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SELF-DISCLOSURE BY MARITAL THERAPISTS.  
AND CONSEQUENT SPOUSE RESPONSES

by  
Yolande Roy-Cyr

Thesis presented to the School of Graduate Studies  
and Research as partial fulfillment of the  
Doctor of Philosophy degree in Clinical Psychology

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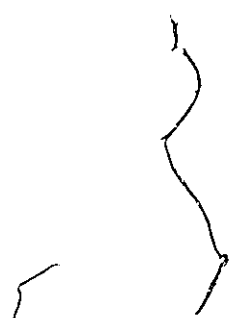
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UNIVERSITÉ D'OTTAWA  
UNIVERSITY OF OTTAWA

To Jean

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## CURRICULUM STUDIORUM

Yolande Roy-Cyr was born in Saskatchewan. She completed her registered nurse's training at the St. Boniface School of Nursing, Manitoba. She received her Honours B.A. in psychology from the University of Ottawa in 1976, and her M.A. in psychology in 1979 from the same university. The title of her Masters thesis was: "Le modèle Marriage Encounter en croissance conjugale et la perception que les époux ont de leur relation".

# ABSTRACT

The literature suggests that therapist self-disclosure serves two main functions: a modeling function which promotes client self-disclosure, and a rapport-building function which promotes the client/therapist relationship. The purpose of this in vivo research was to assess consequent spouse responses to self-disclosure by marital therapists. Two studies were conducted: Study 1 was completely naturalistic, and Study 2 followed a field experiment paradigm.

In both studies, therapist self-disclosure led, as predicted, to consequent spouse responses of attraction to the therapist. There was no evidence to suggest that the degree of similarity between the therapist's self-disclosure and the client's antecedent statement affected the occurrence of client attraction or negative responses.

In Study 1, therapist self-disclosures contributed to a higher proportion of self-referents in consequent client self-disclosures than did therapist statements in which self-disclosure did not occur. In Study 2, here-and-now therapist self-disclosures led, as predicted, to a higher intensity of affect in consequent client self-disclosures than did therapist self-disclosures which were not formulated in the here-and-now. Also, here-and-now therapist self-disclosures contributed, for male spouses only, to a higher frequency of client self-disclosures.

Some of the results of Study 1 suggest inverse relationships. Therapist self-disclosures led to a lower frequency of client self-disclosures than did therapist statements in which self-disclosure did not occur, and here-and-now therapist self-disclosures led to a



lower intensity of affect in client self-disclosure than did non here-and-now types.

In both studies, separate tests for male and female spouses pointed to several sex differences, and suggest that the effects of client/therapist gender interactions on consequent spouse responses would warrant further investigation.

The greater support found in both studies for the client attraction response than for the client self-disclosure response, implies that therapist self-disclosure is one mechanism whereby the client/therapist relationship is facilitated. If therapist self-disclosure is intended to produce client self-disclosure, results of Study 2 suggest that therapist self-disclosures in the here-and-now may strengthen the modeling effect. Other theoretical frameworks, such as a communication systems model, could be considered for future research on self-disclosure by marital therapists.

Note: The pronoun "he" is used in this thesis to indicate therapists and/or clients of either gender without implying that being a therapist or client is restricted to either sex.

The words therapist, counselor, and clinician are used interchangeably as are the words patient and client.

Marital therapy refers to therapy for couples, whether they are married or not, and the word spouse, in its broadest sense, defines a person in a close relationship with another person.

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## Chapter I

### REVIEW OF THE LITERATURE

The purpose of this in vivo research is to study consequent spouse responses to self-disclosure by marital therapists. Therapist self-disclosures will be considered as those statements in which the therapist speaks about himself.

Past research has been guided by several theoretical models in explaining and testing the effects of self-disclosure both in interpersonal and therapeutic relationships (Archer, 1979; Cozby, 1973; Derlega & Chaikin, 1975; Doster & Nesbitt, 1979). However, few researchers have used real therapy data to verify the consequences of self-disclosure by the therapist. In an attempt to discover how therapist self-disclosure may further the therapeutic process, this researcher will use actual marital therapy data to assess consequent spouse responses according to predictions drawn from clinical assumptions, other theoretical concepts, and previous research.

#### Definition of Therapist Self-disclosure

##### Therapist Self-disclosure Defined in the Clinical Literature

Individual therapy. Freud (1958/73) alluded to therapist self-disclosure as bringing one's own individuality into the analytic session. More recently, self-disclosure has been associated with

transparency and authenticity (Jourard, 1964, 1968, 1971a, 1971b); being congruent or genuine (Carkhuff, 1969; Rogers, 1957); or being one's self or being real (Weiner, 1978). Orlinsky and Howard (1978) summarize these various positions when they state:

A qualitative aspect of therapist role investment is reflected in the degree of transparency or self-disclosure assumed by the therapist, which parallels to some extent the patient's perception of therapist genuineness and authenticity (p. 303).

Recently, counselors and therapists have added specificity to definitions of therapist disclosure by referring to the therapist's sharing of past or present personal experiences (Egan, 1975; Ivey, & Simek-Downing, 1980). For example, Cormier and Cormier (1979) describe therapist self-disclosure as a sharing response and distinguish between two main types: disclosure and immediacy responses. A disclosure response includes a broad variety of information about the therapist or counselor whereas an immediacy response includes the sharing of the therapist's personal feelings and reactions to the client within the therapy session. Similarly, D'Augelli, D'Augelli, and Danish (1981), differentiate between self-disclosing and self-involving responses. These two major types of therapist disclosures may well elicit different client responses.

Marital and family therapy. In marital and family therapy, therapist self-disclosure has been discussed under such titles as the use of self (Ackerman, 1966; Bloch & LaPerriere, 1973; Kramer, 1980; Luthman & Kirschenbaum, 1974), and being oneself (Barnard & Corrales, 1979). A more specific definition is provided by Friedman (1974) who

describes therapist self-disclosure as a technique in which the "therapist talks about his own self, spouse, extended family, job etc., including his feelings, thoughts, conflicts, goals, plans" (p. 262).

Although marital and family therapists do not always distinguish clearly between different types of therapist disclosure, the literature suggests that therapists disclose both past personal experiences as well as current personal feelings and reactions to the spouses or family members (Barnard & Corrales, 1979; Bloch & LaPerriere, 1973; Kempler, 1981; Kramer, 1980; Skynner, 1981; Whitaker & Keith, 1981). Because the therapist is considered as an "acting and reacting part of the therapeutic system" (Minuchin, 1976, p. 91), he may share his immediate personal reactions with the family members. This description of therapist self-disclosure parallels Cormier and Cormier's (1979) immediacy response and the self-involving response identified by Danish, D'Augelli, and Brock (1976). Likewise, Minuchin (1976) discusses the therapist's sharing of human experiences which have some communality with the client's experiences. This resembles Cormier and Cormier's definition of self-disclosure responses and Danish et al's self-disclosing responses.

#### Therapist Self-disclosure Defined in the Research Literature

Therapist self-disclosure has been operationalized in the research literature according to coding systems designed to differentiate it from other kinds of interventions, as well as according to various quality

measures and typologies relating specifically to therapist self-disclosure.

Some therapist coding systems have been developed with sub-categories which identify those statements in which the therapist talks about himself (Hill, 1978; Mahrer, Fellers, Durak, Gervaise, & Brown, 1981). Stiles (1979) has similarly developed a coding system in which therapist utterances are categorized either as self-disclosure or as some other type of intervention. However, Stiles has made a further distinction in coding therapist disclosure according to both form and intent. These previous systems do not allow for the rating of quality of self-disclosure or for different types of disclosures.

Carkhuff's (1969) scale can be used to rate therapist self-disclosure along a continuum of intensity or intimacy. Moss (1978) has provided for the rating of self-disclosure along several qualitative dimensions such as desirability, distance, concreteness, affect, vocal intensity, and congruity. These scales demonstrate that therapist self-disclosure can also be rated according to process or in relationship to the how of self-disclosure.

General definitions of therapist self-disclosure have been further specified according to the type of self-disclosure. Simonson and Bahr (1974) studied the effects of demographic versus personal disclosures. Their distinction between these two types of disclosure is rather vague and relates to the degree to which the therapist provides demographic versus personally revealing information. Four recent studies (Dowd & Boroto, 1982; McCarthy, 1979, 1982; McCarthy & Betz, 1978) have

distinguished between self-involving and self-disclosing responses as defined by Danish et al (1976). Dowd and Boroto further subdivided self-disclosing responses into past versus present disclosures; McCarthy (1982) distinguished between high and low intimacy disclosures according to the feelings expressed by the "counselor".

Trends in clinical and research literature on therapist self-disclosure suggest that therapist disclosure can be measured along a variety of dimensions relating to both content and quality. To not take at least some of these into account in the study of therapist disclosure may lead to an incomplete picture of the consequences which this type of intervention may elicit. Two main types of therapist disclosure emerge repeatedly: one relates to ongoing feelings and reactions to clients within the therapy session and another relates to the therapist's personal experiences which have taken place outside the therapy session. A definition of therapist self-disclosure should at least allow for the inclusion of these two types.

#### Therapist Self-disclosure Defined in this Study

Therapist self-disclosure in the present study will first be defined broadly as any information about himself which the marital therapist conveys verbally to one or both spouses in the context of a therapy session. This information may include statements in which the therapist talks about his feelings, thoughts, values, attitudes, experiences, fantasies, relationship with his own spouse or family, as well as problems, therapeutic "errors" and personal hopes. This broad

definition will be refined further to account for at least two different and mutually exclusive categories of therapist self-disclosure interventions; ongoing feelings or reactions within the therapy session and personal information related to the therapist's own life. These categories resemble Kiesler, Sheridan, Winter, and Kolevzon's (1981) impact disclosure and self-disclosure categories and will be discussed further in the methodology section of the present study.

#### Sidney Jourard: The Leading Proponent of Therapist Self-disclosure

The term self-disclosure attributed to Jourard describes the way in which one person makes himself known to another (Cozby, 1973). Jourard's theoretical writings and numerous empirical studies have laid the groundwork and provided the impetus for subsequent research on self-disclosure (Derlega & Chaikin, 1975).

This section reviews Jourard's conceptual stance on self-disclosure in general and on the use of therapist self-disclosure in particular, as well as its implications for clinical research and practice.

#### Jourard's View of the Healthy Personality

Sidney Jourard's teachings and clinical approach are firmly embedded within the existential/humanistic framework (Doster & Nesbitt, 1979; Jourard, 1968, 1971a,b,c, 1976a; Jourard & Landsman, 1974; Poppen, Wandersman, & Wanderman, 1976). Jourard views man as basically a



responsible being who can experience himself and his world and freely act upon it. Man must therefore not be seen as an object or thing to be controlled, but as a person capable of increasing his own self-awareness and of demonstrating the 'courage to be'. According to Jourard, "this term implies knowing and disclosing one's feelings and beliefs, and taking the consequences which follow from such assertion" (Jourard & Landsman, 1974, p. 14).

Jourard's singular contribution to clinical psychology has been to elucidate the term self-disclosure and to expand upon the relationship between transparency and the healthy personality. Jourard postulates that to be normal is not necessarily to be healthy and that sickness is due to repeated patterns of inauthenticity. The normal person appropriately fills in one's social role but may nonetheless suffer from feelings of boredom and anxiety and be thwarted in one's growth.

Complete self-disclosure, to at least one other significant person, allows for increasing knowledge of one's real self and the possibility of accompanying behavior change. Jourard believes that the most powerful determinant of the other's self-disclosure is the extent to which one is willing to be open himself. Jourard calls this process the dyadic effect and much of his research was designed to test the validity of this postulate (cf. review, 1971c).

Given this postulated and demonstrated dyadic effect, and the assumption that self-disclosure is so important to the healthy personality as well as to the process of psychotherapy, it follows that the effective psychotherapist should engage in self-disclosure, not only

in his personal life, but within the therapy hour he shares with his patient.

### Implications for Clinical Practice and Research

Jourard's writings provide practicing therapists with some guidelines as to the meaning of therapist self-disclosure, the way it should be used, as well as to the consequences this particular therapist response may elicit.

Jourard's definition of self-disclosure. According to Jourard, disclosure of oneself is a behavioral manifestation of transparency which can be provided through many channels, both verbal and non-verbal. He defines self-disclosure as, "the act of making yourself manifest, showing yourself so others can perceive you" (1971b, p. 19) or as, "the act of revealing personal information to others" (1971c, p. 2). As for therapist self-disclosure, when he likens his disclosures to the concept of congruence described by Rogers (1961), Jourard leans towards the here-and-now disclosure of feelings/reactions. Jourard also suggests that therapist self-disclosure need not include details about the therapist's life outside the therapy session. However, in reality, Jourard also shares experiences taken from his personal life (1976b).

Conditions to the use of therapist self-disclosure. Jourard places few limitations on the therapist's sharing of himself, although he admits that the existence of mutual openness between therapist and patient varies extensively from situation to situation (1968). Jourard contends that, to be effective, the therapist must be an exemplar of

authenticity, and implies that the therapist should disclose spontaneously. Therapist self-disclosure should thus not be used as a stereotyped technique although it may be viewed as such for research and/or teaching purposes.

Trust is the encompassing principle which facilitates openness. An individual will therefore be more likely to self-disclose if he trusts that his disclosures will be unconditionally received, and that it is in his best interest to make himself known. For these reasons, Jourard stipulates that patients in therapy will usually self-disclose without the expectation of reciprocal disclosure from the therapist.

Consequences of therapist self-disclosure. The leading consequence to self-disclosure is that it will bring about reciprocal self-disclosure. This dyadic effect may also occur between patient and therapist. Despite the observation that patients generally self-disclose in therapy, Jourard implies that therapist self-disclosure is one way, and probably the most effective way, of facilitating this process. This does not preclude the therapist's use of other interventions. Jourard states, "You see, there's a lot more to being helpful than modeling. There's discussion, there's argument, there's clarification" (p. 51, 1976a).

The second consequence to therapist self-disclosure is not made as explicit by Jourard as that of the dyadic effect. Rather, Jourard implies that therapist self-disclosure will contribute to the development of the "I-Thou" relationship (Buber, 1958, 1965) between therapist and patient, a process by which both parties seek to know and

confirm one another in their true and unique being. This process, according to Buber and Jourard, is not without risks as well as satisfactions.

Therapist self-disclosure also contributes to in-therapy outcomes which are mutually satisfying for both therapist and patient. In other words, therapy may become more enjoyable for both. Jourard points to other clinical advantages to therapist self-disclosure such as the correction of transference misperceptions and the extinguishing of fantasies of omnipotence held by manipulative patients. These potential consequences relate to the therapist's intent to make himself known as he really is and not as the patient would have him be.

#### Theoretical Explanations

Jourard borrows from both social psychology and learning principles to explain the mechanisms underlying the postulated effectiveness of therapist self-disclosure. Philosophically, the humanistic/existential framework provides the overriding umbrella within which these principles are cast. Jourard illustrates this stance when he states, "I agree with the existentialist thinkers that every man chooses his way of being in the world ..." (1968, p. 52).

Although the individual freely decides to be transparent, Jourard alludes to principles of operant conditioning which influence both the form and content of self-disclosure (1971a,c). The reinforcement is provided by the recipient of the disclosure who communicates his understanding and acceptance of shared material to his partner.

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Jourard also contends that psychotherapy is an invitation to new and potentially more enriching ways of being. He therefore refers to the therapist as an exemplar or model who shows his patient how to overcome inauthenticity. The therapist does this by the sharing of his own experiences, his own struggles, and his own attempts towards change, especially if these are somewhat similar to his patient's current dilemmas.

Jourard (1976a) sees modeling as a special case of attribution (Heider, 1958). The therapist, by setting himself up as an example, attributes to his patient a similar power to change and grow. The underlying assumption is "the possibility that you and I and anybody else can do it" (p. 38, 1976a). Seen from this vantage point, modeling is not a way to control the patient but rather a clear message that the patient is both responsible and free.

Although Jourard refers to modeling more often than he does to conditioning, he does not make a clear distinction as to what underlying mechanism best explains the dyadic effect. Rather, Jourard speaks about eliciting or inviting (presuming a modeling effect) and reinforcing (presuming a conditioning effect) when he states, "I can come closest to eliciting and reinforcing authentic behavior in my patient by manifesting it myself" (1971b, p. 141). Given the foregoing, it appears that if the patient is not self-disclosing, therapist self-disclosure would serve to elicit that process. If the patient is already self-disclosing, therapist self-disclosure should serve to increase the quality of patient self-disclosure.

Jourard points to a third mechanism whereby the dyadic effect can be explained. This mechanism has been referred to as the trust-attraction hypothesis (Archer, 1979). Within this process, the discloser communicates his trust by self-disclosing. Self-disclosure serves to promote mutual attraction which is manifested by reciprocated self-disclosure. The trust-attraction hypothesis could presumably also be applied to the development of a warm communicative relationship between therapist and patient and serve to explain the second consequence attributed by Jourard to the use of therapist self-disclosure.

#### Summary

Jourard's stance on therapist self-disclosure disputes the picture of a completely impersonal therapist. Jourard's writings suggest that therapist self-disclosure will lead to consequences believed essential to the therapeutic process: patient self-disclosure, and a good relationship between therapist and patient. Jourard points to varying theoretical explanations for these consequences such as modeling, operant conditioning, and social attraction. However, he has not made a definite choice as to which of these theoretical models he prefers, nor has he integrated these concepts into a single detailed theoretical model. A social psychology approach using interpersonal attraction and social learning theories may help psychotherapy researchers elucidate some of the conditions under which therapist self-disclosure would be most likely to produce predicted patient responses.

The Importance of Therapist Self-disclosure as Viewed  
by Therapists other than Jourard

Although Jourard is the leading clinician to endorse the use of therapist self-disclosure, representatives from the three major schools of psychotherapy have also directly or indirectly recognized that therapist self-disclosure is an issue to be addressed in the study of the therapeutic process. Similarly, marital/family therapists have reflected upon the question of therapist openness.

Therapist Self-disclosure and the Three Major Schools of Psychotherapy

Psychoanalytic school. Freud (1958/73) believed that the analyst should be like a mirror which reflected only that which emanated from the patient; the analyst's person was in no way to interfere with the patient's process of free association and the uncovering of unconscious material. Despite Freud's concerns and admonitions, many of the analysts who followed in his footsteps (including his own daughter Anna, 1954), began to question themselves as to the nature of the real relationship between the analyst and patient. Some went so far as to choose to actively bring their own personhood into the therapeutic relationship (Alexander, & Ross, 1952; Ferenczi, 1950/55).

Since Freud, therapists schooled in psychoanalysis, while maintaining caution, differ on their views regarding therapist disclosure (Weiner, 1978). Many would admit that at least some

disclosure is inevitable (Flaherty, 1979). In their review of the evolution of psychoanalysis, Thompson and Mullahy (1951) recognize that Freud's stance on countertransference may have contributed to his pupils' fear of displaying simple humanness towards their patients. However, Thompson and Mullahy also warn against the potential pitfalls of self-disclosure degenerating into the mutual analysis of patient and therapist. Gitelson (1952) contends that judicious self-revelation may be appropriate to support the patient's testing of reality. Rosenfeld (1976) considers all patient material as transference-based and relies strictly on interpretative techniques, whereas Greenson (1972) suggests that obvious therapist errors should be acknowledged to the patient. Curtis (1982) suggests several techniques whereby Freud's mirror position can be implemented. Weiner (1978, 1983) concludes that therapist disclosure is not, in and of itself, curative. Rather, many factors such as the timing, dosage, and context, influence its impact.

Existential/humanistic school. As Doster and Nesbitt (1979) would have it, therapist self-disclosure is most consistent with the fulfillment model or the existential/humanistic framework. The existential position holds that participation in the other's self is essential in order to know the other, and in that process, both are transformed (Weiner, 1978). In his discussion of transference and countertransference, Boss (1963) contends that the relationship between therapist and patient is always a genuine one in which both partners disclose one another as human beings. May (1967) believes that the encounter between therapist and patient transcends the use of any



particular therapeutic approach. Yalom (1980) states, "There is no way around the consideration that the therapist who is to relate to the patient must disclose himself or herself to the patient" (p. 411).

Even under the existential/humanistic umbrella, therapist self-disclosure has been alluded to, but not always endorsed. Rogers (1957), questioned himself on this very issue in his earlier writings:

It would take us too far afield to consider the puzzling matter as to the degree to which the therapist overtly communicates this reality in himself to the client. Certainly the aim is not for the therapist to talk out or express his own feelings, but primarily that he should not be deceiving the client as to himself. At times, he may need to talk out his own feelings (either to the client, or to a colleague or supervisor) if they are standing in the way of the two following conditions. (pp. 97-98).

The name "client-centered" originally given to Rogers' therapeutic model certainly points to the direction of the relationship between the client and the therapist. However, in the last thirty years and by his own admission, Rogers (Meador & Rogers, 1973) and the client-centered school have progressively shifted to bringing more of the therapist's personhood into the therapeutic relationship (Corey, 1977).

Other therapists influenced by, and associated with the third force in psychology, do not always adhere in practice to their own theoretical prescriptions. A case in point is that of Perls (1973) whose writings on contact boundaries would at least suggest that therapist self-disclosure would be an appropriate type of intervention. It nonetheless appears, from films and excerpts of Perls' interventions, that his focus is generally on the client's side of the "I-Thou" relationship. Kempler (1974) further expands on this issue in his

criticism of Perls' approach. Other Gestalt therapists such as the Polsters (1974), apparently attach more importance to the personal involvement of the therapist, and Enright (1970) describes his own movement towards open revelation of his feelings of boredom, pleasure, and annoyance.

Behavioral/social learning school. Although the term self-disclosure is rarely used within the social learning and behavioral model, other concepts such as assertion (Wolpe, 1969) and verbal expressiveness (Rosenthal & Bandura, 1978) closely parallel operational definitions of self-disclosure (Doster & Nesbitt, 1979). Within these models, a careful analysis of behavior and application of modification techniques are considered of utmost importance, and therapist characteristics have not been attributed a central facilitative role (Doster & Nesbitt, 1979). However, therapist relationship skills are considered as a necessary, if not sufficient condition, for a successful therapeutic outcome (Goldstein, 1973; Morris & Suckerman, 1974a,b; Ryan & Gizinski, 1971).

The use of therapist self-disclosure as a modeling technique is not inconsistent with the behavioral approach (Mahoney & Arnkoff, 1978; Ullmann, 1969). In fact, it has been demonstrated that a self-verbalizing coping model can effectively reduce avoidance behavior (Meichenbaum, 1971) as well as contribute to the decrease of test anxiety (Sarason, 1975). Cognitive therapists (Beck, Rush, Shaw, & Emery, 1979) also admit to the judicious use of self-disclosure while conducting therapy sessions.

### Therapist Self-disclosure and Marital/Family Therapy

The issue of therapist disclosure in marital and family therapy is current and perhaps more vital than it is in individual therapy. In reviewing contemporary marital therapies, Gurman (1978) underscores the importance of therapist relationship skills, regardless of the school of therapy. Several marital and family therapists consider that the person of the therapist is one of his most valuable assets (Barnard & Corrales, 1979; Bloch & LaPerriere, 1973; Friedman, 1972; Luthman & Kirschenbaum, 1974) and the beginning therapist is cautioned against being too afraid of getting involved with his patients (Napier & Whitaker, 1973). Most therapists agree that they cannot remain neutral or detached from family members (Ackerman, 1966; Aponte & VanDeusen, 1981; Barnard & Corrales, 1979; Bloch & LaPerriere, 1973; Fellner, 1976; Minuchin, 1976). Kramer (1980) summarizes this position when he states:

The issue of therapist self-disclosure is thrown into sharp relief because the therapist is exposed and outnumbered when he sits down with families ... it is no longer a question of whether he will be transparent, only a question of how much, to whom and with what effect. (p. 71).

Therapist self-disclosure within marital and family therapy is generally discussed under such titles as countertransference, the use of self, and modeling.

Countertransference. The issue of countertransference is also frequently addressed in the context of family therapy (Ackerman, 1966; Barnard & Corrales, 1979; Framo, 1981; Heiman, LoPicollo, & LoPicollo, 1981; Kempler, 1981; Kramer, 1980; Whitaker & Keith, 1981). Although the

definition of countertransference has been broadened by many analysts to include all of the therapist's personal reactions to the client (Weiner, 1978), in its strictest definition, countertransference is the counterpart of transference; it therefore refers to the awakening in the therapist of earlier childhood conflicts (Arlow, 1979). Family therapists part company not only as to the definition of countertransference but also as to the issue of what to do with countertransference feelings. Solutions range from being aware of these feelings, sharing them with a colleague or supervisor but never with a patient, and even going back for further analysis or transferring the patients (cf. Handbook of Family Therapy by Gurman & Kniskern, 1981). Another possible way of dealing with countertransference feelings involves making active use of these feelings within the therapy session (Ackerman, 1966; Barnard & Corrales, 1979; Whitaker & Keith, 1981). As Kempler (1974, 1981) would have it, the main advantage to the therapist's exposing himself in this manner is that this exposure frees the therapist's energy to proceed with therapy.

Other family therapists (Framo, 1981; Kramer, 1981) believe that countertransference is probably more common in family therapy than it is individual therapy and that it can have deleterious effects on the progress of therapy. Heiman et al (1981) consider countertransference as a serious pitfall which may not only interfere with the progress of therapy but even reverse previously acquired gains. Countertransference is considered in this study only if it leads to the verbal sharing of such therapist feelings with the spouses in therapy.

The use of self. The use of self by the marital/family therapist can, but need not necessarily, lead to the verbal sharing of the therapist's personal reactions or experiences. Broadly speaking, the use of self subsumes the therapist's having the availability of his total person in the therapeutic encounter (Allison-Burra, personal communication, June 2nd, 1982; Luthman & Kirschenbaum, 1974). To be available in this way may have both diagnostic and therapeutic value and frequently these two functions are closely intertwined (Ackerman, 1966). Also, as Bloch and LaPerriere (1973) state, the therapist's openness to his own emotional state can help him acquire meaning as to the events which are taking place in the context of family therapy. Luthman and Kirschenbaum (1974) suggest that the use of self serves an assessment and treatment function which is always reliable and may save treatment time. For example, within an assessment dimension, the therapist, by tuning into his internal processes, may experience what it is like for the family members to live within their family system. In this way, the therapist appears to be picking up subliminal messages about the system. When the therapist feeds this internal data back into the family system, he is intervening in a therapeutic capacity. By so doing, the therapist is demonstrating that it is possible to comment on the system without depreciating its members. He is also validating the family members' feelings by showing the clients that it is alright to experience such feelings.

Modeling. As is the case with the therapist's use of self, modeling may or may not include the use of verbal therapist

self-disclosure. Some therapists (Bloch & LaPerriere, 1973; Kempler, 1974, 1981; Luthman & Kirschenbaum, 1974) make the point that the therapist demonstrates alternate behaviors such as being kind, supportive, or angry by engaging in these very behaviors with the family members. These therapists may also provide the clients with examples by being verbally disclosing. In parental behavioral training, (Gordon & Davidson, 1981), modeling is reported to be a very effective technique. In this particular context, modeling may be carried out through the use of films, audiotapes, and live models, as well as through therapist disclosure.

#### Summary

Although client disclosure is expected to occur in the process of psychotherapy, the issue of therapist self-disclosure still leaves many unanswered questions. Analysts have reconsidered their original stance as to complete therapist neutrality even though, according to Yalom (1980), they have done so for the wrong reasons. Therapist disclosure appears consistent with the existential/humanistic framework; however, little evidence exists as to whether or not therapists sharing this latter orientation actually self-disclose in therapeutic sessions. Within the social learning/behavioral models, the term self-disclosure is rarely used although other concepts resemble operational definitions of self-disclosure. Similarly, in marital/family therapy, therapist self-disclosure is a recognized intervention frequently discussed under the rubric of countertransference, the use of self, and modeling.

## The Consequences of Therapist Self-disclosure

### Individual Therapy

Among those therapists who choose to use therapist self-disclosure as an intervention, several predict similar consequences to those suggested by Jourard. Thus, therapist self-disclosure is thought to provide a model of authenticity for the client and therefore lead to client self-disclosure (D'Augelli, D'Augelli, & Brock, 1981; Carkhuff, 1969; Cormier, & Cormier, 1979, 1985; Egan, 1975; Gendlin, & Hendricks, 1978; Hammond, Hepworth, & Smith, 1977; Ivey, & Simek-Downing, 1980; Miller, 1977). Also, therapist self-disclosure is believed to favour the growth of the relationship between the client and therapist (D'Augelli et al, 1981; Cormier, & Cormier, 1979, 1985; Gendlin & Hendricks, 1978; Hammond et al, 1977; Leaman, 1973; Rogers, 1961; Weiner, 1978). Other possible consequences to the use of therapist self-disclosure include: promoting identification with the therapist (Burton, 1972; Weiner, 1978); enhancing reality testing (Weiner, 1978, 1983); providing a relaxing change of pace for the client (Gendlin & Hendricks, 1978); reassuring the client that his feelings are normal (Weiner, 1978), and breaking the therapeutic impasse (Gendlin, & Hendricks, 1978).

### Marital/Family Therapy

Similar consequences to therapist self-disclosure in individual therapy are also implied in marital and family therapy. Thus, therapist

self-disclosure is thought to facilitate the rapport between the therapist and spouses or family members (Aponte & VanDeusen, 1981; Barnard & Corrales, 1979; Friedman, 1972; Gordon & Davidson, 1981; Minuchin, 1976).

Others see therapist disclosure as a means of joining with family members or spouses (Allison-Burra, personal communication, June 2nd, 1982; Stanton, 1981), readjusting the idealistic view which patients have of their therapist's life (Framo, 1981), or increasing the degree of intimacy between therapist and clients (Allison-Burra, personal communication, June 2nd, 1982).

With the exception of Barton and Alexander (1981), few marital therapists predict the specific consequence of client disclosure in response to therapist disclosure. However, many allude to the therapist as a model of healthy relating and open communication (Ackerman, 1966; Bloch & LaPerriere, 1973; Friedman, 1972; Kempler, 1969/70, 1974, 1981; Luthman & Kirshenbaum, 1974). Heightened client self-disclosure could well be considered as one important dimension of this "open communication". In fact, marital therapists teach spouses to use "I" statements in therapy to diminish escalating recriminations and to facilitate self-expression (Segraves, 1982; Wright & Sabourin, 1985).

Other therapists suggest that therapist self-disclosure will have a powerful impact on spouses or family members. Whitaker and Keith (1981) contend that the effects of therapist disclosure are similar to those of humour and they state that: "... personal disclosure is used to increase the interpersonal focus, to shatter a gestalt which is too



set-never to diminish anxiety" (p. 209). The expected increase in the interpersonal focus appears consistent with a better or more real rapport between the therapist and family members as well as the differentiation of the therapist as a person in his own right.

Luthman and Kirschenbaum (1974) argue that the use of self is always reliable and may save treatment time. They believe that the disclosure of immediate therapist feelings may provide a powerful impetus for change where other therapeutic attempts have been unsuccessful. Therapist disclosure can also break the deadlock when the therapist senses that he is stuck in the system's pathology (Allison-Burra, personal communication, June 2nd, 1982; Luthman & Kirschenbaum, 1974; Lynch, 1974). Kempler (1969/70, 1974, 1981) adds that the therapist's sharing of himself can be a potent way of dealing with a therapeutic impasse which he defines as a moment in therapy when neither client nor therapist knows what to do. In Ackerman's view (1966), the therapist's injection of his images and emotions in the therapeutic process may serve to neutralize the patient's distorted ones.

Barnard and Corrales (1979) summarize the possible uses and consequences of therapist disclosure when they state:

The courage to be oneself in therapy is not just good technique. It helps in building rapport and generating the caring that allows the therapist to 'give a damn' about the family. It also helps in maintaining a close enough contact with the therapist's own guts to 'hear' the emotional reactions to the family and to employ those reactions as diagnostic indicators and as energy sources. (p. 103).

### Some Conditions Which May Alter Consequences

The therapeutic usefulness of therapist self-disclosure may vary according to how it is used. This relates to such issues as the type or content of self-disclosure, its temporal orientation, as well as its depth, intensity, or intimacy.

Mowrer (1964) advocates the sharing and confession of past and present misdeeds for both the therapist and client. However, some therapist disclosure contents are best avoided. For example, Weiner (1978) suggests that active dislike for the patient and fantasies of omnipotence are preferably not verbalized by the therapist. D'Augelli et al. (1981) recommend that therapist self-disclosures which may come across as moralistic put-downs should not be used.

The degree of similarity that the therapist's disclosure has to the client's verbalization is related to both the principle of timing and the type of self-disclosure. Several therapists suggest that self-disclosure is appropriate when it is similar in mood or content to what the client is expressing in the therapeutic session (Cormier & Cormier, 1979, 1985; Leaman, 1973; Ivey & Gluckstern, 1976). In repressive therapies, Weiner (1978) advises that the disclosure of negative feelings, similar to those experienced by the patient, may serve a useful purpose. Stone (1961) cautions that a dissimilar therapist disclosure, revealing the therapist's successful handling of a problem comparable to the patient's, may actually be harmful to the patient and increase his feelings of shame.

The clinical literature has just begun to address the question of the time orientation of therapist self-disclosure. Whether or not therapist self-disclosures formulated in the past or present are believed to have a greater therapeutic impact depends on the theoretical orientation of the therapist. One could assume that if and when analysts self-disclose, their disclosures would likely revolve around past experiences. Conversely, existential/humanist therapists would likely disclose more frequently and formulate their disclosures in the present because their focus is on the here-and-now (Ivey & Simek-Downing, 1980). Immediacy responses (Cormier & Cormier, 1979) and self-involving responses (Danish et al, 1976; D'Augelli et al, 1981) are types of therapist disclosures which are by definition present-oriented.

The intensity, depth, or intimacy of self-disclosure are terms frequently used interchangeably to describe qualitative aspects of self-disclosure (Chelune, 1979; Cozby, 1973; D'Augelli et al, 1981). However, intimacy of self-disclosure may refer to psychometric ratings of self-disclosure contents (Taylor & Altman, 1966) or to what extent the subject is emotionally involved in his disclosures (Davis & Sloan, 1974a, b). Concreteness, affect of the message, as well as vocal intensity (Moss & Harren, 1978) are other dimensions of self-disclosure which are closely related to the intimacy of the disclosure. Intimate therapist self-disclosures may indicate the degree to which the therapist reveals his personal self (Carkhuff, 1969; D'Augelli et al, 1981), or the extent to which the therapist is involved in his disclosure (D'Augelli et al, 1981), as well as the intensity of the

therapist's personal reactions to the client (Kempler, 1974). In other words, intimacy of therapist self-disclosure may vary according to the content revealed and according to how that content is revealed.

