupportive manner.

The DPM focuses on attributes of the communication that are shared during the disclosure event, including depth, breadth, duration, and emotional content, and the reaction of the confidant. We also consider how disclosure goals shape both the content of the disclosure event and the reaction of the confidant.

Mediating Processes and Outcomes—How does this disclosure event then impact outcomes? The DPM specifies that disclosure can yield a number of different types of consequences, including those that occur at an individual, dyadic, and social contextual level

(see Figure 1). Importantly, however, the DPM specifies that there are multiple potential mediating processes that allow disclosure to affect these outcomes: (1) alleviation of inhibition, (2) social support, and (3) changes in social information. By specifying that there are multiple, simultaneous potential mediating processes, the DPM provides a conceptual framework that may help clarify the conditions under which disclosure will yield beneficial outcomes, and which types of outcomes will be relevant in a given disclosure situation.

Feedback Loop—Finally, in support of our position that disclosure is a dynamic process, the DPM suggests that the disclosure process does not necessarily end with the outcomes of specific disclosure events. Instead, the DPM specifies that the outcomes of a single disclosure event can affect subsequent disclosure processes through a feedback loop (Clair et al., 2005; Greene et al., 2006). Because disclosure is part of an on-going process (Dindia, 1998; Reis & Shaver, 1988), single disclosure events are components of a larger, ongoing process of “stigma management”—coping with the psychological and social consequences of their identity (Goffman, 1963). With each successive disclosure, are people becoming more openly engaged in their social contexts without fear of rejection, or are they becoming more concealed, more secretive, and more concerned that they will be victims of prejudice and discrimination? Disclosure plays a critical role in affecting which of these two different trajectories people adopt in the process of stigma management.

ANTECEDENT GOALS

Disclosure goals have played a critical role in previous theories of disclosure. Derlega and Grzelak (1979) first noted that disclosure is a functional behavior—it allows disclosers to pursue a variety of personal goals, including self-expression, self-clarification, social validation, relationship development, and social control. According to this perspective, people will disclose only when they believe that disclosure is an effective or necessary tool to obtain the goal of interest (Derlega & Grzelak, 1979; Quattrone & Jones, 1978). In an elaboration of this general perspective, Omarzu (2000) suggested that activation of specific disclosure goals is the first step in the disclosure decision-making process. Once goals are activated, individuals must then consider whether disclosure is an appropriate strategy for attaining the goal, select an appropriate confidant, and evaluate the potential costs vs. benefits of disclosure. Subsequent theoretical accounts have also highlighted the role of disclosure goals—among other types of antecedent factors, such as anticipated negative reactions from the confidant and social contextual cues, in the decision-making process (Clair et al., 2005; Greene et al., 2006).

Empirical work has also highlighted the role of goals in disclosure. Derlega and colleagues (Derlega, Winstead, & Folk-Barron, 2000; Derlega & Winstead, 2001; Derlega, Winstead, Greene, Serovich, & Elwood, 2002; Derlega et al., 2004) have demonstrated that people living with HIV/AIDS report a number of different types of goals both for and against disclosure. For example, people living with HIV/AIDS often report wanting to disclose because they want to strengthen the relationship with the confidant or because they feel a moral duty to educate or inform the confidant in order to protect their health. However, these individuals also possess goals against disclosure, including the desire to keep information about the diagnosis private, avoid social rejection, and protect the confidant from feeling distressed or concerned about the diagnosis. Other work examining sexual orientation has also highlighted the strategic use of disclosure in order to obtain symbolic and tangible assistance (Cain, 1991) or to educate people about their identity (e.g., Goldberg, 2007).

Together then, these examples suggest that goals—the reasons why individuals disclose their concealable stigmatized identity to others—are important considerations in the study of disclosure. However, this previous work offers a largely descriptive account of the types of

goals that individuals may possess in disclosure contexts. Some additional work has suggested that disclosure goals can affect the likelihood of disclosure (Derlega et al., 2002), but it does not specify how or why goals affect the broader disclosure process. While a number of people have suggested that these goals are a critical part of the disclosure process, no previous work has tested the possibility that goals affect the manner in which individuals communicate about their identities (as Omarzu, 2000 suggested), or the eventual outcomes of the disclosure event.

While disclosure researchers have largely omitted examination of these issues, researchers who study motivation and self-regulation have accumulated a substantial amount of evidence indicating that goals fundamentally shape behavior and its outcomes. Their research indicates that behavior is regulated by two separate motivational systems that represent approach and avoidance dimensions—motivation that is focused either on pursuing a rewarding or desired end-state, or on avoiding a punishing or undesired end-state (for reviews, see Elliot, 1999; Gable & Berkman, 2008; Higgins, 1998). Individuals who possess approach goals are focused on the possibility of positive outcomes, and their self-regulatory efforts are aimed at moving them towards possible rewards or positive states. These individuals' self-regulatory efforts orient them to reduce the discrepancy between themselves and their goal (i.e., discrepancy reducing feedback loops; Carver & Scheier, 1998; Carver, 2006). In contrast, individuals who possess avoidance goals are focused on the possibility of negative outcomes, and their self-regulatory efforts are aimed at moving them away from possible punishments or negative states. These individuals' self-regulatory efforts orient them to enlarge the discrepancy between themselves and their goal (i.e., discrepancy enlarging feedback loops; Carver & Scheier, 1998; Carver, 2006).

Importantly, these self-regulatory efforts are characterized by distinct psychological profiles. Individuals who pursue approach goals are more likely to attend to the presence of positive stimuli (Derryberry & Reed, 1994) and interpret neutral or ambiguous stimuli in a positive light (Strachman & Gable, 2006), utilize approach-focused coping strategies (Gable, Reis, & Elliot, 2003), and experience greater daily positive affect (Gable et al., 2000). In contrast, individuals who pursue avoidance goals are more likely to attend to the presence of negative stimuli (Derryberry & Reed, 1994) and interpret neutral or ambiguous stimuli in a negative light (Strachman & Gable, 2006), utilize avoidance-focused coping strategies (Gable et al., 2003), and experience greater daily negative affect (Gable et al., 2000). Thus, approach vs. avoidance goals fundamentally shape the way individuals perceive and react to their environments.

Mounting evidence indicates that avoidance goal pursuit can lead to a host of suboptimal outcomes. For example, in the achievement motivation domain, Elliot and colleagues (e.g., Church, Elliot, & Gable, 2001; Elliot & Harackiewicz, 1996; Elliot & Church, 1997) have demonstrated that students who pursue avoidance goals (e.g., trying to avoid doing poorly on an exam) exhibit less task absorption and more test anxiety, tend to adopt ineffective approaches to studying, and have lower actual performance (i.e., grades) compared to students who pursue approach goals (e.g., trying to do well on an exam). In therapeutic settings, clients' pursuit of avoidance- (vs. approach) oriented goals has been shown to be related to smaller increases in subjective well-being at the end of therapy (Elliot & Church, 2002). More generally, avoidance goals can also compromise physical health; one study finds that undergraduate students who held greater avoidance goals were more likely to experience an increase in physical illness symptoms at a 3-month follow-up (Elliot & Sheldon, 1998).

Goals and social outcomes—This evidence suggests that approach vs. avoidance goals can affect outcomes in individual-based, non-social domains such as achievement and

physical health. However, can these goals also lead to deleterious outcomes in dyadic or social contexts? Put differently, do goals shape outcomes even if those outcomes are also influenced by other people and their respective goals? Several lines of research suggest that goals do, indeed, affect outcomes in these contexts. In a series of studies, Gable and colleagues (Elliot, Gable, & Mapes, 2006; Gable, 2006) have demonstrated that individuals with approach (also called appetitive) goals for their social relationships fare better than individuals with avoidance (also called aversive) goals. That is, individuals who view their relationships in terms of their potential for positive outcomes such as greater intimacy and stronger social bonds experience better social outcomes than individuals who view their relationships in terms of their potential for negative outcomes such as conflict and social rejection. For example, in a longitudinal study of social motives among college students, approach motivations predicted less loneliness, greater satisfaction with social bonds, and more positive attitudes toward social bonds at a 6-week follow-up, whereas avoidance motivations predicted greater loneliness, less satisfaction with social bonds, and less positive attitudes toward social bonds (Gable, 2006). The benefits of approach social goals have also been demonstrated in the context of dating relationships, where approach goals can serve to buffer against decreases in sexual desire over time, even in the face of negative relationship events that may otherwise serve to lower sexual desire (Impett, Strachman, Finkel, & Gable, 2008).

Similarly, a complementary line of research suggests that positive relationship goals can affect people's ability to garner social support from their relationship partners. In this research, Crocker and colleagues (Crocker & Canevello, 2008) demonstrate that to the extent that individuals possess compassionate relationship goals—goals that focus on supporting others and being a positive influence in the relationship—they also report increased perceived closeness, trust, and social support over time. However, to the extent that individuals possess self-image relationships goals—goals that focus on protecting desired self-images even at the expense of others' well-being—they also report increased conflict and loneliness over time. Importantly, their research suggests that these goals shape the supportive behavior being given and received within the relationship, not simply perceptions of support. In a dyadic study of college roommates, to the extent individuals possessed compassionate, but not self-image, goals, they were more likely to give social support to their roommates, and they were more likely to receive social support from their roommates in return 3 weeks later (Crocker & Canevello, 2008). Thus, this evidence suggests that an individual's goals can affect both their own behavior and that of their relationship partner.

Further, several studies suggest that this general pattern of findings may also extend to the context of disclosure. In a daily diary study of people concealing a history of depression or sexual orientation, researchers found that those with compassionate (or eco-system) disclosure goals demonstrated greater rates of disclosure and greater psychological benefits (i.e., less depression, anxiety) compared to people who disclosed with self-image goals (Garcia & Crocker, 2008). Similarly, in a sample of people with a variety of concealable stigmatized identities, individuals who reported compassionate (or eco-system) goals for their first disclosure also reported more positive reactions from the confidant which, in turn, was related to greater current psychological well-being (Chaudoir & Quinn, in press). Further, among individuals concealing a history of childhood sexual abuse, disclosers were most likely to report receiving positive reactions from confidants when they were motivated to disclose in order gain social support or intimacy with the confidant (Lamb & Edgar-Smith, 1994).

Together, these findings provide initial evidence to suggest that antecedent disclosure goals—the reasons that lead individuals to disclose their concealable stigmatized identity to

others—may play an important role in determining *when* disclosure may be beneficial. To the extent that people disclose for approach- (or compassionate) focused goals rather than avoidance- (or self-image) focused goals, they may be better able to garner positive social responses from their confidants.

Disclosure Event

We suggest that antecedent goals may play a large role in shaping the complex self-regulatory processes involved in the disclosure event itself and the long-term outcomes of disclosure. Specifically, individuals with approach-focused disclosure goals may be better adept at communicating information about their identity and, in turn, garnering a positive, supportive reaction from their confidants. Further, individuals with approach-focused disclosure goals may be more likely to attend to positive cues within the interaction and conclude that the confidant and the event itself was supportive.

Characteristics of the disclosure event—Previous scholars have identified depth, breadth, and duration as critical aspects of the disclosure event itself (Altman & Taylor, 1973; Cozby, 1973; Omarzu, 2000). Depth refers to the degree to which information shared through disclosure is deemed to be highly private or intimate. While information about a concealable stigmatized identity is likely to be fairly high in intimacy or depth by its very nature, some identities may be more likely to be perceived as an important and private piece of information about the discloser than others. Breadth refers to the sheer amount or different array of topics covered during a disclosure event. In the context of disclosure of a concealable stigmatized identity, disclosers may vary in the extent to which they describe a number of different aspects of the identity. Duration refers to the time that an individual spends talking about information regarding the concealable stigmatized identity. Some people may talk at great length about their identity while others may only briefly talk about this information.

In addition to these dimensions, disclosure events may also vary in how much the discloser expresses emotions (Reis & Shaver, 1988). During disclosure events, disclosers may talk about the emotions associated with various aspects of the identity or may only talk about the factual information about these aspects. For instance, across two different disclosure events, a person may choose to disclose their HIV-positive status by talking about both their daily experiences of living with HIV/AIDS and how they contracted the virus. In one disclosure event, the discloser may simply convey the facts about these topics—“I am taking multiple medications to treat my HIV infection,” “I am in poor health,” and “I contracted HIV through unprotected sex”—or the discloser may emphasize the emotions associated with these topics—“I am frustrated by all the medications I have to take to treat my HIV infection,” “I fear that I’m going to die young,” and “I really regret not using a condom.” Thus, while disclosers may share information that is of equal depth, breadth, and duration, they may vary in the extent to which they rely on emotions such as anger, sadness, happiness, optimism, or regret to convey this information.

In sum, depth, breadth, duration, and the emotional content are each important dimensions by which disclosure events may vary. Although we have discussed each of these dimensions separately, they do co-occur in these events and are not, therefore, mutually exclusive of one another.

