

To the Graduate Council:

I am submitting herewith a dissertation written by Jo Ann Powell entitled "Client Reactions to Counselor Self-Disclosing and Self-Involving Statements." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Education.

Mark A. Hector
Mark A. Hector, Major Professor

We have read this dissertation
and recommend its acceptance:

P. Dany K. Kuhn

Cheryl B. Travis

William A. Poppen

Accepted for the Council:

Leuminkel
Vice Provost
and Dean of The Graduate School

CLIENT REACTIONS TO COUNSELOR SELF-DISCLOSING
AND SELF-INVOLVING STATEMENTS

A Dissertation
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

Jo Ann Powell

December 1989

Copyright © Jo Ann Powell, 1990
All rights reserved

DEDICATION

To Rebecca A. Judy, with whom I've experienced the
healing power of an authentic and loving therapeutic relationship

ACKNOWLEDGEMENTS

I would like to express my appreciation to a number of individuals who have helped me throughout my doctoral studies. I am especially grateful to Dr. Mark A. Hector, my major professor. He has generously given me a great deal of time, support, encouragement, and guidance over the past five years. I have deeply felt his respect for my abilities and caring for me as a person. Through working with him, I have discovered that my ideal of a collaborative and fairly equalitarian relationship between faculty and students can truly be accomplished when both persons are open to listening, sharing ideas, and learning from each other.

I would also like to thank the other members of my committee. Dr. Gary Klukken has been a wonderful role model for me as a therapist, supervisor, teacher, and research colleague. He has helped me become more aware of my strengths and has consistently given me affirmation and support, especially when I've been at my lowest. Dr. Cheryl Travis has been an excellent role model of a feminist psychologist who is highly competent, assertive, and supportive. I admire her keen mind, and I appreciate the clear and specific guidance she has given me for improving my research ideas and writing. I appreciate Dr. William Poppen for his warmth and genuine caring for his students, and I feel fortunate that I had the opportunity to work with him as a graduate teaching assistant and as a practicum supervisor.

I am deeply grateful to Sharon Guarnera, Dr. Allan Philp, Dr. John Simmering, and Dr. Damaris Young, the four counseling psychologists in this study. I feel extremely fortunate that such excellent counselors participated in this study, and I believe that their experience and ability enhanced the quality of this project. I want to thank Martha White and Karen McDougal, who were my fellow interns and who served as the raters. I also want to express my appreciation to Dr. Clara E. Hill at the University of Maryland. She generously provided copies of the Client Reactions System and other relevant manuscripts before they were published. I admire the high caliber of her numerous counseling process and outcome studies, which have inspired my interest in this research area.

I am especially grateful to Rebecca Judy, a beloved therapist and mentor who has deepened my understanding of therapy more than anyone else in the mental health profession. Her deep commitment to my personal and professional growth, her obvious faith in my talent and abilities, and her genuine caring have been invaluable throughout the ups and downs of my doctoral program. Her integrity, joy for life, confidence, assertiveness, sense of humor, tenderness, and hunger to keep learning and growing are qualities which I seek to develop further in myself. I also want to thank Karol Cooper, unquestionably the best friend I've ever had. No words can describe how invaluable her encouragement, support, and love have been in helping me get through the long, arduous process of being a doctoral student.

ABSTRACT

The purpose of this study was to examine client reactions to four types of counselor disclosures: positive self-disclosing statements (PSDs), negative self-disclosing statements (NSDs), positive self-involving statements (PSIs), and negative self-involving statements (NSIs). Sixteen males and 16 females discussed a real personal concern during a 20-25 minute videotaped counseling session with a counseling psychologist. Using Interpersonal Process Recall, the client and researcher then watched the videotape. The researcher stopped the tape after the four counselor disclosures, one reflection, and one question. Clients rated the statements for helpfulness, comfort, appropriateness, relational status, and type of reaction.

PSIs and PSDs were rated as more helpful than NSDs, NSIs, reflections, and questions. PSIs received higher comfort ratings than NSDs, NSIs, questions, and reflections. PSDs received higher comfort ratings than NSIs and questions. There were no significant differences in client perceptions of appropriateness or relational status in response to the counselor disclosures, reflections, and questions.

Differences were found among the types of reactions that clients reported. PSDs and PSIs were the most likely statements to help clients feel supported and more hopeful. Over one-half of the clients felt closer to the counselor after NSDs and PSDs. Most clients felt understood after the counselor made NSDs, PSDs, PSIs, and reflections. NSIs and reflections were the most likely statements to result in better self-understanding. No gender differences were found.

TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION	1
Statement of the Problem	1
Definitions of Terms	2
Literature Review	5
Purpose of Study	26
Hypotheses	30
II. METHOD	31
Client-Participants	31
Counselors	32
Dependent Measures	33
Procedures	36
III. RESULTS	38
Treatment Validity Check	38
Preliminary Analyses	39
Session Recall Form	39
Client Reactions System	44
Counselor Rating Form--Short Version	46
Additional Findings	46
Summary of Results	49
IV. DISCUSSION	51
Discussion of Findings	51
Implications	56
Limitations	64
REFERENCES	66
APPENDIXES	75
A. Demographic Data	76
B. Counselor Instructions	77
C. Session Recall Form	80
D. Client Reactions System	83
E. Protocol for the Researcher	85
F. Instructions for Raters	87
G. Informed Consent Form	90
H. Data	91
VITA	94

LIST OF TABLES

TABLE	PAGE
1. Means and Standard Deviations for Client Ratings of Helpfulness, Comfort, Appropriateness, and Relational Status	40
2. Multivariate and Univariate Repeated Measures Analyses of Variance for Client Ratings of the Counselor Statements	42
3. Post Hoc Pairwise Comparisons Between Counselor Statements	43
4. Proportions of Ratings Based on the Client Reactions System	45
5. Most Likely Client Reactions and Percentages for Each Type of Counselor Statement	47
6. Correlations Between Counselor Rating Form--Short Version (CRF-S) and Session Recall Form Data	48

CHAPTER I

INTRODUCTION

Statement of the Problem

The use of counselor self-disclosure as a therapeutic intervention has been a controversial topic in counseling and psychotherapy. Psychoanalytic theorists oppose self-disclosure by the therapist because it interferes with the development of the client's transference feelings toward the therapist (Freud, 1912/1958). In contrast, humanistic theorists advocate counselor disclosure as a means of providing an open and facilitative counseling atmosphere and as a form of modeling for increasing client self-disclosures (Doster & Nesbitt, 1979; Jourard, 1971; Rogers, 1962).

Numerous research studies have found that self-disclosing counselors are perceived as more empathic, attractive, and honest and are liked better than nondisclosing counselors (Dowd & Boroto, 1982; Merluzzi, Banikiotes, & Missbach, 1978; Nilsson, Strassberg, & Bannon, 1979; Peca-Baker & Friedlander, 1987; VandeCreek & Angstadt, 1985). However, nondisclosing counselors may be perceived as more expert and trustworthy than disclosing counselors (Merluzzi, Banikiotes, & Missbach, 1978).

There are several problems with much of the research on counselor disclosure. Most of the studies consist of analogue designs in which subjects either watch a videotape, listen to an audiotape, or read a typescript of a simulated counseling session. It is difficult

to generalize the results of such studies to actual relationships between counselors and clients. A person's reactions to counselor disclosures may differ depending on whether he or she is the recipient of those disclosures or is observing the counselor disclose to someone else.

An additional problem is that the research on client perceptions of counselor disclosure has primarily focused on overall impressions of the counselor. Although such ratings are helpful, they do not reveal how clients perceive specific counselor statements during a session. Yet, the immediate impact of specific counselor interventions is more relevant for practitioners in guiding their choice of intervention strategies during counseling sessions (Elliott, 1984).

Research is needed which examines the specific and immediate impacts of different types of counselor statements. At this time, no studies have examined counselor disclosure in this manner. The purpose of this study is to explore the specific impacts which different types of counselor disclosures have on clients during an initial counseling session.

Definitions of Terms

1. Counselor disclosure: The overall category of counselor statements in which the counselor verbally communicates personal information about his or her thoughts, feelings, or experiences. This category includes both self-disclosing and self-involving statements.

2. Positive self-disclosing statement (PSD): A statement about the past or present personal experiences of the counselor outside of the counseling session in which the counselor reveals a personal strength or a helpful way that he or she has coped with a situation similar to the client's concern (Cormier & Cormier, 1979).

Examples:

"I know, for me and my family of origin, when I was able to see they're not perfect, it became a lot easier for me to forgive them and to begin to heal relationships that were there and have a new type of relationship."

"I really have learned to gain control over my eating and getting out of that kind of dieting-bingeing cycle, and I see that as contributing to feeling positive about myself and feeling more in control by learning what was good management for me."

