

# Someone to talk to: views and experiences of emotional support



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Centre for Research on Families and Relationships • Briefing 55 • April 2011

## References

Anderson S, Brownlie J and Given L (2009) 'Therapy Culture. Attitudes towards emotional support in Britain' in A Parks (eds) *British Social Attitudes Survey 25th Report*. London: Sage <http://www.yudu.com/britishsocialattitudes-25threport-chapter7/>

Anderson S, and Brownlie J (2011) "Build it and they will come?": *British Journal of Guidance and Counselling* 39 (1): 53-66

Brownlie J (forthcoming) "Being there": Multidimensionality and The Study of Emotional Lives" *British Journal of Sociology*

Brownlie J (2011) "Not going there": Limits to the professionalisation of emotional lives" *Sociology of Health and Illness* 33(1):130-144

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The Someone To Talk To Study was funded by the ESRC (RES-062-23-0468).

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## Someone to talk to: views and experiences of emotional support

We are told that 'emotional culture' in Britain is changing. But have we actually become more emotionally open? Are we now more comfortable talking about our emotions, both to those we know and to those 'trained to listen'? Do we view ourselves as emotionally vulnerable? While there are numerous studies of the experiences of those who use services, we actually know very little about the emotional life and needs of the broader population and about everyday experiences of 'getting through'. The Someone To Talk To study (STTTS) looks at how people deal with difficulties in their emotional lives and, in particular, at the role and limits of talk.

### The research

The study employed a range of methods, including a set of questions in the 2007 British Social Attitudes survey (BSA) and a series of 52 in-depth interviews with men and women from different age groups and backgrounds (described fully in Brownlie, forthcoming).

### No more stiff upper lip?

It has been claimed in recent years that emotional culture in Britain is changing; that we are moving from a society characterised by reserve and 'stiff upper lip' to a 'therapeutic culture' in which we are preoccupied with talk about our emotional lives, increasingly dependent on professionals and surrounded by ideas drawn from the therapeutic sphere. Some have claimed that this has undermined networks of informal support and individuals' ability to recover quickly from misfortune.

The STTTS provides evidence which supports some aspects of this 'therapeutic culture' thesis while challenging others.

What is clear from the survey is that most people do now seem to be relatively comfortable talking about their feelings. Around two thirds agreed with the statement, 'It's important to me to be able to talk about my feelings' while a similar proportion agreed that they found it 'easy' to do so. There is also a widespread belief that 'people talk more about their

## Key points

- People in Britain are now relatively open to the idea of talking about their feelings or emotions, but attitudes towards such talk remain strongly related to gender and age group and the interaction between the two. In general, younger people and women have more positive attitudes towards such talk, but older women are more resistant, suggesting that there is a generational as well as a gender effect
- There is still widespread resistance to the idea of seeking 'professional' support in the face of everyday emotional difficulties and the actual experience of talking to therapeutic professionals remains rare. Only a very small minority have actually sought formal support and usually only in extreme circumstances
- Not surprisingly, those with poor mental well-being and mental health problems are more likely to use formal support services. But among this group, those from poorer households are relatively less likely to have had talk-based support and more likely to have taken prescription medication in the face of emotional difficulties
- Most people have powerful informal networks capable of offering emotional support and rely on a range of non talk-based strategies – like exercising or listening to music – to get through difficult times
- The belief that things are not bad enough to justify professional involvement; and a deep-seated unease about talking to strangers linked to a commitment to maintaining privacy helps to explain why most people do not turn to professional support
- People continue to be constrained by cultural rules which shape what is allowed to be said and how it should be said, but these are different for men and for women. Women express concern about over-burdening others, while men are typically concerned about issues of shame

feelings nowadays' and some clear patterns by age group which support the idea that society is becoming more emotionally 'open' over time (Anderson et al, 2009).

### Emotional culture or cultures?

But is it misleading to talk in terms of a single 'emotional culture' in the UK? Attitudes towards talk about emotions actually vary a great deal by age group and gender, and by the interaction of these with other factors such as class and education. For example, almost half of women under the age of 25 belong to the group that is 'most positive' about talking about feelings, compared with only around a fifth of men of the same age. But this isn't about gender differences per se - what is really interesting is the way that age group and gender interact. Those aged over 65 – the stoical, 'mustn't grumble' generation – are generally much less positive about the value of emotions talk, so that older women have more in common with older men than they do with younger women. Such findings clearly undermine attempts (of the kind found in much popular debate) to generalise about the differences between men and women in relation to emotions.

### The limits of professional support

It would also be a mistake to assume that a degree of comfort with talking about emotions is the same as feeling comfortable talking to professionals. The BSA figures suggest that there is still significant resistance to the idea of formal emotional support. While around 6 people in 10 indicated they would feel comfortable talking to a GP if they were feeling 'worried, stressed or down', only 38% said that they would feel comfortable talking to a therapist or counsellor. Part of the explanation here may relate to stigma: 43% agreed with the statement 'if I had seen a therapist or counsellor I wouldn't want anybody to know'.