Confidant reaction—There is some evidence to suggest that the content of the disclosure event—its overall depth, breadth, duration, and emotional content—can impact the reaction of the confidant. For example, meta-analytic evidence suggests that higher depth of self-disclosure leads to stronger liking for the discloser, while breadth alone does not relate

strongly to liking (Collins & Miller, 1994). Other theoretical and empirical analyses suggest that the disclosure-liking effect may vary across relationship and situational contexts. That is, disclosing highly intimate information too early in the development of a relationship may not necessarily enhance liking (Altman & Taylor, 1973) and may be perceived as a negative or inappropriate behavior by strangers (for reviews, see Collins & Miller, 1994; Cozby, 1973)

Further, both theoretical and empirical examinations suggest that disclosures are more likely to elicit intimacy when they contain affective content as opposed to merely factual content. That is, Reis and Shaver (1988) suggest that disclosure is a fundamental building block of relational intimacy, but that emotional disclosures are more likely to create intimacy compared to factual disclosures because they are perceived to convey more private and central aspects of the discloser. In an empirical test of this idea, researchers have demonstrated that self-disclosure of emotion is, in fact, a strong predictor of intimacy between social interaction partners, but self-disclosure of facts is not related to intimacy (Laurenceau, Barrett, & Pietromonaco, 1998). While this evidence only examines relationship intimacy as an outcome of disclosure, it does suggest that emotion-based disclosures may be a more effective in communicating personal information and may possibly be viewed in a more positive way by confidants compared to fact-based disclosures.

The expression of emotion within the context of a disclosure event can also serve a number of functions within the interaction that can ultimately impact the likelihood that the confidant will react favorably. At a basic level, emotions serve to express personal needs or goals (Frijda, 1993) and may, therefore, be beneficial to the extent that they help the discloser effectively convey those needs and potentially elicit desired (i.e., helpful, supportive) responses from confidants. While expressing emotions may aid the quality of the overall disclosure event, there is also evidence that actively suppressing emotional content can impede these events. That is, intentional suppression of emotions can derail the quality of social interactions and decrease liking for those who purposefully stifle their emotions (Butler et al., 2003).

Given the transactional nature of the disclosure event, it also possible that positive confidant reactions during the event can, in turn, prompt the discloser to talk more and discuss increasingly intimate information (Taylor, Altman, & Sorrentino, 1969; Taylor & Altman, 1975). As Omarzu (2000) posits in her model of disclosure decision-making, people will disclose information that is greater in depth or intimacy when they perceive that the subjective risk of doing so—the extent to which they anticipate negative reactions from the confidant—is low. Thus, to the extent that disclosers detect that their confidants may be reacting positively to information about their identities, these responses may shape the ways in which disclosers talk about their identities within the disclosure event.

Goals and the disclosure event—Because they are focused on avoiding the possibility of social rejection and conflict, individuals with avoidance-focused goals may simply be less likely to have disclosure events—they may simply choose not to disclose frequently. Fears of rejection and anticipated stigma are some of the most commonly cited reasons for nondisclosure across a wide variety of types of identities (Ahrens, 2006; Black & Shandor, 2002; Chandra, Deepthivarma, Jairam, & Thomas, 2003; Clark, Lindner, Armistead, & Austin, 2003; Duru et al., 2006; Herek, 2009; Herrschaft & Mills, 2002; Simoni et al., 1995). Further, our recent work demonstrates that individuals who report greater activation of avoidance-related motivations are consistently less likely to disclose (Chaudoir, 2009). We conducted a longitudinal survey of over two hundred people living with HIV/AIDS in various parts of the U.S. During both a baseline and 6-month follow-up survey, participants

were asked to recall their most recent disclosure experience, evaluate how positive and supportive the event was (i.e., disclosure positivity), and rate the antecedent factors they considered in making their most recent disclosure decision. Results from this study demonstrate that participants who reported greater avoidance-related disclosure goals (e.g., concerns about social rejection) and hyperaccessibility of thoughts about HIV in their most recent disclosure decision were consistently less likely to disclose at both time points.

In addition to having fewer disclosure events, individuals with avoidance-focused disclosure goals may have more difficulty when they do decide to disclose. Disclosing information about a concealable stigmatized identity is not an easy task. Disclosers must find the appropriate time and place to share this sensitive information, and they must come up with the words to be able to effectively communicate this information to their confidants. They must find the delicate balance between revealing enough information so that confidants understand them, but not too much information that the confidant feels uncomfortable (for a review, see Cozby, 1973). As we have reviewed, the ways in which individuals communicate about their identities can play an important role in eliciting positive, supportive reactions from confidants.

Individuals who adopt approach-focused disclosure goals may simply be better adept at self-regulating during the disclosure event. Approach-focused goals focus on moving the discloser towards a given target or endpoint (e.g., strengthening a relationship, being honest) while avoidance-focused goals focus on moving the discloser away from a given target or endpoint (e.g., avoiding conflict, preventing a relationship break-up). Approach-focused goals are, therefore, more “directive” than avoidance-focused goals—they allow people to identify when they have reduced the discrepancy between their current state and their goal, and they have a clear endpoint (Carver & Scheier, 1998; Carver, 2006). In contrast, because avoidance-focused goals are aimed at increasing the discrepancy between the current state and an “anti-goal” (i.e., a state that individuals want to avoid), they provide no definitive endpoint. In effect, approach-focused disclosure goals may simply provide disclosers with a more effective “roadmap” or self-regulatory strategy for how to achieve the outcomes they want. Consequently, individuals with approach-focused disclosure goals may be more skilled at delicately balancing the depth, duration, breadth, and emotional content of their messages.

Individuals with avoidance-focused goals for disclosure may have some degree of awareness of these inabilities, given that these types of goals are also associated with greater perceived communication difficulties and lower disclosure self-efficacy (Chaudoir, 2009). Their discomfort with interpersonal, verbal disclosure of their identity may lead individuals with avoidance-focused disclosure goals to seek out other venues for disclosure that they believe will minimize the psychological hurt caused by social rejection. For example, these individuals may choose a less direct method of communicating information about their identity such as email. Because people can say things over email that they may not have the “guts” to do in person, disclosers who are focused on avoiding negative social reactions may be more likely to use this communication tool for their disclosures. Unfortunately, disclosures that occur via email do not benefit from the give-and-take that occurs in an interpersonal, verbal interaction—the opportunity for interaction partners to ask questions of one another, clarify confusion, and emotionally connect with each other. As many researchers have shown, email methods of communication increase the opportunity for information to be misconstrued, and elicit unintended (and often, negative) reactions from the confidant (Kruger, Epley, Parker, & Ng, 2005; Walther, Loh, & Granka, 2005). Thus, even though other venues for disclosure may appear to offer greater protection from social rejection, they may inadvertently increase the chances that disclosure will be perceived negatively by confidants.

Further, goals may shape the nature of the language individuals use to convey information about their identity (Douglas & Sutton, 2003). Because individuals with approach goals for disclosure are focused on the possibility for social support and intimacy rather than social rejection and conflict, they may choose to communicate information about their identity by using more positively valenced language or direct (vs. indirect) communication strategies (Overall, Fletcher, Simpson, & Sibley, 2009), and they may use phrases that emphasize the closeness of the relationship (e.g., “we,” “us” vs. “I” or “you”; for a review, see Heyman, 2001). Even if individuals who possess avoidance goals are able to mask their worries and use positively valenced language, they will not likely be successful at controlling their nonverbal cues such as eye contact and posture (DePaulo & Friedman, 1998; Ekman & Friesen, 1974). As evidence from the domain of intergroup relations suggests, even when individuals are able to override their thoughts and feelings to communicate a positive message, confidants are still able to detect their “true” thoughts and feelings via nonverbal cues (Dovidio, Kawakami, & Gaertner, 2002).

Disclosers with approach-focused goals may also be more likely to benefit from disclosure because they are simply more attuned to the presence of supportive confidant reactions than disclosers with avoidance goals. As we described earlier, approach and avoidance goals fundamentally shape the types of stimuli that individuals are likely to perceive in their environments (Derryberry & Reed, 1994; Strachman & Gable, 2006). That is, in ambiguous environments, individuals with approach goals are more likely to attend to positive stimuli while individuals with avoidance goals are more likely to attend to negative stimuli (Strachman & Gable, 2006). Thus, disclosers with approach goals are more likely to be attuned to cues that suggest that the confidant is understanding and supporting them than to be attuned to cues that suggest the confidant is rejecting them. In contrast, disclosers who expect to receive social rejection may be more attuned to these negative, rejecting cues (Kaiser, Vick, & Major, 2006).

In sum, understanding the nature of the goals that lead individuals to disclose their concealable stigmatized identity may be an important first step in understanding *when* disclosure may be beneficial. While previous theorizing and research has typically emphasized the importance of the confidant response in determining the outcomes of disclosure (Kelly & McKillop, 1996; Lepore et al., 2000; Major & Gramzow, 1999; Rodriguez & Kelly, 2006), our perspective highlights the influence of disclosers' goals on multiple aspects of the disclosure process, including the ability to elicit positive confidant responses. As we discuss later, an emphasis on the goals that disclosers bring to disclosure situations may have practical benefits for researchers and practitioners who prepare individuals living with concealable stigmatized identities to disclose.

DISCLOSURE MEDIATING PROCESSES AND OUTCOMES

Why might disclosure be beneficial? As noted at the outset, disclosure is one of the most important aspects of living with a concealable stigmatized identity because the decision to tell another person about this information can impact nearly every domain of a person's life and well-being. The DPM attends to the individual, dyadic, and social contextual outcomes of disclosure. We suggest that this wide array of outcomes cannot be explained with only one mediating process—the potential for disclosure to alleviate the negative effects of inhibition. That is, our analysis suggests that to fully understand the ways in which disclosure impacts these outcomes, researchers must attend to the possibility that multiple types of mediating processes can enable disclosure to affect people's outcomes.

Individual, Dyadic, and Social Contextual Outcomes

Across the diverse literatures included in this review, researchers have measured a wide variety of types of individual outcomes of disclosure, including psychological, behavioral, and health effects. Researchers have frequently examined the potential psychological impact of disclosure on outcomes such as distress (e.g., Broman-Fulks et al., 2007; Greenberg & Stone, 1992; Hays, McKusick, Pollack, & Hilliard, 1993; Jonzon & Lindblad, 2005; Kalichman & Nachimson, 1999; Major & Gramzow, 1999; Ruggiero, 2004; Ullrich et al., 2003), social support (e.g., Kalichman, DiMarco, Austin, Luke, & Difonzo, 2003; Zea et al., 2005), self-esteem (e.g., Afifi & Caughlin, 2006; Ullrich et al., 2003; Zea et al., 2005), intrusive thoughts about the identity (e.g., Major & Gramzow, 1999), and post-traumatic stress disorder symptoms (e.g., Broman-Fulks et al., 2007; Ruggiero, 2004; Ullman & Filipas, 2001).

Many researchers, especially those who study disclosure of HIV-positive status, have also examined how disclosure can impact behavioral outcomes such as safer sex practices with sexual partners (for a review, see Simoni & Pantalone, 2005) and adherence to antiretroviral medications (e.g., Stirrat et al., 2006; Waddell & Messeri, 2006). Finally, a number of studies have demonstrated that disclosure of a concealable stigmatized identity can have a beneficial impact on general health well-being (e.g., Greenberg & Stone, 1992; Jonzon & Lindblad, 2005) as well as illness-specific indices of health functioning (e.g., CD4 counts or viral load among people living with HIV/AIDS; Cole, Kemeny, Taylor, Visscher, & Fahey, 1996; Ullrich et al., 2003).

Despite the fact that disclosure is an inherently dyadic exchange that can have implications for both the discloser and confidant and their relationship with each other, no work known to us has examined dyadic outcomes such as intimacy in the context of concealable stigmatized identities. However, related work examining the impact of general self-disclosure in the context of personal relationships indicates that disclosure can increase various indices of rapport. At a basic level, disclosure is a highly reciprocal process wherein one person's disclosure can engender disclosure from another (Cozby, 1973; Jourard, 1971), and the mutual sharing of information can lead to increased liking within the dyad (Berg & Wright-Buckley, 1988; Collins & Miller, 1994; Miller, 1990). Several studies demonstrate that disclosure can create increased relationship intimacy to the extent that confidants are perceived to be responsive to the information (e.g., Laurenceau et al., 1998; Laurenceau et al., 2005; Manne et al., 2004). Self-disclosure has also been shown to be the critical mediating process in the development of intergroup trust in the context of interracial interactions (Turner, Hewstone, & Voci, 2007). In sum, there is ample evidence to suggest that disclosure can potentially yield interpersonal liking, intimacy, and trust within the context of dyadic personal relationships. As many theorists have noted, these dyadic outcomes are also relevant in the context of disclosure of a concealable stigmatized identity, although no known empirical work has examined these issues directly.

Finally, disclosure can also impact social contextual level outcomes. While an individual disclosure event may be just one of many disclosure-related experiences that occur within the context of an individual's life or an ongoing dyadic relationship, each of these instances is also nested within a specific social and cultural context that can be affected by these individual events. That is, every time individuals disclose their history of mental illness, HIV-positive status, or sexual orientation, their individual disclosure can help to create awareness about their identity, potentially reduce the stigma associated with it, and can help to make disclosure and openness normative in a given community.