3. Negative self-disclosing statement (NSD): A statement about the past or present personal experiences of the counselor outside of the counseling session in which the counselor reveals some negative experience, feeling, or personal limitation similar to the client's concern (Cormier & Cormier, 1979).

Examples:

"I know for me in different work settings I've been in, when those sorts of office politics are going on, I get real scared, too."

"I'm in a relationship myself right now where someone might be leaving town, and it's scary. I care about him a lot, and I don't know what it means for the future of the relationship. It's hard to not know when you care about somebody."

4. Positive self-involving statement (PSI): A present tense statement in which the counselor expresses a positive reaction to the client, the client's statements, or the client's behaviors (McCarthy, 1979). Possible reactions include respect, support, liking, and affirmation. This would also include the counselor pointing out what he or she sees as positive qualities the client possesses.

Examples:

"I really respect you for being willing to share this. I think it would be something a lot of people, especially men, would find threatening to say out loud, and yet it is something so many of you share."

"I know for many folks, it's a hard thing to talk about, but the way you're talking about it in here feels real good to me, and I would sure support you in taking that risk with your fiancée."

5. Negative self-involving statement (NSI): A present tense statement in which the counselor expresses a negative reaction to the client, the client's statements, or the client's behaviors (McCarthy, 1979). Possible reactions include concern, frustration, sadness, and confusion. These statements may have a confrontive quality to them, e.g., pointing out something the client is doing that is nonbeneficial or problematic.

Examples:

"I'm concerned that you take actions, but they're not always direct ones, that they're more indirect. You express your anger other places but not as directly with the person involved."

"As I'm talking with you now, I feel a little bit of frustration because you're smiling and being very pleasant, but there also seems to be a lot of anger."

Literature Review

Theoretical Perspectives

The various theoretical approaches to counseling and psychotherapy differ in their views on the appropriateness of counselor disclosure as a therapeutic intervention. Traditional psychoanalysts advocate a "blank screen" approach in which the therapist maintains an objective and impersonal stance in order to facilitate the development of the patient's transference feelings toward the therapist (Freud, 1912/1958). The therapist then provides interpretations of the transference and its distortions as a means of enabling the patient to resolve unconscious intrapsychic conflicts. Self-disclosure by the therapist is considered inappropriate and antitherapeutic because it would interfere with the transference. Some of the more recent approaches based on object relations and interpersonal theories advocate a more active and flexible role for the therapist (Cashdan, 1988; Strupp & Binder, 1984). A major aspect of these newer approaches involves discussing current interactions between the therapist and patient, examining the patient's perceptions and feelings concerning these interactions, and then relating the patient's perceptions and behaviors to other significant relationships. Although therapist disclosure is usually not recommended, Cashdan (1988) advocates giving the patient feedback

during the latter stages of therapy concerning how the patient's behavior affects the therapist.

Humanistic theorists emphasize the importance of counselors being genuine and transparent in the counseling relationship (Jourard, 1971; Mowrer, 1964; Patterson, 1969; Rogers, 1962). Mowrer (1964) and Jourard (1971) urge therapists to disclose positive and negative aspects of their own lives. Meador and Rogers (1984) affirm that the necessary conditions for therapy are positive regard, empathy, and genuineness. They recommend that counselors elaborate on their own experiencing of the counseling relationship because such genuineness enhances the relationship and facilitates client self-exploration, which is necessary for growth.

Cognitive-behavioral theorists take a more neutral stance concerning counselor disclosure. As long as it is used sparingly, counselor disclosure can be useful for enhancing the rapport between counselor and client, for modeling appropriate self-disclosure, and as a social reinforcer (Beck, Rush, Shaw & Emery, 1979; Doster & Nesbitt, 1979).

Feminist therapists advocate therapist authenticity and an egalitarian relationship (Brody, 1984; Butler, 1985; Gilbert, 1980; Greenspan, 1983; Lerman, 1976). Self-disclosure by the therapist is viewed as an important aspect of authenticity. Feminist therapists especially emphasize the importance of female therapists being role models of autonomy and competence for female clients (Brody, 1984); this modeling can include sharing positive disclosures (Russell, 1984). Negative disclosures are also advocated because they can help

women clients learn that other women struggle with the same issues, which can decrease their feelings of being alone with their particular problems (Gilbert, 1980; Russell, 1984).

According to social influence theory, a client's perceptions of the counselor's expertness, attractiveness, and trustworthiness impact on the counselor's ability to influence the client (Strong, 1968). Expertness consists of possessing the knowledge and skills which are relevant to the problem; attractiveness involves being similar to, compatible with, and liked by the client; and trustworthiness consists of being sincere in wanting to help and lacking any ulterior motives (Corrigan, Dell, Lewis, & Schmidt, 1980). The judicious use of counselor disclosure, especially disclosure which reveals similarities between the counselor and client, are viewed as one way of enhancing attractiveness (Strong, 1968; Corrigan et al., 1980).

Comparing Types of Counselor Disclosure

Self-Disclosing and Self-Involving Statements. Much of the research on counselor disclosure over the past ten years distinguishes between self-disclosing and self-involving statements (Dowd & Boroto, 1982; McCarthy, 1979; McCarthy & Betz, 1978; Reynolds & Fisher, 1983). Self-disclosing statements focus on the counselor's personal experiences or feelings outside of the counseling session, and self-involving statements involve the counselor's personal feelings about or reactions to the client's statements or behaviors (McCarthy, 1979). Other researchers use the term "interpersonal disclosure" rather than self-involving and the term "intrapersonal disclosure" rather than

self-disclosing (Klein, 1984; Nilsson, Strassberg, & Bannon, 1979; Seybold, 1981).

Research comparing these two types of counselor disclosure provides mixed results. McCarthy and Betz (1978), McCarthy (1979), and Reynolds and Fisher (1983) had subjects listen to an audiotape recording or read a typescript of a simulated counseling session in which the counselor made an equal number of either self-disclosing or self-involving statements. The self-involving counselors were rated as more expert and trustworthy than the self-disclosing counselors. Subjects' written responses to the self-involving statements contained more self-referents and were stated more often in the present tense than were their responses to the self-disclosing statements. McCarthy (1982) divided self-disclosing statements into high intimacy and low intimacy disclosures. Both the self-involving and the high intimacy self-disclosing counselors were rated as more expert and trustworthy than the low intimacy self-disclosing counselors, and there were no significant differences between the self-involving and the high intimacy self-disclosing counselors. In contrast to these studies, Nilsson et al. (1979) reported that intrapersonal disclosures (i.e., self-disclosing responses) were evaluated more favorably than interpersonal disclosures (i.e., self-involving responses), and Dowd and Boroto (1982) found no significant differences between self-disclosing and self-involving counselors.

Positive and Negative Content. Counselor disclosure can also be differentiated in terms of positive or negative content. Negative

self-disclosing statements (NSDs) consist of the counselor sharing personal difficulties, experiences, or negative qualities, and positive self-disclosing statements (PSDs) reveal the counselor's strengths, positive qualities, and coping skills (Hoffman-Graff, 1977).

Hoffman-Graff (1977) and Hoffman and Spencer (1977) conducted studies in which college students who had problems with procrastination talked with a counselor who made either positive or negative disclosures during the interview. Counselors who made NSDs, revealing that they had also struggled with procrastination, were perceived as more empathic, warm, and credible than those who made PSDs, stating that they did not procrastinate while in college. After the interview, students who heard the NSDs felt that their problem was less severe than they had first thought, whereas students who heard the PSDs felt that their problem was more severe than they originally thought. Hoffman and Spencer (1977) also found that students who met with positive disclosing counselors studied more hours in the following week than did students who heard the negative disclosures. These results suggest that the two types of disclosures may be useful in different ways, depending on clients' perceptions of their problem and their desire to change. PSDs may be more useful with clients who are unaware of the severity of their problems, and NSDs may be more beneficial with clients who overemphasize their problem's severity.

Doster and Brooks (1974) found that PSDs and NSDs were equally effective in eliciting client self-disclosures. There were no

differences in subjects' attraction to counselors who make positive versus negative disclosures.

Klein and Friedlander (1987) found that counselors were viewed as more empathic when sharing negative disclosures, regardless of whether or not the content was relevant to the client's concern. When the counselors revealed information that was relevant to the client's concern, negative disclosing counselors were also perceived as showing more regard for the client than positive disclosing counselors. However, when the disclosures were unrelated to the client's concerns, there were no differences in client perceptions of regard from the positive and negative disclosing counselors.