### The Empirical Literature

Analogue studies with implications for therapy. Most analogue studies have attempted to examine the consequences of "therapist" disclosure according to whether it elicits "client" disclosures or facilitates the relationship between the "therapist" and "client". This latter consequence has been associated with such variables as client attraction to the therapist or client perception of therapist attractiveness, warmth, understanding, trustworthiness, and genuineness. Typically, these variables have been measured by questionnaires administered to the subjects after they had observed or interacted with the "therapist" or experimenter. The measurement of client self-disclosure has included ratings by judges of actual disclosing behavior as well as the expressed willingness of subjects to self-disclose.

Recent studies have attempted to examine the consequences of therapist self-disclosure according to the relevant dimensions which may alter these consequences. These dimensions are closely related to three of the five important parameters described by Chelune (1979): depth, breadth, and affect. The type of therapist self-disclosure has also been considered in some of these studies.

Results reported in analogue studies should at least suggest certain important variables to be considered in the analysis of therapist self-disclosure in "real" therapy sessions, especially if these are consistent with what is described in the clinical literature. For example, it appears that interviewer self-disclosure, especially in a first interaction, is viewed more positively by interviewees than is no self-disclosure. Murphy and Strong (1972) reported that subjects perceived a self-disclosing interviewer as displaying more warmth and understanding than a non-disclosing interviewer. These results are somewhat similar to those reported by Bundza and Simonson (1973), in which subjects rated self-disclosing therapists as more nurturant. Subjects in this latter study also displayed a greater willingness to self-disclose to self-disclosing therapists than they did to therapists using non-revealing techniques and warm supportive statements.

Several analogue studies suggest that moderate interviewer self-disclosure is evaluated more favorably than no disclosure or high levels of disclosure. Mann and Murphy's (1975) study indicated that an intermediate level of interviewer self-disclosure (four times as opposed to twelve or zero) produced more subject self-disclosure in a 30 minute "treatment" interview and more positive evaluations of the interviewer, than did no disclosure or a high frequency of disclosure. Davis and Sloan (1974a) found similar results with regards to the evaluation only (of a female interviewer by male and female subjects. Giannandrea and Murphy (1973) demonstrated a curvilinear relationship between the desire to return to the same counselor and the number of counselor disclosures

emitted in a short interview. In all of these studies, moderate disclosure was defined in terms of the frequency of interviewer self-disclosures.

Moderate therapist self-disclosure can also be related to the degree of intimacy of the information revealed. For example, Simonson and Bahr (1974) manipulated the use of demographic versus personal self-disclosure given by an interviewer introduced as a professional or as a paraprofessional. In the demographic condition, subjects listened to the interviewer "making general non-intimate comments about the past". Personal disclosure by the paraprofessional elicited the greatest attraction to the interviewer as well as the greatest subject disclosure. Demographic disclosure by the professional elicited greater attraction to the interviewer and greater subject disclosure than did either personal or no interviewer disclosure. The authors interpret this as meaning that subjects perceived less psychological distance between themselves and the paraprofessional and could thus respond to disclosures of a more personal nature.

In a subsequent study, Simonson (1976) reported that demographic disclosure by a "warm" therapist elicited greater subject disclosure than personal or no disclosure. The addition of personal disclosure in the warm condition actually resulted in a decrease of subject disclosure. There was no difference in subject disclosure in the personal, demographic or no disclosure condition combined with the "cold therapist" condition. The author concludes that: "These results suggest that while some disclosure by a warm therapist can facilitate patient

disclosure, it can also be overdone, especially early in therapy, and become counterproductive" (p. 5).

In yet another study dealing with the intimacy of self-disclosure, Derlega and Chaikin (1976) reported that subjects spoke more intimately about themselves to a high-disclosing interviewer only if they believed therapist disclosure was appropriate. The authors conclude that self-disclosure of a very intimate nature from the therapist may cause the client to withdraw if the latter does not expect that the therapist would use this kind of intervention.

Other analogue studies suggest that high levels of pre-interview modeled disclosure elicit high interviewee disclosure even if model and actual interviewer are not identified as the same person (McAllister, 1974; McAllister & Kiesler, 1975). Hays' (1972) results suggest that the initial level of interviewee disclosure may have an impact on the reciprocity effect of moderate and high levels of interviewer disclosure. He found that subjects who were initially high disclosers maintained high disclosure if they were exposed to a high level of modeled disclosure but decreased their disclosure if exposed to a moderate level of interviewer disclosure.

Therapists who provide a high level of self-disclosure may be perceived as more attractive (Merluzzi, Banikiotes, & Missbach, 1978) and friendlier (Dies, 1973) by their clients than therapists who provide a low level of self-disclosure. However, high disclosing therapists may also be evaluated as less well-adjusted than therapists who are less self-disclosing (Weigel, Dinges, Dyer, & Staumfjord, 1972). Curtis

(1981) reported that non-disclosing therapists were rated higher on empathy, trust, and competence than were therapists using indirect or direct self-disclosures. However, in this study, five of the eight therapist responses in the direct or indirect conditions were self-disclosures; this appears to be an unrealistically high proportion of self-disclosing interventions. In a subsequent study by Loeb and Curtis (1984), therapists using direct self-disclosures were evaluated lowest on empathy, trust, and competence, whereas therapists using indirect self-referents were rated highest.

Therapist self-disclosure may be more or less effective in eliciting client disclosure according to the types of interventions to which it is compared. Using an operant conditioning design, Powell (1968) compared the effects of approval-supportive statements, reflection- restatement, and open disclosure following negative or positive subject self-referents. Approval-supportive statements did not increase subject self-referents. Reflection-restatements resulted in an increase in negative self-referents. Open disclosure resulted in an increase in both positive and negative self-referents. A later study by Vondracek (1969) demonstrated that probing techniques were more effective in eliciting a greater amount of subject disclosure than were reflective or revealing interviewer statements. Feiganbaum (1977) found that interviewer self-disclosure and reflection were equally effective in promoting subject disclosure.

The type of therapist self-disclosure may also have an impact on client responses. Hoffmann-Graff (1977) notes that little research has



been carried out to test the relative impact of different types of self-disclosure. She varied the content of self-disclosure by including positive and negative self-disclosure conditions of feelings and experiences in her study. Interviewers who disclosed negatively were perceived as warmer, more empathic, and credible than were the positively disclosing interviewers. No main effects were found for counselor congruence, unconditional regard or attraction. Subjects exposed to negatively disclosing interviewers significantly lowered their estimate of procrastinating behavior, whereas subjects in the positive disclosure condition significantly increased their estimate. In a subsequent study, Hoffmann and Spencer (1977) used the same design and added a dependent variable of actual subject behavior measured through the keeping of study logs indicating the number of hours studied. Procrastination estimates were in the same direction as in the previous study. However, subjects in the positive disclosure condition increased their hours of study whereas no significant difference was found in the negative self-disclosure condition. Some of the other findings were not replicated. For example, no significant differences were found for empathy or warmth. On the other hand, negatively disclosing interviewers were rated as more credible and as higher on the unconditionality of regard scale. Hoffmann and Spencer believe that their findings indicate the possible usefulness of varying types of therapist self-disclosure according to the direction in which it is hoped that clients will change.

Another study by Dies, Cohen, and Pines (1973) revealed that subjects in groups reacted more favorably to certain types of leader self-disclosures than to others. For example, more "normal" feelings such as sadness and anger were considered more acceptable than were statements about leader hostility or inferiority. Derlega and Chaikin (1975) suggest that this phenomenon can be explained in part by the intimacy equilibrium hypothesis (Argyle & Dean, 1965). Subjects in Dies et al's study may have perceived that certain types of leader disclosures disturbed the boundaries within which a balanced level of intimacy could be maintained.

More recent analogue studies on therapist self-disclosure have attempted to single out the relative effects of different types of self-disclosure (Dowd & Boroto, 1982; McCarthy, 1979, 1982; McCarthy & Betz, 1978). Dowd and Boroto compared the differential effects of counselor self-disclosures, self-involving statements and interpretations on client perceptions of counselor expertness, trustworthiness, and attractiveness. They also tested the effects of past versus present disclosures. Results indicated no difference in subjects' perception of the counselor's expertness or trustworthiness. However, counselors who terminated with self-involving or self-disclosing statements were rated as significantly more attractive than counselors who terminated the session with summary or interpretative statements. However, subjects were most willing to see the counselor in the interpretation condition and least willing to return in the summary condition. Dowd and Boroto suggest that counselor warmth, friendliness,

and agreeableness may not be as important to clients as providing them with some explanation of their problems.

Three studies (McCarthy, 1979, 1982; McCarthy & Betz, 1978) consistently supported the greater efficacy of self-involving responses (here-and-now feeling/reaction responses) versus self-disclosing responses in eliciting a greater proportion of self-referents in subjects' responses. Self-involving responses also produced more positive subject evaluations of counselor expertness and trustworthiness than did self-disclosing responses. The addition of a counselor-client gender pairing in the second study produced neither main nor interaction effects. The last study demonstrated that high intimacy self-disclosing and self-involving responses did not differ significantly from one another in subject evaluations of expertness and trustworthiness, nor in proportion of subject self-referents. However, high intimacy self-disclosing responses produced a greater proportion of subject affective words than did either self-involving or low intimacy self-disclosing responses. These three studies illustrate that it does not suffice to assess the consequences of therapist disclosure without taking into account some of the dimensions which may in fact alter these consequences.

Although counseling or therapy analogue studies provide for better control of extraneous variables and greater possibility to manipulate the variables under consideration, these studies have obvious limitations. For example, most of the reviewed studies used subjects who had not requested therapy or counseling. One notable exception was

'Curtis' (1981) study in which "real" clients were used. However, in this study, subjects were asked to read a constructed patient-therapist dialogue in which only eight interchanges were provided. In several analogue studies, subjects did not interact directly with the counselor (Dowd & Boroto, 1982; McCarthy, 1979, 1982; McCarthy & Betz, 1978; Merluzzi, et al, 1978; Simonson, 1976; Simonson & Bahr, 1974). When counselors interacted directly with the subjects (Hoffman-Graff, 1977; Hoffmann & Spencer, 1977; Mann & Murphy, 1975; Murphy & Strong, 1972), they did so only once and usually for a relatively brief period of time. It is difficult to assess from these analogue studies how "real" clients would respond to "real" therapists or counselors in actual therapy sessions. It is also difficult to evaluate what types of self-disclosure therapists actually use and how client responses may vary according to these types of therapist disclosures.

Naturalistic and semi-naturalistic studies. Naturalistic studies in psychotherapy are those studies in which both "real" clients and "real" therapists are used as subjects and in which experimental manipulation is kept to a minimum (Kiesler, 1973). As few studies in the use of therapist self-disclosure meet these criteria, semi-naturalistic studies which partly meet the criteria will also be reported in this section.

An earlier study by Truax and Carkhuff (1965) reported a moderate relationship between the average level of therapist transparency and the average level of patient transparency for individual and group therapy.

However, for paired samples of therapist and patient transparency, the correlations, although significant, were much lower ( $r. = .19$ ).

Mahrer et al (1981) assessed consequent client responses to therapist self-disclosure. They used as data a transcript of a real counseling session conducted by Jourard (1976b). Contrary to expectations, therapist self-disclosure was not followed by statements in which the client self-disclosed or related to the therapist in a positive way. Rather, therapist self-disclosure was followed by client statements which indicated that the client was relating to external figures or situations. Also, Jourard's self-disclosures tended to follow client statements which indicated that the client was relating to the therapist in a negative way. Interestingly, Hammond et al (1977) suggest that therapist self-disclosure should not be used when the client is responding with negative feelings and reactions to the therapist. This could partly explain the unexpected consequences in the Mahrer et al study.

Four other studies reviewed here on group therapy or growth sessions only partially meet the criteria for naturalistic studies (Halpern, 1977; Kangas, 1971; Moss & Harren, 1978; Weiner, Rosson, & Cody, 1974). Halpern did not use actual in-therapy data. In the Kangas study, only one group was an ongoing therapy group whereas the two others were made up of student volunteers. In the Moss and Harren study, subjects were participating in ongoing growth groups; however they were doing so for course credits. Both studies verified the consequences of unmanipulated leader disclosure over several hours of group meetings.

Weiner et al used real therapists and real patients as subjects for their study; however, they attempted to manipulate the level of therapist disclosure emitted by group leaders.

With a subject pool of students receiving counseling services, Halpern (1977) reported that clients' perception of their own (as well as of their counselors') disclosure was related to the facilitative conditions in general and to counselor warmth and empathy in particular, but not to genuineness per se. The greatest relationship was found between client and therapist disclosure. The evaluations of therapist facilitative conditions and both client and counselor disclosure were not provided by raters evaluating actual in-therapy data; rather, these evaluations were based on client reports following five counseling sessions.

Kangas (1971) developed a self-disclosure scale in which varying categories of self-disclosure were weighted. Pairs of self-disclosure statements were made up of consecutive member-member statements and leader-member statements. Six correlations calculated according to the initiator of the disclosure (leader or group member) and based on the three groups yielded an average correlation of .57. Kangas concludes that disclosure begets disclosure in small group settings, regardless of who initiates the exchange. Despite this general finding, the correlation between leader disclosure and member disclosure in the adolescent group was negative though non-significant. Kangas attributes this discrepant finding to the fact that most of the leader-member

disclosures in the adolescent group were of a highly impersonal nature and thus scattered just at one end of his disclosure scale.

Moss and Harren (1978) evaluated the relationship of leader disclosure to member disclosure in growth groups. The Moss Behavioral Rating of Disclosure scale was used to specify and assess several self-disclosure quality dimensions. Factor analysis for leader disclosure revealed that six factors resembled the original quality scales, and therefore these were maintained as such. However, for member disclosure, one single factor accounted for most of the variance, so a summated disclosure score was used. Multiple regression analyses revealed that only the intensity of leader affect significantly predicted overall quality of member disclosure. However, several significant correlations were found between dimensions of leader and member disclosure. For example, leader disclosure distance was positively correlated to member disclosure distance as well as to the summated score for quality of member disclosure. Vocal intensity was positively related to vocal intensity for leader/member disclosures as was affect to affect. For these particular dimensions, the reciprocity effect was demonstrated. Because of some other unusual and unexpected relationships between dimensions of disclosure, the authors speculate that compensatory mechanisms for increasing intimacy may have been operating.

Two consecutive studies by Weiner, et al (1974) are particularly relevant to the present research because the subjects were real patients, treated by real therapists in a group therapy setting. In a

first study, Weiner et al attempted to self-disclose here-and-now feelings to patients for half the sessions, and to not disclose for the other half. Although the authors reported that there appeared to be a positive relationship between therapist disclosure and patient disclosure, they were unable to do statistical analyses because the most disclosing member dropped out of therapy before the end of the sessions. In the second study, the therapist did not disclose in one group and disclosed here-and-now feeling statements in the second group. They found no relationship between therapist disclosure and patient disclosure. However, several methodological limitations jeopardize the generalizability of these results. For example, even in the therapist disclosure condition, graphics indicated no therapist disclosure for half of the rated segments. Fluctuations in group size, between sessions, may also have had an effect on the impact of the therapist disclosure.

#### Theoretical Infra-structures to Explain the Consequences of Therapist Self-disclosure

Clinicians in general, and Jourard in particular, have provided a theoretical macro-structure for the study of therapist self-disclosure by explaining why therapist self-disclosure may elicit client self-disclosure as well as client attraction to the therapist. Social learning and interpersonal attraction theory have been selected in this study to supply additional insights into the mechanisms whereby therapist self-disclosure may elicit its anticipated consequences.



Client self-disclosure and modeling principles. To date, the best predictor of self-disclosure occurring in an interpersonal relationship is self-disclosure emanating from the other individual (Archer, 1979; Cozby, 1973). Jourard (1964, 1971a, 1971b) called this process the dyadic effect. Three hypotheses have been advanced quite consistently to explain the dyadic effect: modeling, trust-attraction, and social exchange (Archer, 1979; Derlega & Chaikin, 1975; Kleinke, 1979).

Archer (1979) claims that the modeling hypothesis is the most recent theoretical explanation for the dyadic effect. However, Jourard (1968, 1971b, 1976a) frequently referred to the modeling process in describing therapist self-disclosure. Specifically, Jourard (1971b) had this to say about modeling:

In the context of dialogue, I don't hesitate to share any of my experience with existential binds roughly comparable to those in which the seeker finds himself (this is now called 'modelling'); nor do I hesitate to disclose my experience of him, myself, and our relationship as it unfolds from moment to moment (p. 159).

Thus, it appears that Jourard intended that his disclosures serve as an example to the client of authentic relating and that modeling defined in this way can be viewed as a suitable and relevant explanation of the dyadic effect.

The modeling hypothesis has been borrowed from social learning principles (Archer, 1979). However, the dyadic effect as linked to the modeling hypothesis, has also been paralleled to the demand characteristics occurring in laboratory settings (Rubin, 1973, 1975). Subjects, in this kind of setting, wish to please the experimenter and

look for appropriate cues as to how to behave. They therefore tend to respond by reciprocating with a level of self-disclosure similar to the one which they have observed. This view of the modeling mechanism as simply an artifact of ambiguous settings has been challenged on both experimental and theoretical grounds (Derlega, Chaikin, & Herndon, 1975; Taylor, 1979). Rubin (1973) himself concedes that frequently both trust and modeling mechanisms may underlie the dyadic effect and cites the encounter group as one setting in which this may occur.

If the modeling hypothesis is consistent with clinical literature and is more than an experimental artifact, social learning theory may provide additional insights into the dyadic effect of self-disclosure. Bandura (1977) claims that most learning is acquired through observation and not through trial and error. A vast diversity of behaviors may be modeled (Rosenthal & Bandura, 1978) and a model is defined as, "simply an array of stimuli organized to illustrate appropriate action or aid observers to infer how to behave" (Rosenthal, 1976, p. 59). Transposed to a therapy context, this can mean that the self-disclosing therapist is being a model of openness or verbal expressiveness for his client and that consequently, the client may respond with his own self-disclosure.

In their review of the theory and practice of psychological modeling, Rosenthal and Bandura (1978) outline four main modeling effects: observational learning, disinhibitory/inhibitory effects, cognitive standards for self-regulation, and response facilitation. The response facilitation effects are most easily applicable to the use of therapist self-disclosure. In this particular instance, client

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disclosure need not be considered as a new response but rather as a form of verbal behavior which already exists in the client's repertoire, and which is reproduced more easily as a result of the therapist's modeling. According to Bandura and Rosenthal, the response facilitation effects of modeling are continually present in ordinary social interactions and may be put to good use in altering clients' responses in the context of therapy.

Individuals do not respond uniformly to modeling and such factors as the characteristics of the model and of the observer, as well as the consequences attributed to the modeled behavior, may alter the degree of receptiveness to modeling cues (Bandura, 1977). The attributes of the model have been granted particular attention in the literature on social learning. A model who is assumed to possess an attainable high status is more easily emulated than one of lower status because the former has presumably attained success which is more functionally valuable to the observer (Bandura, 1977). Seemingly well-informed models who also display warmth, friendliness, and trustworthiness are more effective in eliciting modeled responses (Rosenthal, 1976). Rosenthal and Bandura (1978) conclude that the impact of the model varies with the degree of relevance and credibility he has for the observer. Most of the characteristics attributed to a successful model could presumably be attributed to psychotherapists. Because the self-disclosing therapist is likely to possess the attributes of the successful model, his self-disclosures may well be followed by client disclosures.

If it is assumed that the therapist has the characteristics of a successful model, what other conditions would also tend to facilitate the dyadic effect? Bandura (1977) identifies four processes which determine the extent to which modeled behavior will be understood and subsequently used by the observer. These are: retention, motoric reproduction, motivation, and attention. A fifth factor, practice and feedback, has been added recently by Rosenthal and Bandura (1978).

In order to be able to reproduce modeled behaviors, the observer or client must be attentive to the stimulus. As Rosenthal and Bandura state: "When stimuli appear chaotic, are too fast, too weak, or carry too many cues simultaneously, observers may fail to discriminate the relevant aspects" (p. 626). In comparison to other types of therapist interventions, it has been demonstrated that self-disclosure is used infrequently (Stiles, 1979), even by Rogers as a leading humanist (Edwards, Boulet, Mahrer, Chagnon, & Mook, 1982), and by Jourard, the main proponent of therapist openness (Mahrer et al, 1981). The very infrequency of therapist self-disclosure would make it a novel response, one that would be more likely to attract the client's attention. If self-disclosure attracts the client's attention because it is a novel response, other aspects of the self-disclosure may also contribute to increase its salience for the client. Therapist self-disclosures which are formulated in the here-and-now are considered particularly relevant because they refer to the ongoing reactions experienced by the therapist within a therapy session. This type of self-disclosure would be especially apt to reduce the ambiguity of the verbal stimulus, attract

the client's attention, and consequently contribute to a more powerful modeling effect.

Attraction to the therapist and interpersonal attraction theory.

Interpersonal attraction theory predicts that perceived similarity between individuals leads to mutual attraction (Berscheid & Walster, 1978; Byrne, 1961, 1971). According to Berscheid and Walster, this hypothesis can best be understood within the framework of Heider's (1958) balance theory. Thus, individuals who perceive themselves as part of a unit attempt to make their feelings towards one another (or their sentiment relationship) congruent with their unit relationship. In other words, people who see themselves as belonging together will tend to like one another. Also, perceived similarity between individuals is rewarding to both parties as it validates one's thoughts, ideas, and perceptions; because of this rewarding dimension, it can constitute an important factor in the formation of a positive interpersonal relationship (Byrne, 1961).

Despite the fact that most investigators have studied similarity as it relates to attitudes (c.f., review, Byrne, 1971), similarity along a variety of dimensions should also lead to attraction as it allows individuals to make sense of their environment. In his extensive review of the literature, Byrne (1971) suggests that:

... behavioral similarity to self whether involving attitudes or values or abilities or emotional responses or tastes or adjustive responses or worries or need hierarchies or whatever, provides evidence that one is functioning in a logical and meaningful manner; similarity makes one's interpersonal environment more predictable and understandable (p. 168).

Interpersonal attraction is looked upon as a manifestation of liking, friendship, and generally positive feelings towards another (Byrne, 1971). As such, attraction is considered to be opposite to antagonism. Recently, researchers in psychotherapy analogues have operationalized counselor attractiveness through the use of one dimension of the Counselor Rating Form (Barak & Lacrosse, 1975). This dimension taps into client perception of such counselor characteristics as likeability, friendliness, agreeableness, and warmth. Others (Merluzzi et al, 1978) have also assessed attraction to the counselor through items related to expressed liking for the counselor as well as willingness to work with that counselor. This operational definition of attraction closely parallels the two attraction items in the Interpersonal Judgement Scale developed by Byrne (1971). Godwin (1970) studied the effects of modeling on attraction enhancement. In her "high attraction" to the therapist condition, simulated patient verbalizations expressing positive reactions to the therapist were used. Conversely, rather antagonistic patient statements were used in her "low attraction" condition.

These various operational definitions of counselor attractiveness and of client attraction to the therapist demonstrate the similarity suggested by Goldstein (1971) between interpersonal attraction and a 'good' therapist/client relationship. However, these varying definitions do not necessarily lead to a "break" in the apparent link between similarity and attraction. Byrne (1971) illustrates this point when he states:

In any event, we can conclude that the common sense observation about a relationship between attitudinal similarity and attraction is sufficiently accurate and sufficiently powerful to hold across a variety of situations, both in everyday life and in the laboratory and across a variety of operational definitions of the variables (p. 44).

Clinical and research literature suggest that therapist self-disclosure serves a connotative function: this function addresses the issue of what kinds of impressions self-disclosing therapists create on the clients with whom they are interacting (Døster & Nesbitt, 1979). Again, both clinical and research literature suggest that therapist self-disclosure leads to positive client evaluations of the therapist as well as to client attraction to the therapist. In most cases, this attraction to the therapist has been assessed following a session in which therapist self-disclosure has taken place. Strong (1978) summarizes the results obtained in psychotherapy analogues when he states:

The above studies suggest that information on the warmth or similarity of a therapist before interview contact does not have much effect on the clients' attraction to the therapist after the interview. However, the behavior of the therapist in the interview, such as their self-disclosure (of similarity or dissimilarity) does affect client attraction to therapists after the interview (p. 110).

Although the trust-attraction hypothesis was first advanced to explain the dyadic effect or why self-disclosure begets self-disclosure (Jourard, 1959, 1968, 1971b, c), this same hypothesis could also be used to explain why disclosure begets attraction. According to this hypothesis, the dyadic effect occurs because the discloser considers the

recipient as a person who can be trusted with personal information. This situation promotes mutual attraction between the discloser and the recipient; the latter, in turn, eventually reciprocates with his own personal information (Archer, 1979). This manifestation of attraction may well precede or accompany client disclosure in response to therapist disclosure and thus constitute a consequent client response to therapist self-disclosure. This consequence should occur as, or more often, than client disclosure itself.

By sharing personal information about himself, the self-disclosing therapist is showing the client that his concerns and difficulties are not so unusual (Burton, 1972; Derlega & Chaikin, 1975). In so doing, the therapist is accentuating the communality of his experience with that of the client's; the therapist is also validating the client's experiences, perceptions, and ideas. This shared expression of similarity should lead to positive reactions towards the therapist (Giannandrea & Murphy, 1973). However, this expected consequence may be more likely to occur if the therapist's disclosure is an expression of experiences which are similar to that of the client's. Dissimilar therapist disclosures which differ widely in content or affect from the client's disclosure could potentially increase the perceived gap between therapist and client. Consequently, this may lead to negative client reactions towards the therapist. A dissimilar disclosure could in fact be punishing to the client and imply that he is uninformed (Byrne, 1961) or totally unable to handle his problems (Stone, 1961).



Many clinicians agree that similarity of self-disclosure is an important guideline to follow when the therapist shares of himself with the client (Cormier & Cormier, 1979, 1985; Leaman, 1973). Ivey and Gluckstern (1976) call this dimension of therapist self-disclosure "parallelism" and suggest that it requires that therapist statements be "closely linked to what the helpee has just said" (p. 86). When therapist self-disclosure is parallel to the client's and is expressed in moderately important life areas, it should lead to a consequent client response of attraction to the therapist. This attraction may be manifested by client statements which suggest that the client likes that therapist, is satisfied with the therapeutic process, or is otherwise relating to the therapist in a positive way (Mahrer et al, 1981). Thus the client may verbally indicate that he is feeling understood, supported, and safe in his relationship with the therapist. The client may do this by using such words as: "Then you know what I'm talking about" (Burton, 1972, p. 101).

### Summary

The clinical literature suggests two main consequences to the use of therapist self-disclosure: reciprocal client self-disclosure and a good rapport between therapist and client. Modeling principles appropriately explain the dyadic effect whereas interpersonal attraction theory provides clues as to why therapist self-disclosure may serve to facilitate the relationship between therapist and client. Both these paradigms postulate conditions under which these predicted consequences

may occur. Thus, characteristics of the therapist self-disclosure, such as its formulation in the here-and-now, should increase its potential for attracting the client's attention and thereby maximize the modeling effect. Within the interpersonal attraction paradigm, therapist self-disclosure should enhance client/therapist attraction because it emphasizes the similarity between therapist and client as two human beings sharing common human journeys. Therapist self-disclosure would be more likely to facilitate this process if the therapist's self-disclosure closely parallels that of the client's.

Although analogue counseling studies generally support the assumption that therapist self-disclosure is useful in promoting client self-disclosure, the picture which emerges from studies in which real clients, therapists, or group leaders are used as subjects is much less convincing. The same holds true insofar as support for the widely held belief that self-disclosing therapists contribute to facilitating the therapist/client relationship. However, the small number of in vivo studies is not sufficient to state unequivocally that therapist disclosure is, or is not, an effective therapist intervention in terms of its intended consequences.

#### Framework and Hypotheses of Present Study

This study will be cast in the framework of marital therapy for three main reasons: 1) Many of the clinical considerations with regard to the use of therapist self-disclosure in individual therapy reoccur in

marital and family therapy, 2) Because family (marital) therapy is considered to be a "do-show-and-tell" approach, most therapists recognize that therapist anonymity cannot or should not be maintained, 3) A study using a marital therapy framework and real therapy data should provide a further descriptive refinement of how consequences attributed to therapist self-disclosure in marital therapy may be similar to, or vary from, those attributed to therapist self-disclosure in individual therapy. This in turn could provide a stepping stone to subsequent research in this area.

At a macro-level, this study will be cast within Jourard's theoretical approach to the use of self-disclosure. At a micro-level, two other theoretical frameworks will be borrowed from social psychology to add specificity to Jourard's theoretical guidelines; these are social learning and interpersonal attraction theory.

First, modeling principles will be used to explain a predicted response of client self-disclosure. Modeling principles provide a feasible framework within which to examine the consequences of therapist self-disclosure and are consistent with clinical assumptions which suggest that the therapist is illustrating to the client how he expects him to respond. Viewed from this vantage point, the expected client response is self-disclosure modeled on that of the therapist.

Secondly, interpersonal attraction theory will be used to explain a predicted client response of a positive rapport with the therapist. This would manifest itself in statements indicating attraction to the therapist. Interpersonal attraction theory suggests that perceived

similarity between individuals leads to mutual attraction between those individuals. By self-disclosing, the therapist is becoming a little less of a therapist and a little more of a fellow human being. The therapist is sharing his humanness with the client; he is emphasizing the basic communality as opposed to the differences which may exist between himself and his client.

Social learning theory and modeling principles appropriately explain why therapist self-disclosure should lead to client self-disclosure. Interpersonal attraction theory provides a suitable model to explain why clients should react to therapist self-disclosure with statements indicating attraction to the therapist. These two theoretical frameworks are complementary to Jourard's model and both may serve to predict in-therapy consequences to the use of therapist self-disclosure. They lead to the first hypothesis of this study:

1. Compared to statements in which the therapist does not self-disclose, statements in which the therapist self-discloses will lead to consequent client responses in which the spouse:
  - 1.1 self-discloses;
  - 1.2 expresses attraction to the therapist.

Hypotheses 1.1 and 1.2 need not be mutually exclusive as both consequences are predictable according to the literature on therapist self-disclosure. In point of fact, both client self-disclosure and expressions of attraction to the therapist may occur within the same statement and with the same frequency. These two consequences should however occur more frequently following statements in which the

therapist self-discloses than following statements in which the therapist does not self-disclose.

Clients are expected to reveal themselves in therapy because self-disclosure is considered an essential ingredient for therapy to progress and an important verbal behavior for successful interpersonal relationships. Thus clients usually engage in self-disclosure during therapeutic sessions without the expectation of reciprocal disclosure from the therapist. However, clients who self-disclose may do so in a detached and impersonal way with a minimal degree of involvement in what they are disclosing. This kind of disclosing may contribute little in helping the client achieve a greater understanding of himself and of his motivations.

Qualitative aspects of client self-disclosure should be considered in psychotherapy process research. For example, therapists of both psychoanalytical and existential/humanistic orientations would agree that the clarification of feelings is a desirable in-therapy event. When clients speak about themselves, they should also be specific in their disclosures (Carkhuff, 1969; Moss & Harren, 1978) and own their disclosures through references to the self (Doster, 1971; Passons, 1975). Such criteria as intensity of affect, specificity elaboration, and proportion of self-referents can be used to assess the quality of client verbalizations and particularly of client self-disclosures.

When compared to statements in which the therapist does not self-disclose, therapist self-disclosure should not only provide a stimulus for client self-disclosure, it should also contribute to higher

quality self-disclosures. This leads to the second hypothesis of this study:

2. Compared to statements in which the therapist does not self-disclose, therapist self-disclosure will be followed by client self-disclosure in which the spouse expresses:
  - 2.1 greater intensity of affect;
  - 2.2 greater specificity elaboration;
  - 2.3 a greater proportion of self-referents to words spoken.

Jourard suggests that, depending on what is going on in therapy, therapist self-disclosure will initiate or reinforce client self-disclosure. In other words, client responses after therapist self-disclosure should be compared to client responses previous to therapist self-disclosure. These observations lead to the formulation of the third and fourth hypotheses of this study:

- 3.0 When the client is not self-disclosing, therapist self-disclosure will initiate consequent statements in which the spouse self-discloses.
4. When the client is self-disclosing, therapist self-disclosure will serve to increase in consequent client statements:
  - 4.1 the intensity of affect of self-disclosure;
  - 4.2 the specificity elaboration of self-disclosure;
  - 4.3 the proportion of self-referents to words spoken of self-disclosure.

Modeling principles suggest conditions under which therapist self-disclosure would be most likely to lead to client self-disclosure.

For example, a therapist self-disclosure which is salient to the client should be more effective because it is likely to attract the client's attention to what is being said. Something which is salient stands out conspicuously, is prominent or striking (Webster's, 1980). A salient therapist self-disclosure provides a stimulus which is novel, strong, and more likely to elicit a response from the client than a therapist self-disclosure which is weak or less salient. Therefore, a salient therapist self-disclosure is likely to contribute to the strength of the modeling effect. A salient therapist self-disclosure could be defined in the here-and-now:

it would be formulated in the present and would refer to ongoing feelings and reactions experienced by the therapist as he relates to the client within the therapy session.

This type of self-disclosure resembles previously defined therapist immediacy or self-involving responses as well as impact disclosures.

The fifth hypothesis to be tested in the present study is:

- 5.0 Compared to therapist self-disclosures which are not formulated in the here-and-now, therapist self-disclosures of the here-and-now type will lead to:
  - 5.1 a higher frequency of statements in which the spouse self-discloses;
  - 5.2 greater intensity of affect of client self-disclosure;
  - 5.3 greater specificity elaboration of client self-disclosure;
  - 5.4 a greater proportion of self-referents to words spoken in client self-disclosure.