In fact, a number of theorists have noted how individual disclosures can either directly or indirectly impact societal level outcomes. As Cain describes in his analysis of disclosure of

sexual orientation, people often make what he terms “political disclosures”—disclosures that are aimed at “making homosexuality more visible, thereby challenging the misconceptions that engender ongoing oppression” (pp. 69; Cain, 1991). People with concealable stigmatized identities may also view disclosure as a way to “reclaim” the stigmatized label for use by one's group (e.g., “We're here. We're Queer. Get used to it.”) and reduce the negative connotations associated with it (for a discussion, see Corrigan, 2005). In the context of motivations for disclosure of HIV, many people living with HIV/AIDS report that they disclose because they want to educate others about the virus and dispel common myths about the illness (Derlega et al., 2004; Greene et al., 2003). In fact, in the context of HIV, researchers have demonstrated that a single disclosure—Magic Johnson's public announcement of his HIV infection—single-handedly increased concern about HIV/AIDS and engaged a broader society in a dialogue about the issue in a way that perhaps no other stigma-reduction strategy has since (Kalichman & Hunter, 1992). Thus, whether on a small or large scale, individual disclosure events can serve to impact broader social contextual outcomes.

Mediating Processes

Given these various types of consequences, how is it the case that disclosure can affect such wide-ranging outcomes? To date, the majority of disclosure research has relied solely on one type of mechanism to explain *why* disclosure can affect people's outcomes. Researchers have almost exclusively focused on the ability of disclosure to alleviate the psychological and physiological stress caused by inhibition (Frattaroli, 2006; Major & Gramzow, 1999; Pennebaker et al., 1987; Smyth, 1998) and have paid relatively little attention to other potential reasons why disclosure impacts people's outcomes (for an exception, see Beals, Peplau, & Gable, 2009). Given that disclosure has been demonstrated to affect such a wide array of outcomes (for reviews, see Clair et al., 2005; Derlega et al., 1993; Kelly & McKillop, 1996; Ragins, 2008), it is unlikely the case that all of these can be attributed to the fact that it can alleviate the psychological and physiological distress caused by inhibition. In effect, we suggest that this one mediating process cannot account for such a wide array of outcomes and that additional mediating processes are needed in order to fully understand how disclosure can impact people's outcomes.

We propose that disclosure can elicit these various types of outcomes through three broad types of mediating processes: alleviation of inhibition, social support, and changes in social information (see Table 1). First, as much research has already demonstrated, disclosure can be a powerful tool to alleviate the individual psychological and physiological stress caused by active concealment (i.e., alleviation of inhibition; Cole et al., 1996; Major & Gramzow, 1999; Pennebaker, 1997; Pennebaker & O'Heeron, 1984). Thus, disclosure can impact psychological and health well-being to the extent that it allows people to express previously suppressed thoughts and feelings. Second, disclosure is a behavior that allows people to garner social support (e.g., Beals et al., 2009; Smith, Rossetto, & Peterson, 2008). Thus, to the extent that individuals are socially supported instead of socially rejected through disclosure, they may derive individual psychological and dyadic relationship benefits from disclosure. Finally, disclosure also introduces new information about an individual that can impact the greater social context and the way that people interact with each other. Thus, disclosure can change the way that people perceive and interact with the discloser and how the discloser perceives and interacts with their disclosure confidants, thereby affecting individual, dyadic, and social contextual outcomes.

Alleviation of Inhibition—The process of passing as a nonstigmatized person or actively hiding a concealable stigmatized identity from others (Alonzo & Reynolds, 1995; Goffman, 1963; Siegel, Lune, & Meyer, 1998) can be psychologically and physiologically taxing. In

order to manage their social encounters without revealing information about the concealable stigmatized identity, people often pay more attention to their interaction partners and their social environment (Frable, Blackstone, & Scherbaum, 1990). Further, intentional efforts to suppress information about one's concealable stigmatized identity can actually lead people to become preoccupied with thoughts about their identity (Smart & Wegner, 1999). Thus, efforts to "pass" as a nonstigmatized individual or suppress thoughts about the identity can create an additional cognitive load for people living with a concealable stigmatized identity.

Research suggests that concealing important or emotionally-laden information about oneself can take a toll on both psychological and health functioning (Pennebaker, 1997; Pennebaker, Barger, & Tiebout, 1989). A large body of research supports the idea that repeated written disclosure can improve long-term health well-being (for reviews, see Pennebaker, 1997; Pennebaker, Kiecolt Glaser, & Glaser, 1988; Pennebaker, 1995), and meta-analyses of these studies demonstrate that written emotional expression is related to improved psychological well-being (e.g., less negative affect, fewer cognitive intrusions), self-reported health (e.g., decreased number of health center visits), and improved physiological functioning (e.g., lower blood pressure, lower cholesterol) among both college and clinical samples (Frisina, Borod, & Lepore, 2004; Smyth, 1998). For example, people living with HIV who engaged in emotional writing for 4 days experienced better immune functioning (i.e., higher CD4 cell counts) during a 6-month follow-up period (Petrie, Fontanilla, Thomas, Booth, & Pennebaker, 2004).

The psychological and health benefits of verbal disclosure have also received a degree of empirical support. In some of Pennebaker's earliest work, he demonstrated that there is an inverse relationship between talking about a spouse's death and self-reported health problems (Pennebaker & O'Heeron, 1984). That is, people who talked about their spouse's death with close friends reported fewer illness symptoms (e.g., headaches, ulcers) in the year after the death. In a different study, undergraduate participants who spoke into a tape recorder about a stressful life experience that they had rarely disclosed demonstrated improved immune system functioning for 4 weeks after the intervention (Esterling, Antoni, Fletcher, Margulies, & Schneiderman, 1994). Other research finds that children who disclosed their HIV-status to at least one friend demonstrated larger increases in immune functioning (i.e., CD4 cell counts) at a 1-year follow-up than did children who did not disclose (Sherman, Bonanno, Wiener, & Battles, 2000). Researchers have also found that consistent disclosure of HIV-status or sexual orientation predicted increased CD4 count over time compared to consistent concealment of HIV-status or sexual orientation (Strachan et al., 2007). Other researchers have demonstrated that HIV infection advances more rapidly and is related to greater depression among gay men who conceal their sexual orientation (Cole et al., 1996; Cole et al., 1996; Ullrich et al., 2003). Overall then, research largely supports the idea that actively hiding concealable stigmatized identities such as HIV-positive status can lead to deteriorations in psychological well-being (e.g., intrusive thoughts about the identity, psychological distress) and global and illness-specific health functioning, and that verbal disclosure can have favorable affects. Thus, disclosure can potentially improve these individual-level outcomes.

Effect of antecedent goals on alleviation of inhibition—Considered within the broader DPM framework, when might individuals be most likely to benefit from disclosure's ability to alleviate the negative effects of inhibition? Our analysis predicts that individuals with avoidance-focused motivations may be most likely to benefit from disclosure's ability to alleviate the negative effects of inhibition.

The effectiveness of the written disclosure paradigm is contingent upon the fact that individuals write repeatedly about life events that are highly personal, emotional, and

potentially traumatic—a process that allows them to affectively or cognitively process this information—which in turn alleviates the negative effects of inhibition (Pennebaker, 1997). In extending this logic to the domain of interpersonal disclosure, it would appear that a concealable stigmatized identity would have to create some degree of personal distress *before* the disclosure event in order for disclosure to benefit the discloser, a conclusion that Kelly and McKillop (1996) also draw from their review of verbal disclosure of personal secrets. Put differently, disclosure cannot alleviate the negative consequences of concealment if there are no negative consequences (e.g., distress, intrusive thoughts) to alleviate.

Who are these individuals who are likely to be struggling with the negative consequences of concealment? We suggest that they are individuals who also possess avoidance-focused goals for disclosure. Individuals who possess avoidance-focused goals for a discrete disclosure event may also experience chronic activation of the avoidance motivational system (Carver & White, 1994; Gable & Strachman, 2008). Individuals with chronically activated avoidance systems are likely to be more sensitive to the possibility for social rejection in their daily lives. When thoughts about their identities are made salient, these individuals may be more likely to actively conceal this information from others—they may be less likely to view disclosure as a possible outlet to express their thoughts and feelings. Instead, these individuals are likely to adopt avoidant coping strategies to deal with information about their identity (Gable et al., 2000), including suppressing the information. Given that intentional efforts to suppress this information will result in hyperaccessibility of thoughts related to the identity (Smart & Wegner, 1999), these individuals may be faced with frequent intrusive thoughts and heightened psychological distress.

Thus, according to our theorizing, individuals with avoidance disclosure goals may actually be most likely to benefit from disclosure through the alleviation of inhibition mechanism because they may be most burdened by the effects of concealment. This idea has received some support in the literature. In a 2-year longitudinal study, women with a history of abortion only benefited from emotional interpersonal disclosures if they experienced intrusive thoughts about their abortion (Major & Gramzow, 1999). That is, only women who experienced some degree of difficulty coping with their abortion demonstrated psychological benefits of interpersonal disclosure. Further, there is some evidence to suggest that the health benefits of disclosure only occur when the topic of the written disclosure is particularly emotionally distressing. In a variation of the traditional writing paradigm, researchers asked people who had experienced a trauma to write about that event. Results from this study demonstrate that individuals with high severity traumas reported fewer physical illness symptoms during a 2-month follow-up compared to participants who wrote about low severity traumas (Greenberg & Stone, 1992). Although these researchers did not assess pre-disclosure negative consequences of concealment (e.g., distress, intrusive thoughts), one plausible interpretation of their results is that only high trauma severity participants experience benefits of written disclosure because they were also the most likely to experience distress about the trauma prior to the disclosure event. Together, these studies suggest that interpersonal, verbal disclosure may alleviate the negative effects of concealment only to the extent that people experience distress or difficulty coping with their concealable stigmatized identity prior to disclosure. If people can effectively cope with their identity and do not exhibit other markers of psychological distress (e.g., intrusive thoughts), disclosure may not impact psychological or health outcomes through this mechanism.

Social Support—Disclosure can also have a substantial impact on well-being because it is a necessary prerequisite to obtain social support. While they may be shielded from social rejection, individuals who keep their identities concealed do not have the chance to receive emotional and physical support from their confidants. While the presence of sufficient social

support is strongly related to both psychological and physical well-being among individuals in the general population (Sarason, Sarason, & Gurung, 2001; Uchino, 2009) and those living with a wide variety of concealable stigmatized identities (e.g., Beals & Peplau, 2005; Beals et al., 2009; Jonzon & Lindblad, 2004; Smith et al., 2008), its absence may be particularly damaging to those who live with identities that are especially disruptive to their lives. For instance, individuals living with HIV/AIDS may strongly rely on individuals in their social network to take them to medical appointments and care for them as their health deteriorates. Individuals whose identities are based in traumatic life experiences such as sexual assault and childhood abuse may need intense emotional support as they deal with intrusive thoughts about their experiences and work to regain self-esteem and trust in others.

Recent evidence suggests that disclosure can, in fact, be a multiply mediated process wherein disclosure can be beneficial to the extent that it allows individuals to obtain social support and alleviate inhibition. In a daily diary study of gay and lesbian participants, researchers tested the possibility that disclosure affects well-being through three possible mechanisms: social support, emotional processing, and suppression (Beals et al., 2009). In this study, social support was the most consistent mediator between disclosure and well-being in both daily assessments of well-being and at a 2-month follow-up. While social support emerged as the strongest mediator, emotional processing—the degree to which individuals thought about their emotions and their causes—also mediated the effect of disclosure and well-being in the daily diary assessments, but not the 2-month follow-up. The third possible mechanism—suppression of thoughts and feelings related to the identity—did not emerge as a mediator of the relationship between disclosure and well-being. Thus, while the mediating effect of alleviation of inhibition was only partially supported (i.e., emotional processing, but not suppression, mediated the effects), this study provides initial empirical support for our assertion that disclosure may be a multiply mediated process.

A number of other studies also suggest that disclosure's ability to garner social support can yield psychological and health benefits. In the context of disclosure of sexual orientation in the workplace, research demonstrates that the beneficial effect of disclosure on job outcomes (e.g., greater job satisfaction, lower job anxiety) is largely accounted for by the types of reactions these disclosures elicit from coworkers (Griffith & Hebl, 2002). That is, to the extent that disclosure yields positive reactions from confidants, it can improve outcomes in the workplace. Further, several experimental studies have demonstrated that supportive confidant responses can be beneficial for well-being. In one study, researchers exposed participants to stressful stimuli (i.e., visual images of the Holocaust) and then manipulated whether people talked about their thoughts and feelings about the stimuli alone, with a validating confidant, with an invalidating confidant, or did not talk at all (Lepore et al., 2000). Compared to those who talked alone, participants who talked to a validating confidant reported fewer intrusive thoughts, although they did not experience other benefits such as less avoidance of stimuli-related thoughts or less perceived stress when re-exposed to the stimuli a day later. In a different manipulation, researchers asked participants to imagine an accepting confidant, a non-accepting confidant, or no confidant while writing about a personal secret (Rodriguez & Kelly, 2006). Their results indicate that participants who imagined disclosing to an accepting, supportive confidant reported fewer illness symptoms than participants who imagined disclosing to a non-accepting confidant at an 8-week follow-up.