Several studies have compared positive and negative content between self-disclosing and self-involving statements. Positive self-involving counselors are often perceived as more attractive than negative self-involving counselors (Andersen & Anderson, 1985; Remer, Roffey, & Buckholtz, 1983; Watkins & Schneider, 1989). They are also perceived as more expert, trustworthy, and appropriate than negative self-involving counselors, and subjects are more willing to see them as compared to negative self-involving counselors (Andersen & Anderson, 1985). However, Reynolds and Fisher (1983) found no differences between positive and negative content for both self-involving and self-disclosing statements. Powell and Hector (1987) compared client perceptions of positive self-involving statements (PSIs), negative self-involving statements (NSIs), positive self-disclosing statements (PSDs), negative self-disclosing statements (NSDs), and nondisclosing statements which were reflections and

questions. They found no significant differences in helpfulness and comfort ratings between PSIs, PSDs, and NSDs, although PSIs received higher mean ratings than the other types of counselor statements. NSIs received lower helpfulness and comfort ratings than the other counselor statements.

According to Watkins and Schneider (1989), PSIs receive the highest ratings in terms of client satisfaction, and clients perceive the counseling climate more favorably when counselors make PSIs and PSDs rather than NSIs and NSDs. Although Watkins and Schneider defined PSIs and NSIs similarly to other studies, their definitions for PSDs and NSDs differed from the definitions used in the present study and other studies (e.g., Hoffman-Graff, 1977; Reynolds & Fisher, 1983). They defined PSDs as the counselor sharing past personal information which is similar to the client's concerns and NSDs as sharing past personal information which is inconsistent to the client.

Hill, Mahalik, and Thompson (1989) believe that the different definitions of positive and negative content are vague and problematic. Rather than using these terms, they prefer the categories "reassuring" and "challenging." Reassuring counselor disclosures support, reinforce, or legitimize the client's perspective, way of thinking, feeling, or behaving. Challenging counselor disclosures challenge the client's perspective, way of thinking, or behaving. For self-involving statements, these categories are similar to the definitions currently used for PSIs and NSIs, with reassuring self-involving statements being comparable to PSIs and challenging self-involving statements being similar to NSIs.

However, such comparisons are less clear-cut for self-disclosing statements. Although NSDs usually involve an element of reassurance in that they let clients know that they are not alone and that the counselor has experienced similar problems or concerns, PSDs can be reassuring, challenging, or neither, depending on the circumstances and content. Hill et al. (1989) acknowledge that the reassuring/challenging dimension seems more relevant for self-involving than self-disclosing statements. Hill (1989) proposes that a more relevant category system for self-disclosing statements consists of (a) disclosing facts, (b) disclosing similarities between the counselor and client, (c) disclosing feelings, and (d) disclosing strategies the counselor has used which the client could use to change.

In eight cases of brief psychotherapy with experienced therapists and anxious/depressed clients, Hill et al. (1989) found a total of 99 counselor disclosures, which they then categorized as reassuring or challenging and as self-involving or self-disclosing. Reassuring counselor disclosures were rated as more helpful by clients and therapists and led to deeper client experiencing than did challenging disclosures. In addition, clients rated reassuring self-involving statements as more helpful than the other three types of disclosures. Hill et al. (1989) suggest that reassuring disclosures seem to help clients feel more comfortable and tend to make counselors and clients more equal, with the result that clients feel less vulnerable and safer to explore further aspects of themselves. Such disclosures also enable clients to experience themselves at deeper

levels. According to Hill et al. (1989), this deeper experiencing indicates that the disclosures lead to client progress.

Similar and Dissimilar Content. The content of counselor disclosures can also be described along a similar/dissimilar dimension in relation to the client's concerns. In some research on counselor disclosure, the similar/dissimilar dimension is confounded with the positive/negative dimension, making it unclear whether the favorable reactions of clients are due to the similarity or the negative information. In Hoffman-Graff (1977), Hoffman and Spencer (1977), and Seybold (1981), the counselors used NSDs to reveal that they had struggled with the same problem the client was facing, and the counselors used PSDs to reveal that they had not struggled with the client's concerns. In these studies, negative disclosures and similar information occurred together, and positive disclosures and dissimilar information occurred together. In contrast, Watkins and Schneider (1989) defined PSDs as sharing similar information and NSDs as revealing dissimilar information. These definitional differences make comparisons between counselor disclosure studies difficult.

By focusing only on the similarity dimension, regardless of the terminology being used, the results consistently reveal that counselors who make similar disclosures are viewed more favorably than counselors who share their dissimilarity with clients (Hoffman-Graff, 1977; Hoffman & Spencer, 1977; Klein & Friedlander, 1987; Peca-Baker & Friedlander, 1989; Seybold, 1981; Watkins & Schneider, 1989). Specifically, counselors who share their similarity are viewed as more

empathic, warm, and credible (Hoffman-Graff, 1977; Hoffman & Spencer, 1977), as providing a more favorable counseling climate (Watkins & Schneider, 1989), and as showing more regard for the client (Klein & Friedlander, 1987) than counselors who make dissimilar disclosures.

Seybold (1981) conducted a field experiment to examine the effects of similar counselor disclosure, dissimilar counselor disclosure, and no disclosure on college women who participated in a weight control group. During the intake interview, the counselor either (a) shared that she previously had a weight problem, (b) shared that she never had a weight problem, or (c) made no disclosure concerning her weight history. The counselors who made similar disclosures were perceived as more expert than those who made dissimilar or no disclosures. Clients in the similar disclosure condition had higher expectations for achieving their goals through the group than clients in the no counselor disclosure condition. Clients' written reactions to the counselors after the intake interview revealed a wide range of reactions. Most of the clients responded favorably to the similar disclosures, but the responses to the dissimilar disclosures varied. Some clients felt rejected or put down, some felt neutral, and others appreciated the disclosures because they included some ideas on how to control their eating and exercise habits. Clients in the no counselor disclosure condition were generally dissatisfied with the counselor. Since the interviews were conducted according to a standardized format, except for the inclusion or absence of the disclosures, Seybold hypothesized that the

disclosures personalized the interviews and offset the otherwise impersonal counselor role.

In an attempt to separate the similar/dissimilar dimension from the positive/negative dimension, Klein and Friedlander (1987) developed a 2 x 2 study in which the counselor revealed either positive or negative personal information which was either relevant or irrelevant to the client's concern. For the relevant disclosures, the negative information revealed similarity and the positive information revealed dissimilarity. When making relevant disclosures, the counselor who revealed negative information was perceived as showing more regard for the client than the counselor revealing positive information. When the counselor's disclosures were unrelated to the client's problem, there were no differences in client reactions to the positive and negative disclosures.

Peca-Baker and Friedlander (1989) sought to clarify which component of counselor disclosure is more influential--the act of disclosing personal information or the information itself, especially when the information reveals counselor-client similarity. Undergraduate females with moderate social anxiety role played clients with dating anxiety. They were randomly assigned to a counselor: (a) who disclosed that she experienced dating anxiety when she was a college student, (b) who disclosed an unrelated problem from her college days, (c) who disclosed nothing, or (d) whose previous dating anxiety was revealed by the experimenter. No differences were found on client ratings of expertness, attractiveness, trustworthiness, regard, or empathy. During semi-structured interviews after the

counseling sessions, the majority of participants in the two counselor disclosure conditions reported positive feelings about the disclosures. Those who heard similar disclosures said they felt more comfortable, more understood, less alone with the problem, and more willing to disclose. However, some of the participants who heard the unrelated disclosure felt indifferent or surprised, although the majority preferred the disclosure. Many of the participants in the similar information condition also felt positive, although one-third felt indifferent, and a few were concerned that the counselor would be unable to help or would impose solutions on them. Peca-Baker and Friedlander (1989) concluded that counselor disclosures and similar information may help many clients to feel more comfortable and less unique but that a minority of clients may feel threatened by counselor disclosure.

Comparing Disclosing and Nondisclosing Counselors

Numerous studies have compared client perceptions of disclosing and nondisclosing counselors. Although results are mixed, the majority of studies reveal that clients are attracted to disclosing counselors. When compared with nondisclosing counselors, clients like disclosing counselors better (Merluzzi, Banikiotes, & Missbach, 1978; Nilsson et al., 1979) and view them as more attractive (Dowd & Boroto, 1982; Merluzzi et al., 1978; Peca-Baker & Friedlander, 1987; Simonson & Bahr, 1974), warmer (Nilsson et al., 1979), more nurturant (Bundza & Simonson, 1973), more expert (Seybold, 1981), more congruent (Fox, Strum, & Walters, 1984; Richmond, 1983), and as having higher regard

for clients (Fox et al., 1984; Richmond, 1983). Research participants are also more willing to see and to self-disclose with disclosing than nondisclosing counselors (Merluzzi et al., 1978; Giannandrea & Murphy, 1973; Nilsson et al., 1979; Bundza & Simonson, 1973; Fox et al., 1984).