Interpersonal attraction theory provides additional insights into specific conditions under which attraction to the therapist (i.e., positive client reactions) may occur as an in-therapy consequence to therapist self-disclosure. A therapist self-disclosure which closely parallels, in affect or content, the antecedent client statements should reinforce the perception of similarity between therapist and client; this could lead to client attraction to the therapist. Conversely, a therapist self-disclosure which is dissimilar to client antecedent statements could widen the gap between therapist and client and provoke negative reactions to the therapist. The sixth hypothesis which flows from these observations is:

6. Compared to therapist self-disclosures which are low in similarity to the spouse's antecedent statement, therapist self-disclosures which are high in similarity will lead to:
  - 6.1 a higher frequency of statements in which the spouse expresses attraction to the therapist;
  - 6.2 a lower frequency of statements in which the spouse expresses negative reactions to the therapist.

Since therapist self-disclosure is a widely discussed, although infrequently used intervention, this study could enlighten therapists as to the immediate impact self-disclosure has on clients. Given this information, as well as therapeutic goals pursued, therapists may choose to use this type of intervention more often and/or to modify the conditions under which it is used.

From a researcher's point of view, this study, because it uses real clinical data, will overcome some of the limitations to



the generalizability of findings cited in several analogue studies. Furthermore, it will contribute to the field of marital/family therapy one of the only studies of its kind.

Finally, from a theoretical perspective, this study will seek to integrate Jourard's views on therapist self-disclosure with two other compatible theoretical models. It will also further assess some of the specific conditions which strengthen the predictions which theory provides.

## Chapter II

### METHODOLOGY

An in vivo approach was selected in this research to examine the use and immediate consequences of self-disclosure by the marital therapist. Two separate studies were conducted. The first was completely naturalistic as it focused "on the live, untampered with, naturally occurring patient and therapist behaviors in therapy interviews" (Kiesler, 1973, p. 3). It will be referred to as Study 1. As a result of issues raised by the data in Study 1, a second study, referred to as Study 2 was also undertaken. This study followed a field experiment paradigm (Gelsó, 1979), and included an experimental manipulation of therapist self-disclosure.

Previous investigators have recognized and underscored the need for research on therapist self-disclosure conducted in "real" therapy settings (Curtis, 1981; Dowd & Boroto, 1982; Loeb & Curtis, 1984; Mahrer et al, 1981; McCarthy, 1982; VandeCreek & Angstadt, 1985). Pinsof (1981), moreover, with regard to process research in marital/family therapy states, "If the field of family therapy outcome research is still in its infancy (Gurman & Kniskern, 1978), the field of family therapy process research has just been born" (p. 701). The present research attempts to fill a gap between analogue and completely naturalistic studies on the use of therapist self-disclosure and to respond in part to Pinsof's challenge.

## Study 1

Subjects

Therapists. All five participating therapists were male and had individually acquired at least 15 years of experience in the field of marital therapy. Three of the therapists were registered social workers, one a psychologist, and one a medical doctor. Two of the therapists had published extensively both in the area of individual and marital/family therapy. Three of the therapists practiced in urban areas of the South-Western United States, one in a North-Eastern area of the United States, and one in Canada's capital. Three therapists had identified their approach to marital/family therapy as being eclectic, whereas one therapist practiced experiential therapy and the other was renowned in the field of social learning.

Client couples. Fourteen couples participated in this research across 50 conjoint marital therapy sessions. The number of sessions per couple varied from one to 23 sessions.

Detailed demographic information is not available on three of the participating couples. For the remaining 11 couples, spouses varied in age from 30 to 61 years, and were married or living together between one and 27 years. One couple was in pre-marital therapy. All couples had more than a high school education with some spouses owning their own businesses or having pursued professional degrees such as medicine,

engineering, accounting, or counseling. None of the individual spouses were described as displaying psychotic symptomatology.

Presenting problems revolved mostly around conflicts in the relationship due to job stress, sexual withdrawal, differing needs of spouses, extramarital affairs, alcohol abuse, physical violence, handling of children, and issues of control.

Sampling process. Marital therapists willing to supply audiotapes of their work had been sought through communication with tape libraries, marital and family therapy associations, as well as through personal referrals and published or conference materials. Contact with these therapists was initiated via telephone or correspondence (Appendix 1).

Client couples were enlisted through participating therapists and were part of their clientele. With the exception of one couple who had taken part in the preparation of a commercial audiotape, all couples were asked via their therapists to provide an informed consent. A form for clients, approved by the School of Psychology Ethics Committee, had been forwarded to interested therapists (Appendix 2).

Because of the difficulty inherent to obtaining naturalistic data, the subject sample in this study cannot be considered entirely representative of the universe of therapists conducting therapy or of couples receiving therapy. The generalizability of results to all therapists and couples will thus be limited accordingly. Nonetheless, the sample does provide a good cross-section of experienced therapists conducting therapy with a non-psychiatric population of couples who present an adequate range of marital difficulties.

### Instruments

Therapist statements: An instrument was needed to differentiate therapist self-disclosure from any other type of therapist intervention. Kiesler et al's (1981) Family Therapist Intervention Coding System (FTICS) was selected as a suitable instrument to adapt to the needs of the current study. The FTICS is particularly appropriate because 1) it is recent and has built upon and added to previous coding systems; 2) it is relevant to marital and family therapy; 3) it has a disclosing category which allows for coding the two different types of therapist self-disclosure of particular interest in this study. The disadvantage of using the FTICS is that no reliability data is available as yet.

Kiesler et al define a disclosing intervention as "any response which communicates/shares information about the person of the therapist" (p. 64). However, marital therapists also share information about their own spouse, extended family and family of origin (Friedman, 1974) and this type of information is considered as therapist self-disclosure as opposed to other types of therapist techniques. For the purpose of this study, therapist self-disclosure was defined as:

Any information about himself which the therapist conveys verbally to one or both spouses in the context of a therapy session. This information may include statements in which the therapist talks about his feelings, thoughts, values, attitudes, experiences, fantasies, relationship with his own spouse or family, as well as problems, therapeutic "errors" and personal hopes.

### A. Marital Therapist Self-Disclosure Coding System

The Marital Therapist Self-Disclosure Coding System as adapted from the disclosing category of the FTICS is presented in Appendix 3. It contains a general definition of therapist self-disclosure and two categories: here-and-now therapist self-disclosure and non here-and-now therapist self-disclosure. Here-and-now therapist self-disclosure is defined as:

a therapist self-disclosure which is primarily formulated in the immediate present and relates to what is going on within the therapy session. A here-and-now self-disclosure mainly involves feelings and reactions but may also include bodily sensations, ongoing fantasies, and images. It includes an explicit or implicit therapist reaction to the client, the client/therapist relationship, or the relationship between spouses.

Non here-and-now therapist self-disclosure is:

any other type of self-disclosure which does not qualify as a here-and-now type self-disclosure... Rather, the non here-and-now type self disclosure reveals something about the therapist's life/experience outside the therapy session even though the therapist may relate it to what is going on in therapy.

These categories are similar to those which Kiesler et al have identified as "impact disclosures" and "self-disclosures". Some modifications and specifications were brought to these categories. For example, an approval statement which also contained a therapist personal reaction in the here-and-now was rated as a here-and-now self-disclosure. The same applied to disapproval/disagreement statements. As problem areas were identified by tape listeners for both here-and-now and non here-and-now categories, several examples were

provided as when not to rate as therapist self-disclosure. Some of these were: when the therapist was clearly being defensive, when the therapist was speaking for the client, when the therapist's statement began with an "I feel" or an "I think" but was in fact implying an interpretation about what the client was like.

#### B. Content and Affect Similarity Scales

Therapist statements in which self-disclosure occurred were rated according to the degree to which the content or feelings expressed by the therapist were similar to those expressed by the client in the preceding statement. Two scales inspired by Davis and Sloan's (1974b) single Imitation scale were developed (Appendix 4). Rather than rating the degree of similarity the subject's disclosure had to the interviewer's, as specified by Davis and Sloan, the reverse was considered; that is, the therapist's self-disclosure was assessed according to how closely it paralleled the previous client statement.

Client statements: A broad category system was developed by the author to classify client statements preceding and following therapist self-disclosure. This system allowed for the content classifications of:

i) client self-disclosure, ii) client attraction to the therapist response, iii) negative reaction to the therapist, and iv) other responses (Appendix 5).

#### A. Client Response Coding System

i) Client self-disclosure

A more restrictive definition was adopted for client self-disclosure than for therapist self-disclosure because clients seek

out therapy to receive help with their problems and are expected to reveal something about themselves in the process. Contrarily, the therapist is primarily seeking to help the client and the majority of his interventions focus on the client (i.e., asking questions, giving instructions, reinforcing, interpreting, reflecting, etc.). Consequently, some responses given by the therapist, such as talking about his spouse, were classifiable as therapist self-disclosure whereas a similar response given by the client was not.

Guidelines provided by previous researchers were incorporated into the present study to define and provide examples of client self-disclosure. Thus client self-disclosure should: 1) focus primarily on the self (Bugental, 1952; Mahrer et al, 1981; Russell & Stiles, 1979; Stiles, 1979); 2) contain a self-referent such as the pronoun "I" or other personal or possessive pronoun (Derlega & Grzelak, 1979; McCarthy & Betz, 1978); 3) reveal something about the kind of person the client is or thinks he is (Ashby, Ford, Guernsey & Guernsey, 1957; Raimy, 1948); or 4) contain personal information about the client's past or present experiences, thoughts, feelings, values, hopes, attitudes, and problems (Ashby et al, 1957; Mahrer et al, 1981).

Client responses which focused primarily on someone or something else, which described actions without the client's personal reactions to the action undertaken, and which provided easily accessible biographical data were not to be rated as self-disclosure.



ii) Attraction responses:

A second category was developed to identify those statements in which the client was verbally expressing attraction to the therapist. To be rated as attraction responses, client statements should focus on the therapist and indicate a positive relationship to the therapist (Durak, 1982; Mahrer et al, 1981). The following criteria were used to further identify such statements: 1) friendly responses (Thibaut & Coules, 1952); 2) responses in which the client expresses liking for the therapist (Byrne, 1971) or the desire to receive counseling from that therapist (Merluzzi et al, 1978); 3) responses in which the client agrees with the therapist (Bales, 1970; Murray, 1956); 4) responses in which the client expresses acceptance of what the therapist says (Snyder, 1945); 5) responses in which the client acknowledges to the therapist that the client feels understood, supported, and safe in the therapeutic relationship (Burton, 1972; D'Augelli et al, 1981); 6) responses in which the client is expressing empathy with the therapist by paraphrasing or reflecting back what the therapist has said.

iii) Negative reactions:

A third category was developed to identify those statements in which the client verbally expressed negative reactions to the therapist. To be classified as negative reaction responses, client statements should focus on the therapist and indicate a negative relationship with the therapist (Durak, 1982; Mahrer et al, 1981). The following criteria were used: 1) client responses in which overt hostility towards the therapist is expressed (Thibaut & Coules, 1952; Godwin, 1970); 2)

responses in which the client disagrees with the therapist (Bales, 1970; Murray, 1956); 3) responses which indicate resistance toward therapy or the therapist (Ashby et al, 1957); 4) responses in which the client rejects an interpretation (Snyder, 1945); 5) any other response in which the client argues with the therapist or verbally indicates that he is feeling disapproved of, or misunderstood, in the therapeutic relationship and that therapy is not helping him.

iv) Other responses:

A fourth category was used to classify those responses which could not be placed in previous categories. "Other" responses included questions, responses in which the client focused on the other spouse or an external person, object, or event without describing his own personal reactions to these. Also classified as "other" client responses were non-verbal responses such as long pauses, laughing and crying (these were indicated on typescripts).

B. Quality Scales for Client Self-Disclosure

As recent research has also attempted to assess the quality of self-disclosure (Chelune, 1979), three other scales were used in this study to rate client self-disclosure on quality dimensions. These were Specificity Elaboration, Affect of the Message Scale adapted from Moss (1978), and a Self-Referents Scale adapted from McCarthy (1978), (Appendix 6). Although these scales do not provide for a complete evaluation of the quality of self-disclosure, they do allow the researcher to assess some characteristics of client verbalizations considered essential in psychotherapy (Carkhuff, 1969).

Inter-judge agreement: Six volunteer judges coded and rated therapist and client statements. Three of the judges were advanced graduate students in clinical psychology: three were practicing psychologists, one of whom was the author. Inter-judge agreement between pairs of judges was verified at regular intervals during the training period and rating period. Overall agreement was calculated at the end of both training and rating periods.

A. Training

At the end of the training period, inter-judge agreement for the presence or absence of therapist self-disclosure reached .96 and .1 for type of self-disclosure. Considerable difficulty was still being experienced by judges in agreeing upon Content Similarity (.44 agreement) and Affect Similarity (.42 agreement). It was therefore decided at this point that these scales would be collapsed into high, medium, and low points following subsequent ratings, in an attempt to improve agreement measures.

Average inter-judge agreement for type of client response reached .66 with a clear upward trend from the first to the last coding of typescripts. Inter-judge agreement was .62 for the Affect of the Message scale and .39 for the Specificity Elaboration scale. Given the low proportion of agreement on this latter scale, several scale modifications and clarifications were subsequently provided to judges.

### B. Data Ratings

Inter-judge agreement measures obtained at the end of the rating period for therapist statements are reported in Table 1. The proportion of agreement between judges over the total number of ratings is given for each scale (Hall & Van De Castle, 1966). Proportion of agreement for Content Similarity and for Affect Similarity is reported following collapse of these scales into high, medium, and low points. The K coefficients for the absence or presence of therapist self-disclosure, and for the here-and-now and non here-and-now categories were .75 and .62, respectively. The K coefficient corrects for chance agreements which may occur between judges (Cohen, 1960; Tinsley & Weiss, 1970).

It is to be noted that a drop in agreement measures occurred following the training period for the absence/presence of therapist self-disclosure and for the type of therapist self-disclosure. One judge in particular needed extra coaching on the identification of here-and-now therapist self-disclosure, as she seemed to have forgotten the concept of immediacy inherent to these types of therapist self-disclosures.

Inter-judge agreement measures obtained at the end of the rating period for client statements are reported in Table 2. Judges could code more than one client response per client statement. If they agreed on one response within a statement and disagreed on another, one agreement was noted and one disagreement was noted for that statement. For the Proportion of Self-Referents Scale, agreements were counted for proportions which varied to a maximum of .01. The larger N reported for

Table 1

Inter-judge Agreement for Therapist Statements

| Therapist<br>statements | Proportion of<br>agreement | N   |
|-------------------------|----------------------------|-----|
| Absence/presence        | .87                        | 254 |
| Type of TSD             | .84                        | 132 |
| Content similarity      | .55                        | 121 |
| Affect similarity       | .87                        | 85  |

Type of TSD: Codings of therapist self-disclosure as here-and-now or  
non here-and-now.

Table 2

Inter-judge Agreement for Client Statements

| Client statements       | Proportion of agreement | N   |
|-------------------------|-------------------------|-----|
| Type of response        | .76                     | 654 |
| Affect of message       | .65                     | 108 |
| Denial of affect        | .85                     | 13  |
| Specificity elaboration | .46                     | 126 |
| Prop. self-referents    | .77                     | 185 |

Type of response: self-disclosure, attraction, negative reaction, other.

this scale is due to the fact that any statement coded by one judge or another as containing a self-disclosure was rated even if this rating was not included in the final data pool.

The inter-judge agreement for the Specificity Elaboration Scale remained low. However, this was partially attributable to the fact that strict criteria were maintained for this scale. There was evidence in this instance that judges were at least rating in the same direction as the Pearson  $r$  for these ratings reached .62.

With the exception of the Proportion of Self-Referents Scale and instances of denial of affect, all cases of disagreement between judges for both therapist and client statements were reviewed by an "expert" judge. The "expert" judge was selected on the basis that he was familiar with the coding system and rating scales being used, that he was blind to the data, and that he had several years experience both in clinical practice and research. For the Proportion of Self-Referents Scale and instances of denial of affect, all cases of disagreement were reviewed by the fifth judge and the researcher till agreement was reached.

### Procedures

Fifty taped sessions of marital therapy were handed directly to the researcher or her representative, or forwarded by registered mail. Therapists were reimbursed for audio cassettes and for mailing costs. A three step procedure was then undertaken to evaluate the consequent spouse responses to therapist self-disclosure. These three steps were:

1) tape listening; 2) transcription; 3) coding and rating of therapist and client statements.

Tape listening: All 50 tapes were randomly assigned to pairs of assistants for a total of 100 hours of tape listening. Each tape was listened to once by each of two assistants on separate occasions. The purpose of this process was to identify all statements in which therapist self-disclosure occurred and to pilot the use of the initial coding systems both for therapist and client self-disclosure.

Ten research assistants were trained to listen to tapes of therapeutic sessions; eight of these assistants were clinical psychology graduate students who were credited internship hours for their participation. Two other volunteer practicing psychologists were also involved. A manual for tape listeners was prepared by the author in which definitions of therapist and client statements, of therapist and client self-disclosure, as well as detailed guidelines for tape listening were provided (Appendix 7). Assistants met with the researcher in groups of three or four or individually, when scheduling of group meetings was not possible. Assistants were instructed to map on work sheets (Appendix 7) all therapist, wife, and husband statements occurring within specified tape segments. Statements were defined according to the guidelines provided by Kiesler (1973). Assistants were also asked to indicate each statement in which therapist or client self-disclosure occurred without judging the quality of that self-disclosure. In all cases where disagreements occurred as to the



presence of therapist self-disclosure, a third assistant, taken from the original pool of tape listeners, made the final decision.

Two high quality cassette recorders (Marantz PMD 220) frequently used by journalists, and Sennheiser 414 earphones were made available to tape listeners. This equipment was used to cut down on background noise on some tapes of poor quality, and to facilitate the task of identifying and relocating on cassettes those segments, in which therapist self-disclosure occurred.

Transcribing: The researcher located on tape listening work sheets each therapist statement in which self-disclosure occurred. Because of the poor quality of audiotapes, and the reported difficulty and frustration experienced by tape listeners in hearing segments, the researcher opted for the subsequent use of typescripts as opposed to rating directly from audio segments. Furthermore, previous researchers have found little or no difference between the reliability of judges rating from typescripts or audio recordings (Harway, Dittman, Rausch, Bordin, & Rigler, 1955; Truax & Carkhuff, 1967).

Contextual units (Kiesler, 1973) were segments made up of a minimum of five statements with a core therapist statement located in the middle. The core therapist statement was either a statement in which therapist self-disclosure occurred or a randomly selected control therapist statement in which therapist self-disclosure did not occur. Each core therapist statement was preceded and followed by at least one statement by the husband or wife. Tapes were identified by number and each tape was subdivided on work sheets into sections of 12 units. These

sections were also numbered. Control statements were randomly selected, first by tape number and secondly by section number. The control statement was that statement which occurred soonest following the selected unit and which did not contain a therapist self-disclosure.

Segments were transcribed verbatim by the researcher and by a paid professional transcriber according to instructions adapted from Gottschalk, Winget, and Gleser (1969), (Appendix 8). Typed segments were checked periodically against audio segments to ensure accuracy and a careful attention to specified rules (cf., sample typescript Appendix 9). A total of 254 segments were transcribed.

Coding and rating of therapist and client statements: One pair of judges was trained to classify therapist statements and to rate on Content Similarity and Affect Similarity scales. The second pair of judges coded client statements and rated on major self-disclosure quality scales (Specificity Elaboration and Affect of the Message). For all of these categories and scales, the scoring unit (Kiesler, 1973) was the client or therapist statement. One other judge and the researcher rated the Proportion of Self-Referents to words spoken in each statement in which client self-disclosure occurred. They also rated directly from tape instances where affect was denied in a self-disclosing statement (denial of affect).

As it was not possible to obtain data which was similar enough to the actual data pool for the training of judges, 45 typescripts were taken from the data pool and rerated at a later date. There was no

evidence to the effect that judges remembered their original ratings and codings.

The researcher met individually with each of the judges to explain the coding systems and rating scales, to discuss any difficulties encountered and to bring necessary clarifications. Written instructions giving general information for the coding of typescripts and specific information for the coding of therapist or client statements, were provided (Appendix 10).

One pair of judges was instructed to classify the core therapist statement and rate each statement in which therapist self-disclosure occurred for Content Similarity and for Affect Similarity. The second pair of judges was required to code the spouse statement immediately following and immediately preceding the core therapist statement, as well as the second consequence and the second last antecedent if it was not interrupted by another therapist statement. Provisions were made to allow, where necessary, for the coding of more than one response per client statement.

Judges then made a second pass to rate those statements in which client self-disclosure occurred for Specificity Elaboration and Affect of the Message. In all cases where denial of affect was expressed, the researcher and the fifth judge listened to the segment and applied a rating according to voice tonality.

Ratings and codings were discussed after each group of 15 typescripts had been completed. Coding specifications were then written out to cover problem areas identified by judges during the training

period (Appendix 11). For example, "yes but" responses emitted by the client were not always viewed as a negative response. Also, judges for therapist statements experienced difficulties in using the Content Similarity Scale and needed additional instructions. Judges for both therapist and client statements requested more guidelines for rating affect from typescripts.

The discussion of codings and ratings during the training period allowed for an evolving system with input from judges with clinical experience. This approach is similar to that described by Carkhuff (1969) as an attempt to reach the "criterion of meaning" in inter-judge agreement.

The actual rating of the 254 typescripts in the naturalistic data pool took place over a two month period. Judges rated their typescripts individually and a regular contact was maintained with the researcher throughout the rating period.

#### Data Analyses:

As frequency counts were involved and only nominal data was available for presence or absence of therapist self-disclosure, type of therapist self-disclosure, as well as type of consequent spouse responses,  $\chi^2$  analyses were used. Contingency tables were disposed in a 2x2 fashion to illustrate as clearly as possible the relationship existing between therapist self-disclosure and client responses. The content similarity scale for therapist self-disclosure was collapsed into high and low similarity and related to client attraction and



negative responses. The affect similarity scale was dropped from the analyses because only 10 out of 119 cases merited a rating of moderate or high similarity. Also, the second last client antecedent and second client consequences were not incorporated into the analyses because of their infrequent occurrence and because no hypotheses had been formulated relative to these antecedents and consequences.

t tests were used where interval data was available and where the N was large enough ( $N > 25$ ) to allow their use for ordinal data. When the N was small ( $N < 25$ ), non-parametric tests such as the Mann-Whitney U Test and the Wilcoxon Matched Pairs Sign Test were used.

#### Summary:

Sessions of marital therapy conducted by experienced therapists were collected for this study. Segments in which therapists self-disclosed were identified by trained assistants. These segments, as well as control segments in which therapists did not self-disclose, were transcribed and typescripts were used for subsequent codings and ratings. Therapist statements were coded according to presence, or absence of therapist self-disclosure, and the type of self-disclosure, and were rated for content and affect similarity. Client antecedents and consequences were coded according to type of response, and client self-disclosures were rated for affect, specificity, and proportion of self-referents to words spoken.

## Study 2

Study 2 was undertaken to complement Study 1 and because of issues raised by the data in the first study. For example, it was discovered, in Study 1, that here-and-now therapist self-disclosures occurred naturally only half as often as did non here-and-now types. Furthermore, therapists in Study 1 tended to make other types of interventions in the same statements in which they self-disclosed. Thus, in 20% of the cases, only a small part of the therapist statement was made up of self-disclosure.

Other technical difficulties in Study 1, such as the poor quality of audiotapes made tape listening and transcribing difficult.

In an effort to improve upon the "purity" of the data while preserving the in vivo quality of Study 1, a field experiment paradigm was used (Gelso, 1979). Three distinct conditions were introduced: a no self-disclosure condition, a here-and-now self-disclosure condition, and a non here-and-now self-disclosure condition.

### Subjects

Therapists. Five graduate psychology students, registered in the Professional Programme of the University of Ottawa, participated in this study. The four therapists in the self-disclosing conditions were female, whereas the one therapist in the control condition was male. This condition by gender imbalance arose due to client/therapist scheduling difficulties outside the author's control.

The students were in the process of doing their internship at the Centre for Psychological Services affiliated to the University. The

Centre provides a variety of psychological services to the non-student population of Ottawa-Hull. All students had previously acquired at least 500 hours clinical experience, and had completed course requirements in abnormal psychology, diagnostics, and counseling theories. The interns were supervised in their work by registered psychologists employed by the Centre.

Client couples. Seven couples participated in this study. Among couples who had requested marital therapy, subjects were randomly assigned to therapists according to a waiting list and the availability of interns.

At the beginning of therapy, clients of the Centre are asked to sign a consent form in which it is specified that some tapes may be retained for research purposes. Couples were advised verbally and in writing of their participation in this research and remained free at this point to withdraw their original consent; none chose to do so.

Spouses ranged in age from 29 to 48 years, and were married or living together from 2 to 18 years. All but two subjects had University degrees. Occupations ranged from that of homemaker to the administrative, financial, and scientific professions. Socio-economic status was estimated to vary from mid to high levels as deduced from educational background and careers pursued. None of the spouses were described as displaying psychotic symptomatology.

Presenting problems appeared less severe than those described in Study 1. This could be due to the fact that couples in Study 1 had requested therapy from established professionals. In Study 2, the type

of problems included: communication difficulties, disorganization in the household, ambiguity about the relationship, differing priorities, lack of appreciation by one of the spouses, generalized conflict on a variety of issues, and stress related to parenthood.

### Instruments

The same coding systems and rating scales were used for Study 2 as for Study 1, with one exception. As codings were made directly from audiotapes with this data, the affect of the Message Scale was modified to account for voice tonality. The high inter-judge agreement, attained for those instances in which denial of affect was coded directly from tape in Study 1, suggested that hearing the voice quality helped judges arrive at a consensual decision in their ratings. Also, judges rating affect from typescripts consistently reported that hearing the tapes would have facilitated their rating task.

Intensity of Expression of Affect Scale: The new scale was expanded to five points ranging from no expression of immediate affect to very strong expression of immediate affect (Appendix 12). Judges were asked to rate according to the formulation of affect words in the present tense and the accompanying voice tonality. Thus, if the client did not use affect words formulated in the present, and his voice tonality was flat and detached, the rating given was a one (1). At the opposite end of the continuum, the use of very strong affect words and of an intense tone of voice, merited a rating of five (5).



Inter-judge agreement: The same pairs-of judges as for Study 1, coded and rated therapist and client statements. The four main judges were paid for their assistance in Study 2. The inter-judge agreement measures for therapist statements are reported in Table 3. K coefficients for absence/presence of therapist self-disclosure and for type of self-disclosure were .96 and .98. It is noteworthy that agreement for absence/presence of therapist self-disclosure and for type of self-disclosure is considerably higher than that reported for Study 1. This is likely due to a practice effect for judges, and to the fact that the presence and type of self-disclosure was manipulated in this study. A sizeable increase in agreement was also noted for content similarity.

The inter-judge agreement measures for client statements are reported in Table 4. An increase in inter-judge agreement for type of client response is once again probably attributable to a practice effect. The inter-judge agreement for the Intensity of Affect and Specificity Elaboration scales remained relatively low despite efforts to clearly define each point on the scale. Both these scales require a subjective assessment by judges as to the quality of expressed affect and the quality of elaboration provided by the client; this explains at least partially the difficulty in reaching agreement.

Few disagreements occurred in coding for the presence or absence of therapist self-disclosure; these instances were thus removed from the data pool. The same "expert" judge, as in Study 1, made the final decision in all cases of disagreement for Content and Affect Similarity,

Table 3

Inter-judge Agreement for Therapist Statements

| Therapist<br>statements | Proportion of<br>agreement | N   |
|-------------------------|----------------------------|-----|
| Absence/presence        | .98                        | 149 |
| Type of TSD             | .99                        | 84  |
| Content similarity      | .78                        | 76  |
| Affect similarity       | .89                        | 72  |

Type of TSD: Codings of therapist self-disclosure as here-and-now or non here-and-now.

Table 4

Inter-judge Agreement for Client Statements

| Client statements       | Proportion of agreement | N   |
|-------------------------|-------------------------|-----|
| Type of response        | .88                     | 351 |
| Intensity of Affect     | .63                     | 99  |
| Specificity Elaboration | .59                     | 99  |
| Prop. self-referents    | .95                     | 60  |

Type of response: self-disclosure, attraction, negative reaction,  
other.

for type of client response, for Intensity of Affect and finally, for Specificity Elaboration. For the Proportion of Self-Referents, the fifth judge and the researcher recounted words spoken and self-referents where disagreements occurred.

Post-therapy Research Questionnaire: This questionnaire was developed to serve as a manipulation check between self-disclosing and non-self-disclosing therapists, to verify client reactions to the use of self-disclosure and to assess client perception of why therapists use self-disclosure (Appendix 13). Thus, spouses were asked whether or not their therapist self-disclosed, with what frequency per session, their initial reaction to therapist self-disclosure, and finally, their level of agreement with statements pertaining to its use. A Likert-type scale (1932) was used for these latter items. Three items were intended as distractors. They advanced statements not usually associated with the therapeutic usefulness of therapist self-disclosure. For example, spouses were asked to provide their level of agreement with the following statement: Therapist self-disclosure is used to make small talk during therapy.

### Procedures

The training process: As a first step for the training of student therapists, two training tapes were prepared for here-and-now and non here-and-now therapist self-disclosures. Secondly, student therapists were trained for the non disclosure condition, the here-and-now and the non here-and-now disclosure conditions.

#### A. Preparation of Training Tapes

A practicing psychologist, with several years experience in marital therapy, agreed to act as the "therapist" in the preparation of these tapes. A volunteer married couple, blind to the specific subject and hypotheses of the research, also agreed to participate in the role play.

The researcher met the "therapist" one week before he was to meet with the couple and provided him with a general definition of therapist self-disclosure, as well as definitions of here-and-now and non here-and-now types. The therapist was asked to give his own examples of self-disclosure and of the two types; he was then provided with examples of each type. Written instructions were also made available and discussed with the therapist (Appendix 14). He was asked to conduct therapy as he normally would except that, in the first session, he was to introduce non here-and-now self-disclosures at about 10 minute intervals and, in the second session, to introduce non here-and-now self-disclosures at the same rate. A moderate number of self-disclosures per session has been shown to be more effective than a large number (Giannandrea & Murphy, 1973; Mann & Murphy, 1975) and even Jourard (1976b) did not disclose more than five times per session (Mahrer et al, 1981).

The therapist also was instructed to keep his self-disclosures brief, as suggested in the clinical literature (D'Augelli et al, 1981; Cormier & Cormier, 1979, 1985), and to refrain from combining these with other types of interventions (Appendix 14). In the non here-and-now

condition, self-disclosures were to be moderately intimate and at least moderately similar to the client's preceding statement.

Both the therapist and volunteer couple were given a scenario which described the couple's marital situation as well as possible issues to be discussed in therapy (Appendix 15). They were to act it out as if they had already met the therapist once before, during an intake session. The non here-and-now and here-and-now sessions were conducted consecutively with a 15 minute break between the two. The couple was then debriefed as to the purpose of this exercise and asked if they had noticed anything which they did not expect to occur during therapy. Both spouses responded in the negative. The therapist and volunteer couple both reported that they had enjoyed this experience.

The therapist was easily able to introduce self-disclosure close to the specified time intervals and had no difficulty in distinguishing between here-and-now and non here-and-now types. However, he did experience some difficulty in keeping his disclosures brief and in not combining them with other types of interventions.

#### B. Training of Student Therapists

The student therapists were selected on the basis of their availability and interest in participating in this study. The student therapists were then trained for specified conditions: i) a control condition in which self-disclosure was not to occur; ii) a here-and-now self-disclosure condition, and iii) a condition in which self-disclosures were not formulated in the here-and-now.

i) Control condition: no self-disclosure.

One student therapist was selected as the control therapist. He was to conduct one intake session and four therapy sessions with each of two couples, during which time he was instructed not to use self-disclosure of any kind. The researcher met with him individually to explain what self-disclosure was and to ask him to provide examples of therapist interventions which were not self-disclosure. He was given written instructions (Appendix 16) and a regular contact was maintained with him during the data collection period.

ii) Here-and-now self-disclosure condition

In the here-and-now condition, the second student therapist was instructed to use here-and-now self-disclosures. She was asked to conduct one intake session and four therapy sessions with each of two couples, during which time she was to use self-disclosure at about 10 minute intervals. The researcher met with the student and listened to the training tape with her. She was asked to comment on the taped here-and-now self-disclosures, and on how these could be improved. She was also provided with a general definition of self-disclosure and a definition of the here-and-now type, and asked to come up with her own examples. Written instructions were provided in which it was specified that self-disclosures were to be kept brief, were to be formulated in the present with "I" statements, and were not to be combined with other interventions (Appendix 17). Following the first self-disclosing session, the researcher met with the student, listened to the tape and instances of self-disclosure, and made comments on how these could be

improved. Regular telephone contacts were maintained afterwards between the student and the researcher. The greatest difficulty occurring in this condition was that the student reported some problems in self-disclosing at about 10 minute intervals, with one couple in particular, because this couple was especially loquacious.

iii) Non here-and-now self-disclosure condition

In the non here-and-now condition, student therapists were instructed to use non here-and-now type self-disclosures. As it became evident, at the beginning of the data collection period, that the frequency of self-disclosures would not be up to specification, three female therapists were trained and each self-disclosed with one couple. Also, additional training was added throughout. The researcher and students listened to the non here-and-now training tape and made comments as to how the self-disclosures could be improved. Students were given a general definition of self-disclosure, a definition of non here-and-now types, and asked to provide their own examples. Written instructions were provided in which it was specified that self-disclosures be kept brief, "pure", and that they be moderately intimate and at least moderately similar to the client's antecedent statement (Appendix 18). Moderate intimacy of self-disclosure is thought to be more "effective" than high levels of intimacy (Simonson & Bahr, 1974). Guidelines for moderately intimate self-disclosure were prepared according to contents suggested by Taylor and Altman's (1966) report on intimacy-scaled stimuli. Guidelines for moderately similar



self-disclosures were inspired in part by Davis and Sloan's (1974a) research.

Additional training for therapists was given in the following way:

- (1) initial therapy sessions were listened to by the therapist and the researcher; (2) the tape was stopped at various intervals and the therapist was asked to come up with a self-disclosure which was relevant to her experience and relevant to what was being said by the client; (3) some modeling was also provided by the researcher who gave examples of her own self-disclosures. This training proved to be quite helpful for two of the three therapists in particular.