However, when disclosers receive anything less than fully supportive reactions or are socially rejected, disclosure can be detrimental to well-being. Individuals living with a wide array of identities such as HIV/AIDS, history of abortion, sexual assault, and homosexuality all commonly report experiencing prejudice and discrimination as a result of disclosure (e.g., Corrigan & Kleinlein, 2005; Herek & Berrill, 1992). When people receive rejecting or

socially unsupportive reactions from disclosure confidants, these reactions can be detrimental to psychological well-being, leading people to experience greater psychological distress (Major et al., 1990; Ullman, 1996. 2003).

In addition to these individual-level outcomes, disclosure can also affect the very nature of the relationship between the discloser and the confidant. When disclosures are met with positive and supportive responses, dyadic, relationship-based outcomes such as trust, liking, and intimacy may increase (e.g., Collins & Miller, 1994; Laurenceau et al., 1998; Laurenceau et al., 2005). For example, in a study of breast cancer patients and their romantic partners, perceived partner responsiveness to both cancer- and relationship-related disclosures mediated the effect of disclosure on intimacy for both the breast cancer patients and their romantic partners (Manne et al., 2004). However, when disclosures are met with negative and rejecting responses, the quality of these relationships may be compromised, leading to increased distrust and, potentially, dissolution of the relationship. Frequently, confidants may feel betrayed when disclosers reveal information about their identities to them and may, consequently, end these relationships (for a review, see Greene et al., 2003). Thus, the degree to which disclosure yields social support rather than social rejection can also have important implications for relationship outcomes.

Effect of Antecedent Goals—Considered within the broader DPM framework, when might individuals be most likely to benefit from disclosure's ability to garner social support? As we discussed earlier, recent evidence suggests that individuals who possess disclosure goals that focus on attaining positive relationship outcomes may be more likely to garner positive, supportive reactions from their confidants and, in turn, experience greater psychological well-being (Chaudoir & Quinn, in press; Garcia & Crocker, 2008). This provides preliminary evidence to support our theorizing about the impact of antecedent goals on disclosure outcomes. However, this evidence does not allow us to examine exactly why goals are related to more positive confidant responses and greater psychological well-being.

One possibility is that individuals with approach-focused disclosure goals are better able to communicate about their identities in ways that will elicit positive responses from their confidants. These skills are undoubtedly critical for the social support mechanism, although they may not be as beneficial for the other two mechanisms which are not directly affected by the confidant response. As we discussed earlier, individuals who possess approach-focused disclosure goals may be more adept at eliciting positive confidant responses than those who possess avoidance-focused disclosure goals. Further, because goals shape perceptual processes, disclosers who possess approach-focused goals may also be more likely to attend to positive cues that signal that the confidant has responded favorably.

Importantly, individuals with approach-focused goals may also be better suited to deal with the complex self-regulatory efforts that may be required after the disclosure event has ended. Following disclosure, the shared reality and the nature of the relationship between the discloser and confidant will necessarily change in order to accommodate the new and potentially stigmatizing information. For example, when disclosers share information about their identities with confidants, they will likely continue to address new and potentially complex issues in their relationships. Will confidants be more sensitive to disclosers' psychological and physical needs? Will confidants begin to wonder if disclosers are concealing other important information about themselves, or will they trust that the disclosers are now fully honest with them? Will confidants use this new information to judge or stigmatize disclosers in the future? Because disclosers who possess approach-focused goals are likely to remain focused on the opportunities for relationship growth and

mutual understanding, they may also be more likely to view these adjustments and potential challenges as a normal and valuable part of the disclosure process.

Additionally, because approach-focused goals provide individuals with a clear endpoint, these types of goals may also help disclosers cope more effectively with negative confidant responses. While a negative confidant response signals that self-regulatory efforts have failed for those with avoidance-focused disclosure goals (i.e., they were unsuccessful in avoiding negative reactions), it may only be perceived as a surmountable barrier for those with approach-focused disclosure goals. That is, even in the face of negative confidant responses, individuals with approach-focused goals may continue to search for the presence of positive outcomes. These individuals may be more likely to cognitively reframe the situation and find benefits in an otherwise negative situation (Helgeson, Reynolds, & Tomich, 2006). Additionally, the very content of the types of goals that are likely to be pursued by those with approach-focused goals may differ in ways that may ultimately benefit them. That is, individuals with approach-focused goals may possess goals that transcend their immediate personal or relationship goals (i.e., compassionate goals; Crocker & Canevello, 2008). Instead, they may consider how their disclosure can contribute to the greater good of society by raising awareness about their identity, helping to reduce cultural stigma towards it, and serve as a role model for others who are afraid to disclose their own identities. Thus, these individuals may still derive psychological benefits from their disclosures even if their confidant responds poorly.

In contrast, individuals who possess avoidance-focused goals may be particularly ill-suited to cope with these ongoing complexities. Whenever potentially stigmatizing information is disclosed and made available to others, people may fear that they will now be judged negatively or be “discredited” (Goffman, 1963) in the eyes of others. Disclosers who possess avoidance-focused goals are especially likely to worry that they will be socially devalued in the future because they are actively focused on avoiding social rejection. For these individuals, their goal-pursuit does not have a clear endpoint and, thus, disclosers may be vigilant to cues that signal social rejection for the remainder of the relationship. These individuals are likely to attend to negative cues that may signal social rejection from their confidant (Derryberry & Reed, 1994; Kaiser et al., 2006; Strachman & Gable, 2006), believe that their confidant will use this information to stigmatize them in the future (Mendoza-Denton, Downey, Purdie, Davis, & Pietrzak, 2002; Pinel, 1999), or fear that the confidant will end the relationship (Downey & Feldman, 1996).

This theorizing suggests that, in some cases, individuals with avoidance-focused motivations for disclosure may be better off *not* disclosing information about their concealable stigmatized identity. In fact, research suggests that people who are chronically sensitive to the likelihood of social rejection may exhibit lowered health functioning when they are open about their identity. That is, HIV-positive gay men who were high in rejection sensitivity and were also open about their sexual orientation demonstrated accelerated HIV progression across a 9-year study period (Cole, Kemeny, & Taylor, 1997).

Further, because these individuals are likely to remain alert to situational cues that signal potential devaluation (i.e., identity threat; Steele, Spencer, & Aronson, 2002), disclosure may actually make these individuals feel *more* burdened by their identity. That is, when individuals become more vigilant to the potential for social devaluation, they may experience a cognitive burden that can impede performance. In a sample of participants with a history of mental illness, those who were asked to reveal their mental illness history prior to completing an intellectual test performed worse than those who were not (Quinn et al., 2004). Increased vigilance to cues of social devaluation and fears of rejection may also impede performance in workplace domains, where people who keep their sexual orientation

concealed in the workplace commonly report less job satisfaction and job commitment (Day & Schoenrade, 1997) report lowered objective career outcomes such as compensation and promotion rates (Ragins et al., 2007). While all disclosers may be subject to these identity threat effects when they make information about their identity known to others, individuals with avoidance-focused goals may be particularly likely to experience them because they are much more likely to detect threatening cues in their environment.

Of course, the reality is that disclosure *can* increase the objective frequency with which people are targets of social rejection, prejudice, and discrimination and not simply subjective perceptions of these events. Previous work demonstrates that people who live with concealable stigmatized identities such as history of abortion (Major et al., 1990) and sexual assault (Ullman, 2003; Ullman, 1996) commonly experience rejecting or unsupportive responses from their disclosure confidants. Those who disclose their sexual orientation continue to be victims of hate crimes, verbal harassment, and discrimination (Herek, 2009). People who disclose their HIV-positive status are also often socially ostracized and physically threatened when others in their communities find out about their status, especially in countries where HIV-related prejudice is particularly strong (Genberg et al., 2007). Thus, as these examples reiterate, disclosure does carry the danger of potentially severe social repercussions.

In sum, the DPM suggests that individuals who possess approach-, rather than avoidance-, focused goals for disclosure may be most likely to benefit from disclosure by garnering greater social support and minimizing the potential for social rejection. These individuals may be better suited to deal with the complex self-regulatory efforts needed to sustain the full disclosure process— from selecting appropriate confidants, to communicating effectively about sensitive information, to incorporating this new information into their shared reality with the confidant.

Changes in Social Information—When people make the decision to disclose, the information that they share with the confidant can color the perceptions and actions of both the confidants and the disclosers—confidants now have new information about the disclosers and disclosers are aware of it. In this way, after disclosure has occurred, people now share or “co-own” information about the concealable stigmatized identity with their disclosure confidants (Petronio, 2002)—a change that fundamentally shapes the way that they relate to each other and their broader social context. The changes in social information mediating mechanism suggests that disclosure can also shape the nature of social interactions in domains that are not affected by the evaluative reaction of the confidant, and it can affect several types of individual, dyadic, and social contextual outcomes.

When people disclose information about their identity to others, it can dramatically impact their individual behavior. Being open or “out of the closet” about a concealable stigmatized identity may make disclosers more likely to engage in behaviors that they previously avoided for fear that they may inadvertently “out” themselves. For example, individuals who disclose their sexual orientation may be more likely to attend social events or locales that are commonly associated with sexual minorities (Cain, 1991). In the context of HIV, people often avoid taking antiretroviral medications in public out of fear that doing so will alert people to their HIV-positive status (Rao, Kekwaletswe, Hosek, Martinez, & Rodriguez, 2007). Thus, disclosure can alleviate this fear, help remove one potential barrier to medication adherence, and facilitate adherence to antiretroviral medications (Stirrat et al., 2006).

At a dyadic level, disclosure may also impact specific behaviors between the discloser and the confidant. The change in social information that occurs through disclosure may have a

particularly unique effect in the context of HIV because it may change people's sexual risk perceptions—the calculation of the relative risk of engaging in sexual activities with a particular partner (Gerrard, Gibbons, & Bushman, 1996). By introducing information about the discloser's HIV-status, disclosure affects people's sexual risk perceptions which may also affect the likelihood that the couple will engage in risky sexual behavior. A scenario study demonstrates that disclosure does affect people's sexual risk perceptions (Suarez et al., 2001). In this study, researchers asked men who have sex with men (MSM) to rate the perceived riskiness of unprotected sexual acts with sexual partners of 4 different types of HIV-status: HIV-status unknown, HIV-negative, HIV-positive with undetectable viral load due to antiretroviral (ARV) medication use, and HIV-positive taking no ARV. Results demonstrate that people's risk perceptions of engaging in unprotected sexual acts with HIV-unknown partners are very similar to their risk perceptions of HIV-negative partners, which are both perceived to be of much lower risk than engaging in these acts with any type of HIV-positive partner. These data suggest that disclosure can affect people's perceptions of risk such that, in the absence of disclosure (i.e., unknown HIV-status), people perceive relatively low risk despite that fact that they have no information about their partner's HIV-status.

Finally, disclosure can allow individuals to affect their broader social context. Disclosure enables individuals to actively seek out others who also share the same stigmatized attribute. Unlike people with visible stigmas, those who live with a concealable stigmatized identity have a relatively difficult time finding others who have a similar identity. Given that group membership can provide a number of psychological benefits including group esteem (Tajfel & Turner, 1986) and coping mechanisms that can buffer self-esteem in the face of prejudice (Crocker & Major, 1989), those living with a concealable stigmatized identity may not be able reap these benefits of group belonging because it is more difficult to identify others who share their stigmatized attribute. Thus, disclosure may be one important way for individuals to locate similar others and gain the psychological benefits of being around people who share their concealable stigmatized attribute (Frable, Platt, & Hoey, 1998).

Disclosure can also enable individuals to raise awareness about their identities and, in turn, potentially reduce the stigma associated with it. When individuals make information about their identity known, they can increase the visibility of their identities and educate others about their experiences (Cain, 1991; Corrigan, 2005). Thus, individual disclosures play a critical role in reducing cultural stigma associated with the identity and encourage others to be open about their identities as well.

Effect of antecedent goals—Considered within the broader DPM framework, how might disclosure goals shape the effects of the changes in social information mechanism? Our theorizing suggests that goals may not play as significant a role in determining when this process will yield beneficial outcomes compared to the other two mediating processes of disclosure. The premise of this mechanism is that once information is disclosed, it becomes shared information that can affect subsequent perceptions and actions in the immediate and broader social contexts. Thus, its effects are due to the objective informational content of the identity revealed rather than the self-regulatory effects of disclosure goals—the ways in which this information is communicated or evaluated.

FEEDBACK LOOP

Disclosure is a critical behavior in the lives of those who live with a concealable stigmatized identity—it is the boundary between the safe confines of concealment and the vulnerability of visibility. Given that individual disclosure events are nested within an on-going process of “stigma management” (Goffman, 1963), the outcomes of these events may shape the

overall disclosure trajectory. That is, when individual disclosure events create positive outcomes and enhance well-being, they may serve to increase future disclosure likelihood. However, when individual disclosure events create negative outcomes and are detrimental to well-being, they may serve to decrease future disclosure likelihood.