Merluzzi et al. (1978) found that subjects viewed high disclosing counselors as more attractive than low disclosing counselors but perceived the low disclosing counselors as more expert and trustworthy. Subjects liked the high disclosing counselors more, were more likely to prefer seeing them, had higher expectations for the outcome of counseling, and were more likely to endorse them as a referral source.

Some studies have found no differences in client reactions to disclosing and nondisclosing counselors (Powell & Hector, 1987; Resnick, 1985; Shroad, 1978). At least one study has found that self-disclosing counselors were rated less positively than nondisclosing counselors (Reed, 1985).

Among studies in which the amount of counselor disclosure has been varied, clients respond more favorably to moderate than to high levels of disclosure or no disclosure (Bradford, 1975; Mann & Murphy, 1975; Giannandrea & Murphy, 1973; Simonson, 1976). The degree of intimacy in revealing personal problems also affects client perceptions. When counselors make highly intimate disclosures about personal problems, such as depression, clients rate them lower than counselors who make less intense disclosures (Bradford, 1975; Fried, 1983). Apparently, there are limits to the amount and intimacy of

counselor disclosure which clients prefer and feel comfortable with; if a counselor exceeds these limits, clients respond negatively.

One of the most thoroughly investigated effects of counselor disclosure concerns whether clients self-disclose more with disclosing than nondisclosing counselors. Referred to as reciprocity or the "dyadic effect" (Jourard, 1971), the concept implies that self-disclosure by one member of a dyad elicits self-disclosing behavior by the other member. In a review of self-disclosure research, Cozby (1973) concluded that numerous studies reveal that interviewers who self-disclose elicit greater client self-disclosure and are evaluated as more trustworthy than nondisclosing interviewers.

This reciprocity effect also occurs within counseling relationships. Several studies reveal that clients self-disclose more with disclosing than nondisclosing counselors (DeForest & Stone, 1980; Simonson, 1976; Simonson & Bahr, 1974), although some studies show no differences (Orso, 1979; Shroad, 1978). There is also some evidence that self-disclosure becomes more reciprocal over time as the familiarity between counselor and client increases (Kiyak, Kelley, & Blak, 1979).

Perceptions Concerning the Appropriateness of Counselor Disclosure

Client perceptions of the appropriateness of counselor disclosure may be an important mediating variable on the effects of counselor disclosure. Although a few studies have investigated appropriateness ratings, the results are contradictory and difficult to interpret. Powell and Hector (1987) found no differences in client

ratings of the appropriateness of PSIs, NSIs, PSDs, NSDs, and nondisclosing statements. However, Andersen and Anderson (1985) reported that subjects viewed PSIs as more appropriate than NSIs.

Several studies have examined how clients' expectations about appropriate counselor behavior affect their perceptions of disclosing and nondisclosing counselors (Derlega, Lovell, & Chaikin, 1976; Peca-Baker & Friedlander, 1987; VandeCreek & Angstadt, 1985). In these studies, subjects were either: (a) informed that counselors view counselor disclosure as appropriate or beneficial, (b) informed that counselors view counselor disclosure as inappropriate or unnecessary, or (c) not given induced expectations. Peca-Baker and Friedlander (1987) and VandeCreek and Angstadt (1985) found that subjects rated disclosing counselors higher than nondisclosing counselors, regardless of their expectations. VandeCreek and Angstadt distinguished between expectations in the sense of preferences and induced anticipations; they found that even those subjects who preferred and anticipated nondisclosing counselors rated the disclosing counselors higher on personality characteristics and counseling abilities. The authors of these two studies concluded that the attraction-enhancing effects of counselor disclosure are more powerful than preferences or pre-counseling expectations.

In contrast, Derlega et al. (1976) found that client expectations can influence their reactions to disclosing counselors. Subjects talked more intimately with a high rather than low disclosing counselor when they were informed that counselor disclosure is appropriate. Among subjects in the inappropriate and control

conditions, there were no differences in their self-disclosure with high and low disclosing counselors. Subjects in the inappropriate and control conditions rated the high disclosing counselor as less acceptable than did those in the appropriate condition.

Counselors and clients may have differing perceptions concerning the appropriateness of counselor disclosure. In a survey with 40 counselors and 40 clients at community mental health centers, Klein (1984) discovered that clients prefer a higher level of counselor disclosure concerning the client and the counseling relationship (i.e., self-involving statements) than counselors prefer in early sessions. Counselors prefer to reserve such disclosures for later sessions. The majority of these clients had been in counseling for ten or less sessions. Klein suggested that clients may be more interested in counselor disclosure than counselors are prepared for or think is appropriate.

Research by Hill, Helms, Tichenor, Spiegel, O'Grady, and Perry (1988) also indicates that counselors and clients evaluate counselor disclosures quite differently. Among clients in short-term therapy with experienced therapists, counselor disclosures received the highest helpfulness ratings of all counselor response modes and led to the deepest client experiencing levels. However, the therapists evaluated their disclosures quite differently than the clients did. Five therapists rated their disclosures as one of the least helpful response modes, whereas three therapists rated them as the most helpful response mode. Hill (1989) speculates that the therapists

viewed their disclosures less positively than the clients did because the therapists felt more vulnerable when revealing their own feelings.

Comparing Counselor Disclosures with Other Interventions

The impact of counselor disclosures has been compared with the effects of other types of counselor interventions. Powell (1968) found that interviewer disclosures were more effective than reflections or approval-support at increasing positive and negative disclosures by subjects. Feigenbaum (1977) found that disclosures and reflections are equally effective in eliciting client disclosures.

Dowd and Boroto (1982) compared reactions to counselors who ended a session with present disclosure, past disclosure, self-involving statements, summarization, or interpretation. The self-disclosing and self-involving counselors were viewed as more attractive than the counselors offering summary or interpretive statements. Subjects were most willing to see the counselor who made the interpretation and least willing to see the counselor who summarized the session.

Powell and Hector (1987) compared client perceptions of PSIs, NSIs, PSDs, NSDs, and nondisclosing statements which were either reflections or open-ended questions. NSIs received lower helpfulness and comfort ratings than all other types of counselor statements. PSIs and NSDs received higher comfort ratings than NSIs and nondisclosing statements.

Among anxious/depressed clients in short-term therapy, clients gave the highest helpfulness ratings for all counselor response modes

to counselor disclosures (Hill et al., 1989). Ratings by trained observers indicated that clients attained deeper experiencing levels after counselor disclosures than after other counselor response modes.

Gender and Counselor Disclosure

Several reviews on gender effects in psychotherapy have concluded that counselor and client gender have limited effects on treatment outcome (Beutler, Crago, & Arizmendi, 1986; Garfield, 1986; Mogul, 1982; Parloff, Waskow, & Wolfe, 1978; Zeldow, 1978). "Overall, the current findings suggest that female therapists, first, and therapists of the patient's gender, second, facilitate treatment benefit, especially if these therapists present a nonstereotypic sexual viewpoint" (Beutler, Crago, & Arizmendi, 1986, p. 265). According to Parloff et al. (1978), the fact that research has not found gender to be a significant predictor of outcome is no surprise considering that research has failed to reveal a definitive relationship between any single therapist characteristic and outcome. Kaplan (1985) suggests that the absence of consistent gender effects in therapy research "may be more a function of method than a real absence of potentially discernible effects" (p. 112). She believes that an in-depth focus on interactional elements in therapy relationships may be more effective for revealing gender effects. Along that line, gender differences have been found in the relational communication patterns between clients and counselors (Heatherington & Allen, 1984). In dyads with female clients, the participants are more

likely to assume positions of equal control. Male clients are more likely to employ one-up relational patterns.

Only a limited number of studies on counselor disclosure have examined gender effects. Most of them found no differences due to client or counselor gender (Halpern, 1977; Hoffman-Graff, 1977; Hoffman & Spencer, 1977; McCarthy, 1979; Nilsson et al., 1979; Remer et al., 1983; Resnick, 1985). However, Shroad (1978) found that male subjects perceived a male counselor more positively than females did when he made demographic disclosures; females viewed him more positively when he made personal rather than demographic disclosures. Merluzzi et al. (1978) found differences in subjects' reactions to high or low disclosing male or female counselors. Subjects were either informed that the counselor had a Ph.D. in counseling psychology and was highly experienced or that the counselor had a bachelor's degree and was inexperienced. Female low disclosing counselors were seen as more trustworthy than male low disclosing and female high disclosing counselors. Female experienced counselors were rated more expert than male experienced, female inexperienced, and male inexperienced counselors. Since high disclosing females received the lowest trustworthiness ratings and low disclosing females received the highest trustworthiness ratings, the authors speculated that the subjects held stereotypic views of women which led them to perceive disclosing females as highly emotional and therefore less stable and trustworthy than more reserved female counselors. Since the experienced female counselors received the highest and the inexperienced female counselors received the lowest expert ratings,

the authors wondered if the subjects assumed that a woman with such high credentials is even more competent than her male counterparts, whereas a woman without credentials is seen as less competent than a comparable male.