Design and data collection: It was originally intended that one therapist in each condition would see two couples over five sessions (one intake and four therapy). Because of the practical difficulties in obtaining sufficient data in the non here-and-now condition, three therapists and three couples participated over a minimum of five therapy sessions each.

At the end of the research period, couples were asked to complete the Post-Therapy Research Questionnaire and were given a letter thanking them for their participation and informing them as to the major hypotheses of the study (Appendix 19).

Identification of control and self-disclosing statements: For the identification of control statements, the researcher selected those therapist statements occurring closest to the 10 minute intervals specified as a guideline in the here-and-now and non here-and-now conditions.

For both the here-and-now and non here-and-now conditions, the therapists identified those statements in which they self-disclosed according to the therapy segments where these occurred. In addition, the researcher listened to the entire tapes and retained only those instances in which self-disclosure was emitted in a relatively "pure" form.

All therapist statements were subsequently classified by the same two judges as in Study 1. All cases of disagreement or ambiguity were removed from the data pool. This resulted in a total of 37 control statements, 35 here-and-now statements, and 49 non here-and-now statements.

Preparation of segments for judges: Audio-segments were prepared for Study 2 as opposed to typescripts in Study 1. Prior arrangements had been made to ensure that audio recordings were of a better quality than for Study 1. Segments were set up the same way as for Study 1, with a minimum of five statements per segment. The core therapist statement was located in the middle, preceded and followed by at least one statement by one of the spouses. In addition, 22 segments with distractor core therapist statements were prepared. These distractor statements were randomly selected statements in which self-disclosure did not occur and taken from the sessions conducted by the self-disclosing therapists. These distractor statements were included as it was believed that judges would easily recognize therapist voices and would thus be more inclined to develop a response set.

As it was considered extremely difficult for judges to rate Proportion of Self-Referents to words spoken directly, from tape, typescripts were prepared for client consequent statements in which self-disclosure occurred, as well as for client antecedent statements emitted by the same speaker (e.g.: H T H).

Coding and rating of therapist and client statements: Judges in Study 2 were already familiar with therapist and client coding and rating systems. However, definitions and problem areas were reviewed and a three hour group training period was undertaken specifically for the new Intensity of Affect Scale. Fifteen instances of client self-disclosure were taken from the naturalistic data pool of Study 1, and rated directly from tape by the pair of judges familiar with client scales and by the researcher.

Codings and ratings were carried out in group sessions with the researcher who located identified segments on tapes. Judges were instructed not to discuss codings and ratings between themselves but could ask general questions regarding the coding systems and rating scales. Taped segments were played to a maximum of three times. In general, where therapist self-disclosure and client self-disclosure occurred, a second playback was required by judges to rate on quality scales.

Therapist statement codings and ratings took 13 hours to complete over three separate sessions. Client statement codings and ratings required 22 hours to complete over six sessions.

The fifth judge and the researcher rated instances of client self-disclosure for the proportion of self-referents to words spoken.

### Data Analyses

The same statistical tests were used to analyse the data for Study 2 as for Study 1.

### Summary:

In Study 2, graduate students in clinical psychology were trained for one control and two experimental conditions relative to the introduction of here-and-now and non here-and-now therapist self-disclosures. Couples requesting marital therapy served as subjects. With the exception of the Intensity of Affect Scale and the Post-therapy Research Questionnaire, the same instruments were used for Study 2 as for Study 1. Codings and ratings for therapist/client statements were carried out directly from audio therapy segments. Overall, higher inter-judge agreement measures were obtained for Study 2 than for Study 1.

## CHAPTER III

## RESULTS

Results of the current research are reported in this chapter. The first section provides results for Study 1. The second section presents results for Study 2, as well as descriptive data on the Post-therapy Research Questionnaire.

Because of the in vivo nature of this research, a  $p < .05$  level of significance was accepted throughout. Results of  $\chi^2$ 's are reported for nominal data and frequency counts. Corrected  $\chi^2$ 's as provided by the SPSS program are given for all  $2 \times 2$  contingency tables.  $\phi$  coefficients are reported only when the overall  $\chi^2$  is significant. One-tailed  $t$ -tests are provided for interval data and for ordinal data when the  $N$  is large enough to allow the use of a parametric test ( $N > 25$ ). The SPSS program adjusts for unequal variances between two groups.

For those few cases when ordinal data only was available and the  $N$  was small ( $N < 25$ ), results of non parametric tests such as the Mann-Whitney U Test for independent samples, and the Wilcoxon Matched Pairs Sign Test for related samples, are reported.

A review of the literature on therapist self-disclosure did not lead to the formulation of specific hypotheses on differential effects by gender of spouse in marital therapy. In fact, in a recent review on process and outcome of marital/family therapy (Gurman, Kniskern, & Pinsof, 1986), the issue of client gender is not discussed at all.

Nonetheless, in this research, separate tests were conducted in all instances for the male and female spouse. These are reported in two instances: 1) when the overall test for all subjects is significant: 2) when the overall test is not significant ~~but~~ the separate test is.

### Study 1

The data in Study 1 contains naturally occurring unmanipulated statements in which the therapist self-discloses as well as randomly selected control statements in which the therapist does not self-disclose. The data pool consists of 250 therapy segments with therapist self-disclosure occurring in 143 cases (YES) and therapist self-disclosure not occurring (NO) in 107 cases. The client consequence is the first statement by either the husband or wife immediately following the core therapist statement, whereas the client antecedent is the last statement by either the husband or wife immediately preceding the core therapist statement.

### Client Consequences of Therapist Self-disclosure

Client self-disclosure. A 2 x 2 contingency table in which client self-disclosure as a consequent spouse response is related to therapist self-disclosure is presented in table 5. YES responses are those statements in which either the therapist or spouse self-discloses and NO

Table 5

Contingency Table: Relationship between Therapist Self-disclosure and Client Self-disclosure

| Therapist<br>Self-disclosure |      | Client Self-disclosure |              |     |              | Row Total |       |
|------------------------------|------|------------------------|--------------|-----|--------------|-----------|-------|
|                              |      | YES                    |              | NO  |              |           |       |
|                              |      | f                      | %            | f   | %            | f         | %     |
| YES                          | Row  | 34                     |              | 109 |              | 143       | 57.2  |
|                              | Col. |                        | 23.8<br>45.9 |     | 76.2<br>61.9 |           |       |
| NO                           | Row  | 40                     |              | 67  |              | 107       | 42.8  |
|                              | Col. |                        | 37.4<br>54.1 |     | 62.6<br>38.1 |           |       |
| Column Total                 |      | f                      |              | 176 |              | 250       |       |
|                              |      | %                      | 29.6         |     | 70.4         |           | 100.0 |

$$\chi^2 (1) = 4.8, p < .05$$

$$\phi = -.15, p < .01$$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

responses are those statements in which either the therapist or the spouse does not self-disclose. The overall  $\chi^2 (1) = 4.8$  is significant at  $p < .05$ . The  $\phi$  coefficient is  $-.15$ , significant at  $p < .01$ .

Hypothesis 1.1, predicting that therapist self-disclosure will lead to client self-disclosure, is rejected. In fact, results suggest an inverse relationship to that predicted. Results presented in Table 5 also demonstrate that the overall occurrence of client self-disclosure is only 25% compared to the 75% of statements in which client self-disclosure does not occur.

Tables 6 and 7 present contingency tables for  $\chi^2$ 's conducted separately for consequent statements emitted by the male or by the female spouse. The  $\chi^2 (1) = 4.26$  is significant at  $p < .05$  for males only. The  $\phi$  coefficient is  $-.20$ ,  $p < .05$ . The  $\chi^2 (1) = 1.07$  is non-significant for females.

Client attraction to the therapist. A  $2 \times 2$  contingency table showing the relationship between therapist self-disclosure and the client attraction response in the immediately consequent statement is presented in Table 8. YES responses are those in which the spouse responds with attraction to the therapist and NO responses are those in which the spouse does not respond with attraction to the therapist. The  $\chi^2 (1) = 11.17$  is significant at  $p < .001$ . The  $\phi$  coefficient is  $.22$ ,  $p < .001$ . Hypothesis 1.2, predicting that therapist self-disclosure will lead to the client attraction response, is supported by the data.



Table 6

Contingency Table: Relationship between Therapist Self-disclosure and Client Self-disclosure for Males

| Therapist<br>Self-disclosure |             | Client Self-disclosure |              |     |              | Row Total |       |
|------------------------------|-------------|------------------------|--------------|-----|--------------|-----------|-------|
|                              |             | YES                    |              | NO  |              |           |       |
|                              |             | f                      | %            | f   | %            | f         | %     |
| YES                          | Row<br>Col. | 12                     | 16.4<br>37.5 | 61  | 83.6<br>60.4 | 73        | 54.9  |
| NO                           | Row<br>Col. | 20                     | 33.3<br>62.5 | 40  | 66.7<br>39.6 | 60        | 45.1  |
| Column Total                 |             | f                      |              |     |              |           |       |
|                              |             | 32                     | 24.1         | 101 | 75.9         | 133       | 100.0 |

$$\chi^2 (1) = 4.26, p < .05$$

$$\phi = -.20, p < .05$$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

Table 7

Contingency Table: Relationship between Therapist Self-disclosure and Client Self-disclosure for Females

| Therapist<br>Self-disclosure |      | Client Self-disclosure |              |    |              | Row Total |       |
|------------------------------|------|------------------------|--------------|----|--------------|-----------|-------|
|                              |      | YES                    |              | NO |              |           |       |
|                              |      | f                      | %            | f  | %            | f         | %     |
| YES                          | Row  | 22                     |              | 48 |              | 70        | 59.8  |
|                              | Col. |                        | 31.4<br>52.4 |    | 68.6<br>64.0 |           |       |
| NO                           | Row  | 20                     |              | 27 |              | 47        | 40.2  |
|                              | Col. |                        | 42.6<br>47.6 |    | 57.4<br>36.0 |           |       |
| Column Total                 |      | f                      |              | 75 |              | 117       |       |
|                              |      | %                      | 35.9         |    | 64.1         |           | 100.0 |

$\chi^2 (1) = 1.07, n.s.$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

Table 8

Contingency Table: Relationship between Therapist Self-disclosure and Client Attraction

| Therapist<br>Self-disclosure |      | Client Attraction |              |     |              | Row Total |       |
|------------------------------|------|-------------------|--------------|-----|--------------|-----------|-------|
|                              |      | YES               |              | NO  |              |           |       |
|                              |      | f                 | %            | f   | %            | f         | %     |
| YES                          | Row  | 56                |              | 87  |              | 143       | 57.2  |
|                              | Col. |                   | 39.2<br>73.7 |     | 60.8<br>50.0 |           |       |
| NO                           | Row  | 20                |              | 87  |              | 107       | 42.8  |
|                              | Col. |                   | 18.7<br>26.3 |     | 81.3<br>50.0 |           |       |
| Column Total                 |      | f                 |              | 174 |              | 250       |       |
|                              |      | %                 | 30.4         |     | 69.6         |           | 100.0 |

$$\chi^2 = 11.17, p < .001$$

$$\phi = .22, p < .001$$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

Tables 9 and 10 present separate contingency tables for responses given by the male and female spouse. The  $\chi^2 (1) = .22$  is non-significant for husbands. The  $\chi^2 (1) = 16.54$  is significant for wives only,  $p < .001$ . The  $\phi$  coefficient is .39,  $p < .001$ .

Quality of consequent client self-disclosure. Comparisons were made between consequent client statements in which self-disclosure occurred following therapist self-disclosure and following therapist statements in which self-disclosure did not occur. These consequent client statements were compared on three quality of self-disclosure scales: i) intensity of affect, ii) specificity elaboration, iii) proportion of self-referents to words spoken.  $t$  tests for 2 independent samples were used for these comparisons.

i) intensity of affect: There was no difference in intensity of affect between client self-disclosing statements following therapist self-disclosure and following statements in which therapist self-disclosure did not occur,  $t (72) = -.30$ . Thus, hypothesis 2.1 predicting a greater intensity of self-disclosure affect following therapist self-disclosure, is not supported.

ii) specificity: Hypothesis 2.2 predicted greater specificity elaboration following therapist self-disclosure than following statements in which therapist self-disclosure did not occur. The data does not lend support to this prediction,  $t (69.74) = -.92$ .

iii) proportion of self-referents: Hypothesis 2.3 predicted that a greater proportion of self-referents to words spoken would be found in client self-disclosures which followed therapist self-disclosure than in

Table 9

Contingency Table: Relationship between Therapist Self-disclosure and Client Attraction for Males

| Therapist<br>Self-disclosure |      | Client Attraction |              |    |              | Row Total |       |
|------------------------------|------|-------------------|--------------|----|--------------|-----------|-------|
|                              |      | YES               |              | NO |              |           |       |
|                              |      | f                 | %            | f  | %            | f         | %     |
| YES                          | Row  | 22                |              | 51 |              | 73        | 54.9  |
|                              | Col. |                   | 30.1<br>59.5 |    | 69.9<br>53.1 |           |       |
| NO                           | Row  | 15                |              | 45 |              | 60        | 45.1  |
|                              | Col. |                   | 25.0<br>40.5 |    | 75.0<br>46.9 |           |       |
| Column Total                 |      | f 37              |              | 96 |              | 133       |       |
|                              |      | % 27.8            |              |    | 72.2         |           | 100.0 |

$\chi^2 = .22$ , n.s.

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

Table 10

Contingency Table: Relationship between Therapist Self-disclosure and Client Attraction for Females

| Therapist<br>Self-disclosure |             | Client Attraction |              |    |              | Row Total |       |
|------------------------------|-------------|-------------------|--------------|----|--------------|-----------|-------|
|                              |             | YES               |              | NO |              |           |       |
|                              |             | f                 | %            | f  | %            | f         | %     |
| YES                          | Row<br>Col. | 34                | 48.6<br>87.2 | 36 | 51.4<br>46.2 | 70        | 59.8  |
| NO                           | Row<br>Col. | 5                 | 10.6<br>12.8 | 42 | 89.4<br>53.8 | 47        | 40.2  |
| Column Total                 |             | f                 |              |    |              |           |       |
|                              |             | 39                | 33.3         | 78 | 66.7         | 117       | 100.0 |

$$\chi^2 (1) = 16.54, p < .001$$

$$\phi = .39, p < .001$$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

client self-disclosures which followed statements in which therapist self-disclosure did not occur. This prediction was supported by the data,  $t(72) = 2.30$ ,  $p < .05$ . Separate  $t$  tests for male spouses did not reach significance,  $t(30) = .71$ , but did for females,  $t(40) = 2.33$ ,  $p < .05$ .

For hypotheses 2.1 to 2.3, on 1 out of 3 quality of client self-disclosure indicators, support was found for the prediction that therapist self-disclosure contributes to a higher quality of consequent client self-disclosures.

#### Client Consequent Self-disclosure Compared to Client Antecedent Self-disclosure

Comparisons also were made between client statements before and after therapist self-disclosure as well as before and after statements in which therapist self-disclosure did not occur. Hypothesis 3 predicted that therapist self-disclosure would serve to initiate the occurrence of client self-disclosure from antecedent to consequence. Table 11 presents the a 2 x 2 contingency table for the same speaker before and after the core therapist statements. The NO/YES category represents no client self-disclosure in the antecedent and client self-disclosure occurring in the consequence. The NO/NO category comprises those instances in which client self-disclosure did not occur before or after the core therapist statement. The  $\chi^2(1) = 2.5$  is not significant and fails to support hypothesis 3.

Table 11

Contingency Table: Relationship between Therapist Self-disclosure and an Increase in Client Self-Disclosure from Antecedent to Consequence

|                              |      | Client Self-disclosure |      |       |      |           |       |
|------------------------------|------|------------------------|------|-------|------|-----------|-------|
| Therapist<br>Self-disclosure |      | NO/YES                 |      | NO/NO |      | Row Total |       |
|                              |      | f                      | %    | f     | %    | f         | %     |
|                              |      | 14                     |      | 59    |      | 73        | 58.9  |
| YES                          | Row  |                        | 19.2 |       | 80.8 |           |       |
|                              | Col. |                        | 45.2 |       | 63.4 |           |       |
|                              |      | 17                     |      | 34    |      | 51        | 41.1  |
|                              | Row  |                        | 33.3 |       | 66.7 |           |       |
| NO                           | Col. |                        | 54.8 |       | 36.6 |           |       |
| Column Total                 |      | f                      | 31   | 93    |      | 124       |       |
|                              |      | %                      | 25   |       | 75   |           | 100.0 |

$$\chi^2 = 2.5, \text{ n.s.}$$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.



Although no hypothesis was formulated in this respect, a further analysis was made to verify if therapist self-disclosure contributed to maintain the occurrence of client self-disclosure from antecedent to consequence. Table 12 presents a 2 x 2 contingency table in which the YES/YES category represents client self-disclosure occurring in both the antecedent and consequence and the YES/NO category represents client self-disclosure occurring in the antecedent but not in the consequence. The  $\chi^2 (1) = 4.73$  is significant at  $p < .05$ . The  $\phi$  coefficient is  $-.34$ ,  $p < .01$ . Results suggest an inverse relationship between therapist self-disclosure and the maintenance of client self-disclosure.

Tables 13 and 14 present results for  $\chi^2$ 's computed separately for male and female spouses. Results are not significant for either males,  $(1) = 3.0$ , nor females  $\chi^2(1) = 1.48$ .

Hypotheses 4.1 to 4.3 predicted that therapist self-disclosure would lead to an increase in client self-disclosure affect, specificity, and proportion of self-referents to words spoken from antecedent to consequent client self-disclosure statements. The Wilcoxon Matched Pairs Signed Ranks Test (Siegel, 1956) was used to compare the differences in affect and specificity from antecedent to consequent client self-disclosure statements. The T value for differences in specificity pre and post therapist self-disclosure is 30 and non-significant. As the sum of positive and negative ranks were equal for affect intensity, the T value was not computed. A t-test of difference scores was used to compare the proportion of self-referents to words spoken in client self-disclosing statements pre and post therapist self-disclosure and

Table 12

Contingency Table: Relationship between Maintenance of Client Self-disclosure from Antecedent to Consequence and Therapist Self-disclosure

| Therapist<br>Self-disclosure |      | Client Self-disclosure |      |         |      | Row Total |       |
|------------------------------|------|------------------------|------|---------|------|-----------|-------|
|                              |      | YES/NO                 |      | YES/YES |      |           |       |
|                              |      | f                      | %    | f       | %    | f         | %     |
| YES                          | Row  | 20                     |      | 8       |      | 28        | 53.8  |
|                              | Col. |                        | 71.4 |         | 28.6 |           |       |
|                              |      |                        | 69.0 |         | 34.8 |           |       |
| NO                           | Row  | 9                      |      | 15      |      | 24        | 46.2  |
|                              | Col. |                        | 37.5 |         | 62.5 |           |       |
|                              |      |                        | 31.0 |         | 65.2 |           |       |
| Column Total                 |      | f                      | 29   | 23      |      | 52        |       |
|                              |      | %                      | 55.8 | 44.2    |      |           | 100.0 |

$$\chi^2 (1) = 4.73, p < .05$$

$$\phi = -.34, p < .01$$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

Table 13

Contingency Table: Relationship between Therapist Self-disclosure and Maintenance of Client Self-disclosure from Antecedent to Consequence for Males

|                              |             | Client Self-disclosure |              |         |              |           |       |
|------------------------------|-------------|------------------------|--------------|---------|--------------|-----------|-------|
| Therapist<br>Self-disclosure |             | YES/NO                 |              | YES/YES |              | Row Total |       |
|                              |             | f                      | %            | f       | %            | f         | %     |
| YES                          | Row<br>Col. | 13                     | 86.7<br>65.0 | 2       | 13.3<br>22.2 | 15        | 51.7  |
| NO                           | Row<br>Col. | 7                      | 50.0<br>35.0 | 7       | 50.0<br>77.8 | 14        | 48.3  |
| Column Total                 |             | f                      | %            | f       | %            |           |       |
|                              |             | 20                     | 69.0         | 9       | 31.0         | 29        | 100.0 |

$\chi^2 (1) = 3.0, n.s.$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

Table 14

Contingency Table: Relationship between Therapist Self-disclosure and Maintenance of Client Self-disclosure from Antecedent to Consequence for Females

| Therapist<br>Self-disclosure |      | Client Self-disclosure |              |         |              | Row Total |       |
|------------------------------|------|------------------------|--------------|---------|--------------|-----------|-------|
|                              |      | YES/NO                 |              | YES/YES |              |           |       |
|                              |      | f                      | %            | f       | %            | f         | %     |
| YES                          | Row  | 7                      |              | 6       |              | 13        | 56.5  |
|                              | Col. |                        | 53.8<br>77.8 |         | 46.2<br>42.9 |           |       |
| NO                           | Row  | 2                      |              | 8       |              | 10        | 43.5  |
|                              | Col. |                        | 20.0<br>22.2 |         | 80.0<br>57.1 |           |       |
| Column Total                 |      | f                      | 9            | 14      |              | 23        |       |
|                              |      | %                      | 39.1         | 60.9    |              |           | 100.0 |

$$\chi^2 (1) = 1.48, n.s.$$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

pre and post statements in which therapist self-disclosure did not occur. The  $t$  value (21) =  $-.32$  is not significant. The data does not support the hypotheses predicting that therapist self-disclosure would contribute to an increase in quality measures of client self-disclosure from antecedent to consequence.

#### Here-and-now Therapist Self-disclosure.

Hypothesis 5.1 predicted that here-and-now therapist self-disclosure would lead to a higher frequency of statements in which the client self-disclosed than would non here-and-now type therapist self-disclosures. Table 15 presents a 2 x 2 contingency table relating type of therapist self-disclosure to client self-disclosure. The  $\chi^2 (1) = .43$  is non-significant and does not support the directional hypothesis. ✓

Hypotheses 5.2 to 5.4 predicted that here-and-now therapist self-disclosure would lead to higher quality client self-disclosure than would non-here-now therapist self-disclosure.  $t$ -tests were used to compare client self-disclosure affect, specificity, and proportion of self-referents following here-and-now and non here-and-now therapist self-disclosure. For affect of client self-disclosure,  $t (32) = -2.03$ ,  $p < .05$ , results are significant in a direction opposite to that predicted. The Mann-Whitney U Test for independent samples does not reach significance for males,  $U = 8.5$ , nor for females,  $U = 65$ . Results for specificity of client self-disclosure are non-significant,  $t (32) = 1.33$ . Similarly, the proportion of self-referents to words spoken, in

Table 15

Contingency Table: Relationship between Type of Therapist Self-disclosure and Frequency of Client Self-disclosure

| Therapist Self-disclosure |      | Client Self-disclosure |      |     |      | Row Total |       |
|---------------------------|------|------------------------|------|-----|------|-----------|-------|
|                           |      | YES                    |      | NO  |      |           |       |
|                           |      | f                      | %    | f   | %    | f         | %     |
| H&N                       | Row  | 13                     |      | 33  |      | 46        | 32.2  |
|                           | Col. |                        | 28.3 |     | 71.7 |           |       |
|                           |      |                        | 38.2 |     | 30.3 |           |       |
| NH&N                      | Row  | 21                     |      | 76  |      | 97        | 67.8  |
|                           | Col. |                        | 21.6 |     | 78.4 |           |       |
|                           |      |                        | 61.8 |     | 69.7 |           |       |
| Column Total              |      | f                      |      |     |      |           |       |
|                           |      | 34                     |      | 109 |      | 143       |       |
|                           |      | %                      | 23.8 |     | 76.2 |           | 100.0 |

$\chi^2 (1) = 0.43, n.s.$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

H&N = Here-and-now therapist self-disclosure.

NH&N = Non here-and-now therapist self-disclosure.

client self-disclosure, is not significantly different, following here-and-now therapist self-disclosure than following non here-and-now therapist self-disclosure,  $t(28.99) = -1.13$ . For females only, the  $t(19.93) = -2.19$  is significant at  $p < .05$ , in a direction opposite to that predicted.

No support was thus provided by the data for hypotheses 5.2 to 5.4 predicting that here-and-now type self-disclosures would contribute to higher quality client self-disclosures than would non here-and-now type therapist self-disclosures.

#### Low and High Similarity Therapist Self-disclosure.

The therapist affect similarity scale was dropped from the data analysis since only 10 out of 119 cases merited a moderate or high rating. Results are thus based on the content similarity scale only. Ratings of one (1) for therapist content similarity were placed in the low similarity category, whereas ratings of two (2) and three (3) were placed in the high similarity category. Only those client statements in which attraction to the therapist or a negative response occurred were considered as the dependent variables. Hypothesis 6.1 predicted that high similarity of therapist self-disclosure would lead to a higher frequency of attraction responses than would low similarity of therapist self-disclosure. Hypothesis 6.2 predicted that high similarity of therapist self-disclosure would lead to a lower frequency of negative responses than would low similarity of therapist self-disclosure.

Table 16 presents the results for these hypotheses. The  $\chi^2 (1) = .84$  is non-significant and fails to support the directional hypotheses.

### Study 2

The data in study 2 was collected across three conditions: a control condition in which the therapist was instructed not to self-disclose, a here-and-now therapist self-disclosure condition, and a non here-and-now therapist self-disclosure condition. The data pool consists of 121 segments, with 37 control therapist statements, 35 here-and-now statements, and 49 non here-and-now statements. As in Study 1, client consequences consisted of the first statement following the core therapist statement, and client antecedents consisted of the last statement preceding the core therapist statement.

#### Client Consequences of Therapist Self-disclosure

Client self-disclosure. Hypothesis 1.1 predicted that therapist self-disclosure would lead to client self-disclosure. Results are presented in Table 17. The  $\chi^2 (1) = 0$ , illustrates that no relationship was found between therapist self-disclosure and client self-disclosure in the immediately consequent statement.

Client attraction to the therapist. Table 18 presents a 2 x 2 contingency table in which therapist self-disclosure is related to client attraction responses. The  $\chi^2 (1) = 5.59$  is significant at  $p < .05$ . The  $\phi$  coefficient is .24,  $p < .01$ . Hypothesis 1.2, predicting that



Table 16

Contingency Table: Relationship between Similarity of Therapist Self-disclosure and Client Attraction and Negative Responses

| Therapist Self-disclosure |      | Client Attraction |              | Client Negative Responses |              | Row Total |       |
|---------------------------|------|-------------------|--------------|---------------------------|--------------|-----------|-------|
|                           |      | f                 | %            | f                         | %            | f         | %     |
| Low                       | Row  | 22                |              | 9                         |              | 31        | 46.3  |
|                           | Col. |                   | 71.0<br>42.3 |                           | 29.0<br>60.0 |           |       |
| High                      | Row  | 30                |              | 6                         |              | 36        | 53.7  |
|                           | Col. |                   | 83.3<br>57.7 |                           | 16.7<br>40.0 |           |       |
| Column Total              |      | f                 |              | 15                        |              | 67        |       |
|                           |      | %                 | 52<br>77.6   |                           | 22.4         |           | 100.0 |

$\chi^2 (1) = 0.84, n.s.$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

Table 17

Contingency Table: Relationship between Therapist Self-disclosure and Client Self-disclosure

| Therapist<br>Self-disclosure |      | Client Self-disclosure |      |      |       | Row Total |      |
|------------------------------|------|------------------------|------|------|-------|-----------|------|
|                              |      | YES                    |      | NO   |       |           |      |
|                              |      | f                      | %    | f    | %     | f         | %    |
| YES                          | Row  | 27                     | 32.1 | 57   | 67.9  | 84        | 69.4 |
|                              | Col. |                        | 69.1 |      | 69.5  |           |      |
| NO                           | Row  | 12                     | 32.4 | 25   | 67.6  | 37        | 30.6 |
|                              | Col. |                        | 30.8 |      | 30.5  |           |      |
| Column Total                 |      | f                      | 39   | 82   | 121   |           |      |
|                              |      | %                      | 32.2 | 67.8 | 100.0 |           |      |

$\chi^2 (1) = 0, n.s.$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

Table 18

Contingency Table: Relationship between Therapist Self-disclosure and Client Attraction

| Therapist<br>Self-disclosure |      | Client Attraction |              |    |              | Row Total |       |
|------------------------------|------|-------------------|--------------|----|--------------|-----------|-------|
|                              |      | YES               |              | NO |              |           |       |
|                              |      | f                 | %            | f  | %            | f         | %     |
| YES                          | Row  | 28                |              | 56 |              | 84        | 69.4  |
|                              | Col. |                   | 33.3<br>87.5 |    | 66.7<br>62.9 |           |       |
| NO                           | Row  | 4                 |              | 33 |              | 37        | 30.6  |
|                              | Col. |                   | 10.8<br>12.5 |    | 89.2<br>37.1 |           |       |
| Column Total                 |      | f                 |              | 89 |              | 121       |       |
|                              |      | %                 | 26.4         |    | 73.6         |           | 100.0 |

$$\chi^2 (1) = 5.59, p < .05$$

$$\phi = .24, p < .01$$

Note: Row % is the percentage of cell frequencies over total row frequencies.  
Column % is the percentage of cell frequencies over total column frequencies.

therapist self-disclosure will lead to client attraction responses more than will statements in which therapist self-disclosure does not occur, is accepted.

$\chi^2$ 's calculated separately for the male and female spouse are presented in Tables 19 and 20. Results for husbands are non-significant,  $\chi^2 (1) = .04$ , whereas results for wives are significant,  $\chi^2 (1) = 7.65$ ,  $p < .01$ . The  $\phi$  coefficient for females is .37,  $p < .001$ .

Quality of consequent client self-disclosure. As for Study 1, comparisons were made on quality measures of client self-disclosure following therapist self-disclosure and following statements in which therapist self-disclosure did not occur.

i) intensity of affect: A  $t$ -test for independent samples between intensity of affect of client self-disclosure post therapist self-disclosure and post statements in which therapist self-disclosure did not occur revealed no significant differences,  $t (37) = .60$ .

ii) specificity: Results failed to reach significance on specificity of client self-disclosure following therapist self-disclosure and following statements in which therapist self-disclosure did not occur,  $t (37) = .07$ .

iii) proportion of self-referents: No difference was found between proportion of self-referents to words spoken for client self-disclosure post therapist self-disclosure and post statements in which therapist self-disclosure did not occur,  $t (37) = -.40$ .

Table 19

Contingency Table: Relationship between Therapist Self-disclosure and Client Attraction for Males

| Therapist<br>Self-disclosure |      | Client Attraction |              |    |              | Row Total |       |
|------------------------------|------|-------------------|--------------|----|--------------|-----------|-------|
|                              |      | YES               |              | NO |              |           |       |
|                              |      | f                 | %            | f  | %            | f         | %     |
| YES                          | Row  | 11                |              | 25 |              | 36        | 67.9  |
|                              | Col. |                   | 30.6<br>73.3 |    | 69.4<br>65.8 |           |       |
| NO                           | Row  | 4                 |              | 13 |              | 17        | 32.1  |
|                              | Col. |                   | 23.5<br>26.7 |    | 76.5<br>34.2 |           |       |
| Column Total                 |      | f                 | 15           | 38 |              | 53        |       |
|                              |      | %                 | 28.3         |    | 71.7         |           | 100.0 |

$\chi^2 (1) = 0.04, n.s.$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

Table 20

Contingency Table: Relationship between Therapist Self-disclosure and Client Attraction for Females

| Therapist<br>Self-disclosure |             | Client Attraction |               |            |               | Row Total   |      |
|------------------------------|-------------|-------------------|---------------|------------|---------------|-------------|------|
|                              |             | YES               |               | NO         |               |             |      |
|                              |             | f                 | %             | f          | %             | f           | %    |
| YES                          | Row<br>Col. | 17                | 35.4<br>100.0 | 31         | 64.6<br>60.8  | 48          | 70.6 |
| NO                           | Row<br>Col. | 0                 | 0.0<br>0.0    | 20         | 100.0<br>39.2 | 20          | 29.4 |
| Column Total                 |             | f<br>%            | 17<br>25.0    | 51<br>75.0 |               | 68<br>100.0 |      |

$$\chi^2 (1) = 7.65, p < .01$$

$$\phi = .37, p < .001$$

Note: Row % is the percentage of cell frequencies over total row frequencies.  
Column % is the percentage of cell frequencies over total column frequencies.

No support was thus provided by the data for hypotheses 2.1 to 2.3 predicting that therapist self-disclosure would contribute to a higher quality of self-disclosure.

Client Consequent Self-disclosure Compared to Client Antecedent Self-disclosure

Table 21 presents results for comparisons between client statements before and after therapist self-disclosure and before and after statements in which therapist self-disclosure did not occur. As in Study 1, the NO/YES category contains those cases in which client self-disclosure did not occur previous to the core therapist statement but did occur following it. The NO/NO category contains those statements in which client self-disclosure did not occur before or after the core therapist statement. The  $\chi^2 (1) = .003$  is not significant. Hypothesis 3 predicting that therapist self-disclosure would initiate the occurrence of client self-disclosure from antecedent to consequence is not supported by the data.

Table 22 presents results relating the maintenance of client self-disclosure from antecedent to consequence. The overall  $\chi^2 (1) = 0$  and is non-significant.

It was predicted by hypotheses 4.1 and 4.3 that therapist self-disclosure would serve to increase the quality of client self-disclosure from antecedent to consequence. Quality of client self-disclosure was measured by affect intensity, specificity elaboration and proportion of self-referents to words spoken. For both

Table 21

Contingency Table: Relationship between Therapist Self-disclosure and an Increase in Client Self-Disclosure from Antecedent to Consequence

| Therapist<br>Self-disclosure |      | Client Self-disclosure |      |       |      | Row Total |       |
|------------------------------|------|------------------------|------|-------|------|-----------|-------|
|                              |      | NO/YES                 |      | NO/NO |      |           |       |
|                              |      | f                      | %    | f     | %    | f         | %     |
| YES                          | Row  | 11                     |      | 24    |      | 35        |       |
|                              | Col. |                        | 31.4 |       | 68.6 |           |       |
|                              |      |                        | 78.6 |       | 72.7 |           |       |
| NO                           | Row  | 3                      |      | 9     |      | 12        |       |
|                              | Col. |                        | 25.0 |       | 75.0 |           |       |
|                              |      |                        | 21.4 |       | 27.3 |           |       |
| Column Total                 |      | f                      |      | 33    |      | 47        |       |
|                              |      | %                      |      |       | 70.2 |           | 100.0 |

$\chi^2 (1) = .003, n.s.$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.