While previous theorists have suggested this possibility (Clair et al., 2005; Greene et al., 2006; Ragins, 2008), until recently, none have empirically examined it. Our recent work suggests that singular disclosure events can, in fact, shape subsequent disclosure likelihood (Chaudoir, 2009). In our longitudinal survey of HIV/AIDS disclosure, results indicate that disclosure positivity—the degree to which their most recent disclosure event was a positive, supportive experience—predicted greater likelihood of disclosure at a 6-month follow-up. That is, people who had more positive, accepting disclosure events at Time 1 were more likely to disclose again at Time 2. Moreover, disclosure positivity at Time 1 predicted changes in the antecedent factors considered in their disclosure decisions from Time 1 to Time 2. That is, people who had more positive, accepting disclosure events at Time 1 were more likely to report greater feelings of social support, less perceived communication difficulties, and fewer negative HIV-related thoughts during their disclosure decision at Time 2. These results demonstrate that the positivity of discrete disclosure events can affect both future disclosure likelihood and can have long-term psychological benefits that can shape subsequent disclosure decisions.

These results, taken together with those indicating that individuals with avoidance-focused goals are less likely to disclose, point to an important predicament for people living with HIV/AIDS and other types of concealable stigmatized identities. On the one hand, if individuals who are struggling with their identity rarely have opportunities to disclose, they are missing out on the critical verbal dialogue needed to cognitively and affectively process information about their diagnosis and integrate it into their greater sense of meaning and purpose in the world (e.g., Lepore & Smyth, 2002; Park & Folkman, 1997). Thus, although the individuals who are struggling with their identities may be the people who could benefit from disclosure the most, they appear to be the least likely to disclose. On the other hand, when these individuals do disclose, this evidence suggests that they will have less positive disclosure experiences which may, in turn, make them less likely to disclose again in the future.

These results suggest that the outcomes of individual disclosures may play an important role in shaping people's overall disclosure trajectory. When people have positive, beneficial disclosure experiences, they are more likely to disclose again in the future. Although individuals who disclose more frequently do not necessarily demonstrate superior well-being compared to those who disclose infrequently (e.g., Beals & Peplau, 2001), individuals who perceive that they are “open” about their identity and are supported in their communities do demonstrate better adjustment (Beals & Peplau, 2005).

Considered within the DPM framework, approach-focused disclosure goals may ultimately increase the likelihood that disclosure will be beneficial and, consequently, may initiate and maintain upward spirals towards greater visibility. In upward spirals towards visibility, individuals feel increasingly comfortable disclosing their identity, feel greater support for their identity, view themselves more positively, and possess a more unified sense of self (Kelly, 2002). In contrast, avoidance-focused disclosure goals may ultimately decrease the likelihood that disclosure will be beneficial and, consequently, may initiate downward spirals towards greater concealment. In downward spirals towards greater concealment, individuals feel increasingly uncomfortable disclosing their identity, feel more isolated and rejected, view themselves more negatively, and may devote greater efforts to being able to “pass” in their social contexts (Kelly, 2002).

SUMMARY AND INTEGRATION

The goal of the DPM is to provide a framework to aid researchers and practitioners in answering two important questions: *when* and *why* is interpersonal, verbal disclosure beneficial for individuals who live with concealable stigmatized identities? Our theorizing suggests that attention to these two basic questions and their corresponding psychological processes is critical in understanding the effects of disclosure. The DPM suggests that antecedent disclosure goals may moderate the effect of disclosure on various individual (i.e., psychological, behavioral, and health) and dyadic (i.e., trust, liking, intimacy) outcomes, but play a lesser role in affecting social contextual outcomes (i.e., cultural stigma, norms for disclosure). Further, these moderated effects are mediated by three distinct processes that explain why disclosure leads to beneficial outcomes in some contexts but not others.

Ultimately, if we consider how the effects of antecedent goals on outcomes via each of the proposed mediating processes occurs simultaneously (see Table 1), the DPM suggests that individuals with approach-focused disclosure goals may be the most likely to benefit from their disclosure events. When individuals disclose with approach-focused goals, they may be better able to self-regulate in the disclosure process and, ultimately, have more positive, supportive disclosure experiences. Social support is one of the most robust mediating mechanisms enabling interpersonal disclosure to enhance well-being, and recent evidence suggests that social support may have a stronger, more consistent effect on well-being than alleviation of inhibition (Beals et al., 2009). Thus, while approach-focused disclosure goals may not necessarily lead to greater benefits through the alleviation of inhibition or changes in social information mechanisms, their association with greater social support may be of paramount importance. Further, because approach-focused disclosure goals may ultimately increase the likelihood that disclosure will be beneficial, they may influence the overall disclosure trajectory and facilitate upward spirals towards greater visibility.

If this theorizing is applied to the two disclosure scenarios considered earlier, the DPM suggests that disclosure may be more beneficial for Susan than for Jason. Susan's disclosure goals, or reasons why she was considering disclosure, are approach-focused—they were centered on attaining positive outcomes such as greater relationship intimacy and protecting her confidant's health. Jason's disclosure goals, however, are avoidance-focused—they were centered on avoiding negative outcomes such as social rejection from his father and conflict. Because of their divergent self-regulatory foci during their disclosure events, Susan may be better able to communicate information about her identity, be more likely to elicit a positive response from her confidant, and cope in the aftermath of disclosure than Jason.

IMPACT OF TYPE OF STIGMA

The DPM framework has focused on understanding the effects of the disclosure process for individuals with a wide variety of concealable stigmatized identities. While the basic workings of this process are hypothesized to be universal across all types of identities, we also acknowledge that the type of identity being disclosed can also affect this process.

Although all concealable stigmatized identities are socially devalued, the relative degree of devaluation may differ widely across identities (Quinn & Chaudoir, 2009) because of attributes such as the perceived controllability of or peril posed to others by the identity (Jones et al., 1984). Individuals who possess identities that are more strongly culturally stigmatized (e.g., HIV) may be less likely to benefit from disclosure compared to those with less severely devalued identities (e.g., history of childhood sexual abuse). Because of their ability to “pass” as nonstigmatized, individuals with concealable stigmatized identities may be uniquely aware of the stereotypes and prejudice associated with the identity (Link, 1987; Link, Cullen, Struening, Shrout, & Dohrenwend, 1989). Thus, individuals with more

strongly devalued identities may be fully aware of the severity of the prejudice and discrimination they may face. Therefore, individuals with more strongly devalued identities may be most likely to possess avoidance-focused disclosure goals and be particularly attuned to the possibility for social rejection based on this knowledge.

The varying level of cultural stigma associated with identities points to an important consideration in applying the DPM to real-world contexts: some individuals may simply be more vulnerable to social rejection and negative outcomes of disclosure regardless of their specific disclosure motivations. By focusing on the goals that lead individuals to reveal information about their identities, the DPM emphasizes the role of the discloser in the disclosure process and highlights points in the self-regulatory process that disclosers may attempt to control in order to optimize their outcomes. However, these individuals are nested within societies that devalue them to varying degrees, making them vulnerable to a particular degree of stigmatization regardless of their own individual efforts. If, from our example of above, Jason's identity was sexual minority status rather than an HIV-positive diagnosis, it is possible that he may still benefit more than Susan by disclosing. That is, even if his avoidance-focused disclosure goals may undermine the potential benefits of disclosure relative to Susan's approach-focused goals, disclosing a less severely stigmatized identity (i.e., sexual minority status vs. HIV-positive diagnosis) may have a greater effect on disclosure outcomes than the effects of the disclosure goals themselves. Unfortunately, there exist no data that directly examine this possibility.

Finally, while disclosure can affect a wide array of individual, dyadic, and social contextual outcomes, the relevance of some types of outcomes will depend on the nature of the identity of interest. For example, sexual risk behavior and adherence are particularly important and relevant outcomes of disclosure in the context of HIV/AIDS. While sexual risk behavior may be an outcome of interest among individuals concealing other types of sexually transmitted infections, it may not be a relevant outcome in other domains. Similarly, adherence may only be an outcome of interest among individuals whose identities involve a medical or psychological treatment regimen, such as mental illness, addiction, or other hidden medical conditions (e.g., cancer). Thus, specific identities may affect the types of disclosure outcomes that are of interest to researchers and practitioners.

IMPLICATIONS

By advancing current disclosure theorizing, the DPM also highlights several important directions for future research. The methodological and practical implications of this framework are discussed below.

Methodological

A major limitation of the existing literature on disclosure of concealable stigmatized identities is that very little work has directly examined the characteristics of the disclosure event itself. What are people talking about when they disclose their concealable stigmatized identity? What approaches are they using to convey this critical and sensitive information? And, most importantly, are they doing so in a way that will optimize their chances of eliciting positive outcomes from the event? Our theorizing suggests that one reason why disclosers with approach-focused goals may be better able to garner positive, supportive reactions from their confidants is that they are more adept at communicating information about their identities. While factors such as depth, breadth, duration, and emotional content have been assessed in literatures examining how self-disclosure, broadly construed, can facilitate relationship development and intimacy (e.g., Collins & Miller, 1994; Cozby, 1973; Laurenceau et al., 1998; Miller & Kenny, 1986; Taylor, Wheeler, & Altman, 1973; Taylor &

Altman, 1975), these attributes have received no direct empirical attention in the context of concealable stigmatized identities.

The DPM posits that disclosure is a complex, multifaceted process. In order to fully understand its workings, researchers must develop studies that assess multiple components of this process in an effort to better approximate this complexity. While some studies have examined the relationships between antecedents on outcomes (Chaudoir & Quinn, in press; Garcia & Crocker, 2008), mediators and outcomes (Beals et al., 2009), disclosure events and subsequent disclosure decisions (via the feedback loop; Chaudoir, 2009), future research examining the interrelations among multiple components of the disclosure process is needed in order to better understand disclosure's effects. Further, research that employs longitudinal methods of data collection will help researchers identify causal patterns among the DPM components. Daily diary and event-sampling field study methods can help assess antecedent goals, disclosure events, and immediate outcomes within hours or days of their occurrence (Beals et al., 2009; Garcia & Crocker, 2008). Experimental and laboratory-based manipulations can help to isolate the impact of disclosure goals in simulated disclosure events. Further, use of dyadic data collection and analysis (Kashy & Kenny, 2000) will allow researchers to simultaneously assess both sides of the disclosure event—the thoughts and behaviors of *both* the discloser and confidant. Ultimately, these methodological tools may help researchers more closely approximate and understand the complex workings of disclosure.

One important limitation of extant disclosure work is that researchers often conflate the effects of two different conceptualizations of disclosure—effects due to a single disclosure event (i.e., disclosure as a discrete behavior) and effects of disclosers' perceptions of their overall openness about their identity (i.e., disclosure as a personality trait). For example, the research demonstrating that verbal disclosure can have salutary effects on health well-being has measured disclosure as the extent to which people are generally open or private (e.g., “*definitely in the closet*” to “*completely out of the closet*”) in the majority of studies reviewed (Cole et al., 1996; Cole et al., 1996; Strachan et al., 2007; Ullrich et al., 2003). While there is some evidence to suggest that single disclosure events can potentially have beneficial effects on health well-being (Rodriguez & Kelly, 2006), the majority of this research examines the effect of overall levels of openness rather than the effects of a single disclosure event. Admittedly, in our review, we have drawn on evidence that examines both specific events and chronic levels of disclosure in order to provide evidence for the mechanisms through which disclosure can impact well-being. However, an important direction of future research will be to examine how specific disclosure experiences and overall perceptions of disclosure openness each impact well-being in ways that may be similar in some domains or discrepant in others. The use of daily diary approaches (e.g., Reis & Gable, 2000; Tennen, Affleck, & Armeli, 2003) to studying disclosure may be one such methodological tool that can disentangle these effects.

Practical

The DPM theorizing also underscores a number of practical implications of the disclosure process. One notable implication of the DPM theorizing is that interpersonal disclosure may not be particularly beneficial for individuals who possess avoidance-focused goals. While these individuals may want to disclose in order to alleviate the psychological and physiological stress caused by active suppression of identity-related thoughts, our theorizing suggests that they may do more harm to their overall well-being than good. Because they may engage in self-regulatory efforts that undermine their ability to garner positive responses from their confidants and, in turn, may increase their chances of social rejection, individuals with avoidance-focused motivations may be best served by other methods of disclosure. That is, these individuals may be the most likely to benefit by disclosing in

expressive writing and therapeutic settings where they can still process their thoughts and feelings about their identity while shielded from potential social rejection.

This conclusion diverges somewhat from that offered by Kelly and McKillop (1996) in their review of the consequences of revealing personal secrets. Their review was one of the first to acknowledge the real psychological dangers of disclosure—to acknowledge that disclosure is not always advantageous and carries with it the possibility of social rejection and discrimination. In light of the risks of interpersonal disclosure, they concluded that individuals should only tell others about their personal secrets if they are particularly troubled or distressed by them and can find a confidant who is likely to be discreet and supportive. While the DPM does emphasize the importance of positive, supportive confidant reactions in the disclosure process, it suggests that individuals who are troubled by their identities are also likely to adopt avoidance-focused disclosure goals and, in turn, find little benefit—and possibly harm—in their disclosure experiences.