Relational Status and Counselor Disclosure

Status differences may affect clients' perceptions and experiences during counseling. In one of the few studies on status factors, interviewees were given information which placed them in a high status or low status position relative to their interviewer (Silver, 1970, in Doster & Nesbitt, 1979). The interviewer responded to the interviewee's disclosures with either reflective nonevaluative comments or interpersonal evaluative comments. Low status interviewees were less disclosing than high status interviewees when the interviewer made the evaluative comments, and the low status interviewees felt more comfortable when interviewers made reflective comments. Doster and Nesbitt (1979) recommend that therapists seek to elevate the status of clients beginning therapy since clients "frequently have lost status among their peers because of their personal problems and may lose even more status in the process of seeking professional help" (p. 210).

Research on relational communication patterns between counselors and clients indicates that counseling relationships with female clients are more likely to involve symmetrical patterns in which the participants share equal control. Counseling relationships with male clients involve more complementary patterns in which the clients seek

one-up positions (Heatherington & Allen, 1984). These results suggest that status and power issues may be more relevant to males than females.

Although issues of status probably affect counselor-client relationships, it is unclear how counselor disclosures affect client perceptions of the counselor's relational style. Several authors have hypothesized that counselor disclosures decrease the counselor's status, making the relationship more equal and enabling clients to feel more comfortable and less vulnerable (Hill et al., 1989; Pecabaker & Friedlander, 1989; Watkins & Schneider, 1989). However, some types of counselor disclosure seem more likely to foster symmetrical relationships, whereas others seem more likely to foster complementary relationships (Doster & Nesbitt, 1979). Clients may experience counselors as relating in an equal manner when making NSDs which reveal their own negative experiences or problems and as maintaining a superior status when making PSDs which reveal their strengths and coping skills. Clients may feel that their status is enhanced when counselors make PSIs which focus on the counselor's positive reactions to the client. However, NSIs concerning the counselor's negative reactions to the client may be experienced as evaluative or critical; clients may feel that these statements increase the status difference in the counseling relationship.

Summary

Comparisons between studies are difficult due to the wide range of independent and dependent variables and the differing definitions

for the various dimensions of counselor disclosure (Hendrick, 1987). Although the research findings are not consistent, a few trends seem noticeable. There is considerable evidence that counselor disclosure can have a positive impact. Clients are more willing to self-disclose with disclosing counselors and view them as more attractive than nondisclosing counselors. However, there are limits to this attraction and reciprocity. Clients prefer counselors who disclose in moderate amounts, and they tend to react negatively to counselors who disclose in high amounts or reveal highly intimate concerns. Client expectations concerning the appropriateness of counselor disclosure also influence their reactions.

In comparison with other types of counselor statements, counselor disclosures seem to be as effective as reflections and questions in eliciting client self-disclosure and even more effective in helping clients to attain deeper levels of experiencing. Among the different types of counselor disclosures, PSIs often receive the highest ratings in terms of helpfulness and attractiveness, whereas NSIs are considered less helpful and appropriate. Counselors who disclose their similarity are viewed as more empathic, warm, and credible than counselors who reveal their dissimilarity.

Purpose of Study

The purpose of this study is to examine client reactions to four types of counselor disclosures during an initial counseling session. Clients will rate the counselor statements for helpfulness, comfort, appropriateness, relational status, and type of reactions.

Several efforts have been made to improve on the methodological problems of previous studies. Although many studies only compared one or perhaps two dimensions of counselor disclosure, e.g., self-involving versus self-disclosing or positive versus negative content, this study compares positive and negative self-involving and self-disclosing statements. Unlike most of the previous studies, these four types of counselor disclosures are compared with the more frequently used counseling interventions of reflections and questions. Such comparisons provide a broader base for understanding the usefulness and limitations of counselor disclosures. In order to replicate actual counselor-client relationships more closely than is possible in analogue studies in which subjects observe a simulated counseling session, each client-participant will discuss a real personal concern with an experienced counselor.

Interpersonal Process Recall (IPR), a procedure developed by Kagan (1975) and refined for research by Elliott (1986), will be used in this study. IPR has been advocated as a useful method for systematically studying clients' subjective experiences and perceptions associated with specific counselor behaviors in an interview (Elliott, James, Reimschuessel, Cislo, & Sack, 1985). IPR involves videotaping a session and then replaying the tape for participants immediately afterwards. The videotape is stopped after specific counselor statements, and the client is asked what he or she was experiencing at that moment. The use of IPR enables researchers to examine the immediate impact of specific counselor interventions. These immediate impacts are more relevant for practitioners than

overall client ratings of whole interviews in terms of guiding their choice of intervention strategies during sessions (Elliott, 1984).

The present study is an extension of research by Powell and Hector (1987) in which clients discussed a real personal concern with a counselor who made positive and negative self-disclosing and self-involving statements during a 20-25 minute session. Using IPR, clients rated counselor statements in terms of helpfulness, comfort, and appropriateness.

In examining the helpfulness of specific counselor disclosures, Powell and Hector (1987) only looked at helpfulness in a general sense. However, Elliott et al. (1985) point out that there are different kinds of helpful impacts which counselor interventions can have on a client. For example, feeling understood and gaining insight are two commonly recognized impacts which are independent of each other (Elliott et al., 1985). Since there seem to be important differences among the types of immediate therapeutic impacts, Elliott et al. (1985) and Hill, Helms, Spiegel, and Tichenor (1988) have developed systems for categorizing client reactions to specific counselor interventions. Elliott et al. (1985) found a significant relationship between counselor disclosure and Personal Contact impacts. However, the Elliott study made no distinctions between different types of counselor disclosures. Since it is possible that clients may react differently to each type of counselor disclosure, the purpose of this study is to examine those differences.

The dependent measures include a combination of established and newly developed measures. For overall ratings of the counselors,

these measures are attractiveness, expertness, and trustworthiness, which are based on social influence theory and are among the most frequently used measures in counseling process and outcome research (Heppner & Claiborn, 1989). For specific counselor statements, the dependent measures are helpfulness, comfort, appropriateness, relational status, and type of reactions. According to Elliott (1986), helpfulness ratings of counselor statements are the most widely used measures among counseling process studies using IPR methodology. A few studies have examined clients' level of comfort and discomfort at specific moments during sessions (Katz & Resnikoff, 1977; Powell & Hector, 1987; Young, 1985), whereas client perceptions of the appropriateness of counselor statements and of status factors in the counseling relationship have rarely been examined. Factor analyses of postsession rating instruments, such as the Session Evaluation Questionnaire (Stiles & Snow, 1984) and the Therapy Session Report (Orlinsky & Howard, 1977), reveal that the impact of counseling sessions varies along two major dimensions (Stiles, Shapiro, & Firth-Cozens, 1988). One is a task dimension which concerns perceptions of the session's value and the counselor's effectiveness. The other is a socioemotional dimension which concerns the perceived comfort and safety of the client's experience in the session. Helpfulness ratings of specific counselor statements may be related to the task dimension of the counselor's effectiveness, whereas comfort ratings may be related to the socioemotional dimension of comfort and safety. The types of reactions reported by clients in this study are based on the classification system developed by Hill, Helms, Spiegel, & Tichenor

(1988). Although this classification system has only recently been developed, several studies using this instrument have already been published (e.g., Hill, Helms, Tichenor, et al., 1988; Hill et al., 1989; Kivlighan, 1989).

Hypotheses

Stated in null form, the following hypotheses will be tested:

1. Client perceptions of the helpfulness of PSIs, NSIs, PSDs, NSDs, reflections, and questions will not be significantly different.
2. Client level of comfort will not be significantly different when counselors make PSIs, NSIs, PSDs, NSDs, reflections, and ask questions.
3. Client perceptions of the appropriateness of PSIs, NSIs, PSDs, NSDs, reflections, and questions will not be significantly different.
4. Client perceptions of relational status will not be significantly different when counselors make PSIs, NSIs, PSDs, NSDs, reflections, and ask questions.
5. The types of immediate reactions reported by clients will not differ for PSIs, NSIs, PSDs, NSDs, reflections, and questions.
6. Counselor gender and client gender will not have any moderating effects on client perceptions of the attractiveness, expertness, and trustworthiness of disclosing counselors.
7. Counselor gender and client gender will not have any moderating effects on client ratings of helpfulness, comfort, appropriateness, and relational status.

CHAPTER II

METHOD

Client-Participants

The client-participants were 16 female and 16 male students at the University of Tennessee who volunteered to participate in a research study on counseling. The age range for females was 19-45 years with a mean of 26.13 years, and the age range for males was 20-55 years with a mean of 28.63 years. Appendix A contains demographic data concerning age, race, year in school, academic major, and previous counseling experience.