Table 22

Contingency Table: Relationship between Therapist Self-disclosure and the Maintenance of Client Self-disclosure from Antecedent to Consequence

|                           |      | Client Self-disclosure |      |         |      |           |       |
|---------------------------|------|------------------------|------|---------|------|-----------|-------|
| Therapist Self-disclosure |      | YES/NO                 |      | YES/YES |      | Row Total |       |
|                           |      | f                      | %    | f       | %    | f         | %     |
|                           |      | 12                     |      | 9       |      | 21        | 58.3  |
| YES                       | Row  |                        | 57.1 |         | 42.9 |           |       |
|                           | Col. |                        | 57.1 |         | 60.0 |           |       |
|                           |      | <hr/>                  |      |         |      |           |       |
|                           |      | 9                      |      | 6       |      | 15        | 41.7  |
| NO                        | Row  |                        | 60.0 |         | 40.0 |           |       |
|                           | Col. |                        | 42.9 |         | 40.0 |           |       |
|                           |      | <hr/>                  |      |         |      |           |       |
| Column Total              |      | f                      |      | 15      |      | 36        |       |
|                           |      | %                      | 58.3 |         | 41.7 |           | 100.0 |

$\chi^2 (1) = 0, n.s.$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

intensity of affect and specificity elaboration, the sum of positive ranks was exactly equal to the sum of negative ranks according to the procedure applied in the Wilcoxon Matched Pairs Signed Test. The T value was thus not computed, and results were considered non-significant.

For the proportion of self-referents to words spoken, difference scores pre and post therapist self-disclosure and before and after statements in which therapist self-disclosure did not occur were computed. The  $t(13) = -.78$  is non-significant.

Hypotheses 4.1 to 4.3, predicting an increase in quality of client self-disclosure from antecedent to consequence when therapist self-disclosure occurs, are rejected.

#### Here-and-now Therapist Self-disclosure

Hypothesis 5.1 predicted that here-and-now therapist self-disclosure would lead to a greater frequency of statements in which the client self-disclosed than would non here-and-now type self-disclosures. Table 23 presents results for type of therapist self-disclosure related to client self-disclosure. The  $\chi^2(1) = 2.37$  is non-significant. Separate  $\chi^2$ 's, conducted for males and females, yield significant results for husbands,  $\chi^2(1) = 4.29$ ,  $p < .05$  with a  $\phi$  coefficient of .41,  $p < .01$ . Results for wives are non-significant,  $\chi^2(1) = .01$ . Table 24 and Table 25 illustrate these findings. Hypothesis 5.1 is partially supported by this data insofar as husbands are concerned.

Table 23

Contingency Table: Relationship between Type of Therapist Self-disclosure and Client Self-disclosure

| Therapist Self-disclosure |      | Client Self-disclosure |      |    |      | Row Total |       |
|---------------------------|------|------------------------|------|----|------|-----------|-------|
|                           |      | YES                    |      | NO |      | f         | %     |
|                           |      | f                      | %    | f  | %    |           |       |
| H&N                       | Row  | 15                     |      | 20 |      | 35        | 41.7  |
|                           | Col. |                        | 42.9 |    | 57.1 |           |       |
|                           |      |                        | 55.6 |    | 35.1 |           |       |
| NH&N                      | Row  | 12                     |      | 37 |      | 49        | 49    |
|                           | Col. |                        | 24.5 |    | 75.5 |           |       |
|                           |      |                        | 44.4 |    | 64.9 |           |       |
| Column Total              |      | f                      |      | 57 |      | 84        |       |
|                           |      | %                      | 32.1 |    | 67.9 |           | 100.0 |

$\chi^2 (1) = 2.37, n.s.$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

H&N = Here-and-now therapist self-disclosure.

NH&N = Non here-and-now therapist self-disclosure.

Table 24

Contingency Table: Relationship between Type of Therapist Self-disclosure and Client Self-disclosure for Males

| Therapist<br>Self-disclosure |      | Client Self-disclosure |      |    |      | Row Total |       |
|------------------------------|------|------------------------|------|----|------|-----------|-------|
|                              |      | YES                    |      | NO |      | f         | %     |
|                              |      | f                      | %    | f  | %    |           |       |
|                              |      | 8                      |      | 9  |      | 17        | 47.2  |
| H&N                          | Row  |                        | 47.1 |    | 52.9 |           |       |
|                              | Col. |                        | 80.0 |    | 34.6 |           |       |
|                              |      | 2                      |      | 17 |      | 19        | 52.8  |
| NH&N                         | Row  |                        | 10.5 |    | 89.5 |           |       |
|                              | Col. |                        | 20.0 |    | 65.4 |           |       |
| Column Total                 |      | f                      | 10   | 26 |      | 36        |       |
|                              |      | %                      | 27.8 |    | 72.2 |           | 100.0 |

$$\chi^2 (1) = 4.29, p < .05$$

$$\phi = .41, p < .01$$

Note: Row % is the percentage of cell frequencies over total row frequencies.  
Column % is the percentage of cell frequencies over total column frequencies.

H&N = Here-and-now therapist self-disclosure.

NH&N = Non here-and-now therapist self-disclosure.

Table 25

Contingency Table: Relationship between Type of Therapist Self-disclosure and Client Self-disclosure for Females

|                              |      | Client Self-disclosure |      |    |      |           |       |
|------------------------------|------|------------------------|------|----|------|-----------|-------|
| Therapist<br>Self-disclosure |      | YES                    |      | NO |      | Row Total |       |
|                              |      | f                      | %    | f  | %    | f         | %     |
| H&N                          | Row  | 7                      |      | 11 |      | 18        |       |
|                              | Col. |                        | 38.9 |    | 61.1 |           | 37.5  |
|                              |      |                        | 41.2 |    | 35.5 |           |       |
| NH&N                         | Row  | 10                     |      | 20 |      | 30        |       |
|                              | Col. |                        | 33.3 |    | 66.7 |           | 62.5  |
|                              |      |                        | 58.8 |    | 64.5 |           |       |
| Column Total                 |      | f                      |      |    |      |           |       |
|                              |      | 17                     |      | 31 |      | 48        |       |
|                              |      |                        | 35.4 |    | 64.6 |           | 100.0 |

$\chi^2 (1) = .01, n.s.$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.

H&N = Here-and-now therapist self-disclosure.

NH&N = Non here-and-now therapist self-disclosure.

Hypotheses 5.2 - 5.4 predicted that here-and-now therapist self-disclosure would lead to a higher quality of client self-disclosure than would non here-and-now type self-disclosure. Quality of client self-disclosure was measured by intensity of affect, specificity, elaboration, and proportion of self-referents to words spoken. A one-tailed  $t$ -test for independent samples yields significant results for intensity of affect,  $t(25) = 1.86$ ,  $p < .05$ . Hypothesis 5.2 is thus supported for all subjects. However, separate Mann-Whitney U tests for independent samples do not reach significance for males,  $U = 9.5$ , or for females,  $U = 25$ .

A  $t$ -test for specificity elaboration is non significant,  $t(25) = .13$ . Similarly, no significant difference is found between proportion of self-referents in client self-disclosure following here-and-now and non here-and-now type therapist self-disclosure,  $t(25) = -.43$ . Results fail to support the predictions stated in hypotheses 5.3 and 5.4.

#### Low and High Similarity Therapist Self-disclosure

As in Study 1, the affect similarity scale for therapist self-disclosure was dropped from the data pool because of a very low frequency of moderate to high ratings. Thus, hypothesis 6 was tested with therapist self-disclosure content similarity ratings only. Ratings of one (1) were considered as low similarity, whereas ratings of two (2) and three (3) were pooled into the high similarity category. Hypothesis 6.1 predicted that high similarity therapist self-disclosure would lead to a greater frequency of client attraction responses, whereas

hypothesis 6.2 predicted that high similarity therapist self-disclosure would lead to a lower frequency of client negative responses. Table 26 presents the results for these hypotheses. The  $\chi^2 (1) = .04$ , is non significant.

A subsequent  $\chi^2$  was also conducted with only non here-and-now type self-disclosures as instructions regarding at least moderate similarity of disclosure were given only in this condition. The  $\chi^2 (1) = .06$  is also non significant. (Hypotheses 6.1 and 6.2 are rejected.

#### Post-Therapy Research Questionnaire

Of the 14 spouses who participated in Study 2, 11 completed the Post-Therapy Research Questionnaire as instructed (Appendix 13). Two spouses in the control condition answered "no" to question #1, asking whether or not their therapist used self-disclosure during therapy, but they did not proceed to answer items 4 - 10 as requested.

Of the 4 spouses participating in the control condition, 2 answered that their therapist used self-disclosure, but only rarely (1 - 2 times per session). Of the 3 spouses in the here-and-now condition who completed the questionnaire, 1 answered that the therapist did not self-disclose; the other 2 spouses confirmed that their therapist used self-disclosure occasionally (3 - 6 times per session). All 6 spouses who participated in the non here-and-now condition responded that their therapist did use self-disclosure. Three spouses indicated that it was used rarely, whereas the other 3 spouses affirmed that it was used occasionally (3 - 6 times per session). None of the subjects felt that

Table 26

Contingency Table: Relationship between Similarity of Therapist Self-disclosure and Client Attraction or Negative Responses

| Therapist Self-disclosure |      | Client Attraction |      | Client Negative Responses |      | Row Total |       |
|---------------------------|------|-------------------|------|---------------------------|------|-----------|-------|
|                           |      | f                 | %    | f                         | %    | f         | %     |
| Low                       | Row  | 18                |      | 12                        |      | 30        |       |
|                           | Col. |                   | 60.0 |                           | 40.0 |           |       |
|                           |      |                   | 72.0 |                           | 80.0 |           |       |
| High                      | Row  | 7                 |      | 3                         |      | 10        |       |
|                           | Col. |                   | 70.0 |                           | 30.0 |           |       |
|                           |      |                   | 28.0 |                           | 20.0 |           |       |
| Column Total              |      | f                 |      | 15                        |      | 40        |       |
|                           |      | %                 |      |                           |      |           |       |
|                           |      | 25                | 62.5 |                           | 37.5 |           | 100.0 |

$$\chi^2 (1) = .04, n.s.$$

Note: Row % is the percentage of cell frequencies over total row frequencies.

Column % is the percentage of cell frequencies over total column frequencies.



therapist self-disclosure was used frequently (7 - 9 times) or very frequently (10 +). Item 3 of the questionnaire asked what spouses' initial reactions were to therapist self-disclosure. Spouses could check off more than one response. Ten spouses responded to this question. Table 27 illustrates the frequency with which each answer was given.

Items 4 - 9 contained statements regarding the use of therapist self-disclosure; the spouses were to indicate their level of agreement with each statement. A rating of "5" demonstrated strong agreement whereas a rating of "1" demonstrated strong disagreement. Table 28 presents data related to these items for the 11 spouses who responded. The key words in each statement have been selected to illustrate the items.

Ten spouses responded to item 10, an open-ended question asking why therapist self-disclosure is used. Answers revolved around the following themes: empathizing, showing the client that he is not alone with his problems, provision of examples, clarification and feedback, rapport-building, suggestions for problem-solving, facilitation of self-disclosure, and improving understanding and communication.

#### Summary for Both Studies

In Study 1, results lend support to hypotheses 1.2 and 2.3. Hypothesis 1.2 stated that therapist self-disclosure would lead to client attraction responses, and hypothesis 2.3 stated that therapist self-disclosure would lead to a higher proportion of self-referents in

Table 27

Initial Reactions to the Use of Therapist Self-disclosure

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|              |                                                  |
|--------------|--------------------------------------------------|
| Indifference | 1                                                |
| Surprise     | 2                                                |
| Shock        | 0                                                |
| Interest     | 5                                                |
| Relief       | 4                                                |
| Other        | 2 (very useful, enjoyed hearing about humanness) |

---

Table 28

Post-therapy Research Questionnaire: Items 4-9

| Item                                         | Strongly*<br>Agree | Agree | Strongly**<br>Disagree |
|----------------------------------------------|--------------------|-------|------------------------|
| 4. Anxiety Relief                            | 5                  | 4     | 2                      |
| 5. Importance of<br>Talking about<br>Oneself | 6                  | 2     | 3                      |
| 6. Nice person                               | 0                  | 1     | 10                     |
| 7. Good Rapport                              | 4                  | 6     | 1                      |
| 8. Small Talk                                | 1                  | 2     | 8                      |
| 9. Model                                     | 3                  | 5     | 3                      |

\* Pts 5 and 4 on scale are collapsed

\*\* Pts 1 and 2 on scale are collapsed

consequent client self-disclosure than would statements in which therapist self-disclosure did not occur. In both cases, separate tests by client gender suggest that the female spouses account for these results. For hypothesis 1.1, which predicted that therapist self-disclosure would lead to client self-disclosure, results are in an inverse direction. Results suggest that male spouses account for this inverse relationship. Results are also in an inverse direction for hypothesis 5.2 which predicted that here-and-now therapist self-disclosures would lead to higher affect in client self-disclosures than would non here-and-now therapist self-disclosures.

In Study 2, results lend support to hypotheses 1.2 and 5.2 with female spouses accounting for the predicted relationship between therapist self-disclosure and client attraction. All subjects account for higher intensity of affect in client self-disclosures following here-and-now type therapist self-disclosure. Partial support is found for hypothesis 5.1 predicting that here-and-now therapist self-disclosure leads to a higher frequency of client self-disclosures than do non here-and-now types. Support for this hypothesis is attributable to male spouses only.

## Chapter IV

## DISCUSSION

The discussion of results is presented in this chapter. First, the interpretation of results is provided for Study 1; secondly, results of study 2 are interpreted. These are followed by an overall summary integrating results of both studies. Finally, the implications for individual and marital therapy, as well as suggestions for further process research relative to the use of therapist self-disclosure are discussed.

Clinical literature, theory, and past research have converged to predict two leading consequences to the use of therapist self-disclosure: 1) reciprocal client self-disclosure and 2) attraction to the therapist. Thus, an instrumental value has been attributed to therapist self-disclosure when it produces client self-disclosure, and an expressive role has been posited when therapist self-disclosure contributes to the therapeutic relationship (Doster & Nesbitt, 1979). In the current research, Jourard's theoretical model has provided a macro-structure within which to understand the consequences of therapist self-disclosure. At a micro-level, modeling principles have been used to explain consequent client self-disclosure, whereas interpersonal attraction theory has served to elucidate consequent client attraction to the therapist. The discussion of hypotheses will thus be regrouped in both studies to reflect predictions relating to these two leading consequences and the respective theoretical frameworks within which they

are cast. Because results suggest more support for the attraction hypotheses, these will be discussed first.

### Study 1

#### Therapist Self-disclosure and Attraction to the Therapist

Hypothesis 1.2 predicted that therapist self-disclosure would lead to a greater frequency of client attraction responses to the therapist than would statements in which therapist self-disclosure did not occur. As predicted, when the therapist self-disclosed, the client answered with more attraction responses than when the therapist did not self-disclose. A  $\phi$  coefficient of .22 revealed that the relationship between therapist self-disclosure and client attraction accounted for approximately 5% of the variance. Further analyses revealed that the wives, in particular, accounted for this relationship with a coefficient explaining 16% of the variance. These findings suggest an across gender relationship, with female spouses responding with attraction responses to male therapists. However, this across gender effect did not hold true in Study 2, with females also emitting attraction responses to their female self-disclosing therapists.

These findings are consistent with those of previous studies suggesting that self-disclosing therapists are perceived as more attractive or elicit more attraction responses after an interview than do non self-disclosing therapists (Bundza & Simonson, 1973; Dowd & Boroto, 1972; Giannandrea & Murphy, 1973; Jourard & Friedman, 1970; Mann & Murphy, 1975; Murphy & Strong, 1972; VandeCreek & Angstadt, 1985).

These findings also partially support the assumption that therapist self-disclosures may change the immediate focus from the client to the therapist, especially if these are of the non ~~here-and-now~~ type (McCarthy & Betz, 1978; Reynolds & Fischer, 1983). This study, however, is unique in that it is the only study in which the attraction response involving, not only a change of focus but positive reactions to the therapist, occurred immediately following therapist self-disclosure.

Results of this study do not concur with Mahrer et al (1981) who reported that therapist self-disclosure did not lead to the immediate consequence of a positive relationship with the therapist. However, Mahrer et al's study was based on a single transcript of individual therapy containing only five instances of therapist self-disclosure, and these instances were not compared to non self-disclosing statements.

The relationship between therapist self-disclosure and client attraction to the therapist found in this study lends support to clinical assumptions in individual therapy which view therapist self-disclosure as a mechanism whereby the therapeutic relationship can be strengthened (D'Augelli et al, 1981; Carkhuff, 1969; Cormier & Cormier, 1979, 1985; Hammond et al, 1977; Jourard, 1964, 1968, 1971; Rogers, 1961; Weiner, 1978; Ivey & Simek-Downing, 1980). Likewise, as marital therapists suggest, therapist self-disclosure appears to serve a rapport-building function (Aponte & Van Deusen, 1981; Barnard & Corrales, 1979; Friedman, 1972; Gordon & Davidson, 1981; Minuchin, 1976).

As perceived similarity between individuals leads to interpersonal attraction (Byrne, 1971), therapist self-disclosure may be one of the

means by which the therapist reaffirms his communality with the client or couple. The therapist sides with the clients or couple by demonstrating that they are not alone in their concerns (Burton, 1972; Derlega & Chaikin, 1975). This sharing of the therapist's humanness leads in turn to positive reactions to the therapist because it provides the client with a measure of consensual validation of his human frailties and concerns.

As Jourard postulates, the sharing of personal information implies trust in the recipient and this leads to mutual attraction. The present study suggests that this attraction may occur between client and therapist as an immediate response to the use of therapist self-disclosure, and not only following the interview as Strong (1978) implies.

The female spouses in this study responded with attraction to therapist self-disclosure more than did their male counterparts. This lends some credibility to the widely held belief that women, because of early socialization, possess many of the expressive qualities which may make them more adept at forming personal relationships than are men (Doster & Nesbitt, 1979). Muehlenhard (1983) notes that research has supported the female stereotype that women are more positively assertive than men, and thus more easily able to give praise and compliments, as well as to express affection and approval. Also, women tend to use more polite forms of speech than men do (Lakoff, 1975), and a positive response towards self-disclosing therapists may be indicative of such polite forms of speech.



As the attraction to the therapist category in this study tapped into "empathic" responses towards the therapist, the current results appear somewhat consistent with Jourard's (1971b) position that women are more empathic than men. At least in this study, the female spouses seemed more receptive to the self-disclosures of their male therapists, in the context of conjoint marital therapy sessions. Results of this study also run parallel to those reported by Jourard (1971c) suggesting that the relationship between liking and self-disclosure held for female subjects only. Taylor and Hinds (1985) offer a similar explanation to unexpected results regarding males, willingness to self-disclose, and attribution by implying that the link between self-disclosure and liking may be stronger for women than for men.

One could postulate that attraction responses may have occurred, irrespective of therapist behaviors, because of an across gender physical attraction effect. However, this is unlikely as female attraction responses in Study 2 occurred towards female therapists as well.

Hypothesis 6.1 predicted that high similarity therapist self-disclosure would lead to a higher frequency of client attraction responses than would low similarity therapist self-disclosure. Conversely, hypothesis 6.2 predicted that high similarity therapist self-disclosure would lead to a lower frequency of client negative responses than would low similarity therapist self-disclosure. Results of this study indicate that, regardless of the degree to which the therapist's self-disclosure paralleled the content of the client's

antecedent response, consequent attraction or negative responses did not differ.

Therapists imply that it is preferable to use self-disclosures which are similar to that of the client's (Cormier & Cormier, 1979, 1985; Jourard, 1971b; Leaman, 1973). In training student therapists, Ivey and Gluckstern (1976) even provide instructions on maintaining parallelism. It was postulated in this study that high similarity therapist self-disclosure would augment the client's perception of similarity with the therapist and that, consequently, the frequency of attraction responses would be increased. Extrapolating from interpersonal attraction theory, it was postulated that high similarity self-disclosures would also have a reverse effect and decrease the frequency of negative responses. These predictions were not supported; perhaps therapist self-disclosure is powerful enough to incite perceived similarity between client and therapist, and that actual content similarity has little impact on the consequent response.

The limitations placed on the data by low frequencies of client attraction and especially of negative responses may not have allowed for an adequate test of these hypotheses. Furthermore, because high similarity therapist self-disclosures were extremely infrequent, moderate and high similarity therapist self-disclosures were regrouped into one category. Therapist self-disclosures at the two extremities of similarity might lead to results attaining significance.

Judges reported considerable difficulty using the therapist self-disclosure content similarity rating scale, and inter-judge agreement reflected these difficulties. Problems encountered could be

due to the following factors: 1) the content similarity scale required a degree of subjective judgement on the raters' part; 2) rating similarity between two statements only (that of the therapist and that of the client) may not have provided enough content to make an adequate judgement. In fact, judges frequently observed that therapist self-disclosure was often quite similar to previous client content, but not necessarily to the immediately preceding statement.

Definitional issues relating to high and low similarity therapist self-disclosures still need to be addressed by researchers. For example, McCarthy and Betz (1978) defined positive self-disclosing statements (non here-and-now type) as expressing similarity, as opposed to dissimilarity. Positive self-involving statements (here-and-now types) were defined as those expressing positive rather than negative feelings or reactions. It is obvious that positive means similarity in one instance, but not in the other. Remer, Roffey and Buckholtz (1983) continue along these lines by stating:

A negative self-involving statement (NSI) was defined as a direct, present expression of the counselor's negative feelings about or negative reactions to the statement or behavior of the client or a present, direct expression of the counselor's personal feelings that are incongruent with the client's feelings or experiences (p. 121).

In this instance, the authors refer to two different meanings for negative self-involving statements, one of which implies dissimilarity. In yet a later study, Andersen and Anderson (1985) refer to positive therapist statements as being supportive of, or corresponding to, client responses.

It is this author's opinion that positive or negative therapist reactions are not the same as therapist self-disclosures which are similar or not to antecedent client statements. For example, positive therapist reactions following negative feelings expressed by the client should be considered as low in similarity or dissimilar. On the other hand, negative therapist reactions to the client's expression of negative feelings should rate higher on similarity. Distinguishing between therapist self-disclosures which are similar or dissimilar and therapist self-disclosures which are positive or negative would help reduce unnecessary confounding in subsequent therapy research.

#### Therapist Self-disclosure and Client Self-disclosure

Hypothesis 2.3 predicted that, compared to statements in which therapist self-disclosure did not occur, statements in which it did would lead to a greater proportion of self-referents in consequent client self-disclosures. The data lends support to this hypothesis and further suggests that these results are attributable to the female spouse in particular.

In this case, a straight modeling effect may have been operating. Self-disclosing therapists, change the focus of their intervention towards themselves, and in so doing, use more self-referents. Likewise, clients may use more self-referents in their subsequent responses. The fact that only women responded in this fashion, may depend on the situation in which they were self-disclosing. For example, it has been shown that the context in which self-disclosure occurs affects the relationship between sex and self-disclosure (Rosenfeld, Civikly, &

Herron, 1979) and that women disclose more than men do in small group settings (Pearson, 1981).

The use of self-referents has been closely linked to client self-disclosure (Derlega & Grzelak, 1979; McCarthy, 1979, 1982; McCarthy & Betz, 1978; Stiles, 1979) and "I" statements are preferred to "it" statements in Gestalt therapy (Passons, 1975) because the use of self-referents helps the client assume responsibility for his feelings and actions (Levitsky & Perls, 1970). Also, marital therapists encourage the use of "I" statements to avoid mutual accusations between spouses (Ables & Brandsma, 1977; Stuart, 1980; Wright & Sabourin, 1985). Results of the current research in regard to client self-referents following therapist self-disclosure are difficult to compare to previous studies (McCarthy, 1979, 1982; McCarthy & Betz, 1978) because of two important distinctions: 1) the McCarthy studies did not classify statements into self-disclosure or not before taking self-referents into account; 2) the McCarthy studies compared the consequences of self-involving to self-disclosing therapist statements and not overall therapist self-disclosure to the absence of therapist self-disclosure.

Results of this study also point to some inverse relationships to those predicted. For example, hypothesis 1.1 predicted that therapist self-disclosure would lead to client self-disclosure more than would therapist statements in which self-disclosure did not occur. Contrary to expectations, it appears for Study 1, that the more frequently the therapist self-disclosed, the less the client self-disclosed and that when less therapist self-disclosure occurred, more client self-disclosure occurred. A  $\phi$  coefficient of  $-.15$ , accounted for only 2%

of the variance. Further analyses, conducted separately for male and female spouses, illustrated that this inverse relationship was attributable to husbands only. It seems in this study that the male spouses may have perceived self-disclosure from a male therapist as inappropriate and responded by self-disclosing less. Males who self-disclose are sometimes viewed as being at variance with established cultural norms (Sermat & Smyth, 1973). Husbands in this study may not have expected older, established professionals to self-disclose in the context of therapy. Husbands may have also considered male to male disclosures as too intimate, especially in the presence of their wives, and consequently have chosen to retreat.

Although no hypothesis was formulated in this respect, therapist self-disclosure did not contribute to maintaining self-disclosure, if it was already occurring. In fact, significant results in an inverse direction indicate that clients self-disclosing before therapist self-disclosure, self-disclosed less frequently following therapist self-disclosure. These findings add strength and credibility to previous results and raise questions as to whether or not therapist self-disclosure is effective in promoting or maintaining client self-disclosure.

Other results were not significant when spouses were considered as a group. Thus, therapist self-disclosure did not contribute to more specific or affective consequent client self-disclosure, or to an increase in the quantity or quality of self-disclosure from antecedent to consequence. The type of therapist self-disclosure did not contribute to differential effects; here-and-now therapist self-disclosures did not

produce a higher frequency, or a better quality of client self-disclosure. In fact, here-and-now therapist self-disclosures, were followed by client self-disclosures which were significantly lower in affect than those following non here-and-now types.

When separate tests were conducted for wives and for husbands, only wives responded with a lower proportion of self-referents following therapist self-disclosure of the here-and-now type than following non here-and-now types.

Overall support for client self-disclosure as a consequence of therapist self-disclosure is limited in Study 1 with only one result out of eight attaining significance in the predicted direction. Similarly, here-and-now type therapist self-disclosures were no more effective than non here-and-now types. Because of the opposing views surrounding the use of directional hypotheses and one-tailed tests in psychological research (Cohen, 1965; Ferguson, 1971), the interpretation of negative results must be approached with some caution.

Several factors may have contributed to the scarcity of significant results in the predicted direction and to the presence of negative results relative to client self-disclosure. These are: i) the modeling effect may not be immediate; ii) a systems hypothesis may be more plausible in marital therapy; iii) methodological limitations.

i) Immediacy of modeling effect: In his review of process research on family therapy, Pinsof (1981) suggests that most therapist interventions should have an immediate impact on the client system. The occurrence of client self-disclosure in the present research was assessed as an immediate consequence to therapist self-disclosure, and

only those statements which immediately followed therapist self-disclosure were submitted to data analysis. Previous studies have not uniformly used the same approach. For example, Truax and Carkhuff (1965) reported both the relationship between the average level of therapist and patient transparency as well as the relationship between paired samples. Mahrer et al (1981) assessed the immediate consequence, as did Jourard and Jaffe (1970) and Powell (1968). Simonson and Bahr's (1974) subjects listened to taped interactions of a "counselor" prior to engaging in the interview process; overall "client" disclosure was then assessed in a "treatment" session.

It is quite possible that the client's response to therapist self-disclosure may be cumulative and not immediate, and that therapist self-disclosure throughout a session may influence overall client self-disclosure but not necessarily the following client response. Modeling literature offers little advice on the timing of the modeled behavior except to suggest that "effective modeling rarely comprises a skein of disjointed actions or statements" (Rosenthal & Bandura, 1978, p. 623). Also, modeling is not equivalent to straight imitation, but rather involves complex cognitive processes by which the learner attributes meaning to the modeled behavior and extracts what is significant to him (Marlatt, 1972; Rosenthal, 1976; Rosenthal & Bandura, 1978). Adults, especially, may carry out the modeled action at a later date in the absence of the model (Bandura, 1977). Therapist self-disclosure statements interspersed within a counseling interview may not immediately activate client self-disclosing behaviors.



ii) Plausibility of a systems hypothesis for marital therapy: Marital therapists suggest that clear open communication is one goal of marital therapy (Luthman & Kirschenbaum, 1974; O'Leary & Turkewitz, 1978; Steinglass, 1978) and self-disclosure between spouses is considered as a prerequisite of marital intimacy (Schumm, Figley, & Fuhs, 1981; Waring, 1981). It was postulated in this study that if therapists modeled openness through their self-disclosures, spouses would respond in a like manner by self-disclosing.

Therapist self-disclosure, reexamined from a systems perspective, may serve a corrective rather than a modeling function; that is it might be useful when the system is at an impasse (Kempner, 1969/70, 1974, 1981) or when the therapist senses that he is stuck in the system's pathology (Allison-Burra, Personal communication, June 2nd, 1982; Luthman & Kirschenbaum, 1974; Lynch, 1974). Predicted client consequences following from this line of thought would be that the system is no longer at an impasse or in a rut. Supportive communications (Alexander, Barton, Schiavo & Parsons, 1976) between spouses could be indicative of the system's openness. According to Alexander et al, supportive communications include "genuine information seeking, and information giving, spontaneous problem solving, empathic understanding, and equality" (p. 659). Although client self-disclosure is an important communication skill, it certainly is not the only one. It could be hypothesized that therapist self-disclosure leads to supportive communication generally, and that this is indicative of an open system. It is equally possible that, in this study, the high percentage of "other" spouse responses following therapist self-disclosure have

included indices of supportive communication, such as that of empathizing with the spouse, or that of genuinely seeking information from the other spouse. Questions elicited by this line of reasoning still remain to be answered by subsequent research.

iii) Methodological limitations: Problems inherent to the collection of naturalistic data were discovered in Study 1. For example, on examining the data more closely, the researcher noted that therapist self-disclosures were frequently combined with other types of interventions such as confrontations or interpretations even though in 52% of cases, at least 2/3 of the therapist statement was made up of self-disclosure. From a modeling point of view, if the stimulus presents too many cues at once, the observer may have difficulty distinguishing what is relevant for him to emulate, (Rosenthal & Bandura, 1978). Also, even though the subject may attempt, through selective attention, to discriminate which events should command attention and which should be ignored, interference between cues may occur (Bregman & Rudnick, 1975). Similarly, in therapy, the client may not "know" to which intervention he is to respond.

It is possible that the therapist's tendency to combine his self-disclosures with more "traditional" types of interventions such as interpretations and confrontations in the same statement produced a reverse effect. If therapist self-disclosure is intended to facilitate reciprocal openness by demonstrating that the therapist is "equalizing" the relationship between himself and his client (Gannon, 1982), it may well be that the therapist's combined use of another type of intervention casts him back into an "expert" role. In fact, therapists

in Study 1 were highly experienced professionals who, because of their age and reputation, were likely perceived as experts by their clientele. If these therapists' self-disclosures were not always used in a rather "pure" form, they may not have contributed to reduce the role distance between therapist and client.

### Study 2

Study 2 was conducted under one control and two experimental self-disclosing conditions. In the control condition, the therapist was instructed not to use self-disclosure. In one experimental condition, the use of here-and-now type self-disclosure was manipulated, whereas in the second experimental condition, the use of non here-and-now type self-disclosure was manipulated.

#### Therapist Self-disclosure and Attraction to the Therapist

Hypothesis 1.2 predicted that therapist self-disclosure would lead to a higher frequency of client attraction responses than would control conditions in which therapist self-disclosure did not occur. As predicted, these responses were emitted more frequently in the therapist self-disclosure conditions than in the control condition. As in Study 1, this observed relationship held only for female spouses. These results with female self-disclosing therapists lend support, once again, to the expressive sex-role attributed to women. A previous study by Petty and Mirels (1981) found that female subjects who anticipated receiving highly intimate disclosures from female experimenters liked their

partners more than if they anticipated low intimacy self-disclosures. The current study suggests that females responded with immediate attraction responses, regardless of the type of self-disclosure they received from female therapists.

Hypothesis 6.1 predicted that high similarity therapist self-disclosures would lead to more attraction responses than would low similarity therapist self-disclosures; hypothesis 6.2 predicted that high similarity therapist self-disclosure would lead to fewer negative responses than would low similarity therapist self-disclosure. As in Study 1, because of the low frequency of high similarity therapist self-disclosures, both high and moderate similarity therapist self-disclosures were placed in one category, whereas low similarity therapist self-disclosures made up the second category. Ratings were based on content similarity only.

Results indicate no significant difference in attraction or negative responses, whether the therapist's self-disclosures were similar or not to the client's antecedent statements. As discussed in Study 1, perhaps therapist self-disclosure is powerful enough to promote client attraction, regardless of the degree of similarity. Once again, the low frequency of client responses in the expected client categories may not have allowed for an adequate test of these hypotheses.

#### Therapist Self-disclosure and Client Self-disclosure

Results did not lend support to hypothesis 1.1 predicting that therapist self-disclosure would lead to client self-disclosure more than would a control condition in which therapist self-disclosure did not

occur. It apparently made no difference in the frequency of client self-disclosure when self-disclosing therapists were compared to the non disclosing therapist.

Efforts were made in Study 2 to ensure that therapist self-disclosures were not ambiguous as they were not to be combined with other types of interventions. Furthermore, the few ambiguous therapist statements were removed from the data pool. Nonetheless, it is quite clear that therapist self-disclosure, even under these conditions, did not lead to client self-disclosure.

Predictions made in hypotheses 2.1 - 2.3, that therapist self-disclosure would lead to better quality client self-disclosure than would control statements, were not supported by the data. There was no significant difference in intensity of affect, specificity elaboration, or proportion of self-referents in consequent client self-disclosure whether these were preceded by therapist self-disclosure or not.

Similarly, as predicted in hypotheses 3 and 4, therapist self-disclosure did not prompt a higher frequency, or quality of client self-disclosure, from antecedent to consequence, than did control statements in which therapist self-disclosure did not occur.