Finally, the DPM also highlights several points of intervention in the self-regulatory efforts required in the disclosure process. Our analysis suggests that intervention efforts that encourage individuals to explicitly identify their disclosure goals may be one effective strategy in maximizing the benefits of disclosure. These efforts may allow practitioners to screen and identify individuals who possess strong avoidance-focused disclosure goals and use this information to assist them in setting new, approach-focused disclosure goals or helping them find alternative methods of disclosure (e.g., written disclosure). Additionally, intervention efforts that focus on teaching individuals effective communication skills may improve their chances of eliciting positive, supportive responses from their confidants (e.g., Serovich, Reed, Graftsky, & Andrist, 2009), while those that focus on identifying controllable vs. uncontrollable aspects of the disclosure process may help individuals cope in the face of negative confidant responses (e.g., Chesney, Chambers, Taylor, Johnson, & Folkman, 2003; Lutgendorf et al., 1998). While even the most effective training cannot ensure that disclosure will be beneficial, interventions that help disclosers set approach-focused goals and equip them with effective communication and coping skills may help disclosers gain greater control over the outcomes of their disclosures.

CONCLUSION

Disclosure is one of the most widely studied and complex psychological phenomenon. Its purposes are multifaceted, and its effects crosscut numerous domains. Given that disclosure of concealable stigmatized identities has the potential to influence so many domains of people's lives, it is imperative that researchers understand the conditions under which disclosure can lead to beneficial consequences and those that can lead to detrimental ones. In this article, we provide evidence for the Disclosure Processes Model (DPM)—a new framework that expands current conceptualizations of disclosure and outlines directions for the next generation of disclosure research. In doing so, the DPM may assist researchers who aim to understand the complex components of the disclosure process and those whose goal is to assist individuals who live with concealable stigmatized identities to harness the power of disclosure to enhance their lives.

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References

- Afifi WA, Caughlin JP. A close look at revealing secrets and some consequences that follow. *Communication Research* 2006;33:467–488.
- Ahrens CE, Campbell R, Ternier-Thames NK, Wasco SM, Sefl T. Deciding whom to tell: Expectations and outcomes of rape survivors' first disclosures. *Psychology of Women Quarterly* 2007;31:38–49.
- Ahrens CE. Being silenced: The impact of negative social reactions on the disclosure of rape. *American Journal of Community Psychology* 2006;38:263–274. [PubMed: 17111229]
- Alonzo AA, Reynolds NR. Stigma, HIV and AIDS: An exploration and elaboration of a stigma trajectory. *Social Science & Medicine* 1995;41:303–315. [PubMed: 7481925]
- Altman, I.; Taylor, DA. *Social penetration: The development of interpersonal relationships*. Holt, Rinehart & Winston; New York, NY: 1973.
- Beals KP, Peplau LA. Social involvement, disclosure of sexual orientation, and the quality of lesbian relationships. *Psychology of Women Quarterly* 2001;25:10–19.
- Beals KP, Peplau LA. Identity support, identity devaluation, and well-being among lesbians. *Psychology of Women Quarterly* 2005;29:140–148.
- Beals KP, Peplau LA, Gable SL. Stigma management and well-being: The role of perceived social support, emotional processing, and suppression. *Personality and Social Psychology Bulletin* 2009;35:867–879. [PubMed: 19403792]
- Berg JH, Wright-Buckley C. Effects of racial similarity and interviewer intimacy in a peer counseling analogue. *Journal of Counseling Psychology* 1988;35:377–384.
- Black BP, Shandor M. Calculating the risks and benefits of disclosure in African American women who have HIV. *Journal of Obstetric, Gynecologic, and Neonatal Nursing* 2002;31:688–696.
- Broman-Fulks J, Ruggiero KJ, Hanson RF, Smith DW, Resnick HS, Kilpatrick DG, et al. Sexual assault disclosure in relation to adolescent mental health: Results from the national survey of adolescents. *Journal of Clinical Child and Adolescent Psychology* 2007;36:260–266. [PubMed: 17484698]
- Butler EA, Egloff B, Wilhelm FH, Smith NC, Erickson EA, Gross JJ. The social consequences of expressive suppression. *Emotion* 2003;3:48–67. [PubMed: 12899316]
- Cain R. Stigma management and gay identity development. *Social Work* 1991;36:67–73. [PubMed: 1998131]
- Carver CS. Approach, avoidance, and the self-regulation of affect and action. *Motivation and Emotion* 2006;30:105–110.
- Carver CS, Harmon-Jones E. Anger is an approach-related affect: Evidence and implications. *Psychological Bulletin* 2009;135:183–204. [PubMed: 19254075]
- Carver, CS.; Scheier, MF. *On the self-regulation of behavior*. Cambridge University Press; New York, NY US: 1998.
- Carver CS, White TL. Behavioral inhibition, behavioral activation, and affective responses to impending reward and punishment: The BIS/BAS scales. *Journal of Personality and Social Psychology* 1994;67:319–333.
- Chandra PS, Deepthivarma S, Jairam KR, Thomas T. Relationship of psychological morbidity and quality of life to illness-related disclosure among HIV-infected persons. *Journal of Psychosomatic Research* 2003;54:199–203. [PubMed: 12614829]
- Chadoir, SR. *HIV/AIDS disclosure decision-making and outcomes: A longitudinal, event-based analysis*. University of Connecticut; Storrs, CT: 2009. Unpublished Doctoral Dissertation
- Chadoir SR, Quinn DM. Revealing concealable stigmas: An examination of the psychological correlates and outcomes of positive first-time disclosure experiences. *Journal of Social Issues*. in press.

- Chesney MA, Chambers DB, Taylor JM, Johnson LM, Folkman S. Coping effectiveness training for men living with HIV: Results from a randomized clinical trial testing a group-based intervention. *Psychosomatic Medicine* 2003;65:1038–1046. [PubMed: 14645783]
- Church MA, Elliot AJ, Gable SL. Perceptions of classroom environment, achievement goals, and achievement outcomes. *Journal of Educational Psychology* 2001;93:43–54.
- Clair JA, Beatty JE, Maclean TL. Out of sight but not out of mind: Managing invisible social identities in the workplace. *Academy of Management Review* 2005;30:78–95.
- Clark HJ, Lindner G, Armistead L, Austin B. Stigma, disclosure, and psychological functioning among HIV-infected and non-infected african-american women. *Women & Health* 2003;38:57–71.
- Cole SW, Kemeny ME, Taylor SE. Social identity and physical health: Accelerated HIV progression in rejection-sensitive gay men. *Journal of Personality and Social Psychology* 1997;72:320. [PubMed: 9107003]
- Cole SW, Kemeny ME, Taylor SE, Visscher BR. Elevated physical health risk among gay men who conceal their homosexual identity. *Health Psychology* 1996;15:243–251. [PubMed: 8818670]
- Cole SW, Kemeny ME, Taylor SE, Visscher BR, Fahey JL. Accelerated course of human immunodeficiency virus infection in gay men who conceal their homosexual identity. *Psychosomatic Medicine* 1996;58:219–231. [PubMed: 8771621]
- Collins NL, Miller LC. Self-disclosure and liking: A meta-analytic review. *Psychological Bulletin* 1994;116:457–475. [PubMed: 7809308]
- Corrigan, PW. Dealing with stigma through personal disclosure. In: Corrigan, PW., editor. *On the stigma of mental illness: Practical strategies for research and social change*. American Psychological Association; Washington, D. C.: 2005. p. 257-280.
- Corrigan, PW.; Kleinlein, P. The impact of mental illness stigma. In: Corrigan, PW.; Corrigan, PW., editors. *On the stigma of mental illness: Practical strategies for research and social change*. American Psychological Association; Washington, DC US: 2005. p. 11-44.
- Cozby PC. Self disclosure: A literature review. *Psychological Bulletin* 1973;79:73–91. [PubMed: 4567729]
- Crocker J, Canevello A. Creating and undermining social support in communal relationships: The role of compassionate and self-image goals. *Journal of Personality and Social Psychology* 2008;95:555–575. [PubMed: 18729694]
- Crocker J, Major B. Social stigma and self-esteem: The self-protective properties of stigma. *Journal of Personality and Social Psychology* 1989;96:608–630.
- Day NE, Schoenrade P. Staying in the closet versus coming out: Relationships between communication about sexual orientation and work attitudes. *Personnel Psychology* 1997;50:147–163.
- DePaulo, BM.; Friedman, HS. Nonverbal communication. In: Gilbert, DT.; Fiske, ST.; Lindzey, G., editors. *The handbook of social psychology*. 4th ed.. McGraw-Hill Companies, Inc.; Boston, MA: 1998. p. 3-40.
- Derlega, VJ.; Grzelak, J. Appropriateness of self-disclosure. In: Chelune, GJ., editor. *Self-disclosures: Origins, patterns and implications of openness in interpersonal relationships*. Jossey-Bass; San Francisco, CA: 1979. p. 151-176.
- Derlega, VJ.; Metts, S.; Petronio, S.; Margulis, ST. *Self-disclosure*. Sage Publications; Thousand Oaks, CA: 1993.
- Derlega, VJ.; Winstead, BA. HIV-infected persons' attributions for the disclosure and nondisclosure of the seropositive diagnosis to significant others. In: Manusov, V.; Harvey, JH., editors. *Attribution, communication behavior, and close relationships*. Cambridge University Press; New York, NY: 2001. p. 267-283.
- Derlega, VJ.; Winstead, BA.; Folk-Barron, L. Reasons for and against disclosing HIV-seropositive test results to an intimate partner: A functional perspective. In: Petronio, S., editor. *Balancing the secrets of private disclosure*. Lawrence Erlbaum Associates; Mahwah, NJ: 2000. p. 53-69.
- Derlega VJ, Winstead BA, Greene K, Serovich J, Elwood WN. Perceived HIV-related stigma and HIV disclosure to relationship partners after finding out about the seropositive diagnosis. *Journal of Health Psychology* 2002;7:415–432.

- Derlega VJ, Winstead BA, Greene K, Serovich J, Elwood WN. Reasons for HIV disclosure/nondisclosure in close relationships: Testing a model of HIV-disclosure decision making. *Journal of Social and Clinical Psychology* 2004;23:747–767.
- Derryberry D, Reed MA. Temperament and attention: Orienting toward and away from positive and negative signals. *Journal of Personality and Social Psychology* 1994;66:1128–1139. [PubMed: 8046580]
- Dindia, K. 'Going into and coming out of the closet': The dialectics of stigma disclosure. In: Montgomery, BM.; Baxter, LA., editors. *Dialectical approaches to studying personal relationships*. Lawrence Erlbaum Associates Publishers; Mahwah, NJ US: 1998. p. 83–108.
- Douglas KM, Sutton RM. Effects of communication goals and expectancies on language abstraction. *Journal of Personality and Social Psychology* 2003;84:682–696. [PubMed: 12703643]
- Dovidio JF, Kawakami K, Gaertner SL. Implicit and explicit prejudice and interracial interaction. *Journal of Personality and Social Psychology* 2002;82:62–68. [PubMed: 11811635]
- Downey G, Feldman SI. Implications of rejection sensitivity for intimate relationships. *Journal of Personality and Social Psychology* 1996;70:1327–1343. [PubMed: 8667172]
- Duru OK, Collins RL, Ciccarone DH, Morton SC, Stall R, Beckman R, et al. Correlates of sex without serostatus disclosure among a national probability sample of HIV patients. *AIDS and Behavior* 2006;10:495–507. [PubMed: 16779659]
- Edwards JR, Lambert LS. Methods for integrating moderation and mediation: A general analytical framework using moderated path analysis. *Psychological Methods* 2007;12:1–22. [PubMed: 17402809]
- Ekman P, Friesen WV. Detecting deception from the body or face. *Journal of Personality and Social Psychology* 1974;29:288–298.
- Elliot AJ. Approach and avoidance motivation and achievement goals. *Educational Psychologist* 1999;34:169–189.
- Elliot AJ, Church MA. A hierarchical model of approach and avoidance achievement motivation. *Journal of Personality and Social Psychology* 1997;72:218–232.
- Elliot AJ, Church MA. Client articulated avoidance goals in the therapy context. *Journal of Counseling Psychology* 2002;49:243–254.
- Elliot AJ, Gable SL, Mapes RR. Approach and avoidance motivation in the social domain. *Personality and Social Psychology Bulletin* 2006;32:378–391. [PubMed: 16455864]
- Elliot AJ, Harackiewicz JM. Approach and avoidance achievement goals and intrinsic motivation: A mediational analysis. *Journal of Personality and Social Psychology* 1996;70:461–475.
- Elliot AJ, Sheldon KM. Avoidance personal goals and the personality–illness relationship. *Journal of Personality and Social Psychology* 1998;75:1282–1299. [PubMed: 9866188]
- Esterling BA, Antoni MH, Fletcher MA, Margulies S, Schneiderman N. Emotional disclosure through writing or speaking modulates latent Epstein-Barr virus antibody titers. *Journal of Consulting and Clinical Psychology* 1994;62:130–140. [PubMed: 8034815]
- Farina A. Mental illness and the impact of believing others know about it. *Journal of Abnormal Psychology* 1971;77:1–5. [PubMed: 5100122]
- Frable DE, Blackstone T, Scherbaum C. Marginal and mindful: Deviants in social interactions. *Journal of Personality and Social Psychology* 1990;59:140–149. [PubMed: 2145419]
- Frable DES, Platt L, Hoey S. Concealable stigmas and positive self-perceptions: Feeling better around similar others. *Journal of Personality and Social Psychology* 1998;74:909–922. [PubMed: 9569651]
- Frattaroli J. Experimental disclosure and its moderators: A meta-analysis. *Psychological Bulletin* 2006;132:823–865. [PubMed: 17073523]
- Frijda, NH. Moods, emotion episodes, and emotions. In: Lewis, M.; Haviland, JM.; Lewis, M.; Haviland, JM., editors. *Handbook of emotions*. Guilford Press; New York, NY US: 1993. p. 381–403.
- Frisina PG, Borod JC, Lepore SJ. A meta-analysis of the effects of written emotional disclosure on the health outcomes of clinical populations. *Journal of Nervous and Mental Disease* 2004;192:629–634. [PubMed: 15348980]