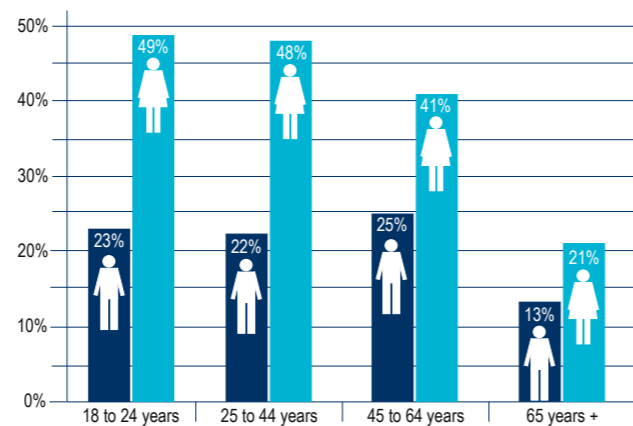
The limits of the therapeutic are also evident in data relating to actual behaviour. A sizeable proportion of all adults had, at some stage consulted their GP when feeling 'worried, stressed or down' (a quarter had done so in the past year); but only 16% had any experience of talking to professionals in the fields of psychiatry, psychology, or counselling while 6% had done so within the past year

Those who had sought such support tended to have experienced low levels of mental well-being or serious mental health problems. So use of the 'talking therapies' appears to be associated with relatively serious emotional difficulties, rather than being a self-absorbed indulgence of the kind often portrayed in popular culture. That said, the study also suggests that those from poorer backgrounds – regardless of need – are more likely to be prescribed medication and less likely to receive talk-based therapy.

### Friends and family: still our first port of call

The study suggests that most people still have powerful informal networks which offer emotional support. The

Attitudes to emotions talk: percentage belonging to 'most positive' group by age group and gender



proportion who said they had talked to close friends or family about an emotional problem 'in the last month', remains higher than the proportion who had used any form of formal emotional support ever (47% compared with 40%). While this is not a like-for-like comparison, it usefully counteracts the image of a highly professionalised emotional culture.

### Understanding the limits of talk

Availability, affordability and access are at the centre of policy debate around talking therapies. Important though these issues are, the interviews from the STTTS suggest a number of other factors that help to explain why some people do not talk about their emotions to professionals or, indeed, to anyone else. These factors include the limits of language for representing some experiences but they also include social constraints.

People continue to be constrained by cultural rules which shape what is allowed to be said and how it should be said, but these are different for men and for women. Women express concern about over-burdening others, while men are typically preoccupied with the need for action rather than talk and concerned about issues of shame.

But these rules are worked out through particular relationships: who is there to talk to and the quality of the listening are also issues. In other words, there is little point in talking if there is no one there to listen and to listen well. The nature of these constraints not only varies across the population but – for both men and women - across their lifetimes, as the role of parents, partners and close friends waxes and wanes.

Participants identified material or structural constraints which interact with the cultural rules just mentioned. Some people simply have less time/energy than others to engage in emotions talk both because of financial pressures and work patterns. As one participant put it – 'We have a Tesco uniform and we have pyjamas, because that is our lives' (q67).

### Policy/research implications

- The research suggests that views and experiences of 'emotional culture' in Britain are far from uniform and highlights the need for service providers to take account of the cultural 'starting points' of different population groups in planning appropriate services. There is, for example, a generational effect which marks out those born, roughly, before the end of the Second World War as very different from subsequent age groups. This has implications both for the type of support offered to older people currently and for possible changes in the demand for psychological therapies and other forms of support as the 'baby boomer' generation enters older age (see Anderson and Brownlie, 2011)
- People use a range of strategies to get through emotional difficulties – and not just talk. Policy needs to take account of the emotional content of non talk-based services (such as home helps) and also enable people to draw on existing networks of informal support. But there are also important questions about how we are to make sense of this 'not talking'. Should it be considered as a sign of resilience or of emotional failing; as something to be encouraged or overcome?
- GPs have a particularly important role as a source of information and access to support. But we need to understand more about their role in patterns of use of prescription medication and access to talk-based therapy. This implies a closer study of GP-patient interactions around emotional support and the cultural assumptions that underpin decisions on both sides

These issues help to explain why people may be resistant to the idea of emotions talk in general. But there are two other crucial factors that shape decisions not to turn to professionals in relation to our emotional lives: first, the belief that things are not bad enough to justify professional involvement; and secondly, a deep-seated unease about talking to strangers linked to a commitment to maintaining privacy (Brownlie, 2011).

### The importance of non talk-based responses

The study also suggests that non-talk based responses to emotional difficulties are overlooked in a culture increasingly assumed to be obsessed with disclosure and 'unburdening'.

Roughly half (52%) those interviewed saying they would be 'very' or 'fairly likely' to 'bottle things up' at times when they were feeling worried stressed or down. Over half say they would be very or fairly likely to try to take their mind off their concerns through exercise of some kind (58%). Again, there are key gender and age differences here – for example, men and older people in general are much more likely to say that they would respond by bottling things up.

Those who took part in the in-depth interviews also mentioned a range of wider coping strategies including walking the dog, driving and listening to music (the latter, especially, among men).

'It's not the kind of thing that I've thought I'll sit down and talk through with Emma (wife). Erm, I'd rather kind of go upstairs and have the music'

These activities can, in part, be thought of as ways of escaping within or from one's self. The former can involve

people needing to create a mental space where they are alone, such as sitting in the car during work time or wearing headphones in the house. Other strategies involve an escape from the self at difficult times, by losing or immersing oneself in other people, activities or particular places.

### 'Being there'

Interviewees also described others 'being there' for them in diverse and often non-talk based ways. Sometimes this was active, involving practical support. At other times, others might be present but passive - one interviewee, for example, referred to their partner simply being alongside them, 'seeing out the time of my depression' - or physically absent but emotionally close, providing a sense that they are 'there' if needed. Younger people increasingly used social media, especially texting as a means of being in contact.

This is not, then, just about emotional needs being met informally rather than by professionals: it is also about them being met in ways which cannot easily be replicated by therapeutic professionals.

### Getting through

Despite claims that we increasingly think of ourselves in terms of our emotional vulnerabilities, being vulnerable is not how most people choose to interpret their way of being in or getting by in the world. Instead, people often talk in terms of 'having to get on with things' - a way of getting through which, depending on circumstances, could be read as either resilience or resignation. Again these accounts are shaped by gender, age and class, and by individual experiences and memories of family and other relationships.