During recruitment, the clients were informed that: (a) they would discuss a real personal concern with a professional counselor for 20-25 minutes, (b) the session would be videotaped, and (c) after the counseling session, they would meet with the researcher, who would seek their reactions to the counseling session. Individuals who were currently in counseling or who had training or experience as counselors were not eligible to participate.

Clients were blocked according to gender. They were then randomly assigned to either a male or female counselor until each counselor had seen four males and four females.

Before scheduling appointments, the researcher asked each client to identify what he or she wanted to discuss with the counselor. This identification was made in order to ensure that the person had a real concern which would be appropriate for a counseling interview.

Individuals who could not identify a concern or who identified a topic outside of a counseling psychologist's area of expertise (e.g., legal issues) were not scheduled. The researcher thanked them for their willingness to participate and, if appropriate, recommended alternative resources.

Counselors

Four experienced counselors participated in this study: two male counseling psychologists, one female counseling psychologist, and one female doctoral student in counseling psychology who had completed all program and internship requirements except the dissertation. Each counselor met with four females and four males. In order to minimize the possible influence of counselor bias, the counselors were uninformed about the hypotheses, recall procedures, and dependent measures.

The training instructions for the counselors are presented in Appendix B. During each counseling session, the counselors made four disclosures in the order of negative self-disclosing (NSD), negative self-involving (NSI), positive self-disclosing (PSD), and positive self-involving (PSI). Only one order was used since Powell and Hector (1987) found no order effects for any of the dependent variables in a similar study. After the client began discussing his or her problem, the counselor waited at least five minutes before making the first disclosure and then spread out the remaining disclosures at approximately five minute intervals. Except for the four disclosures, the counselors primarily asked open-ended questions and reflected

feelings and/or content. Since the clients were discussing real personal concerns, the counselors were instructed to be as helpful as possible within the constraints of the study and to make their disclosures relevant to each client's concerns.

Dependent Measures

Session Recall Form

This form, which is presented in Appendix C, was used during the recall procedures to obtain clients' reactions to specific counselor statements. It requires the clients to make four ratings using 9 point Likert scales. The first is Elliott's (1979) Helpfulness Rating Scale, which asks "How helpful or hindering was the counselor's statement at that time?" and consists of responses ranging from (1) extremely hindering to (5) neutral to (9) extremely helpful. Two of the remaining scales were designed for a previous study (Powell & Hector, 1987), and the final scale was designed for the current study. These three scales were constructed similarly to Elliott's scale. The second scale asks "How much comfort or discomfort did you feel at that time?", and the third asks "How appropriate or inappropriate did you think the counselor's statement was at that time?" The fourth asks "In terms of status, how did you feel that the counselor was relating to you at that time?" and consists of responses ranging from (1) extremely inferior to (5) equal to (9) extremely superior.

Validity data reveal significant differences for helpfulness ratings of positive and negative types of client reactions (Hill, Helms, Spiegel, & Tichenor, 1988) and moderate correlations between

client helpfulness ratings and objective measures of client experiencing (Elliott, 1986). Helpfulness and appropriateness ratings, which measure the quality of counselor statements, are more highly correlated with each other than with comfort ratings, which measure clients' internal states. Mean correlations are .63 for helpfulness and appropriateness, .21 for helpfulness and comfort, and .35 for comfort and appropriateness (Powell & Hector, 1987). Reliability estimates for these measures are not available.

Client Reactions System

The Client Reactions System is a 21 category system which measures client reactions to specific counselor interventions (Hill, Helms, Spiegel, & Tichenor, 1988). It contains 14 positive and 7 negative reactions (see Appendix D). One category was added for this study, which will be discussed later. Validity data based on clients receiving short-term therapy with experienced therapists indicate that (a) positive and negative reactions are significantly different from each other on client helpfulness ratings, (b) pre-treatment symptomatology is highly predictive of the types of reactions that clients report, and (c) client reactions are more related to therapist intentions for successful than unsuccessful cases (Hill, Helms, Spiegel, & Tichenor, 1988). Reliability indices are not available. Hill, Helms, Spiegel, & Tichenor (1988) assert that (a) traditional measures of interrater and intrarater reliability are not appropriate and (b) test-retest reliability is not an accurate index of

reliability but "merely reflects the fact that one's perceptions alter with intervening experiences " (p. 34).

Clients are given a copy of the Client Reactions System, which contains descriptions of each of the 21 categories. After the client becomes familiar with the system, he or she identifies which category or categories best describe his or her reaction to specific counselor statements.

One modification to the Client Reactions System was made. The current Hill et al. category "Supported" combines three of their original categories, which were "Supported," "Feel Better about Therapist," and "Attracted to Therapist." For this study, the category "Supported" was divided into "Supported" and "Feel Closer to Therapist." This change was made because Elliott et al. (1985) found a significant relationship between counselor disclosure and clients feeling closer to the counselor.

Counselor Rating Form-Short Version (CRF-S)

The CRF-S (Corrigan & Schmidt, 1983) was used to obtain clients' perceptions of counselor expertness, trustworthiness, and attractiveness. It consists of 12 adjectives, each scored on a 7 point Likert scale. Selection of these 12 adjectives from the 36 items in the original CRF (Barak & LaCrosse, 1975) was based on factor analytic results (Corrigan & Schmidt, 1983). Reliability and validity of the CRF-S is comparable to the CRF and is based on research with community mental health center clients and college students (Ponterotto & Furlong, 1985). Mean interitem reliabilities are .91

for attractiveness, .90 for expertness, and .87 for trustworthiness (Corrigan & Schmidt, 1983). Construct validity has been examined through factor analytic comparisons of five theoretical models; the results indicate that the structure of ratings is best explained by three factors which correspond to the attractiveness, expertness, and trustworthiness scales (Corrigan & Schmidt, 1983).

Procedures

Appendix E contains the protocol for the procedures and statements used by the researcher when meeting with each client. The use of specific and uniform procedures helped ensure that the researcher's statements and behaviors were consistent with all clients.

The researcher first met with each client, explaining the procedures, obtaining informed consent, and introducing the client and counselor to each other. The client then discussed his or her concern with the counselor during a 20-25 minute session. This session was videotaped.

During the counseling session, the researcher was in an adjoining room, listening to the session through an intercom in order to identify the six counselor statements which the client would rate during the recall procedures. These statements were the four disclosures plus one selected reflection and one selected question.

The following procedure was used for determining which reflection and which question were chosen. The researcher waited until the second counselor statement after the first counselor

disclosure. At that point, the first reflection which the counselor made was selected for the client to rate. The researcher then waited until the second counselor statement after the third counselor disclosure. At that point, the first question which occurred was chosen for the client to rate.

After the session, the counselor left. The researcher met with the client, who filled out the CRF-S concerning his or her overall impressions of the counselor. The client then studied the Client Reactions System and the Session Recall Form until he or she became familiar with these forms. Next, the subject and researcher watched the videotape. The researcher stopped the tape six times: immediately after each of the four counselor disclosures and the identified reflection and question. The client used the Session Recall Form and the Client Reactions System to give his or her specific reactions to each of the six statements. Afterwards, the researcher debriefed the client and answered questions concerning the study.

CHAPTER III

RESULTS

Treatment Validity Check

A validity check was conducted in order to verify that the counselors accurately made the four types of disclosures during their counseling sessions. Two of each counselor's sessions were randomly selected, for a total of eight sessions. The four disclosures, the reflection, and the question which clients responded to during recall were typed verbatim, for a total of forty-eight statements. These statements were presented to raters in a random order so that they would not be able to discern any pattern or sequence between the statements.

Two doctoral level counseling psychology interns served as the raters. Both were uninformed concerning the purposes and procedures of the study. Appendix F contains their instructions, including definitions and examples of the four types of counselor disclosures. The raters worked independently, categorizing the counselor statements as positive self-involving (PSI), positive self-disclosing (PSD), negative self-involving (NSI), negative self-disclosing (NSD), reflections, questions, or other. Both raters categorized all forty-eight statements the same as the researcher had categorized them while listening to the counseling sessions through an intercom. These results provide verification that the counselors accurately made the four types of disclosures during their sessions.

Preliminary Analyses

In order to determine whether there were any differences in client reactions to the four counselors, several analyses were computed. A one-way multivariate analysis of variance (MANOVA) was performed on the CRF-S. The independent variable consisted of the four counselors, and the dependent variables were the client ratings of attractiveness, expertness, and trustworthiness. This analysis revealed no significant differences. A two-way MANOVA with repeated measures on one factor was conducted in order to identify any differences between client ratings of the four counselors in terms of helpfulness, comfort, appropriateness, and relational status. The between subjects factor was the four counselors, and the within subjects factor consisted of the six counselor statements rated during the recall procedures. This analysis revealed no significant differences between the four counselors.