- Gable SL. Approach and avoidance social motives and goals. *Journal of Personality* 2006;74:175–222. [PubMed: 16451230]
- Gable, SL.; Berkman, ET. Making connections and avoiding loneliness: Approach and avoidance social motives and goals. In: Elliot, AJ., editor. *Handbook of approach and avoidance motivation*. Psychology Press; New York, NY: 2008. p. 203-216.
- Gable SL, Reis HT, Elliot AJ. Behavioral activation and inhibition in everyday life. *Journal of Personality and Social Psychology* 2000;78:1135–1149. [PubMed: 10870914]
- Gable SL, Reis HT, Elliot AJ. Evidence for bivariate systems: An empirical test of appetition and aversion across domains. *Journal of Research in Personality* 2003;37:349–372.
- Gable, SL.; Strachman, A. Approaching social rewards and avoiding social punishments: Appetitive and aversive social motivation. In: Shah, JY.; Gardner, WL., editors. *Handbook of motivation science*. Guilford Press; New York, NY: 2008. p. 561-575.
- Garcia JA, Crocker J. Reasons for disclosing depression matter: The consequences of having egosystem and ecosystem goals. *Social Science and Medicine* 2008;67:453–462. [PubMed: 18450349]
- Genberg BL, Kawichai S, Chingono A, Sendah M, Chariyalertsak S, Konda KA, et al. Assessing HIV/AIDS stigma and discrimination in developing countries. *AIDS and Behavior* 2007;12:772–780. [PubMed: 18080830]
- Gerrard M, Gibbons EX, Bushman BJ. The relation between perceived vulnerability to HIV and precautionary sexual behavior. *Psychological Bulletin* 1996;119:390–409. [PubMed: 8668745]
- Goffman, E. *Stigma: Notes on the management of spoiled identity*. Simon & Schuster; New York, NY: 1963.
- Goldberg AE. Talking about family: Disclosure practices of adults raised by lesbian, gay, and bisexual parents. *Journal of Family Issues* 2007;28:100–131.
- Goodman-Brown T, Edelstein RS, Goodman GS, Jones DPH, Gordon DS. Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse & Neglect* 2003;27:525–540. [PubMed: 12718961]
- Greenberg MA, Stone AA. Emotional disclosure about traumas and its relation to health: Effects of previous disclosure and trauma severity. *Journal of Personality and Social Psychology* 1992;63:75–84. [PubMed: 1494986]
- Greene, K.; Derlega, VJ.; Mathews, A. Self-disclosure in personal relationships. In: Vangelisti, AL.; Perlman, D., editors. *The Cambridge Handbook of Personal Relationships*. Cambridge University Press; New York, NY: 2006. p. 409-427.
- Greene, K.; Derlega, VJ.; Yep, GA.; Petronio, S. Privacy and disclosure of HIV in interpersonal relationships: A sourcebook for researchers and practitioners. Lawrence Erlbaum Associates; Mahwah, NJ: 2003.
- Griffith KH, Hebl MR. The disclosure dilemma for gay men and lesbians: 'coming out' at work. *Journal of Applied Psychology* 2002;87:1191–1199. [PubMed: 12558225]
- Hays RB, McKusick L, Pollack L, Hilliard R. Disclosing HIV seropositivity to significant others. *AIDS* 1993;7:425–431. [PubMed: 8471207]
- Helgeson VS, Reynolds KA, Tomich PL. A meta-analytic review of benefit finding and growth. *Journal of Consulting and Clinical Psychology* 2006;74:797–816. [PubMed: 17032085]
- Herek GM. Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. *Journal of Interpersonal Violence* 2009;24:54–74. [PubMed: 18391058]
- Herek, GM.; Berrill, KT. *Hate crimes: Confronting violence against lesbians and gay men*. Sage Publications, Inc.; Thousand Oaks: 1992.
- Herrschaft, D.; Mills, KI. *The state of the workplace for lesbian, gay, bisexual and transgender Americans 2002*. Human Rights Campaign; Washington, D.C.: 2002.
- Heyman RE. Observation of couple conflicts: Clinical assessment applications, stubborn truths, and shaky foundations. *Psychological Assessment* 2001;13:5–35. [PubMed: 11281039]
- Higgins, ET. Promotion and prevention: Regulatory focus as a motivational principle. In: Zanna, MP., editor. *Advances in experimental social psychology*. Academic Press; San Diego, CA: 1998. p. 1-46.

- Impett EA, Strachman A, Finkel EJ, Gable SL. Maintaining sexual desire in intimate relationships: The importance of approach goals. *Journal of Personality and Social Psychology* 2008;94:808–823. [PubMed: 18444740]
- Jones, EE.; Farina, A.; Hastorf, AH.; Markus, H.; Miller, DT.; Scott, RA. *Social stigma: The psychology of marked relationships*. W. H. Freeman and Company; New York, NY: 1984.
- Jonzon E, Lindblad F. Disclosure, reactions, and social support: Findings from a sample of adult victims of child sexual abuse. *Child Maltreatment* 2004;9:190–200. [PubMed: 15104888]
- Jonzon E, Lindblad F. Adult female victims of child sexual abuse: Multitype maltreatment and disclosure characteristics related to subjective health. *Journal of Interpersonal Violence* 2005;20:651–666. [PubMed: 15851534]
- Jourard, SM. *Self-disclosure: An experimental analysis of the transparent self*. John Wiley; Oxford, England: 1971.
- Kaiser CR, Vick SB, Major B. Prejudice expectations moderate preconscious attention to cues that are threatening to social identity. *Psychological Science* 2006;17:332–338. [PubMed: 16623691]
- Kalichman SC, DiMarco M, Austin J, Luke W, Difonzo K. Stress, social support, and HIV-status disclosure to family and friends among HIV-positive men and women. *Journal of Behavioral Medicine* 2003;26:315–331. [PubMed: 12921006]
- Kalichman SC, Hunter TL. The disclosure of celebrity HIV infection: Its effects on public attitudes. *American Journal of Public Health* 1992;82:1374–1376. [PubMed: 1415863]
- Kalichman SC, Nachimson D. Self-efficacy and disclosure of HIV-positive serostatus to sex partners. *Health Psychology* 1999;18:281–287. [PubMed: 10357509]
- Kashy, DA.; Kenny, DA. The analysis of data from dyads and groups. In: Reis, HT.; Judd, CM., editors. *Handbook of research methods in social and personality psychology*. Cambridge University Press; Cambridge, UK: 2000. p. 451–477.
- Kelly, AE. *The psychology of secrets*. Kluwer Academic/Plenum Publishers; New York, NY: 2002.
- Kelly AE, McKillop KJ. Consequences of revealing personal secrets. *Psychological Bulletin* 1996;120:450–465.
- Kruger J, Epley N, Parker J, Ng Z. Egocentrism over e-mail: Can we communicate as well as we think? *Journal of Personality and Social Psychology* 2005;89:925–936. [PubMed: 16393025]
- Lamb S, Edgar-Smith S. Aspects of disclosure: Mediators of outcome of childhood sexual abuse. *Journal of Interpersonal Violence* 1994;9:307–326.
- Laurenceau J, Barrett LF, Pietromonaco PR. Intimacy as an interpersonal process: The importance of self-disclosure, partner disclosure, and perceived partner responsiveness in interpersonal exchanges. *Journal of Personality and Social Psychology* 1998;74:1238–1251. [PubMed: 9599440]
- Laurenceau J, Barrett LF, Rovine MJ. The interpersonal process model of intimacy in marriage: A daily-diary and multilevel modeling approach. *Journal of Family Psychology* 2005;19:314–323. [PubMed: 15982109]
- Lepore SJ. Expressive writing moderates the relation between intrusive thoughts and depressive symptoms. *Journal of Personality and Social Psychology* 1997;73:1030–1037. [PubMed: 9364758]
- Lepore, SJ.; Smyth, JM. *The writing cure: How expressive writing promotes health and emotional well-being*. American Psychological Association; Washington, DC: 2002.
- Lepore SJ, Ragan JD, Jones S. Talking facilitates cognitive-emotional processes of adaptation to an acute stressor. *Journal of Personality and Social Psychology* 2000;78:499–508. [PubMed: 10743876]
- Limandri BJ. Disclosure of stigmatizing conditions: The discloser's perspective. *Archives of Psychiatric Nursing* 1989;3:69–78. [PubMed: 2653232]
- Link BG. Understanding labeling effects in the area of mental disorders: An assessment of the effects of expectations of rejection. *American Sociological Review* 1987;52:96–112.
- Link BG, Cullen FT, Struening E, Shrout PE, Dohrenwend BP. A modified labeling theory approach to mental disorders: An empirical assessment. *American Sociological Review* 1989;54:400–426.

- Lutgendorf SK, Antoni MH, Ironson G, Starr K, Costello N, Zuckerman M, et al. Changes in cognitive coping skills and social support during cognitive behavioral stress management intervention and distress outcomes in symptomatic human immunodeficiency virus (HIV)-seropositive gay men. *Psychosomatic Medicine* 1998;60:204–214. [PubMed: 9560871]
- Major B, Cozzarelli C, Sciacchitano AM, Cooper ML, Testa M, Mueller PM. Perceived social support, self-efficacy, and adjustment to abortion. *Journal of Personality and Social Psychology* 1990;59:452–463. [PubMed: 2231279]
- Major B, Gramzow RH. Abortion as stigma: Cognitive and emotional implications of concealment. *Journal of Personality and Social Psychology* 1999;77:735–745. [PubMed: 10531670]
- Manne S, Ostroff J, Rini C, Fox K, Goldstein L, Grana G. The interpersonal process model of intimacy: The role of self-disclosure, partner disclosure, and partner responsiveness in interactions between breast cancer patients and their partners. *Journal of Family Psychology* 2004;18:589–599. [PubMed: 15598164]
- Mendoza-Denton R, Downey G, Purdie VJ, Davis A, Pietrzak J. Sensitivity to status-based rejection: Implications for African American students' college experience. *Journal of Personality and Social Psychology* 2002;83:896–918. [PubMed: 12374443]
- Miller LC. Intimacy and liking: Mutual influence and the role of unique relationships. *Journal of Personality and Social Psychology* 1990;59:50–60. [PubMed: 2213489]
- Miller LC, Kenny DA. Reciprocity of self-disclosure at the individual and dyadic levels: A social relations analysis. *Journal of Personality and Social Psychology* 1986;50:713–719.
- Muller D, Judd CM, Yzerbyt VY. When moderation is mediated and mediation is moderated. *Journal of Personality and Social Psychology* 2005;89:852–863. [PubMed: 16393020]
- Omarzu J. A disclosure decision model: Determining how and when individuals will self-disclose. *Personality and Social Psychology Review* 2000;4:174–185.
- Overall NC, Fletcher GJO, Simpson JA, Sibley CG. Regulating partners in intimate relationships: The costs and benefits of different communication strategies. *Journal of Personality and Social Psychology* 2009;96:620–639. [PubMed: 19254108]
- Pachankis JE. The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin* 2007;133:328–345. [PubMed: 17338603]
- Park CL, Folkman S. Meaning in the context of stress and coping. *Review of General Psychology* 1997;1:115–144.
- Pennebaker JW. Writing about emotional experiences as a therapeutic process. *Psychological Science* 1997;8:162–166.
- Pennebaker, JW. Emotion, disclosure, and health: An overview. In: Pennebaker, JW., editor. *Emotion, disclosure, & health*. American Psychological Association; Washington, DC: 1995. p. 3-10.
- Pennebaker JW, Barger SD, Tiebout J. Disclosure of traumas and health among holocaust survivors. *Psychosomatic Medicine* 1989;51:577–589. [PubMed: 2798704]
- Pennebaker JW, Hughes CF, O'Heeron RC. The psychophysiology of confession: Linking inhibitory and psychosomatic processes. *Journal of Personality and Social Psychology* 1987;52:781–793. [PubMed: 3572739]
- Pennebaker JW, Kiecolt Glaser JK, Glaser R. Disclosure of traumas and immune function: Health implications for psychotherapy. *Journal of Consulting and Clinical Psychology* 1988;56:239–245. [PubMed: 3372832]
- Pennebaker J, O'Heeron R. Confiding in others and illness rate among spouses of suicide and accidental-death victims. *Journal of Abnormal Psychology* 1984;93:473–476. [PubMed: 6512092]
- Petrie KJ, Fontanilla I, Thomas MG, Booth RJ, Pennebaker JW. Effect of written emotional expression on immune function in patients with human immunodeficiency virus infection: A randomized trial. *Psychosomatic Medicine* 2004;66:272–275. [PubMed: 15039514]
- Petronio, S. *Boundaries of privacy: Dialectics of disclosure*. State University of New York Press; Albany, NY: 2002.
- Pinel EC. Stigma consciousness: The psychological legacy of social stereotypes. *Journal of Personality and Social Psychology* 1999;76:114–128. [PubMed: 9972557]