The frequency and timing of therapist self-disclosure in Study 2 could partially explain these non-significant results. The student therapists in the non here-and-now condition had difficulty self-disclosing at the suggested rate of five per session at 10 minute intervals. One student therapist self-disclosed only seven times over eighteen sessions. The two other student therapists were not consistent across sessions, sometimes disclosing twice per session and at other

times up to eleven times per session. Mann and Murphy's (1975) analogue study suggests a curvilinear relationship between frequency of therapist self-disclosure and frequency of client self-disclosure, at least for a first session. Furthermore, in discussing modeling in a therapeutic interview, Ullman (1968) suggests that: "the therapist should go slowly in the intensity of materials he reveals lest he move so rapidly the client cannot and does not follow the lead (prompt, model) provided him" (p. 178). It is possible that too many or too few therapist self-disclosures per session diminish rather than increase the modeling effect.

In an earlier study, Vondracek (1969) found that probing questions elicited more interviewee self-disclosure than did reflections or self-disclosure; Sermat and Smyth (1973) found that asking intimate questions also promotes self-disclosure. Post hoc observation of the data suggested that the control therapist tended to use a high frequency of probing questions such as: "How did you feel about that". In an effort to objectify further this intuitive assumption, segments of all eight control and of eight experimental sessions were systematically audited by the researcher. Tapes were listened to for 10 minutes, 1/2 hour into the sessions. Probing questions were defined as open-ended questions designed to elicit feelings, reactions, and personal beliefs from the client, or to facilitate exploration into such personal issues. The proportion of probing questions to other interventions was 2 1/2 times greater for the control therapist than for the therapists in the experimental conditions, for 56 control statements and 113 experimental statements. The difference between proportions was significant,  $t =$

35.9,  $p < .001$ . This verification, although not carried out under strictly controlled conditions, nonetheless offers a tentative explanation for non-significant results, suggesting that a high proportion of probing questions may be as facilitative of client self-disclosure as is therapist self-disclosure.

Hypotheses 5.1 predicted that here-and-now type therapist self-disclosure would lead to a higher frequency of client self-disclosures than would non here-and-now types. Results suggest that there was no significant difference in the frequency of client self-disclosure, whether it followed one type or the other of therapist self-disclosure. However, a separate analysis conducted for the male spouses revealed that the more the female therapist used here-and-now type self-disclosure, the more the husbands self-disclosed. Conversely, when the therapist used non here-and-now type self-disclosure, the less the husbands self-disclosed. This relationship did not hold true for the female spouses.

Hypotheses 5.2 to 5.4 predicted that here-and-now therapist self-disclosures would lead to higher quality client self-disclosures as measured by intensity of affect, specificity elaboration and proportion of self-referents, than would non here-and-now type therapist self-disclosures. As predicted, client self-disclosures following here-and-now type therapist self-disclosures were more intensely affective than were client self-disclosures following non here-and-now type therapist self-disclosures. This latter finding is the exact reverse of what happened in Study 1, and may be due to the use of a more refined scale to rate intensity of client affect. Contrary to

prediction, client self-disclosures following here-and-now type therapist self-disclosures were no more specifically detailed, nor did they contain a higher proportion of self-referents, than client self-disclosures following non here-and-now type therapist self-disclosures.

Several therapists suggest that here-and-now self-disclosures are more facilitative than non here-and-now types (Egan, 1973; Jourard, 1971; Kempler, 1981; Yalom, 1980). Emphasis on the here-and-now is theoretically important because it is only in the present that clients can truly experience and change thoughts, values, behaviors, and feelings (Passons, 1975). Previous analogue research has partially supported these assumptions in that here-and-now type self-disclosures have lead to more self-referents (McCarthy, 1979, 1982) and present tense verbs (McCarthy & Betz, 1978) in client responses than did non here-and-now types. Also, here-and-now self-disclosures tend to keep the focus in therapy on the client, rather than shift it towards the therapist (Reynolds & Fischer, 1983).

From a modeling perspective, here-and-now type therapist self-disclosures may provide a more vivid stimulus than non here-and-now types; this in turn could serve to better attract the observer's attention and optimize the modeling effect. The here-and-now therapist self-disclosure, because it is formulated in the present and relates to ongoing feelings/reactions, may be more salient and more relevant to the client than the therapist's recounting of past experiences.

Why the male spouses responded to here-and-now type self-disclosures with a higher frequency of client self-disclosure than



did their wives remains a moot point, especially in the context of conjoint marital therapy. In regards to sex-role differences in self-disclosure between males and females, Doster and Nesbitt (1979) state that research has seldom been able to contradict the predictions of greater self-disclosure outputs from women. Rosenfeld et al (1979) consider previous results relative to sex and self-disclosure equivocal. However, as Feiganbaum (1971) notes, most studies have been based on willingness to self-disclose and not on actual self-disclosing behavior.

The here-and-now self-disclosures in Study 2 were manipulated and thus of a greater quality than those in Study 1. Perhaps, as compared to non here-and-now types, a rather clear here-and-now self-disclosure overrode, for males at least, their traditional sex-role reluctance to self-disclose. In addition, the fact that males were receiving here-and-now type self-disclosures from female therapists, may have rendered the situation less threatening, because females are expected to self-disclose, and consequently allowed the male spouses to respond accordingly.

As to complex counselor-client gender interactions, there is some evidence to suggest that females will disclose more to male than to female targets and that males will disclose more to female than to male targets (Brooks, 1974, Rubin, 1975). However, McCarthy (1979) found no main or interaction effects across counselor-client gender pairings and suggests that perhaps the impact of therapist self-disclosure is powerful enough to override any effects due to the sex of the counselor or of the client. Nonetheless, in this study, the data points to the

possibility of across-gender effects for here-and-now therapist self-disclosure.

#### Post-therapy Research Questionnaire

The therapist in the control condition had been instructed to not self-disclose during his therapy sessions. One couple confirmed that the therapist did not use self-disclosure. The other couple felt that the therapist self-disclosed once or twice during therapy sessions. Also, three control statements in which judges disagreed whether therapist self-disclosure was occurring or not, were removed from the data pool. However, two of these statements were directed to the couple who reported that their therapist did not self-disclose. The perception of the spouses as to whether or not the therapist self-disclosed did not concur with that of more objective judges, and may have been influenced by other factors such as overall therapist warmth.

One spouse in the here-and-now condition did not perceive the therapist as self-disclosing, although it was obvious from judges' ratings that this therapist did in fact self-disclose. Interestingly, a closer look at the data showed that, quite frequently, this particular spouse turned her attention to her spouse, rather than to the therapist following a therapist self-disclosure. This spouse's verbalizations also suggested that she retained one part of the therapist self-disclosure and used it to formulate her comments to her spouse. It appears likely that this spouse's way of processing information prevented her from "remembering" that therapist self-disclosure had occurred and that this interfered with a straight modeling effect.

Three of the six spouses in the non here-and-now condition perceived that the therapist self-disclosed occasionally (3-6 times per session) as per instructions to the therapist. Two spouses within the same dyad perceived that the therapist self-disclosed only rarely; these two spouses had been assigned to the therapist who had only managed to self-disclose a few times over several sessions. It appears that their perception was in fact quite accurate. The sixth spouse in this condition perceived that the therapist self-disclosed only once or twice per session, and thus did not agree with his wife's estimate of frequency of therapist self-disclosure. It is possible that this spouse did not "average" out the number of therapist self-disclosures across five sessions, as did his wife. This could be due to the way in which the frequency question had been worded.

As for spouses' initial reactions to therapist self-disclosure, none were shocked by the use of therapist self-disclosure although two spouses expressed surprise. Five spouses expressed interest, four relief, and two gave positive "other" responses. Previous researchers have commented on the importance that clients perceive therapist self-disclosure as being an appropriate form of intervention (Derlega, Lovell, & Chaiken, 1976; Simonson & Bahr, 1974) and that therapists should go so far as to make it explicit that therapist self-disclosure is part of their role (Derlega et al, 1976). However, it seems that most clients in this study were either influenced by the introductory comment on the questionnaire (Appendix 13) and led to believe that therapist self-disclosure was appropriate, or already had prior expectations about its use.

Responses as to why therapist self-disclosure is used were generally in the expected direction. Thus, the majority of spouses agreed or strongly agreed, that therapist self-disclosure was used to demonstrate the importance of being revealing, to provide a model of openness, and to help build rapport. Most spouses disagreed that therapist self-disclosure was used to show that the therapist was a nice person or to make small talk.

Unexpectedly, 9 out of 11 spouses agreed, or strongly agreed, that therapist self-disclosure was used to relieve client anxiety during therapy. This appears consistent with an initial reaction of relief to the use of therapist self-disclosure as expressed by four spouses. The relief of anxiety is not a commonly expected consequence of therapist self-disclosure and Whitaker and Keith (1981) go so far as to suggest that therapist self-disclosure should never be used to decrease anxiety. Others however, tentatively propose that therapist self-disclosure may provide a relaxing change of pace for clients (Gendlin & Hendricks, 1978) or may serve to reassure clients that their feelings are normal (Weiner, 1978). Within a modeling framework, a decrease in arousal could potentially serve as a disinhibitory function which in turn could enhance the effectiveness of the modeled response (Bandura & Rosenthal, 1978). One could speculate that if therapist self-disclosure initially relieves anxiety, it would eventually lead to the desired client behavior (client self-disclosure) because the client who is less anxious may in turn be less defensive about revealing himself.

Summary for Both Studies and Implications  
for Therapy and Process Research

Summary

Both studies were consistent in that therapist self-disclosures lead to a higher frequency of attraction responses than did therapist statements in which therapist self-disclosure was absent. Also in both cases, the female spouses, when considered separately, contributed to a large degree in strengthening this relationship. This was observed whether the self-disclosing therapists were male or female. These results concur with the tenets of interpersonal attraction theory that perceived similarity leads to attraction, and further demonstrate that attraction to the therapist can be immediately observable as a consequence to therapist self-disclosure.

It is obvious across both studies that complex therapist-client interactions by gender exist in the context of conjoint marital therapy and that these interactions would warrant further investigation. Therapist/client gender pairings would also be important to consider depending on desired in-therapy events.

Overall support across both studies for the hypothesis that therapist self-disclosure leads to client self-disclosure in conjoint marital therapy remains very limited indeed. With one exception, for the proportion of self-referents in Study 1, the same holds true for the hypotheses predicting that therapist self-disclosure will lead to higher quality client self-disclosures. These interpretations are tentative, however, as the professional and student therapists, and couples who

participated in these studies are few in number, and do not constitute a representative sample of the therapy universe as a whole.

In Study 2, where efforts were made to introduce an experimental manipulation while retaining the real-life flavor of marital therapy, some support was found relative to the presumed effectiveness of here-and-now therapist self-disclosures. For males, at least with female therapists, these led to a higher frequency of client self-disclosures. For all subjects, here-and-now therapist self-disclosures led to more intensely affective client self-disclosures, than did non here-and-now types. This lends credibility to the assumption that here-and-now self-disclosures may in fact potentiate the modeling effect.

#### Implications for Therapy

If therapist self-disclosure does in fact lead to an immediate attraction response, especially where women clients are concerned, and that attraction is one way of viewing a positive therapeutic relationship (Goldstein, 1971), therapists may consider therapist self-disclosure as an effective technique to promote this relationship. The therapeutic relationship is considered vital by most therapists espousing a humanistic-existential philosophy, but therapists from other clinical orientations recognize its importance as well. In behavioral therapy, relationship skills are considered a necessary, if not a sufficient, condition to therapeutic change (Goldstein, 1973; Morris & Suckerman, 1974a, 1974b; Ryan & Gizinski, 1974). Psychoanalysts now specify the difference between the transference and the "real"

client/therapist relationship (Greenson, 1972) and consider the therapeutic alliance as a valuable aid to therapy.

In reviewing research on marital and family therapy, Gurman and Kniskern (1978) underscore the importance of therapist relationship skills to successful outcome and to ensure that couples/families remain in treatment beyond a first session.

If therapist self-disclosure serves a rapport-building function, then its use may be indicated in the early stages of therapy. This would be particularly true of biographical or rather impersonal types of self-disclosures (D'Augelli et al, 1981). More personal or intimate self-disclosures are best reserved for the middle stages of therapy when the therapist can better estimate what impact his disclosures will have (Weiner, 1978). Also, as therapy progresses, the client will experience a growing need to know his therapist and relate to him on a more even basis (Carkhuff, 1969). In later stages of therapy, therapist self-disclosure may thus become more frequent and more intimate.

Although therapist self-disclosure may shift the focus from the client's inner experiencing towards the therapist, this change of focus could be indicated when the level of anxiety is too high or with certain types of clients who experience difficulty relating. For example, Angyal (1982) describes a pattern of non-committal in the obsessive-compulsive where loving impulses are more deeply hidden than hateful impulses, and where the world is viewed as basically hostile. Salzman (1979) suggests that, in the treatment of the obsessional, therapist self-disclosure may serve to detract from intellectual discussions and illustrate that exposure need not lead to rejection. Depressive patients may find solace

in knowing that the therapist has experienced similar concerns. Therapist self-disclosure may help to restore power to certain groups with a minority status, such as women, who come to therapy with feelings of powerlessness (Gannon, 1982).

If therapist self-disclosure is intended to facilitate client self-disclosure, it appears that here-and-now types may have a more powerful impact. Kiesler (1982) suggests that this type of disclosure is a form of metacommunication which helps the therapist disengage from the patient's habitual pull towards rigid transactions. By sharing his personal immediate reactions, the marital/family therapist in particular affirms his position within the therapeutic system and thus may be better able to exert his influence towards change.

Marital therapists would do well to take into account how their self-disclosures affect the male and female spouses they are treating for each may respond quite differently according to the sex of the therapist, and the content and timing of the therapist self-disclosure. If female spouses only respond with attraction to the therapist's self-disclosure, this would be indicated if the therapist wishes to join with the wife. However, it could be contraindicated if the therapist wishes to side with the husband.

#### Implications for Process Research

Process researchers studying therapist self-disclosure will need to devise a feasible way out of the double-bind within which they find themselves. Analogue studies pose serious limitations to the generalizability of findings to real therapy settings, whereas



completely naturalistic studies encounter problems threatening the internal validity of results. The experimental field study could be a suitable alternative to both diminish the artificiality of simulated studies and reduce the degree of confounding in naturalistic studies.

A design such as that used in Study 2 could serve such a purpose with some of the following modifications. Student therapists participating in such a study would need more training in the use of self-disclosure, especially if self-disclosure has not been taught to them previously in a systematic way. For example, the students in this study found it difficult to self-disclose while applying other skills necessary to conducting marital therapy. Several practice sessions with role-playing couples could serve to facilitate the learning process before the actual experiment begins.

There was some post hoc evidence in this study that the control therapist favored probing questions more than did the self-disclosing therapists. Efforts should be made to ensure that student therapists are relatively equivalent in their approach to marital therapy. A baseline measure, tapping into the overall types of interventions used, could inform the researcher as to this equivalence.

The frequency of self-disclosures per session should be kept constant across self-disclosing therapists although it may not be feasible to try to maintain the 10 minute interval rate. The timing of therapist self-disclosure at about every 10 minutes may not be appropriate depending on what is happening within the session. Researchers should consider the possibility of progressively introducing therapist self-disclosures and increasing frequency as sessions

progress. This approach may follow more closely the natural flow of therapy.

It remains to be seen whether high similarity therapist self-disclosures are more effective in producing attraction responses than are low similarity self-disclosures. It was clear, in Study 1, that judges had difficulty rating content similarity on so little content. In Study 2, student therapists had difficulty maintaining even moderate similarity, and affect similarity was generally low. If similarity of therapist self-disclosure is to be tested as an independent variable in subsequent research, it would seem preferable to verify the therapist self-disclosure against a larger antecedent therapy segment than just the immediately antecedent client statement. Also, the similarity condition could be broken down into similarity of affect and similarity of content, and student therapists trained accordingly. Because of restrictions placed on the data due to the nature and infrequency of the expected client consequence, the similarity hypothesis would likely require at least twice the number of therapy segments to allow for adequate testing.

Finally, researchers studying the use of therapist self-disclosure in in vivo settings may want to test alternative hypotheses to the modeling hypothesis which predicts reciprocal client self-disclosures. Also, the suggestion that there is more than one route to client self-disclosure, such as the use of probing questions by the therapist, warrants further comparisons. Researchers may want to consider: "self-disclosure begets self-disclosure", and "self-disclosure begets attraction", as competing rather than complementary hypotheses. It is

possible, as well, that therapist self-disclosure diminishes client anxiety, as suggested by the client responses in Study 2, and that this postulated consequence could be objectively put to a test.

The mechanisms underlying the use and consequences of therapist self-disclosure may be different in marital therapy than in individual therapy. Clients in marital therapy may respond differently to therapist self-disclosure than in individual therapy because of the presence of a third person, their spouse, with whom they have usually developed an intimate relationship, and with whom they are likely to be currently in a position of conflict. Implicit instructions in marital therapy vary from those in individual therapy such that spouses in the former situation are often expected to communicate with one another so that their patterns of communication may be observed and corrected. However, communication includes but is not restricted to client self-disclosure. In marital therapy, a larger segment following therapist self-disclosure could be rated on dimensions of open communication over several spouse interchanges to test the hypothesis that therapist self-disclosure helps bring the system out of a rut or impasse.

This study has attempted to follow up on Jourard's initial assumptions with regard to the consequences of therapist self-disclosure, and to contribute to marital therapy process research insofar as:

- it was conducted in an in vivo context, thereby increasing the generalizability of findings to real therapy settings;
- it has provided, through systematic analyses, a greater understanding of the immediate impact of therapist

self-disclosure on consequent spouse responses, and provided or adapted instruments to assess these responses;

- it has yielded serendipitous findings which point to different modes of responding according to the sex of the spouse, and which are of significance in conjoint marital therapy;
- it has advanced several suggestions for future researchers, both to improve the present experimental design, and to test alternative hypotheses.

As for the controversy surrounding the use and effectiveness of therapist self-disclosure, it has obviously not yet been put to rest, and therefore warrants further investigation.

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APPENDIX 1

Sample of Correspondence to Obtain Data

UNIVERSITÉ D'OTTAWA



UNIVERSITY OF OTTAWA

February 23, 1981

Michael Cutrona, Ed.D.  
 Secretary  
 Academy of Psychologists in  
 Marital, Sex and Family Therapy  
 128 West 56th Street  
 Bayonne, New Jersey  
 U.S.A. 07002

Dr. Cutrona;

I am a graduate student in clinical psychology at the University of Ottawa and I am doing my Ph.D. dissertation in the area of marital therapy. Because of the Academy's particular interest in promoting the advancement of theory and practice in this field of endeavor, I would greatly appreciate your assistance in the following matter.

I am interested in studying the antecedents and consequences of the facilitative use of self by the marital therapist. By the use of self, I mean the here-and-now sharing of the therapist's personal experience (imagery, fantasies, feelings, bodily sensations) with the couple in therapy. As I am planning a naturalistic study, I am hoping to use tapes (audio or video) of conjoint therapy sessions conducted by experienced therapists in the field. As I wish to keep my method of analysis as simple as possible, I would prefer tapes of a single therapist (who regularly makes use of the self as a therapeutic approach) with one couple rather than tapes of co-therapists with families or groups of couples. My study would be on the process in marital therapy and could be based on data gathered across time with the same couples or on data acquired from a cross-section of couples in therapy.

If you would have such tapes available or know of where I could obtain this type of data, I would appreciate hearing from you. I am aware of the ethical and administrative implications involved in my request and I would be fully prepared to discuss these further by telephone.

Thank you for your attention in this matter.

Sincerely,

Mrs. Yolande Cyr M.A.

Professor Gilles Chagnon  
 Thesis advisor

17 Copernicus  
 540 King Edward  
 K1N 6N5

APPENDIX 2  
Client Consent Form

CONSENT FORM FOR THE RELEASE OF TAPES FOR RESEARCH PURPOSES

You are currently in marital therapy with \_\_\_\_\_.

With your permission, these therapy sessions are being taped.

Your permission is now requested to use these tapes for research which will attempt to analyze what takes place within therapeutic sessions (e.g., what the therapist says and how the spouses

respond). This kind of analysis can be useful to researchers and therapists alike in gaining a greater understanding about what kinds of interventions are helpful to clients.

These tapes will be studied in professional settings and listened to only for the purpose of data analysis. The strictest confidentiality will be maintained at all times. Your names will not be used in any report in which research results appear.

-----

I have read the preceding paragraphs and agree that the tapes in which I am involved be used for research purposes. I understand that I give my consent for the release of these tapes voluntarily. I also realize that I am free to withdraw my consent at any time to the taping of therapeutic sessions for research purposes, without jeopardizing my position in therapy. Although I will not benefit directly from giving this consent, nor incur any risks, I may have the satisfaction of potentially contributing to the advancement of knowledge in marital therapy which in turn could contribute to the greater effectiveness of therapists who work in this field.

Signature \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX 3

Marital Therapist Self-disclosure Coding System

## Marital Therapist Self-Disclosure Coding System (Adapted from Kiesler et al., 1981)

A therapist self-disclosure is different from any other type of therapist response because it includes personal information about the therapist. Most therapist responses focus on the client or spouses (questions, reflections, interpretations, confrontations, instructions, problem-solving techniques, etc.), but self-disclosure reveals something about the therapist (or his/her spouse, family, or extended family) which wouldn't usually be readily accessible to the client. A therapist self-disclosure is an infrequent type of therapist response.

### General definition of therapist self-disclosure

A therapist self-disclosure is broadly defined as any information about himself/herself which the therapist verbally conveys to one or both spouses in the context of couples' therapy sessions. This information may be included in statements in which the therapist talks about his/her feelings, thoughts, values, attitudes, experiences, fantasies, relationship with his/her own spouse, family, as well as problems, therapeutic errors, and personal hopes for himself/herself or for his/her clients.

A therapist self-disclosure is thus a verbal response by the therapist which:

- (1) Focuses primarily on the therapist or on the therapist's personal life.
- (2) Contains self-referents such as *I, my, me, mine, myself*.
- (3) Reveals something personal about the therapist, his/her spouse, family, or family of origin.

### Types of therapist self-disclosure:

- (1) Here-and-now therapist self-disclosure:

Is a therapist self-disclosure which is primarily formulated in the immediate present and relates to what is going on within the therapy session. A here-and-now therapist self-disclosure mainly involves feelings and reactions but may also include bodily sensations, ongoing fantasies, and images. It includes an explicit or implicit therapist reaction to the client, the client/therapist relationship, or the relationship between spouses.

#### Examples:

*I just felt frightened by what you were saying.*



(Kiesler et al., 1981), p. 67.

*I felt angry at you the same way I did at my mother when she used to do that to me. (Kiesler et al., 1981), p.67.*

*Your rambling and wishy-washiness is boring me, and I imagine it bores others too. (Kiesler et al., 1981), p. 68.*

*I don't feel like being here right now. I feel like being distant from you. (Luthman & Kirschenbaum, 1974), p. 68.*

*I'm really confused about what's going on here. (Kiesler et al., 1981), p. 68.*

*I feel good about that.*

*I feel touched by what you do.*

*I'm feeling knots in the pit of my stomach.*

*My palms are getting sweaty sitting here with you.*

*My heart rate has suddenly increased as I'm listening to you.*

*I'm frustrated about what we've accomplished today.*

*You've got me laughing to tears about this. (Ackerman, 1966), p. 145.*

*When you refuse to consider a change, as you just did, I feel stumped. (D'Augelli et al., 1981), p. 100.*

*I admire what you just did.*

*I can't stand to see a grown man whimpering. (Kempler, 1970), p. 157.*

## (2) Non-here-and-now therapist self-disclosure

Is any other type of self-disclosure which does not qualify as a here-and-now self-disclosure. Thus, a non-here-and-now type self-disclosure does not include the therapist's ongoing feelings, bodily sensations, images, or fantasies experienced within the therapy session and shared in reaction to the clients, the client/therapist relationship, or the relationship between spouses. Rather, the non-here-and-now type self-disclosure reveals something about the therapist's life/experience outside the therapy session even though

the therapist may relate it to what is going on in therapy.

Examples:

*I have psychiatrist friends who have been in this country for 40 years, and I can hardly understand them. (Kramer, 1968, p. 1), cited in Kiesler et al, 1981.*

*I have a hard time dealing with dependence too. (Kiesler et al., 1981), p. 65.*

*I am a very restless kind of person. (Minuchin, 1976), p. 165.*

*I dealt with my dad's anger by avoiding him for years. (Kiesler et al., 1981), p. 65.*

*I married a wife with fire. (Whitaker, 1976), p. 197.*

*Not for money, for love. I get a love-kick out of writing. (Ackerman, 1966), p. 158.*

*My mother was a problem too. (Burton, 1972), p. 101.*

*My 16 year old son kept taking tools out of my tool box and failed to return them. (Kempler, 1981), p. 219.*

*My mother started to cry and said that her main shortcoming as a mother is that she cannot be affectionate, and she cried. But I felt that the two of us were much more meaningfully related afterwards. She died a year or two later. (Nagy in Eshelman & Liddle, 1979), cited in Kiesler et al, 1981.*

*I also feel anxious in a party-type situation. (Hill, 1978)*

*You've found it difficult to shift between life in a big city and life in a smaller community. I did too, naturally. Coming from the New York area to here was a major change for me. And things like shopping, restaurants, choices in movies - the things you've felt let down about I felt let down about too, for a while .... (D'Augelli et al., 1981), p. 90.*

*I don't believe all therapists would see the problem the same way as I do.*

*I disagree with Reagan's stance on social services.*

Do Not Rate as Therapist Self-Disclosures:

(1) Therapist responses which contain self-referents, such as *I*, *me*, *my*, but in which the therapist is clearly speaking for the client.

Example:

*I thought you, I remember acknowledging that you said, Yeah, I have been pretty contented with myself and I have moved and you have done a lot of moving P\_\_\_\_\_ and I'm not sure if you want to do a lot of moving. I, I care for the relationship. I don't feel inside of me to do anything different. Is that correct?*

(2) Therapist responses which begin with *I feel* or *I think* but which imply an interpretation of what the client is like or of why the client acts the way s(he) does.

Example:

*I feel that you always disliked your mother and that's why you are in competition with your wife.*

(3) Therapist responses in which the therapist tells a story which contains no reference to the therapist or to the therapist's spouse, family, or extended family (e.g., storytelling).

Example:

*It's like the story of the prodigal son whose father received him with open arms.*

(4) Responses in which the therapist may be using self-referents and may appear to be revealing personal data but is doing it either in a clearly defensive way or as a way of explaining the rationale behind his/her use of certain strategies or techniques (must be decided on the basis of what was said by client in antecedent statement).

Example:

*I may have been the catalyst. I don't think I brought it about but I might have catalysed it. That's part of my function to catalyse, you know, people's responses. I catalysed something in S\_\_\_\_\_ but I couldn't catalyse it if it wasn't ready to happen. (in response to a rather confrontative statement from spouse)*

(5) Responses in which the therapist may use self-referents but does so to give a lecture or provide facts in a professional kind of way. The therapist may provide generalized explanations about human behavior or factual information

about names, books, resources, etc. (Kiesler et al., 1981)

Example:

*I know the goal of this hospital is to get the person out. (Haley, 1980), p. 224.*

*I know enough about people like you to know that they don't change alone. (Minuchin et al., 1978), p. 224.*

Exception

If the therapist presents facts but in so doing provides biographical information about himself/herself or reveals something about his/her personal values or philosophy of life, rate as self-disclosure.

Example:

*I used to live on Long Island, not very far from Manhattan. So I am familiar with the area you're talking about. (D'Augelli et al., 1981), p. 96.*

*I believe in marriage.*

(6) Advice/opinion responses in which the therapist gives advice or expresses his/her opinion about what the client needs, what is good for the client and what is the right way for the client to act. (Kiesler et al., 1981).

Example:

*She's coming out of the hospital, and I think this is a time when she needs very firm rules. (Kiesler et al., 1981), p. 73.*

*I think one of the best things you could do for your marriage would be to resolve some of this tremendous alienation from your parents. (Pinsof, 1980), p. 180.*

(7) Responses in which the therapist explicitly approves of or agrees with one of the spouses or otherwise provides reinforcement, praise, or some form of validation (Kiesler et al., 1981), without expressing a personal reaction, feeling, or point of view which goes beyond a simple approval or agreement.

Example:

*Now, look, I agree with you, you know. It's not good for anybody for him being there at home. I agree with that, and I think you are doing the right thing. (Haley, 1980, p. 219)*

*I have the same reaction as B\_\_\_\_\_ towards you.*

• *Continue talking with S\_\_\_\_\_, Mr. K., I think that's great. (Minuchin et al., 1978, p. 153)*

(8) Responses in which the therapist explicitly disapproves of or disagrees with one of the spouses or otherwise provides some form of negative reinforcement or condemnation. (Kiesler et al., 1981), without expressing a personal therapist reaction, feeling, or point of view which goes beyond a simple disapproval—or disagreement.

Example:

*I disagree with you. I talked with you a couple of times in the hospital, and you do know how to express yourself. It's not true what you said. (Minuchin et al., 1978, p. 190)*

*(Daughter: I hear it. I hear it.) No, I really don't think so. (Haley, 1980, p. 190)*

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APPENDIX 4

Content and Affect Similarity Scales

Content Similarity of Therapist Self-Disclosure to Client's  
Antecedent Response: Rating Scale for Couples' Therapy  
(Adapted from Davis and Sloan's Imitation Scale, 1974)

Content similarity of therapist self-disclosure is the degree to which the therapist's self-disclosure resembles the content of the client's previous or antecedent statement. The scale is divided into five (5) points and ranges from a low degree of similarity to a high degree.

Rating of 1: Low similarity

The therapist's self-disclosure bears no similarity, or practically no similarity in content to what the spouse has been expressing in the immediately antecedent statement. For example, if the client is talking about one content area, the therapist will talk about another one.

Example:

W: *My kids are good to me.*  
T: *I didn't sleep last night.*

Rating of 2:

Some of the therapist's self-disclosure is similar but only a very small proportion.

Example:

H: *My wife and I don't get along very well; we just don't talk much to one another anymore.*  
T: *I find I need to talk to people.*

Rating of 3: Moderate similarity

The therapist's self-disclosure contains about equal proportions of original and of similar content to that expressed by the client in the immediately antecedent statement.

Example:

W: *I just don't want to see my mother-in-law anymore; she is continually nosying around in our business and telling us what to do.*  
T: *My mother-in-law is a busybody too but I keep making efforts to be nice to her.*

Rating of 4:

The therapist's self-disclosure is largely similar but includes a small proportion of dissimilar material.



Example:

W: I don't believe in abortion and I think there are no valid reasons to choose that option.

T: I don't believe in abortion either and in most cases other options are preferable; however there are a few exceptions.

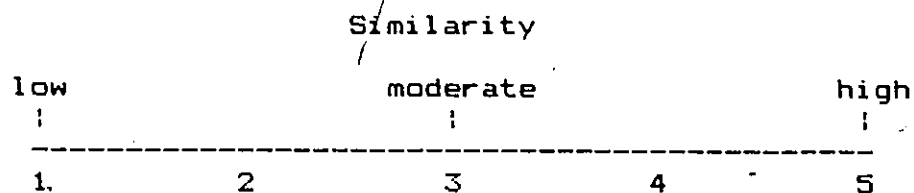
Rating of 5: High similarity

The therapist's self-disclosure is highly similar and relates closely to what the client has just said. The therapist provides only material which closely resembles that expressed by the client or spouse.

Example:

H: I fantasize what it would be like to be free of all my responsibilities and just have myself to be accountable to.

T: Yeah, I have a similar fantasy of chucking it all out and taking off on my own, with the freedom to do my own thing.



Affect Similarity of Therapist Self-Disclosure  
to Client's Antecedent Response:  
Rating Scale for Couples' Therapy  
(Adapted from Davis and Sloan's Imitation Scale, 1974)

Affect similarity of therapist self-disclosure is the degree to which the therapist's self-disclosure resembles the feeling expressed in the client's antecedent statement. The scale is divided into five (5) points and ranges from a low degree of similarity to a high degree.

Rating of 1: Low Similarity

The therapist's self-disclosure bears no similarity, or practically no similarity, of feeling to what the spouse has been expressing in the immediately antecedent statement. For example, if the client is expressing one feeling, the therapist will express an entirely different one.

Example:

W: *It hurts me a lot that our kids are so ungrateful.*  
T: *I am so happy that my kids find all kinds of ways of showing their gratitude.*

Rating of 2:

Some of the therapist's self-disclosure is similar but only a very small proportion, or the feeling expressed bears a minimal similarity to the client's antecedent statement.

Example:

W: *It hurts me a lot that our kids are so ungrateful.*  
T: *Sometimes, I'm confused by my kids' behavior.*

Rating of 3: Moderate Similarity

The therapist's self-disclosure contains about equal proportions of similar and original affect to that expressed by the client, or the feeling expressed bears a moderate similarity to that of the client's.

Example:

W: *It hurts me a lot that our kids are so ungrateful.*  
T: *I'm sort of disappointed that our kids don't show their gratitude.*

Rating of 4:

The therapist's self-disclosure is largely similar in feelings expressed but not quite identical.

Example:

W: It hurts me a lot that our kids are so ungrateful.

T: It upsets me too that our kids don't show their gratitude.

Rating of 5: High Similarity

The therapist's self-disclosure is highly similar in affect and relates closely to what the client has just said. To give a rating of 5, the words used by the therapist to express the feeling must be the same as the client's or considered synonymous in every day language.

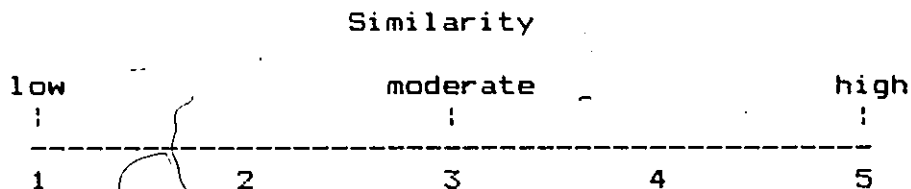
Example:

W: It hurts me a lot that our kids are so ungrateful.

T: It hurts me too that my children don't show their gratitude.

or

T: It pains me to see my kids so ungrateful.