Session Recall Form

Means and standard deviations for client ratings of helpfulness, comfort, appropriateness, and relational status are presented in Table 1. In order to compare client ratings of the four types of counselor disclosures with each other and with the reflections and questions, a $2 \times 2 \times 6$ MANOVA with repeated measures on one factor was run, yielding F statistics based on Wilks's lambda (Cooley & Lohnes, 1971). Counselor gender and client gender were the two between subjects factors. The within subjects factor was type of counselor statement

TABLE 1

Means and Standard Deviations for Client Ratings of Helpfulness,
Comfort, Appropriateness, and Relational Status

Type of Statement ^a	<u>Helpfulness</u>		<u>Comfort</u>		<u>Appropriateness</u>		<u>Status</u>	
	M	SD	M	SD	M	SD	M	SD
PSI	7.56	1.22	7.09	1.53	7.44	1.27	5.75	1.22
PSD	7.31	1.45	6.72	1.90	7.63	1.39	5.41	1.10
NSD	6.78	1.13	6.50	1.76	7.41	1.48	5.44	1.05
NSI	6.44	1.72	5.88	1.77	7.31	1.38	5.53	0.88
R	6.56	1.19	6.09	1.57	7.28	1.05	5.50	1.16
Q	6.59	1.52	4.94	1.87	7.13	1.56	5.34	0.97

Note. Each scale ranges from 1 (low) to 9 (high).

^a PSI = positive self-involving; PSD = positive self-disclosing;
NSD = negative self-disclosing; NSI = negative self-involving;
R = reflection; Q = question.

and consisted of the six statements rated during the recall procedures. The dependent variables were client ratings of helpfulness, comfort, appropriateness, and relational status.

As reported in Table 2, the MANOVA results revealed a significant main effect for type of counselor statement, $F(20,9) = 5.97$, $p < .005$. No other main effects or interactions were found.

As a follow-up to the significant MANOVA results, univariate repeated measures analyses of variance (ANOVAs) were computed for the four dependent variables (Hummel & Sligo, 1971). These analyses revealed significant differences for type of counselor statement on helpfulness ratings, $F(5,140) = 4.73$, $p < .001$, and comfort ratings, $F(5,140) = 8.48$, $p < .0001$ (see Table 2). No differences were found for ratings of appropriateness or relational status.

Post hoc pairwise comparisons between helpfulness ratings revealed that PSIs and PSDs received significantly higher helpfulness ratings than NSDs, NSIs, reflections, and questions (Table 3). There were no significant differences between PSIs and PSDs, nor between NSDs, NSIs, reflections, and questions.

Post hoc comparisons of the comfort ratings revealed that PSIs and PSDs received higher comfort ratings than NSIs and questions (Table 3). PSIs were also rated higher than NSDs and reflections. Questions received significantly lower comfort ratings than all other types of statements.

TABLE 2

Multivariate and Univariate Repeated Measures Analyses of Variance
for Client Ratings of the Counselor Statements

SOURCE	<u>Multivariate</u> <u>analysis</u>			<u>Univariate analyses</u>					
	<u>df</u>	<u>F</u>	<u>df</u>	<u>Helpful</u>		<u>Comfort</u>		<u>Appropriate</u>	
				<u>F</u>	<u>F</u>	<u>F</u>	<u>F</u>	<u>F</u>	<u>Status</u>
Between									
Counselor Sex (CoSex)	4,25	0.54	1,28	0.59		0.00		0.04	0.08
Client Sex (ClSex)	4,25	0.29	1,28	0.00		0.08		0.02	0.96
CoSex x ClSex	4,25	0.49	1,28	0.15		1.01		0.14	0.29
Within									
Type Statement (TS)	20,9	5.97*	5,140	4.73**		8.48***		0.68	1.65
TS x CoSex	20,9	1.59	5,140	1.02		1.00		0.74	1.50
TS x ClSex	20,9	0.78	5,140	0.63		1.05		0.39	0.24
TS x CoSex x ClSex	20,9	1.01	5,140	0.36		0.82		0.46	1.07

* $p < .005$. ** $p < .001$. *** $p < .0001$.

TABLE 3

Post Hoc Pairwise Comparisons Between Counselor Statements

Comparison ^a	<u>Helpfulness</u>		<u>Comfort</u>	
	<u>F</u>	<u>p</u>	<u>F</u>	<u>p</u>
PSI - PSD	1.09	.3048	1.21	.2810
PSI - NSD	17.02	.0003	4.57	.0414
PSI - NSI	12.10	.0017	10.92	.0026
PSI - R	15.52	.0005	7.30	.0116
PSI - Q	11.31	.0023	32.01	.0001
PSD - NSD	4.30	.0475	0.37	.5457
PSD - NSI	9.70	.0042	5.12	.0316
PSD - R	5.45	.0270	2.22	.1472
PSD - Q	4.59	.0410	30.45	.0001
NSD - NSI	1.40	.2459	2.50	.1254
NSD - R	0.78	.3832	1.47	.2257
NSD - Q	0.52	.4774	18.90	.0001
NSI - R	0.11	.7416	0.37	.5505
NSI - Q	0.13	.7190	4.49	.0432
R - Q	0.01	.9106	8.90	.0059

Note. For all Fs, dfs = 1,28.

^a PSI = positive self-involving; PSD = positive self-disclosing;
 NSD = negative self-disclosing; NSI = negative self-involving;
 R = reflection; Q = question.

Client Reactions System

Table 4 contains the proportions of the 22 categories of client reactions to the four types of counselor disclosures, the reflections, and the questions. Each proportion indicates the percentage of clients who reported experiencing that type of reaction after a particular counselor statement, e.g., feeling supported after the counselor made a PSI.

The majority of clients felt understood when the counselor made reflections, NSDs, PSDs, and PSIs. Clients were least likely to feel understood after the counselor asked questions. PSIs and PSDs were the most likely to help clients feel supported and more hopeful.

Over one-half of the clients reported feeling closer to the counselor after PSDs and NSDs. PSDs and NSDs were also the most likely statements to help clients experience relief from their uncomfortable or painful feelings; one-fourth of the clients reported this reaction after PSDs and NSDs.

Clients were most likely to report that they gained better self-understanding and that they became more clear about what they were trying to say or needed to change after NSIs, reflections, and questions. They were least likely to report these reactions after NSDs.

Few negative reaction categories were reported. The only negative reactions reported by more than 10% of the clients were feeling misunderstood after NSIs and feeling confused after questions.

TABLE 4

Proportions of Ratings Based on the Client Reactions System

Reaction	<u>Type of Statement</u>					
	PSI	NSI	PSD	NSD	R	Q
Understood	.59	.44	.66	.81	.75	.34
Supported	.66	.22	.56	.44	.38	.19
Closer	.31	.09	.50	.56	.13	.09
Hopeful	.38	.09	.28	.03	.13	.03
Relief	.16	.19	.25	.25	.16	.06
Negative Thoughts	-	.13	-	.06	.09	.28
Self-Understanding	.16	.34	.22	.03	.31	.25
Clear	.13	.28	.22	.03	.25	.34
Feelings	.09	.16	.06	-	.16	.19
Responsibility	.06	.03	-	-	-	.16
Unstuck	-	.03	-	-	-	.06
Perspective	.09	.13	.09	.06	.03	.03
Educated	.06	.09	.03	-	.03	-
New Ways	-	-	.09	-	-	.03
Challenged	.09	.09	.03	-	.06	.22
Scared	.06	.03	-	-	.03	.09
Worse	-	-	-	-	-	-
Stuck	.06	.03	-	.03	.06	.06
Lack Direction	.06	.03	.03	.03	.03	.03
Confused	.03	.06	.06	.03	.06	.13
Misunderstood	.03	.16	.03	.03	.03	.06
No Reaction	.03	.03	-	.06	-	.09

Note. PSI = positive self-involving; NSI = negative self-involving;
 PSD = positive self-disclosing; NSD = negative self-disclosing;
 R = reflection; Q = question.

Table 5 summarizes the four most likely reactions for each type of counselor statement.

Counselor Rating Form--Short Version (CRF-S)

In order to examine whether or not gender has any moderating effects on client perceptions of the attractiveness, expertness, and trustworthiness of disclosing counselors, a two-way (counselor gender x client gender) MANOVA was run on the CRF-S. The results revealed no significant differences.

Additional Findings

In order to examine the relationships between the dependent variables, Pearson correlations were computed for each pair of CRF-S and Session Recall Form measures. The results revealed significant relationships between several sets of data. The CRF-S measures of attractiveness, expertness, and trustworthiness were significantly correlated, with $r = .47$ for attractiveness and expertness, $r = .66$ for attractiveness and trustworthiness, and $r = .69$ for expertness and trustworthiness.