- Quattrone GA, Jones EA. Selective self-disclosure with and without correspondent performance. *Journal of Experimental Social Psychology* 1978;14:511–526.
- Quinn DM, Chaudoir SR. Living with a concealable stigmatized identity: The impact of anticipated stigma, centrality, salience, and cultural stigma on psychological distress and health. *Journal of Personality and Social Psychology* 2009;97:634–651. [PubMed: 19785483]
- Quinn, DM. Concealable versus conspicuous stigmatized identities. In: Levin, S.; van Laar, C., editors. *Stigma and group inequality: Social psychological perspectives*. Lawrence Erlbaum Associates; Mahwah, NJ: 2006. p. 83-103.
- Quinn DM, Kahng SK, Crocker J. Discreditable: Stigma effects of revealing a mental illness history on test performance. *Personality and Social Psychology Bulletin* 2004;30:803–815. [PubMed: 15200689]
- Ragins BR. Disclosure disconnects: Antecedents and consequences of disclosing invisible stigmas across life domains. *Academy of Management Review* 2008;33:194–215.
- Ragins BR, Singh R, Cornwell JM. Making the invisible visible: Fear and disclosure of sexual orientation at work. *Journal of Applied Psychology* 2007;92:1103–1118. [PubMed: 17638468]
- Rao D, Kekwaletswe TC, Hosek S, Martinez J, Rodriguez F. Stigma and social barriers to medication adherence with urban youth living with HIV. *AIDS Care* 2007;19:28–33. [PubMed: 17129855]
- Reis, HT.; Gable, SL. Event-sampling and other study methods for studying everyday experience. In: Reis, HT.; Judd, CM., editors. *Handbook of research methods in social and personality psychology*. Cambridge University Press; Cambridge, UK: 2000. p. 190-222.
- Reis, HT.; Patrick, BC. Attachment and intimacy: Component processes. In: Higgins, ET.; Kruglanski, AW., editors. *Social psychology: Handbook of basic principles*. Guilford Press; New York, NY: 1996. p. 523-563.
- Reis, HT.; Shaver, P. Intimacy as an interpersonal process. In: Duck, S., editor. *Handbook of personal relationships: Theory, research and interventions*. John Wiley & Sons; Oxford, England: 1988. p. 367-389.
- Rodriguez RR, Kelly AE. Health effects of disclosing secrets to imagined accepting versus nonaccepting confidants. *Journal of Social & Clinical Psychology* 2006;25:1023–1047.
- Ruggiero K. Is disclosure of childhood rape associated with mental health outcome? Results from the national women's study. *Child Maltreatment* 2004;9:62–77. [PubMed: 14870998]
- Sarason, BR.; Sarason, IG.; Gurung, RAR. Close personal relationships and health outcomes: A key to the role of social support. In: Sarason, BR.; Duck, S., editors. *Personal relationships: Implications for clinical and community psychology*. John Wiley & Sons Ltd.; New York, NY: 2001. p. 15-41.
- Schneider BE. Coming out at work: Bridging the private/public gap. *Work and Occupations* 1986;13:463–487.
- Serovich JM, Oliver DG, Smith SA, Mason TL. Methods of HIV disclosure by men who have sex with the men to casual sexual partners. *AIDS Patient Care and STDs* 2005;19:823–832. [PubMed: 16375614]
- Serovich JM, Reed S, Graftsky EL, Andrist D. An intervention to assist men who have sex with men disclose their serostatus to casual sex partners: Results from a pilot study. *AIDS Education and Prevention* 2009;21:207–219. [PubMed: 19519236]
- Sherman BF, Bonanno GA, Wiener LS, Battles HB. When children tell their friends they have AIDS: Possible consequences for psychological well-being and disease progression. *Psychosomatic Medicine* 2000;62:238–247. [PubMed: 10772404]
- Siegel K, Lune H, Meyer IH. Stigma management among Gay/Bisexual men with HIV/AIDS. *Qualitative Sociology* 1998;21:3–24.
- Simoni JM, Mason HRC, Marks G, Ruiz MS, Reed D, Richardson JL. Women's self-disclosure of HIV infection: Rates, reasons, and reactions. *Journal of Consulting and Clinical Psychology* 1995;63:474–478. [PubMed: 7608361]
- Simoni, JM.; Pantalone, DW. HIV disclosure and safer sex. In: Kalichman, SC., editor. *Positive prevention: Sourcebook for HIV prevention with people living with HIV/AIDS*. Kluwer; New York: 2005. p. 65-98.

- Smart L, Wegner DM. Covering up what can't be seen: Concealable stigma and mental control. *Journal of Personality and Social Psychology* 1999;77:474–486. [PubMed: 10510504]
- Smith R, Rossetto K, Peterson BL. A meta-analysis of disclosure of one's HIV-positive status, stigma and social support. *AIDS Care* 2008;20:1266–1275. [PubMed: 18608080]
- Smyth JM. Written emotional expression: Effect sizes, outcome types, and moderating variables. *Journal of Consulting and Clinical Psychology* 1998;66:174–184. [PubMed: 9489272]
- Steele, CM.; Spencer, SJ.; Aronson, J. Contending with group image: The psychology of stereotype and social identity threat. In: Zanna, MP., editor. *Advances in experimental social psychology*. Academic Press; San Diego, CA: 2002. p. 379-440.
- Stirrat MJ, Remien RH, Smith A, Copeland OQ, Dolezal C, Krieger D. The role of HIV serostatus disclosure in antiretroviral medication adherence. *AIDS and Behavior* 2006;10:483–493. [PubMed: 16721505]
- Strachan ED, Bennett WRM, Russo J, Roy-Byrne PP. Disclosure of HIV status and sexual orientation independently predicts increased absolute CD4 cell counts over time for psychiatric patients. *Psychosomatic Medicine* 2007;69:74–80. [PubMed: 17167125]
- Strachman A, Gable SL. What you want (and do not want) affects what you see (and do not see): Avoidance social goals and social events. *Personality and Social Psychology Bulletin* 2006;32:1446–1458. [PubMed: 17030887]
- Suarez TP, Kelly JA, Pinkerton SD, Stevenson YL, Hayat M, Smith MD, et al. Influence of a partner's HIV serostatus, use of highly active antiretroviral therapy, and viral load on perceptions of sexual risk behavior in a community sample of men who have sex with men. *Journal of Acquired Immune Deficiency Syndromes* 2001;28:471–477. [PubMed: 11744837]
- Tajfel, H.; Turner, JC. The social identity theory of intergroup behavior. In: Worchel, S.; Austin, WG., editors. *Psychology of intergroup relations*. Nelson-Hall Publishers; Chicago, IL: 1986. p. 7-24.
- Taylor DA, Altman I. Self-disclosure as a function of reward-cost outcomes. *Sociometry* 1975;38:18–31. [PubMed: 1124400]
- Taylor DA, Altman I, Sorrentino R. Interpersonal exchange as a function of rewards and costs and situational factors: Expectancy confirmation-disconfirmation. *Journal of Experimental Social Psychology* 1969;5:324–339.
- Taylor DA, Wheeler L, Altman I. Self-disclosure in isolated groups. *Journal of Personality and Social Psychology* 1973;26:39–47. [PubMed: 4695487]
- Tennen, H.; Affleck, G.; Armeli, S. Daily processes in health and illness. In: Suls, J.; Wallston, KA.; Suls, J.; Wallston, KA., editors. *Social psychological foundations of health and illness*. Blackwell Publishing; Malden, MA: 2003. p. 495-529.
- Tröster H. Coping with the stigma of epilepsy. *Psychology, Health and Medicine* 1998;3:149–161.
- Turner RN, Hewstone M, Voci A. Reducing explicit and implicit outgroup prejudice via direct and extended contact: The mediating role of self-disclosure and intergroup anxiety. *Journal of Personality and Social Psychology* 2007;93:369–388. [PubMed: 17723054]
- Uchino BN. Understanding the links between social support and physical health: A life-span perspective with emphasis on the separability of perceived and received support. *Perspectives on Psychological Science* 2009;4:236–255.
- Ullman SE. Social reactions to child sexual abuse disclosures: A critical review. *Journal of Child Sexual Abuse* 2003;12:89–121. [PubMed: 16221661]
- Ullman SE. Social reactions, coping strategies, and self-blame attributions in adjustment to sexual assault. *Psychology of Women Quarterly* 1996;20:505–526.
- Ullman SE, Filipas HH. Predictors of PTSD symptom severity and social reactions in sexual assault victims. *Journal of Traumatic Stress* 2001;14:369–389. [PubMed: 11469163]
- Ullrich PM, Lutgendorf SK, Stapleton JT. Concealment of homosexual identity, social support and CD4 cell count among HIV-seropositive gay men. *Journal of Psychosomatic Research* 2003;54:205–212. [PubMed: 12614830]
- Waddell EN, Messeri PA. Social support, disclosure, and use of antiretroviral therapy. *AIDS and Behavior* 2006;10:263–272. [PubMed: 16496089]

- Walther JB, Loh T, Granka L. Let me count the ways: The interchange of verbal and nonverbal cues in computer-mediated and face-to-face affinity. *Journal of Language and Social Psychology* 2005;24:36–65.
- Zea MC, Reisen CA, Poppen PJ, Bianchi FT, Echeverry JJ. Predictors of disclosure of human immunovirus-positive serostatus among Latino gay men. *Cultural Diversity and Ethnic Minority Psychology* 2007;13:304–312. [PubMed: 17967098]
- Zea MC, Reisen CA, Poppen PJ, Bianchi FT, Echeverry JJ. Disclosure of HIV status and psychological well-being among Latino gay and bisexual men. *AIDS and Behavior* 2005;9:15–26. [PubMed: 15812610]

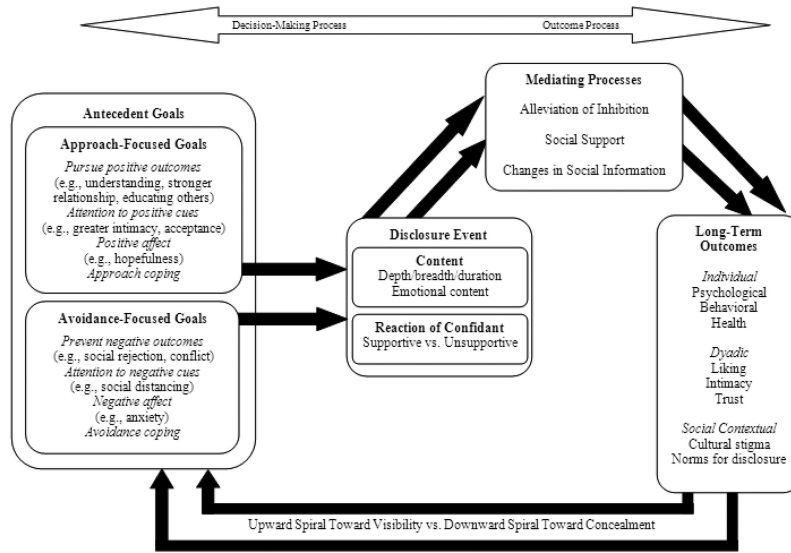


Figure 1.

Table 1

Mediating processes of disclosure

Disclosure Mediating Process			
	Alleviation of inhibition	Social support	Changes in social information
Type of process	Individual	Social	Social
Description of process	Disclosure allows people to express personally relevant, previously suppressed information.	Disclosure allows people to garner social support or social rejection.	Disclosure adds new information about a concealable stigmatized identity to the shared information between individuals and the broader social context and can, therefore, impact subsequent social interactions.
Long-term outcomes potentially affected	<i>Individual:</i> Psychological Well-being (e.g., distress, intrusive thoughts) and Health Well-being (e.g., general functioning, illness progression)	<i>Individual:</i> Psychological Well-being (e.g., distress, job satisfaction), Behavior (e.g., task performance), Health Well-being (e.g., illness progression) <i>Dyadic:</i> Liking, Intimacy, Trust	<i>Individual:</i> Behavior (e.g., behaviors that may “out” the discloser) <i>Dyadic:</i> Behavior (e.g., sexual risk) <i>Social contextual:</i> Cultural stigma, Norms for disclosure
Effect of approach disclosure goals	None.	Individuals with greater approach goals may be able to garner more positive confidant responses, be more likely to attend to positive cues in the event, and be able to find benefits of disclosure even in the face of negative confidant responses.	None.
Effect of avoidance disclosure goals	Individuals with greater avoidance goals may benefit more.	Individuals with greater avoidance goals may be less adept at garnering positive confidant responses, be more likely to attend to negative cues in the event, and may focus on the potential to be rejected after the event.	None.