APPENDIX 5

Client Response Coding System

## Client Response Coding System for Couples' Therapy

### A. Client Self-Disclosure

Contrary to therapist self-disclosure, client self-disclosure is expected to occur quite frequently in the context of therapy, as clients are expected to reveal themselves to gain potential benefits from therapy. In couples' therapy, spouses are often asked to communicate to one another so that their patterns of communication can be observed, commented upon, and modified. In communicating to one another, spouses may focus on the therapist, on the other partner, or on some external person or event (the children, the in-laws), or they may focus primarily on their personal reactions, feelings, beliefs, needs, etc. The latter case constitutes a self-disclosure.

#### General definition of client self-disclosure

A client self-disclosure is broadly defined as any information about himself/herself which the client verbally conveys to the therapist or to the other spouse in the context of couples' therapy. This information may be contained in statements in which the client talks about his/her past or present feelings, reactions, needs, conflicts, attitudes, beliefs, values, specific behaviors, personal thoughts, fantasies, problems, etc.

A client self-disclosure is thus a verbal response by the client which:

- (1) Focuses primarily on the client's self. In self-disclosing, the client's attention is more on himself/herself than on some other person/event or object, including the spouse or therapist. Although these external persons or events may be included in the client's verbalizations, when the client is self-disclosing s(he) is also expressing his/her reactions/feelings in relationship to this external person, object, or event.

#### Example:

*My father was not around a lot when I was growing up and I wished I could have a Dad around like all the other kids.*

AND

- (2) Contains a self-referent, such as the pronoun *I* or some other personal pronoun or possessive pronoun/adjective, such as *my*, *me*, *mine*, *myself*. The pronoun *we* may also point to a self-disclosure if it includes the speaker.

#### Example:

He really don't care for one another anymore.

And I'm very annoyed and I'm very hurt and I'm angry. (Ackerman, 1966), p. 138.

It makes me feel good.

AND

(3) Reveals something about the kind of person the client is or thinks he is and/or about the kind of concerns/problems/symptoms the client is experiencing.

Example:

My conversational ability is pretty weak. I can't carry on a long continuous conversation. (Ashby et al., 1957), p. 28.

Most of the time I'm worried about people - what they're thinking of me. (Ashby et al., 1957), p. 28.

I'm not a very strong-willed person.

OR

(4) Contains personal information about the client's past or personal experiences, actions, thoughts, feelings, values, attitudes, beliefs, fantasies, needs, etc.

Example:

I've had the odd affair since we've been married.

I fantasize about taking off on my own with no one to worry about but me.

I thought that life was .... well, it was kind of amazing in a way, that little boys were made one way, and little girls another way. And I thought it was .... it was a wonderful thing. I .... (Ackerman, 1966), p. 126

#### Do Not Rate as Client Self-Disclosure:

(1) Client responses which focus primarily on the therapist, spouse, or other external object, person, or event.

Example:

You seem to understand how I feel. (to therapist)

*You're always working and never have the time to take me out. (to spouse)*

*The kids are ungrateful.*

(2) Questions.

Example:

*What can we do about it?*

(3) Responses in which the client tells of earlier experiences without bringing in his personal feelings, reactions, and/or thoughts about these experiences.

Example:

*Mom and Dad were young when they had us kids and didn't know anything about raising children.*

*Grandma was really the one who ruled the household; she controlled everybody.*

(4) Responses in which the client is clearly defending himself/herself by providing justifications for his/her behavior, denying s(he) has problems and/or minimizing the severity of his/her problems (must be rated in context of what has just been said).

Example:

*Even though our marriage isn't great, it isn't any worse than that of a lot of our friends.*

*The reason I lost my temper is that he pushed me to the limit.*

(5) Responses in which the client expresses simple agreement or disagreement with the therapist or spouse or otherwise approves/disapproves of the therapist or spouse without elaborating on this response by adding a personal reaction.

Example:

*Yes, that's the way I see it too.*

*I don't think you're right about that.*

*I disagree with you.*

Note: If the client uses a self-referent and expands on his/her agreement/disagreement by adding a personal feeling or reaction, rate as a self-disclosure.

Example:

*I agree with you. I hate it too when your mother puts your father down.*

*I disagree with you. I can't stand it when you speak that way to the kids.*

(6) Responses in which the client is expressing an opinion of how s(he) sees the other spouse or what s(he) thinks the other spouse should do.

Example:

*I think you should quit drinking.*

*I think you're working too hard and the stress is getting to you.*

(7) Simple demographic data or action responses which are impersonal and do not also contain a reaction/feeling.

Example:

*I come from Chicago.*

*I went to the movies last night.*

## B. Client Attraction to the Therapist Response

Interpersonal attraction is considered a manifestation of liking, friendship, and generally positive feelings towards another. As such, it is the opposite of antagonism. In therapy, attraction to the therapist has been paralleled to a good rapport between the client and the therapist as well as a willingness to work with that therapist.

### General definition of a client attraction to the therapist response

In couples' therapy, a client attraction response is broadly defined as any verbal response in which the client conveys a positive rapport with the therapist and/or satisfaction with the therapeutic process. In so doing, the client focuses primarily on the therapist or on the therapy in a positive way by manifesting his/her approval/acceptance of the therapist and/or therapy and voicing generally friendly feelings and reactions. These may vary from a mild to extreme form. Therapist referents, such as *you, your, yourself*, are often but not always used.

A client attraction to the therapist response is thus a verbal response in which the client:



- (1) Expresses liking or friendliness towards the therapist and/or the desire to continue therapy with that therapist.

Example:

*I like you.*

*I will miss our weekly sessions together.*

*I think I will continue these sessions as they are helping me see much more clearly how my early upbringing has influenced my marital relationship.*

*I'd like to have you as my father. (Rogers, 1977)  
(cited in Hill, 1978)*

OR

- (2) Agrees with the therapist or accepts what the therapist says.

Example:

*I agree with you.*

*You're right about that.*

*I never saw it that way before but I think you just hit the nail on the head.*

OR

- (3) Expresses his/her approval of the therapist or otherwise validates or reinforces the therapist.

Example:

*You know - I think - you really know your business. (Godwin, 1970), p. 42.*

OR

- (4) Expresses gratitude to the therapist.

Example:

*Thank you for helping me get through this difficult period in my life.*

OR

- (5) Acknowledges to the therapist that the client feels understood, supported, and safe in the therapeutic relationship.

Example:

*Then, you really know what I'm talking about.*  
(Burton, 1972), p. 101.

*You mean you felt the same way as I do. That sure is helpful to hear.* (D'Augelli et al., 1981), p. 90.

OR

- (6) Tries to know more about the therapist by asking him/her questions directed towards encouraging the therapist to expand on his/her personal experience.

Example:

*How was it when you were doing your thesis?*

OR

- (7) Expresses empathy towards the therapist by paraphrasing or reflecting back what the therapist has just said (rated in context of what has been said in previous statement).

Example:

*You found it very difficult to start out on your new practice.* (directed to therapist)

- (8) Expresses satisfaction generally with the therapeutic process.

Example:

*I have found these sessions very helpful.*

Do Not Rate as a Client Attraction Response:

- (1) Responses in which the client offers a minimal acknowledgment to the therapist's questions even if this response also implies agreement.

Example:

T: *Do you see it that way too?*  
C: *Yeah.*

T: *Do you agree with that?*  
C: *Hummm.*

- (2) Questions which are directed to the therapist but are not intended to seek out personal information about the therapist?

Example:

*So what can I do about it? (Ackerman, 1966), p. 150.*

*Don't they say usually, that a father likes to have a little girl, you know opposites attract? (Ackerman, 1966), p. 157.*

(3) Positive responses which are clearly not intended for the therapist.

Example:

W: *I'm really concerned about you.*

H: *I appreciate the way you seem to understand how I feel.*

### C. Client Negative Responses to the Therapist

Client negative responses to the therapist are the opposite of attraction responses. Client negative responses may be a manifestation of dislike or hostility towards the therapist and/or mistrust in the process of therapy. They may also be an indication that the client is resisting any potential changes through the process of therapy.

#### General definition of a client negative response to therapist

A client negative response is broadly defined as a verbal response in which the client conveys, in the context of couples' therapy, his/her negative reactions towards the therapist and/or towards the process of therapy. In so doing, the client focuses primarily on the therapist or on the therapy process by manifesting his/her disapproval/rejection of therapy and the therapist and generally unfriendly feelings and reactions. These may vary from a mild to extreme form. Therapist referents, such as you, your, yourself are often but not always used.

A client negative response to the therapist is thus a verbal response in which the client:

(1) Expresses dislike or unfriendliness towards the therapist and/or uncertainty about the desire to continue therapy with that therapist.

Example:

*Would it be possible to see someone else?*

*I would have preferred seeing a much younger therapist.*

OR

- (2) Disagrees with the therapist or rejects an interpretation or a personal example given by the therapist.

Example:

*I disagree with you.*

*That's not the way it is.*

*I don't think the fact that my father left when I was very young has anything to do with my current problems with my husband. (in response to therapist interpretation)*

OR

- (3) Expresses his/her disapproval of the therapist or otherwise invalidates or negatively reinforces the therapist.

Example:

*You shouldn't talk to my wife that way.*

*You really missed the point there.*

- (4) Clearly expresses his/her resistance to the therapy process by refusing to talk about a particular topic or follow therapist instructions.

Example:

*That's something I'd rather not talk about right now...* (Ashby et al., 1957), p. 30.

*I can't do this communication exercise.*

OR

- (5) Argues with the therapist or verbally indicates that he is feeling disapproved of or misunderstood in the therapeutic relationship.

Example:

*But how could I expect you to understand.*  
(Godwin, 1970), p. 48.

*Why are you looking at me that way, as if I'm the worst kind of mother?*

OR

- (6) Expresses angry or aggressive feelings directed towards

the therapist or openly confronts the therapist.

Example:

*You're really pushing me, aren't you?* (Godwin, 1970), p. 49.

OR

(7) Expresses dissatisfaction with therapy.

Example:

*All that's been happening so far is I've been answering questions, when am I going to get some answers?* (Ashby et al., 1957), p. 30.

Do Not Rate as a Negative Response to the Therapist:

(1) Responses in which the client minimally responds to a therapist question even if this response implies a disagreement.

Example:

T: *Do you agree with that?*

C: *Nope.*

(2) Negative responses which are clearly not intended for the therapist.

Example:

H: *I've been really busy at work.*

W: *You always use that as a dumb excuse for not trying to understand where I'm coming from.*

D. Client: Other Responses

Any client response which cannot be coded as client self-disclosure, a client attraction to the therapist response, or a client negative response is to be coded as an other response. These would include questions which are not intended to find out more about the person of the therapist and responses in which the client focuses on the other spouse or an external person, object, or event without describing his own personal reactions to these. Also to be coded as other client responses are nonverbal responses, such as long pauses, laughing, crying, etc.

APPENDIX 6

Quality Scales for Client Self-disclosure

### Quality Scales for Client Self-disclosure

A. Specificity Elaboration: A Quality Scale for Statements in which Client Self-disclosure Occurs (Adapted from Moss, 1978)

Specificity of language is the degree to which the client is clear and explicit in what he/she is verbalizing. The higher the score, the more the client provides specific details of his/her experience. The scale is divided into five (5) points ranging from nonspecific to extremely specific.

| 1                                     | 2                     | 3                      | 4                | 5                      |
|---------------------------------------|-----------------------|------------------------|------------------|------------------------|
| completely<br>nonspecific<br>or vague | minimally<br>specific | moderately<br>specific | very<br>specific | completely<br>specific |

#### Score of 1: nonspecific or vague

Refers to vague, imprecise language. In this case, the rater cannot be sure of what is being felt, thought, or done by the speaker. In this case, the whole statement is vague or imprecise.

##### Example:

Our relationship is so-so and there's a lot of things we need to discuss.

#### Score of 2: minimally specific

Feeling, thought, action, or experience is specific and clearly verbalized but no additional details are provided as to the how, what, when, or why of these feelings, actions, thoughts, or experiences. The basic idea here is no elaboration.

##### Example:

My wife and I argue a lot and get aggressive towards one another.

I am feeling embarrassed' (Moss, 1978).

#### Score of 3: moderately specific

Feeling, thought, experience, or action is specific and some detail is provided as to the why, or what, or how, or when of the feeling, thought, experience, or action. Basic idea here is that key idea is

specific and that there is only slight elaboration (i.e., only on one condition).

Example:

My wife and I got mad at one another and started yelling and screaming. (how)

My wife and I had a fight yesterday. (when)

My wife and I argue a lot because we are having financial difficulties. (why)

To give a rating of 3, make sure that the feeling, action, thought, or experience is specific and that information is provided to one (1) of the following information gathering questions: (How, What, Why, When).

Score of 4: very specific

Same definition as for 3, except that information is provided to two (2) of the following questions: How, What, When, Why. Key idea is specific and there is elaboration on two of the conditions.

Example:

Yesterday, when my wife and I arrived home from work, we started having an argument about who should be responsible for getting the meals done. (When and What)

Score of 5: extremely specific

Same definition as for 3, except that information is provided concerning at least three (3) of the following questions: How, What, Why, When. Key idea is specific and at least three or four conditions are elaborated upon.

Example:

Yesterday when you confronted me, I felt so tense that I had knots in my stomach because I don't know how to respond to angry statements. (When, Why, What).

Instructions for Use of Specificity Scale

- (1) Rate all statements in which client self-disclosure occurs. Consider entire statement in giving your rating.
- (2) If part of statement merits one rating, and other part merits another rating, give higher rating of the two.



- (3) If details are provided in statement but these are vague, then do not give higher rating for information provided regarding the When, Why, What, How.

Example:

The other day, I got a lot done.  
Score of 1: when is answered but in a vague way.

We don't see eye to eye because we come from different places.  
Score of 2: why is answered but vaguely.

B. Affect of the message. From the Moss Behavioral Rating of Disclosure scale, 1978.

Relates to intensity of affect expressed in words used by the speaker.

Score of 1:

No expression of affect. The word feel when substituted for think is not considered expression of affect.

Example:

I feel we should use structured exercises.

Score of 2:

Mild affect. Affect is expressed directly but is mild in intensity.

Example:

I feel uncomfortable.

I am happy that I found a job.

Score of 3:

Intense affect. Mild affect is intensified by qualifiers, such as really or very or vehement expressions.

Example:

I am furious with my roommate.

I have been very depressed.

Note: Do not rate denial or affect responses as these will be rated separately.

Example:

I don't feel angry.

I am not unhappy.

Please jot down segment number when this type of response occurs, as well as whether or not it is the first or second antecedent or consequence.

Example:

23 a for first antecedent of twenty-third segment

20 cc for second consequence of twentieth segment

- (1) Rate all statements in which client self-disclosure occurs. Consider entire statement in giving your rating.
- (2) If part of statement merits one rating, and other part merits another rating, give higher rating of the two.

Self-Referents Scale for Client Self-Disclosure  
(Adapted from McCarthy, 1978)

Abbreviations:

- (a) first antecedent
- (aa) second antecedent
- (c) first consequence
- (cc) second consequence

Instructions:

- (1) Return to all client statements where it has been indicated that self-disclosure is occurring.
- (2) Left side of coding sheet is reserved for first antecedent and first consequence; right side of coding sheet is reserved for second last antecedent and second consequence.
- (3) Fill in statement number and letter in first column of coding sheet, using appropriate side.
- (4) Number of self-referents:  
Rate entire statement for the number of self-referents. Count all personal and possessive pronouns and adjectives relating to the self: I, me, mine, my, myself. We and ours are also counted if they refer to the speaker.
- (5) Number of words:  
Count every word in identified statement. Count a hyphenated word (e.g., post-script) as one word. Contractions of two words (e.g., don't, won't, aren't, isn't, etc.) are counted as two words.
- (6) Calculate the proportion of self-referents to the total number of words by dividing total number of self-referents by total number of words.

Note:

In cases where the client is stuttering, count self-referents and/or words only once.

Example:

H. I...I think that I had better tell my wife about that.

3 self-referents; 11 words.

APPENDIX 7

Manual for Tape-listeners

DEFINITIONS AND INSTRUCTIONS  
FOR TAPE LISTENERS

## INSTRUCTIONS FOR TAPE LISTENING

- (1) Before starting, carefully review the definitions and examples provided. It is important that you have a clear idea of what a statement is as well as what a therapist and client self-disclosure is.
- (2) Turn unit indicator on cassette recorder to zero. If talking does not begin immediately, turn recorder to zero only when speaking begins.
- (3) Indicate on top of work sheet (see example): therapist, couple, session number or date, your initials, and date of rating. Write this information on each working sheet.
- (4) Listen to entire tape. Unit indicator is broken up into segments of 12 units. Each square on your work sheet represents one unit. Each segment of 12 units represents approximately one minute of recording.
- (5) Abbreviations at the top of your work sheet have the following meanings: T. - therapist; S.D. - self-disclosure; W. - wife; H. - husband.
- (6) Check off each therapist and client statement on your work sheet in separate sequential squares. Use a pencil so that you may erase if you make an error. Check marks should be made at each cassette unit. For example, if one individual is talking continuously from unit 15-20, put a check mark in each square. Change squares when the second individual starts talking.

Example:

|    | T. | W. |
|----|----|----|
| 15 | x  | !  |
| 16 | x  | !  |
| 17 | x  | !  |
| 18 | x  | !  |
| 19 | x  | !  |
| 20 | x  | !  |
| 21 | !  | x  |

- (7) If two individuals are talking at once, check two squares on the same line.

Example:

|    | T. | W. |
|----|----|----|
| 10 | x  | x  |
| 11 | x  |    |

- (8) If simple acknowledgments (such as mhm, uh-uh) are not preceded by a noticeable pause (at least 1 second) but are interspersed within a statement, do not check these off as separate statements. The same rule applies for nonverbal sounds such as laughing, crying, etc.
- (9) In the identification of separate statements, most difficulties seem to arise in those situations in which brief responses are given. (1-5 words). To distinguish whether or not check marks should be made on different lines to indicate separate statements, follow these guidelines:

Check off as separate statements:

- (a) A brief response which clearly changes the flow of the conversation.

Example: T. You were really doing well last week

H. Ouch

T. Did you hurt yourself?

or

- (b) A brief response which is preceded by a 1 second pause (one thousand and one).

Example: T. I admire your style (pause)

W. Good

or

- (c) A brief response which is given as an answer to a question.

Example: T. Did you enjoy your vacation?

H. Hm-mm

In those rarer occasions where more words appear to be spoken simultaneously, try to determine if the first speaker maintains the floor and if other responses constitute back-

ground noise to decide whether or not to check off as a separate statement.

- (10) Check off under S.D. each statement in which the therapist or the client self-discloses. Check off S.D. in square next to statement to indicate that S.D. is occurring within that statement. You do not have to make a judgment call as to whether or not the entire statement is made up of self-disclosure but only as to whether or not self-disclosure is occurring within that statement.

Example:

|    | T. | S.D. |    | W. | S.D. |
|----|----|------|----|----|------|
| 24 | x  | x    | 60 | x  | x    |
| 25 | x  |      | 61 | x  | x    |

- (11) If in doubt as to whether or not self-disclosure is occurring, put a question mark (?) rather than a check mark.
- (12) In case of statements in which the therapist is self-disclosing, make a second pass at those unit numbers where you have put a question mark and try to make a final decision as to whether or not S.D. is occurring. For those statements about which you are still uncertain, leave a question mark.
- (13) If you have difficulty hearing because of background noise, try some of the following methods:
- Back up tape to listen to section again.
  - Use earphones or remove earphones.
  - Vary volume and/or voice tonality.
  - Slow down speed of recording.
- (14) Write two or three line summary of what went on during session on back of work sheet (e.g., couple discussed problems they were having with their children).



| Footage | T. | S.D. | W | S.D. | H. | S.D. | P. | Footage | T. | S.D. | W | S.D. | H. | S.D. | R |
|---------|----|------|---|------|----|------|----|---------|----|------|---|------|----|------|---|
| 1       |    |      |   |      |    |      |    | 47      |    |      |   |      |    |      |   |
| 2       |    |      |   |      |    |      |    | 50      |    |      |   |      |    |      |   |
| 3       |    |      |   |      |    |      |    | 51      |    |      |   |      |    |      |   |
| 4       |    |      |   |      |    |      |    | 52      |    |      |   |      |    |      |   |
| 5       |    |      |   |      |    |      |    | 53      |    |      |   |      |    |      |   |
| 6       |    |      |   |      |    |      |    | 54      |    |      |   |      |    |      |   |
| 7       |    |      |   |      |    |      |    | 55      |    |      |   |      |    |      |   |
| 8       |    |      |   |      |    |      |    | 56      |    |      |   |      |    |      |   |
| 9       |    |      |   |      |    |      |    | 57      |    |      |   |      |    |      |   |
| 10      |    |      |   |      |    |      |    | 58      |    |      |   |      |    |      |   |
| 11      |    |      |   |      |    |      |    | 59      |    |      |   |      |    |      |   |
| 12      |    |      |   |      |    |      |    | 60      |    |      |   |      |    |      |   |
| 13      |    |      |   |      |    |      |    | 61      |    |      |   |      |    |      |   |
| 14      |    |      |   |      |    |      |    | 62      |    |      |   |      |    |      |   |
| 15      |    |      |   |      |    |      |    | 63      |    |      |   |      |    |      |   |
| 16      |    |      |   |      |    |      |    | 64      |    |      |   |      |    |      |   |
| 17      |    |      |   |      |    |      |    | 65      |    |      |   |      |    |      |   |
| 18      |    |      |   |      |    |      |    | 66      |    |      |   |      |    |      |   |
| 19      |    |      |   |      |    |      |    | 67      |    |      |   |      |    |      |   |
| 20      |    |      |   |      |    |      |    | 68      |    |      |   |      |    |      |   |
| 21      |    |      |   |      |    |      |    | 69      |    |      |   |      |    |      |   |
| 22      |    |      |   |      |    |      |    | 70      |    |      |   |      |    |      |   |
| 23      |    |      |   |      |    |      |    | 71      |    |      |   |      |    |      |   |
| 24      |    |      |   |      |    |      |    | 72      |    |      |   |      |    |      |   |
| 25      |    |      |   |      |    |      |    | 73      |    |      |   |      |    |      |   |
| 26      |    |      |   |      |    |      |    | 74      |    |      |   |      |    |      |   |
| 27      |    |      |   |      |    |      |    | 75      |    |      |   |      |    |      |   |
| 28      |    |      |   |      |    |      |    | 76      |    |      |   |      |    |      |   |
| 29      |    |      |   |      |    |      |    | 77      |    |      |   |      |    |      |   |
| 30      |    |      |   |      |    |      |    | 78      |    |      |   |      |    |      |   |
| 31      |    |      |   |      |    |      |    | 79      |    |      |   |      |    |      |   |
| 32      |    |      |   |      |    |      |    | 80      |    |      |   |      |    |      |   |
| 33      |    |      |   |      |    |      |    | 81      |    |      |   |      |    |      |   |
| 34      |    |      |   |      |    |      |    | 82      |    |      |   |      |    |      |   |
| 35      |    |      |   |      |    |      |    | 83      |    |      |   |      |    |      |   |
| 36      |    |      |   |      |    |      |    | 84      |    |      |   |      |    |      |   |
| 37      |    |      |   |      |    |      |    | 85      |    |      |   |      |    |      |   |
| 38      |    |      |   |      |    |      |    | 86      |    |      |   |      |    |      |   |
| 39      |    |      |   |      |    |      |    | 87      |    |      |   |      |    |      |   |
| 40      |    |      |   |      |    |      |    | 88      |    |      |   |      |    |      |   |
| 41      |    |      |   |      |    |      |    | 89      |    |      |   |      |    |      |   |
| 42      |    |      |   |      |    |      |    | 90      |    |      |   |      |    |      |   |
| 43      |    |      |   |      |    |      |    | 91      |    |      |   |      |    |      |   |
| 44      |    |      |   |      |    |      |    | 92      |    |      |   |      |    |      |   |
| 45      |    |      |   |      |    |      |    | 93      |    |      |   |      |    |      |   |
| 46      |    |      |   |      |    |      |    | 94      |    |      |   |      |    |      |   |
| 47      |    |      |   |      |    |      |    | 95      |    |      |   |      |    |      |   |
| 48      |    |      |   |      |    |      |    | 96      |    |      |   |      |    |      |   |

Go to other side of page

## DEFINITIONS

## THERAPIST STATEMENT:

A therapist statement is a complete verbalization by the therapist between two complete verbalizations by one and/or both spouses. When rating a statement, it must be clear that the main speaker maintains the floor despite possible background interruptions.

Example:

H I W      W I W      W I H      H I H

## CLIENT STATEMENT:

A client statement is a complete verbalization by one of the spouses between two complete verbalizations by the therapists and/or the other spouse. When rating a statement, it must be clear that the main speaker maintains the floor despite possible background interruptions.

Example:

T W T      T W H      H W T      H W H  
T H T      T H W      W H T      W H W

## THERAPIST SELF-DISCLOSURE:

A therapist self-disclosure is different from any other type of therapist response because it includes personal information about the therapist. Most therapist responses focus on the client or spouses (questions, reflections, interpretations, confrontations, instructions, problem-solving techniques, etc.) but self-disclosure reveals something about the therapist (or his spouse, family, or extended family) which wouldn't usually be readily accessible to the client. A therapist self-disclosure is an infrequent type of therapist response.

A therapist self-disclosure is thus a verbal response by the therapist:

- (a) which focuses on the therapist or on the therapist's personal life.
- (b) which contains self-referents such as I, my, me, mine.
- (c) which shares something about the therapist's ongoing or past feelings, thoughts, experiences, attitudes, values, relationship with his own spouse or family, or therapeutic "errors," personal problems and hopes for himself or for his clients.

Examples:

"I married a wife with fire" (Whitaker, 1976), p. 197.

"I just felt frightened by what you were saying"  
(Kiesler et al., 1981), p. 67.

"My 16 year old son kept taking tools out of my tool  
box and failed to return them." (Kempler, 1981), p. 219.

"Not for money. For love, I get a love-kick out of  
writing" (Ackerman, 1966), p. 158.

## DO NOT RATE AS THERAPIST SELF-DISCLOSURES:

- (1) Therapist responses which contain self-referents such as I, me, my, but in which the therapist is clearly speaking for the client.

Example:

I thought you, I remember your acknowledging that you said "yeah, I have been pretty contented with myself and I have moved and you have done a lot of moving A\_\_\_\_\_ and I'm not sure if you want to do a lot of moving. I, I care for the relationship. I don't feel inside of me to anything different" Is that correct?

- (2) Therapist responses which begin with "I feel" or "I think" but which imply an interpretation of what the client is like or of why the client acts the way he/she does.

Example:

I feel that you always disliked your mother and that's why you are in competition with your wife.

- (3) Responses in which the therapist tells a story which contains no reference to the therapist or to the therapist's spouse, family, or extended family (e.g., story-telling).

Example:

It's like the story of the prodigal son whose father received him with open arms.

- (4) Approval/agreement responses in which the therapist validates, approves, reinforces, praises a family member against others. (Kiesler et al., 1981)

Example:

Now, look, I agree with you, you know.

I have the same reaction as B\_\_\_\_\_ towards you.

Continue talking with S\_\_\_\_\_, Mr. K\_\_\_\_\_, I think that's great.

- (5) Disapproval/disagreement responses in which the therapist explicitly invalidates, disapproves, negatively reinforces, condemns a family member or in which the therapist explicitly disagrees with a family member. (Kiesler et al., 1981)

Example:

I disagree with you.

(Daughter, I hear it, I hear it) "No, I don't think you really do."

- (6) Responses in which the therapist may be using self-referents and may appear to be revealing personal data but is doing it in a clearly defensive way. (must be rated in context of what has just been said by client)

Example:

I may have been the catalyst. I don't think I brought it about but I might have catalysed it. That's part of my function to catalyse, you know, people's responses. I catalysed something in \_\_\_\_\_ but I couldn't catalyse it if it wasn't ready to happen.

(in response to rather confrontative statement from husband)

- (7) Responses which provide general explanations or factual information to clients either in response to a question or request from the clients, or as volunteered spontaneously by the therapist.

(Lecture/fact statements) "Explanations" are generalized statements about human behavior or experience and factual information includes statements about names, places, books, etc. (Kiesler et al., 1981).

Example:

I know the goal of this hospital is to get the person out. (Haley, 1980), p. 224.

I know enough about people like you to know that they don't change alone. (Minuchin et al., 1978), p. 224.

- (8) Advice/opinion responses in which the therapist expresses

his/her opinion about the "correct," ideal," "desired" thoughts, beliefs, attitudes, etc., to be adopted by a client; or which advises what the therapist believes to be the "right," "correct," "desired" course of action for the client to follow. (Kiesler et al., 1981)

Example:

She's coming out of the hospital, and I think this is a time when she needs very firm rules. (Kiesler et al., 1981), p. 73.

I think one of the best things you could do for your marriage would be to resolve some of this tremendous alienation from your parents. (Pinsof, 1980), p. 180.

RATE AS THERAPIST SELF-DISCLOSURES:

- (1) Approval or disapproval responses which contain a self-referent as well as a personal reaction or feeling from the therapist.

Examples:

I admire what you do

I have the same reaction as G\_\_\_\_. I'm displeased by what you let your children do to you.

I can't stand to see a grown man whimpering. (Kempler, 1970), p. 157.

- (2) Approval/agreement or disapproval/disagreement responses in which the therapist agrees or disagrees with someone other than one of the spouses and in which the therapist expresses his own personal point of view.

Examples:

I think it's great the way people have rallied together to help the Ethiopians

I disagree with Reagan's stance on social services.

I don't believe that all therapists would see the problem the same way as I do.

- (3) Apparent lecture/fact responses in which the therapist shares information about himself or reveals something about his personal values or philosophy of life.

Examples:

I come from Philadelphia

I believe in marriage.

#### CLIENT SELF-DISCLOSURE:

Contrarily to therapist self-disclosure, client self-disclosure is expected to occur quite frequently in the context of therapy, as clients are expected to reveal themselves to gain potential benefits from therapy. In marital therapy, spouses are expected to communicate to one another. In so doing, they may focus on the other spouse or on some external person or event (the children, the in-laws), or they may focus primarily on their personal reactions, feelings, beliefs, etc. The latter case constitutes a self-disclosure.

A client self-disclosure is a verbal response:

- (1) which focuses primarily on the client's self.
- (2) in which the pronoun I is used as well as other personal or possessive pronouns. The pronoun WE may also point to a self-disclosure if it includes the speaker.

#### Examples:

....."And I'm very annoyed and I'm very hurt and I'm angry" (Ackerman, 1966), p. 138.

"My feelings are hurt"

"It made me feel good"

- (3) which reveals something about the kind of person the client is or thinks he is.

"I am not a very strong-willed person"

OR

- (4) which contains personal information about the client's past or present experiences, actions, thoughts, feelings, values, hopes, attitudes, and problems.

#### Examples:

"I have a problem with girls"

"My job is very important to me"

"I don't believe in allowing teen-agers to drink"

#### DO NOT RATE AS SELF-DISCLOSURES:

- (1) Client responses which focus primarily on the therapist,

spouse, or other external object, person, or event.

Examples:

"You seem to understand how I feel"

"You're always working and never have the time to take me out"

"The kids are ungrateful"

(2) Questions

Example:

"What can we do about it?"

(3) Responses in which the client tells of earlier experiences without bringing in his personal feelings, reactions, and/or thoughts about these experiences.

Examples:

Mom and Dad were young when they had us kids and didn't know anything about raising children.

Gramma was really the one who ruled the household; she controlled everybody.

Note: Apply same rules as for therapist self-disclosure in regards to approval/agreement, disapproval/disagreement, lecture/fact, and advice/opinion responses.

APPENDIX 8

Instructions for Typescripting



## INSTRUCTIONS FOR TYPESCRIPTING

- (1) Type in at top of page therapist and couple identification letter and number as well as date of session.
- (2) Type in unit indicator at beginning and at end of segment. (See sample typescript.)
- (3) Type in letters T., W., H. to left of appropriate statements to indicate if therapist, wife, or husband is speaking. Add numbers chronologically to identify sequence. (e.g., T<sub>1</sub>, W<sub>1</sub>, H<sub>1</sub>, etc.)
- (4) Single space statements and leave double space between statements.
- (5) Leave wide margins to left of page (see sample).
- (6) Do not type in names of individuals. Type in first letter and leave a blank (e.g., C\_\_\_\_\_).
- (7) Type separate segments on separate pages.
- (8) Type in every word and partial word verbatim including stutters, utterances, etc. (e.g., hm-mm, uh-uh, err). Do NOT correct English or edit in any way.
- (9) Identify all nonverbal sounds such as laughing, crying, coughing, etc., by writing them in parentheses as they occur.

(e.g., (laughing) if emitted by speaker or (w. crying) if emitted by other than speaker).

In some cases, nonverbal sounds are considered as a separate statement if they are preceded by at least a 1 second pause.

e.g., T. You seem to be in a good mood today (brief pause).

W. laughs

- (10) Follow instructions and check marks on rating sheets to identify separate statements. If two or three people are talking together, type in parentheses what second and or third person is saying.  
  
e.g., T. It sounds as if the two of you are getting along much better (h, right) than you have been for the last few weeks.
- (11) Identify brief pauses (from 1 to 10 seconds) by words brief pause in parentheses. Identify long pauses (more than 10 seconds) by words "long pause" in parentheses.

APPENDIX 9

Sample Typescript

Therapist B: Couple 5, Session 4

- 895 T And I don't know. Like I have a continuing relationship and you have a beginning relationship (W yes, uhuh) and the question of the image.
- (a) W Yes, I think that's the difference.
- \* T And so, that's the one that stayed and you could say before I invest everything in it, I will check it out carefully and I have already invested everything in my relationship. So, and that sense (W uhmm)...you know...I have committed and I want to work it out and I do and it's fun and you need some working. At times you need to confront some stuff that you may want to avoid. That's definitely true and I don't see that as I find every time I do that with my wife, that we come out feeling closer. If we have a hassle and we are kind of scared to approach it and then we finally do, it usually ends up bringing us closer together. And, everytime when I am on this side of it, I am afraid of it. When (W laughs) I'm on the other side of it, I say, gee, I'm glad we worked it out.
- (c) W Great relief and some good things, too.
- 915 T Yeah, it is, but there is that scary part of can I approach it, you know, that part.

APPENDIX 10

Instructions for Coding Typescripts

## General Information for Coding Typescripts

### Abbreviations:

|     |                    |    |                   |
|-----|--------------------|----|-------------------|
| T   | - Therapist        | a  | - 1st antecedent  |
| W   | - Wife             | aa | - 2nd antecedent  |
| H   | - Husband          | c  | - 1st consequence |
| LP  | - Long pause       | cc | - 2nd consequence |
| SP  | - Short pause      |    |                   |
| ... | - Voice trails off |    |                   |

You will be coding verbatim typescripts of segments of couples' therapy sessions. Each segment has a minimum of five statements with a core therapist statement identified by an asterisk (\*). Each segment is identified by a handwritten number in the left-hand column.

The only therapist statement that will be rated is the core therapist statement. If other therapist statements are present in the typescript, they are only intended to provide context.

All client statements which come before and after a therapist statement and which are uninterrupted by another therapist statement will be rated. The client statement immediately preceding the core therapist statement is the first antecedent and is identified by an (a). The client statement immediately following the core therapist statement is the first consequence and is identified by a (c). The second last antecedent is identified by an (aa) and the second consequence is identified by a (cc).

Parts of sentences in parentheses indicate that someone else is speaking at the same time as the main speaker and these parts are not to be rated separately. If a long pause or a nonverbal behavior is placed as a statement in the text, it is to be coded as a separate response.

### Example

W: Long pause  
H: Laughing

## Instructions for the Coding of Core Therapist Statements

### Abbreviations

|         |                                    |
|---------|------------------------------------|
| SD      | - Self-disclosure                  |
| H&N     | - Here-and-now self-disclosure     |
| N-H&N   | - Non-here-and-now self-disclosure |
| Con Sim | - Content similarity               |
| Aff Sim | - Affect similarity                |

(1) Read general definitions of therapist self-disclosure as well as definition of here-and-now and non-here-and-now type self-disclosures so that you have a clear sense of what constitutes a therapist self-disclosure and of how to distinguish between these two types.

(2) Read the entire typescript to obtain an idea of the general context.

(3) Code core therapist statements only.

(4) Some core therapist statements contain therapist self-disclosure and some do not. Determine if the statement contains a therapist self-disclosure or not. You need not at this point make a judgment call as to whether or not the entire statement is made up of self-disclosure but only as to whether or not the statement contains some self-disclosure. You need not decide if self-disclosure is present on the basis of the quality of the self-disclosure but only on the basis of whether it is present or absent in the statement.

(5) If the core therapist statement does not contain a self-disclosure, you have completed your coding of the therapist statement for this typescript. If the therapist statement does contain a self-disclosure, go on to the next step.

(6) Determine if the therapist self-disclosure is of the here-and-now or of the non-here-and-now type and check off appropriate category on coding sheet.

(7) Estimate what proportion of the core therapist statement contains self-disclosure and assign appropriate number.

|                         |     |
|-------------------------|-----|
| Small part of statement | = 1 |
| About 1/2 of statement  | = 2 |
| Most of statement       | = 3 |

If a small part of the statement is made up of therapist self-disclosure and the rest of the statement is used to elaborate on the therapist self-disclosure, estimate that most of the statement is made up of TSD.

Instructions for Rating Similarity of Therapist Self-disclosure

(1) Return to those therapist statements which have been coded as therapist self-disclosure and rate for degree of similarity to the client's immediately antecedent statement. The second last client antecedent may be used to provide context to enable you to rate similarity as may be other therapist statements.

(2) Rate first for content similarity and second for affect similarity. Do not rate for affect similarity if neither the therapist's statement nor the client's statement contains a feeling. If only one of the two statements contains a feeling, the rating would be a one (1) for low similarity.

(3) In those cases where the antecedent client statement is too brief to enable you to note for similarity, assign a rating of NR to indicate that the therapist statement is nonrateable for similarity. Assign an NR for similarity of affect in two cases: (1) one or both statements are too brief to rate and (2) neither statement contains affect.

## Instructions for Coding Client Antecedents and Consequences

### Abbreviations

SD - Self-disclosure  
 Att - Attraction  
 Neg - Negative responses  
 Other - Other responses  
 Aff - Affect of the message  
 Conc - Concreteness

(1) Reread definitions of client self-disclosure, client attraction responses, client negative responses, and *other* responses. Revise quality scales for client self-disclosure.

(2) Code only those client consequences and antecedents which are identified by an (a), an (aa), a (c), and a (cc).

(3) The left side of your coding sheet is reserved for the first consequence following the core therapist statement and the last antecedent preceding the core therapist statement. The right side of your coding sheet is reserved for the second consequence following the core therapist statement and the second last antecedent preceding the core therapist statement. In many cases you will not use the right-hand side of your coding sheet, as the typescript will contain only one client antecedent and one consequence.

(4) Determine for each client statement, beginning with the first antecedent and the first consequence, whether self-disclosure, attraction, a negative response, or an other response is occurring in that statement. You need not make a judgment call at this point as to the quality of the client response or as to whether or not the entire statement is made up of that response, but only as to whether or not that response is occurring in the statement. Theoretically, one statement could contain all of the specified client responses, although this would be an uncommon occurrence.

(5) Check off on coding sheet whether the wife or the husband is giving the response.

(6) If self-disclosure is occurring, estimate how much of the statement is made up of self-disclosure and assign appropriate number on coding sheet.

Small part of statement = 1  
 About 1/2 of statement = 2  
 Most of statement = 3

(7) If self-disclosure is occurring, rate for affect of the message and specificity and assign the appropriate number on the coding sheet.



APPENDIX 11

Coding Specifications

## CODING SPECIFICATIONS

### Similarity of Content

Content is the subject matter of the statement in which the therapist self-discloses. To give a rating of 5, the subject matter of both statements at a concrete level should be very similar. Sometimes, a general theme is present for both the client and the therapist statements, for example, that of responsibility. If similarity of rather abstract themes is present with a quite different concrete content, do not give a rating which is higher than three (3). In this kind of situation, your choice would be between a 2 and a 3 rating.

#### Example:

- W. I'm just not ready to have kids. It's too much of a responsibility. I've got enough to handle with a husband still in school, a new job, and my mother who is ill.
- T. It's like a few years back, I was asked to take on the presidency of a professional association. I was still pretty young, and I was quite impressed by some of the members of the association. Many of them had several more years experience than I did. I had several other extra-curricular activities in which I was involved and I was getting a lot of enjoyment out of them. I really had to talk myself into taking on an additional responsibility because I wasn't sure I could do it.

(Rating of 2: Although general theme of having difficulty handling an added responsibility is similar, the urgency of the two situations varies a lot.)

If the client's antecedent statement is a straight and clear agreement, consider it as a restatement of the previous content. Compare the therapist's statement to that previous content. However, do not give a rating higher than four (4) even if similarity of content is very high.

#### Example:

- W. I believe that the children's needs should take precedence over those of the parents.
- H. I agree with that.
- T. I think so too. Parents should sacrifice their needs to those of their children. (rating of 4)

- T. Although responsible parents give serious consideration to their children's needs, I think that your own needs as parents are important too. (rating of 3)

### Affect similarity

Rate for affect only if affect is attributable to the speaker.

#### Example:

H. She was really mad at the kids.

(No affect)

In rating affect, look for direct expressions of major emotions or their variations. Examples of these are: enjoyment, interest, surprise, distress, anger, disgust, contempt, fear, shame, and guilt (Izard, 1977). Love, caring, and hate are also considered as affect.

Metaphors may be used to express affect and should be rated as such (Gottman et al, 1976).

"I have butterflies in my stomach" (Gottman et al, 1976).

Bodily feelings may also indicate affect.

"When I saw him, I felt like throwing up."

Rate actions as affect only if affect is obvious.

#### Example:

T. I feel like hugging both of you.

W. I could have bashed him in.

Nonverbals such as crying and laughing are to be considered as affect. However, in rating for similarity of affect, look at the words being said along with the nonverbal. If words said do not give you an indication of the similarity of affect, give an average rating of 3.

#### Example:

H. I'm not a very brave person. (laughs)

T. I sometimes lack courage too. (laughs)

(Rating of 3 on affect scale)

H. I'm scared (laughs)

T. Sometimes I'm afraid too when I hear the two  
of you arguing that way. (laughs)

(Rating of 5 on affect scale)



## CODING SPECIFICATIONS

### Client statements:

Double coding: Even though several responses may occur in the same statement and may receive different codes, it is rare that the same response or part of statement would receive more than one code. One exception may occur when the client is either expressing attraction or a negative response and self-disclosing at the same time. A code of an attraction response and a negative response cannot be given for the same response as these two categories are considered as opposite. To classify the same response as attraction or negative response and self-disclosure, make sure that personal feelings/reactions are clearly expressed and that a self-referent is present. Otherwise, code only as attraction or a negative response.

#### Example:

I like you (attraction and self-disclosure)

I can't stand it when you don't answer my questions  
(negative response and self-disclosure)

I'm unhappy with the way these sessions are turning out.  
(negative response and self-disclosure)

### Negative responses

Code "yes but" responses as negative responses only if it is clear that the client is arguing with the therapist and that the "but" is posing a limitation or condition to the yes part of the statement. Otherwise, code as Other response.

#### Example:

T. If you had taken a bit more time to communicate your needs to her, she may have responded with more support than she did.

H. Yes, but I didn't have the time to get into that and she should have been able to see how concerned I was.

(Negative Response)

### Other responses:

"Other" responses are responses which cannot be coded elsewhere. Code long pauses, crying, and laughing as an other response only when these are the only response in the statement.

Otherwise, use these nonverbal indicators for context to help you code responses.

#### Affect of the message ratings

Rate affect of the message only for affect which is attributable to the speaker. Affect attributable to other than the speaker is not to be considered in the rating.

##### Example:

H. She was really mad at the kids.

(do not rate for affect)

In rating affect, look for direct expressions of major emotions or their variations. Examples of these are: enjoyment, interest, surprise, distress, anger, disgust, contempt, fear, shame, and guilt (Izard, 1977). Love, caring, and hate are also considered as affect.

Metaphors may be used to express affect and should be rated as such.

"I have butterflies in my stomach." (Gottman, et al, 1976).

Rate actions as affect only if affect is obvious.

##### Example:

W. "I wanted to hold him" (mild)

W. "I could have bashed him in" (intense)

H. "I hugged her" (mild - would be intense if "I hugged her hard")

#### Denial of affect:

Remember to identify instances of denial of affect. Do not give an affect rating in these instances but identify in column next to statement if denial of affect is occurring.

Additional References not cited in text

Izard, C. E. (1977). Human emotions. New York: Plenum Press.

Gottman, J., Noterius, C., & Markman, H. (1976). Couples Interaction Coding System (CISS), University of Illinois.

APPENDIX 12

Intensity of Expression of Affect Scale



# Intensity of Expression of Affect Scale for Statements In which the Client Self-Discloses

Intensity of expression of immediate affect refers to the degree to which the client's responses reflect immediate emotionality. The higher the score, the more "emotional" the client's response is. The scale is divided into five (5) points ranging from no expression of immediate affect to very strong expression of immediate affect.

| 1                          | 2                            | 3                                   | 4                                 | 5                                      |
|----------------------------|------------------------------|-------------------------------------|-----------------------------------|----------------------------------------|
| no expression<br>of affect | mild expression<br>of affect | moderate<br>expression<br>of affect | strong<br>expression<br>of affect | very strong<br>expression<br>of affect |

Score of 1: no expression of affect:

The words used by the client do not indicate immediate affect and the tone is flat and detached.

e.g., "I went to the store." (flat tone)

Score of 2: mild expression of affect:

The words used by the client indicate immediate affect (present tense), but the tone is flat and detached.

e.g., "I feel angry." (flat tone)

OR

The words don't indicate immediate affect, but the voice tonality indicates moderate affect.

e.g., "I left the house." (said somewhat angrily)

Score of 3: moderate expression of affect:

Words used by the client indicate direct and immediate expression of affect, and voice tonality suggests moderate affect.

e.g., "I feel sad." (said with sad tone of voice)

OR

Words used by the client do not indicate direct and immediate affect, but the voice tonality suggests strong affect.

e.g., "I left the house." (said with relatively strong affect)

Score of 4: strong expression of affect:

Words indicate strong immediate affect either because affect is qualified or intense expressions are used but voice tonality suggests only moderate affect.

e.g., "I am very depressed." (moderate affect in voice)

"I am furious." (moderate affect in voice)

OR

Words don't indicate strong immediate affect, but voice tonality indicates very strong expression of affect.

e.g., "I left the house." (said extremely angrily)

Score of 5: very strong expression of affect:

Both words used and voice tonality suggest very strong affect.

e.g., "I am furious." (said extremely angrily)

Instructions for use of scale.

- (1) Rate all statements in which client self-disclosure occurs. Consider entire statement in giving your rating.
- (2) If part of statement merits one rating, and other part merits another rating, give higher rating of the two.
- (3) If affect words are used in past tense, do not consider words as indicating immediate affect and rate according to voice tonality indicators.

APPENDIX 13

Post-therapy Research Questionnaire

# POST-THERAPY RESEARCH QUESTIONNAIRE

Therapists have several ways of responding to their clients during therapy. In one type of intervention, the therapist shares personal information about himself/herself. (e.g., his/her personal thoughts, feelings, reactions, attitudes, values, experiences, etc.)

- (1) Did your therapist use self-disclosure during your therapy sessions?

YES \_\_\_\_\_ NO \_\_\_\_\_

- (2) If you answered yes to question (1), how often would you estimate your therapist used self-disclosure in one session?

Rarely (once or twice) \_\_\_\_\_ Occasionally (3-6 times) \_\_\_\_\_

Frequently (7-9 times) \_\_\_\_\_ Very frequently (10 or more) \_\_\_\_\_

- (3) If you answered yes to question (1), what were your initial reactions to your therapist's use of self-disclosure?

Indifference \_\_\_\_\_ Surprise \_\_\_\_\_ Shock \_\_\_\_\_

Interest \_\_\_\_\_ Relief \_\_\_\_\_

Other (please specify) \_\_\_\_\_

PLEASE GO ON TO ANSWER QUESTIONS 4 to 10

INDICATE YOUR LEVEL OF AGREEMENT OR DISAGREEMENT WITH THE FOLLOWING STATEMENTS BY CIRCLING THE APPROPRIATE POINT ON THE SCALE.

- (4) Therapist self-disclosure is used to relieve the client's anxiety during therapy.

5 4 3 2 1

strongly  
agree

agree

strongly  
disagree

- (5) Therapist self-disclosure is used to show clients that it is important to be able to talk about oneself.

5 4 3 2 1

strongly  
agree

agree

strongly  
disagree

- (6) Therapist self-disclosure is used to show clients that the therapist is a nice person.

|                   |   |       |   |                      |
|-------------------|---|-------|---|----------------------|
| 5                 | 4 | 3     | 2 | 1                    |
| strongly<br>agree |   | agree |   | strongly<br>disagree |

- (7) Therapist self-disclosure is used to establish a good rapport or relationship between the therapist and his/her clients.

|                   |   |       |   |                      |
|-------------------|---|-------|---|----------------------|
| 5                 | 4 | 3     | 2 | 1                    |
| strongly<br>agree |   | agree |   | strongly<br>disagree |

- (8) Therapist self-disclosure is used to make small talk during therapy.

|                   |   |       |   |                      |
|-------------------|---|-------|---|----------------------|
| 5                 | 4 | 3     | 2 | 1                    |
| strongly<br>agree |   | agree |   | strongly<br>disagree |

- (9) Therapist self-disclosure is used to provide the client with a model of how to talk openly about oneself.

|                   |   |       |   |                      |
|-------------------|---|-------|---|----------------------|
| 5                 | 4 | 3     | 2 | 1                    |
| strongly<br>agree |   | agree |   | strongly<br>disagree |

- (10) Therapist self-disclosure is used to: (please specify)

-----

Thank you for answering this questionnaire.  
Please place in sealed envelope provided and  
leave with your therapist.

APPENDIX 14

Instructions for Preparation of a Training Tape

TRAINING TAPE #1:  
Non-Here-and-Now Type Therapist Self-Disclosure

- (1) Read available information on marital therapy role play. Couple has already read scenario and will act it out. The couple knows that this is a training tape to be used with therapist subjects for a study on how marital therapists intervene. However, they do not know that you will be self-disclosing throughout the session.
- (2) Except for self-disclosure use, conduct marital therapy as you normally would. Consider that an intake session(s) has already been conducted and that you are proceeding with marital therapy.
- (3) Read general definition, definition of therapist self-disclosure, which is not of the here-and-now type, and examples carefully.
- (4) Intersperse your self-disclosures (non-here-and-now type) throughout the session at about 10-minute intervals, starting at about 10 minutes after the session has begun.
- (5) Use self-disclosures which are moderate in intimacy and which bear a moderate to high degree of similarity to the spouse's antecedent statement. (cf. instructions)
- (6) Use "I" statements in formulating your self-disclosures.
- (7) Keep your self-disclosures brief (at most, 2-3 sentences) and wait for the client's response.
- (8) Keep your self-disclosures "pure," that is, try not to mix them up with other types of interventions such as questions, reflections, interpretations, confrontations, etc.

TRAINING TAPE #2:  
Here-and-Now Type Therapist Self-Disclosure

- (1) Read available information on marital therapy role play. Couple has already read scenario and will act it out. The couple knows that this is a training tape to be used with therapist subjects for a study on how marital therapists intervene. However, they do not know that you will be self-disclosing throughout the session.
- (2) Except for the use of self-disclosure, conduct marital therapy as you normally would. Consider that an intake session(s) has already been conducted and that you are proceeding with marital therapy.
- (3) Read general definition, definitions of here-and-now therapist self-disclosure, and examples carefully.
- (4) Be attentive to your ongoing feelings, reactions, bodily sensations, images, fantasies, as you experience these throughout the therapy session.
- (5) Intersperse your here-and-now self-disclosures at about 10-minute intervals throughout the session, starting at about 10 minutes after the session has begun.
- (6) Use "I" statements in formulating your here-and-now therapist self-disclosures, and use verbs in the present tense.  
  
e.g., "I feel hurt."
- (7) Keep your self-disclosures brief (at most, 2-3 sentences) and wait for the client's response.
- (8) Keep your self-disclosures "pure," that is, try not to mix them up with other types of interventions such as questions, reflections, interpretations, confrontations, etc.



APPENDIX 15

Marital Therapy: Role Play Scenario

Marital therapy: role play

Couple: Ruth and Lance  
 Ruth: Age, 38 years  
 Lance: Age, 45 years  
 Children: Tom, 13 years; Debbie, 10 years; Carolyn, 8 years  
 Married: 15 years

Ruth and Lance are self-referred, and both hope that marital therapy might help them resolve current difficulties which they are experiencing in their relationship. Ruth, the initiator of marital therapy, feels that she and Lance are "growing" apart and she believes that communication problems are at the root of their marital difficulties. Tension between the spouses has been steadily increasing for about a year.

Lance is a senior executive in a large department of the federal public service. He is an ambitious, hardworking individual who brings work home regularly. He is called upon to travel quite frequently because of his job. Lance has limited time for leisure activities but does play squash three times a week with work companions. He and his wife occasionally entertain Lance's work acquaintances.

Lance is a good provider, and the whole family has benefited from his careful handling of money. They have a swimming pool, two cars, and the children have the best in bicycles, skiing equipment, etc. Ruth is able to replenish her wardrobe regularly. Lance feels that his family does not really appreciate the material comforts which he has provided for them.

Lance is an intelligent, organized, rational individual, who admits to having difficulty expressing his feelings. However, he does not think that it's important for a man to do so, nor does he feel that he would have gotten where he is today if he had been a "softie." Although he agrees that he and Ruth rarely carry on long conversations anymore, he has difficulty seeing why Ruth should be discontented as it's "normal" for an "old" married couple not to have much to say to one another any more. He obviously does not understand Ruth's "moody" outbursts and feels that although the marriage is not "great," it's certainly not any worse than that of most of their friends. Lance is obviously the dominant partner: he handles all the finances and usually makes most major decisions for the family.

Ruth is a more expressive type and has been giving in to more and more emotional outbursts lately. She was impressed by Lance's strength in the beginning years of the marriage but now considers him insensitive. Ruth does not work outside the home but is involved in several volunteer activities. She is well-liked by her friends and is considered warm and outgoing. She does, however, have a quick temper. Ruth finds her home life and her marriage to Lance boring. Although she still cares for him, she

doesn't feel the same spark she used to towards him. She also sees herself as quite inferior to Lance and tends to look to him a great deal for approval. Although Ruth has always been an excellent homemaker, she is now losing interest in house-keeping and making meals for the family. She is contemplating going back to work as a teacher, but jobs in this area are hard to find and Lance does not support Ruth in her desire to resume working.

The children do not have any behavioral problems and seem oblivious to the mounting tension in the household. Ruth and Lance do not fight openly because Lance usually walks away when Ruth gets angry, leaving her even more frustrated and feeling alone.

#### Possible Issues to be Discussed in Marital Therapy

- Ruth's dissatisfaction and Lance's apparent lack of responsiveness to her needs
- Boredom in the marriage

#### Excessive dominant-dependent relationship

- Lack of activities engaged in as a couple
- Common interests they may share
- Changing roles and expectations
- Communication style

APPENDIX 16

Instructions for No Self-disclosure Condition

General definition: therapist self-disclosure

A therapist self-disclosure is broadly defined as any information about himself/herself which the therapist verbally conveys to one or both spouses in the context of a marital therapy session. This information may be included in statements in which the therapist talks about his/her feelings, thoughts, values, attitudes, experiences, fantasies, relationship with his/her own spouse, family, as well as problems, therapeutic errors, and personal hopes for himself or for his clients.

A therapist self-disclosure is thus a verbal response by the therapist:

- (1) which focuses on the therapist or on the therapist's personal life.
- (2) which contains self-referents such as I, my, me, mine, myself.
- (3) which reveals something personal about the therapist, his/her spouse, family, or family of origin.

WRITE IN SOME EXAMPLES OF THERAPIST INTERVENTIONS WHICH DO NOT CONSTITUTE A SELF-DISCLOSURE.

Examples of therapist interventions which do not constitute self-disclosure.

"You're expecting me to reject you the same way your dad did" (Kiesler et al., 1981, p. 47).

"How do you feel about Steve's being home?" (Haley, 1980, p. 205)

"I want the two of you to sit down every day and worry about your kids---really worry, at least a half-hour a day." (Kiesler et al., 1981, p. 92)

"Both of you feel that a lot of his problems had to do with that" (Papp, in Eshelman & Liddle, 1979).

"I am listening, so don't worry. I am listening." (Minuchin et al., 1978, p. 152)

"Let me tell you about the boy who dreamed he was eaten by a tiger..." (Kiesler et al., p. 99).

"I disagree with you. I talked with you a couple of times in the hospital, and you do know how to express yourself. It's not true what you said." (Minuchin et al., 1978, p. 159)

## INSTRUCTIONS FOR THERAPIST SUBJECT F

- (1) Ask couple to sign consent form to which you have annexed brief explanatory paragraph.
- (2) Label tapes in the following way: Therapist F, Couple 15, and date of session.
- (3) Conduct marital therapy as you normally would with the help of your supervisor.
- (4) Do NOT use any interventions in which you self-disclose during the first five sessions.
- (5) Retain first five tapes and give these to researcher or to your supervisor.
- (6) Couple will be asked through you to fill out a brief questionnaire after the first five sessions are completed.

APPENDIX 17

Instructions for Here-and-Now Self-disclosure Condition



Here-and-now therapist self-disclosure:

is a therapist self-disclosure which is primarily formulated in the immediate present and relates to what is going on within the therapy session. A here-and-now therapist self-disclosure mainly involves feelings but may also include bodily sensations, ongoing fantasies, and images. It includes an explicit or implicit therapist reaction to the client, the client/therapist relationship, or the relationship between spouses.

WRITE IN SOME OF YOUR OWN EXAMPLES OF THERAPIST HERE-AND-NOW SELF-DISCLOSURES:

Examples of HERE-AND-NOW therapist self-disclosures

"I just felt frightened by what you were saying" (Kiesler, 1981)

"I feel angry at you the same way I did at my mother when she used to do that to me." (Kiesler, 1981), p. 67.

"Your rambling and wishy-washiness is boring me, and I imagine it bores others too." (Kiesler, 1981), p. 67.

"I don't feel like being here right now. I feel like being distant from you." (Luthman & Kirschenbaum, 1974), p. 68.

"I'm really confused about what's going on here" (Kiesler, 1981), p. 68.

"I feel good about that."

"I feel touched by what you do."

"I'm feeling knots in the pit of my stomach."

"My palms are getting sweaty sitting here with you."

"My heart rate has suddenly increased as I'm listening to you."

"I'm frustrated about what we've accomplished today."

INSTRUCTIONS FOR THERAPIST H  
HERE-AND-NOW TYPE THERAPIST SELF-DISCLOSURE

- (1) You will be conducting a minimum of five therapy sessions which will be part of a study on therapist self-disclosure. In the first session, you will be asked not to self-disclose; in subsequent sessions, you will be asked to self-disclose according to certain guidelines.
- (2) Ask couple to sign consent forms to which you have annexed a brief explanatory paragraph.
- (3) Label tapes in the following way: Therapist H, Couple 19, and date of session. The second couple you see will be Couple 20.
- (4) For the first session, conduct an intake session as you normally would after having discussed your approach with your supervisor. DO NOT USE SELF-DISCLOSING INTERVENTIONS.
- (5) Before conducting a second session, reread general definition of self-disclosure, definition of here-and-now type self-disclosure, and examples provided.
- (6) For sessions 2-5, you will be asked to use therapist self-disclosure of the HERE-AND-NOW type.
- (7) Intersperse your here-and-now type self-disclosures at about 10-minute intervals, starting at about 10 minutes after session has begun. Try to self-disclose 5 times throughout the session.
- (8) Be attentive to your ongoing feelings, reactions, bodily sensations, images, fantasies, as you experience these throughout the therapy session.
- (9) Use "I" statements in formulating your here-and-now therapist self-disclosures, and use verbs in the present tense.
- (10) Keep your self-disclosures BRIEF (at most, 2-3 sentences) and wait for the client's response.
- (11) Keep your self-disclosures "pure," that is, try not to combine them with other types of interventions such as questions, reflections, interpretations, confrontations, etc.
- (12) In all cases, be guided by your clinical judgment. Do not self-disclose if you believe that it is clearly inappropriate to do so.
- (13) Retain first five tapes and give these to researcher or to your supervisor.

(14) At the end of five sessions, you will be asked to give a brief questionnaire to couple to complete.

APPENDIX 18

Instructions for the Non Here-and-Now Self-disclosure Condition

THERAPIST SELF-DISCLOSURE: NON-HERE-AND-NOW TYPE

is a type of self-disclosure which reveals something personal about the therapist's life/experience outside the therapy session even though the therapist may relate it as similar to the client's life/experience. A non-here-and-now type self-disclosure does not include the therapist's ongoing feelings, bodily sensations, images, or fantasies, experienced within the therapy session and shared in reaction to the clients, the client/therapist relationship, or the relationship between family members.

WRITE IN SOME OF YOUR OWN EXAMPLES OF NON-HERE-AND-NOW TYPE THERAPIST SELF-DISCLOSURES.

Examples of non-here-and-now type therapist self-disclosures:

"I have psychiatrist friends who have been in this country for 40 years, and I can hardly understand them." (Kramer, 1968, p. 1) cited in Kiesler et al, 1981, p. 65.

"I have a hard time dealing with dependence too." (Kiesler, 1981)

"I am a very restless kind of person." (Minuchin, 1976), p. 165.

"I dealt with my dad's anger by avoiding him for years." (Kiesler et al., 1981), p. 65.

"I married a wife with fire." (Whitaker, 1976), p. 197.

"Not for money. For love. I get a love-kick out of writing." (Ackerman, 1966), p. 158.

"My mother was a problem too." (Burton, 1972), p. 101.

"My mother started to cry and said that her main shortcoming as a mother is that she cannot be affectionate, and she cried. But I felt that the two of us were much more meaningfully related afterwards. She died a year or two later." (Nagy in Eshelman & Liddle, 1979), cited in Kiesler et al, 1981.

INSTRUCTIONS FOR THERAPIST SUBJECT G  
NON-HERE-AND-NOW TYPE SELF-DISCLOSURE

- (1) You will be conducting a minimum of five therapy sessions which will be part of a study on therapist self-disclosure. In the first session, you will be asked not to self-disclose; in subsequent sessions, you will be asked to self-disclose according to certain guidelines.
- (2) Ask couple to sign consent forms to which you have annexed a brief explanatory paragraph.
- (3) Label tapes in the following way: Therapist G, Couple 17, and date of session. The second couple you see will be Couple 18.
- (4) For the first session, conduct an intake session as you normally would after having discussed your approach with your supervisor. DO NOT USE SELF-DISCLOSING INTERVENTIONS.
- (5) Before conducting a second session, reread general definition of self-disclosure, definition of non-here-and-now type self-disclosure, and examples provided.
- (6) For sessions 2-5, you will be asked to use therapist self-disclosures of the NON-HERE-AND-NOW type.
- (7) Intersperse your non-here-and-now type self-disclosures at about 10-minute intervals, starting at about 10 minutes after session has begun. Try to self-disclose 5 times throughout the session.
- (8) Use self-disclosures which are moderate in intimacy and which bear at least a moderate to high degree of similarity to the spouse's preceding statement. (cf. instructions)
- (9) Use "I" statements in formulating your self-disclosures.
- (10) Keep your self-disclosures BRIEF (at most 2-3 sentences) and wait for the client's response.
- (11) Keep your self-disclosures "pure," that is, try not to combine them with other types of interventions such as questions, reflections, interpretations, confrontations, etc.
- (12) In all cases, be guided by your clinical judgment. Do not self-disclose, if you believe that it is clearly inappropriate to do so.
- (13) Retain first five tapes and give these to researcher or to your supervisor.



(14) At end of five sessions, you will be asked to give a brief questionnaire to couple to complete.

Intimacy and similarity instructions for non-here-and-now type self-disclosures

- (1) Use therapist self-disclosures of the non-here-and-now type which are moderately intimate in content. To determine what kinds of self-disclosures are moderately intimate, use the following guidelines:
  - (a) Low intimacy: what you would feel comfortable saying about yourself to almost any client (couple). This would include self-disclosures which are rather superficial in nature and which reveal practically nothing about you as a person. Content areas which are considered low in intimacy include the following: biographical data, geographical information, hobbies, interests and habits, politics, and social issues.
  - (b) Moderate intimacy: what you would say about yourself to a few clients (couples) under special circumstances. This would include statements in which you make a substantial self-disclosure but in which you could go considerably further in revealing yourself. Content areas which are generally considered moderate in intimacy include the following: religion, emotions and feelings, general relationships to other people, personal attitudes, values, ethics, and self-evaluation.
  - (c) High intimacy: what you would rarely self-disclose to a client (couple). This would include self-disclosures in which you reveal yourself fully in an appropriate way and do not hold back any relevant material. Content areas which are generally considered high in intimacy include the following: love, sex, and dating.

N.B. Self-disclosures concerning one's own marriage, family, and family of origin are generally considered quite appropriate in marital therapy although these contents tend to be skewed towards the high end of the scale in studies on interpersonal relationships. Feel free to use these types of self-disclosures but avoid areas which tend to be highly intimate in nature such as: frequency of sexual relations with one's spouse or lover, violence in one's family, serious problems in one's own marriage, etc.

- (2) Use non-here-and-now type self-disclosures which maintain a moderate to high degree of similarity in content or affect to what the client (spouse) is expressing in statements just previous to your self-disclosure. To determine what kinds of disclosures are moderately to highly similar, use the following guidelines.
  - (a) Low similarity: therapist's self-disclosure bears no

similarity or practically no similarity in content or feelings about that content to what the spouse has been expressing in immediately antecedent statements. For example, if the client is talking about one content area, the therapist will talk about another one. If the client is expressing a feeling, the therapist will express an entirely different one. Alternatively, if the client is expressing an intense feeling, the therapist may express an extremely muted version of the same feeling.

- (b) Moderate similarity: therapist's self-disclosure contains about equal proportions of original and similar content or affect to that expressed by the client in immediately antecedent statements. For example, if the client is talking about one content area, and expressing feelings about it, the therapist may talk about an identical content area but express a different feeling about it. Or the therapist may express a similar feeling about a different content. Alternatively, if the client is expressing an intense feeling, the therapist may express a slightly less intense version of the same feeling.
- (c) High similarity: therapist's self-disclosure is highly similar and relates closely to what the client has just said. The therapist provides only material which closely resembles that expressed by the client or spouse. If feelings or reactions are expressed by the client, those expressed by the therapist are similar and parallel in intensity to that of the client.

APPENDIX 19

Letter to Participating Couples

UNIVERSITÉ D'OTTAWA



UNIVERSITY OF OTTAWA

January 20th, 1986

Dear Couple;

Thank you for having participated in my study and for having responded to the Post-Therapy Research Questionnaire.

The purpose of my study is to examine the immediate consequences of self-disclosing interventions by the marital therapist. Therapist self-disclosure is thought to serve two main functions in therapy: to provide a model of how to be open about oneself and to contribute to building rapport between the therapist and his/her clients. Thus, the major hypothesis of this research predicts that statements in which the therapist self-discloses will be followed by statements in which the client self-discloses and/or relates positively to the therapist.

All data used in this study will be collected from real couples' therapy sessions. For a portion of the data collection, student therapists were trained on how and when to use self-disclosure during therapy. Your therapist participated in the here-and-now condition and was asked to self-disclose her feelings, reactions, images in the immediate present and as they related to what was going on during the therapy session. She was asked to self-disclose in this manner for sessions 2 to 5. It is believed that here-and-now therapist self-disclosures will be more effective in eliciting client self-disclosure than will be therapist self-disclosures that are not of this type.

Results of this study will not be available for another few months. If you are interested in obtaining a summary of these results, please advise your therapist. I will then make arrangements with her to have this summary forwarded to you.

You have not been identified to me personally. However, if you should wish to contact me for further information regarding my research project, please do not hesitate to do so at 684-2168 in the evenings.

Sincerely,

( Mrs. ) Yolande Cyr  
Ph.D. candidate