For each type of counselor statement, there were a number of significant correlations between helpfulness and appropriateness, helpfulness and comfort, and comfort and appropriateness ratings. The relational status ratings were unrelated to the helpfulness, comfort, and appropriateness ratings.

As shown in Table 6, the correlations between the CRF-S measures and the client ratings for the six counselor statements revealed an

TABLE 5

Most Likely Client Reactions and Percentages
for Each Type of Counselor Statement

Reactions	%	Reactions	%
<u>PSD</u>		<u>NSD</u>	
Understood	66	Understood	81
Supported	56	Closer to Counselor	56
Closer to Counselor	50	Supported	44
Hopeful	28	Relief	25
<u>PSI</u>		<u>NSI</u>	
Supported	66	Understood	44
Understood	59	Self-Understanding	34
Hopeful	38	Clear	28
Closer to Counselor	31	Supported	22
<u>Reflection</u>		<u>Question</u>	
Understood	75	Clear	34
Supported	38	Understood	34
Self-Understanding	31	Negative Thoughts	28
Clear	25	Self-Understanding	25

Note. PSD = positive self-disclosing; NSD = negative self-disclosing;
PSI = positive self-involving; NSI = negative self-involving.

TABLE 6

Correlations Between Counselor Rating Form--Short Version (CRF-S)
and Session Recall Form Data

Session Recall Form	<u>CRF-S</u>		
	Attractive	Expert	Trustworthy
<u>PSI</u>			
Helpful	.43**	.34	.36*
Comfort	.46**	.29	.36*
Appropriate	.41*	.44**	.41*
Status	-.01	.30	.09
<u>PSD</u>			
Helpful	.34	.36*	.22
Comfort	.31	.36*	.06
Appropriate	.38*	.56***	.36*
Status	.03	.22	-.02
<u>NSI</u>			
Helpful	.23	.33	.27
Comfort	.15	.15	.09
Appropriate	.18	.27	.19
Status	-.17	.15	.05
<u>NSD</u>			
Helpful	.50**	.48**	.46**
Comfort	.36*	.43**	.31
Appropriate	.50**	.47**	.51**
Status	-.04	.30	.02
<u>Reflection</u>			
Helpful	-.14	-.03	.00
Comfort	-.13	.20	.08
Appropriate	-.12	.00	.16
Status	-.03	.30	.06
<u>Question</u>			
Helpful	-.05	.13	-.10
Comfort	.29	.40*	.07
Appropriate	-.04	.16	-.08
Status	-.01	.24	-.05

* $p < .05$. ** $p < .01$. *** $p < .001$.

unexpected pattern. Many client ratings of the counselor's attractiveness, expertness, and trustworthiness were significantly correlated with their helpfulness, comfort, and appropriateness ratings for PSIs, PSDs, and NSDs. These correlations were moderate, ranging between .35 to .56. In contrast, client ratings for NSIs, reflections, and questions were unrelated to their evaluations of the counselor's attractiveness, expertness, and trustworthiness.

Summary of Results

In chapter one, the hypotheses were stated in the null form. For clarity of presentation, the results are summarized at this point simply according to whether or not significant differences were found.

Hypothesis One

Significant differences in client perceptions of helpfulness were found, with PSIs and PSDs receiving higher helpfulness ratings than NSDs, NSIs, reflections, and questions.

Hypothesis Two

Significant differences in clients' level of comfort were found, with PSIs receiving higher comfort ratings than NSDs, NSIs, questions, and reflections. PSDs received higher ratings than questions and NSIs. Questions received lower comfort ratings than the four types of counselor disclosures and the reflections.

Hypothesis Three

There were no significant differences in client perceptions of the appropriateness of the four types of counselor disclosures, the reflections, and the questions.

Hypothesis Four

No significant differences were found for client perceptions of relational status when the counselors made the four types of disclosures, the reflections, and the questions.

Hypothesis Five

Clients reported different kinds of reactions to the four types of counselor disclosures, the reflections, and the questions. PSDs and PSIs were the most likely to help clients feel supported and more hopeful. Over one-half of the clients felt closer to the counselor after NSDs and PSDs. NSDs and reflections were the most likely types of statements to result in clients' feeling understood. NSIs and reflections were the most likely statements to result in better self-understanding.

Hypothesis Six

Counselor gender and client gender did not differentially affect client perceptions of the attractiveness, expertness, and trustworthiness of disclosing counselors.

Hypothesis Seven

There were no gender differences among the client ratings of helpfulness, comfort, appropriateness, and relational status.

CHAPTER IV

DISCUSSION

The purpose of this study was to examine client reactions to four types of counselor disclosures during an initial counseling session. The results reveal that clients do react differently to the four types of counselor disclosures.

Discussion of Findings

Hypothesis One

There were significant differences between client perceptions of the helpfulness of the four types of counselor disclosures, the questions, and the reflections. PSIs and PSDs received significantly higher ratings than NSDs, NSIs, reflections, and questions. There were no significant differences between PSIs and PSDs nor between NSDs, NSIs, reflections, and questions.

These results are similar to those of Powell and Hector (1987). In both studies, clients rated PSIs and PSDs as more helpful than NSIs. However, only the earlier study indicated that clients consider NSDs more helpful than NSIs. These findings support previous studies which reveal that counselors who make PSIs receive higher ratings than those who make NSIs (Andersen & Anderson, 1985; Remer et al., 1983; Watkins & Schneider, 1989). Since the clients rated PSIs and PSDs as more helpful than reflections and questions, these results are also similar to those of Hill, Helms, Tichenor et al. (1988), who found

that clients gave higher helpfulness ratings to counselor disclosures than to other counselor response modes.

These findings differ from those of McCarthy and Betz (1978) and McCarthy (1979), who found that positive self-involving counselors are viewed more highly than positive self-disclosing counselors. However, when McCarthy (1982) divided PSDs into high and low intimacy statements, she found that counselors who make high intimacy PSDs are rated as highly as counselors who make PSIs. Since the counselors in the present study often expressed feelings when making self-disclosing statements (referred to by McCarthy as high intimacy disclosures), their responses may be more similar to McCarthy's high rather than low intimacy disclosures. If so, these results are similar to McCarthy's (1982) findings.

Hypothesis Two

There were significant differences in clients' level of comfort in response to the four types of counselor disclosures, the questions, and the reflections. PSIs received higher comfort ratings than NSDs, NSIs, questions, and reflections. PSDs received higher ratings than questions and NSIs. Questions received lower comfort ratings than all other statements. These results provide partial support for Powell and Hector (1987), who found that PSIs and NSDs received higher comfort ratings than NSIs and nondisclosing statements which were reflections and questions. In both studies, PSIs were rated higher than NSIs, reflections, and questions. However, NSDs received higher

ratings in the previous study, whereas PSDs were rated higher in this study.

Hypothesis Three

No significant differences were found in client perceptions of the appropriateness of the four types of counselor disclosures, the reflections, and the questions. These ratings were rather high, averaging between "moderately appropriate" and "greatly appropriate." These results match those of Powell and Hector (1987). It seems the clients thought that the counselor disclosures, as well as the more traditional counselor responses of reflecting feelings and asking open-ended questions, were appropriate counselor behaviors. However, another possible explanation for the lack of differences is that individuals who have limited knowledge regarding counseling techniques may not feel competent to rate the appropriateness of specific counselor statements, although they may have definite reactions regarding their own comfort level and how much they felt helped.

Hypothesis Four

There were no significant differences among client perceptions of relational status when the counselor made the four disclosures, the reflections, and the questions. Client ratings of the manner in which the counselor related with them averaged between "equal" to "slightly superior." Questions and comments by several clients indicated that they had difficulty understanding the question on relational status. Perhaps the lack of differences is because the question was unclear and failed to achieve its intended purpose. Another possible

explanation is that client perceptions of status differences between themselves and their counselor do not fluctuate during a single session. Clients may form an overall impression of the counselor as relating to them in an equalitarian or somewhat superior manner. In this study, the counselor's first disclosure was a NSD, which revealed that he or she had experienced a similar concern or problem. Perhaps the clients perceived that the counselor was offering an equal relationship and then maintained that perception throughout the rest of the session.

Hypothesis Five

Clients reported different kinds of reactions to the four types of counselor disclosures. Most clients felt supported after PSIs and PSDs. PSIs and PSDs were also the most likely statements to instill clients with confidence and hope of being able to change. These reactions make sense. With PSIs, the counselor is sharing a positive reaction to the client, which may help the client to become more aware of personal strengths or coping skills and therefore feel more confident. With PSDs, the counselor is often sharing an effective way that he or she has coped with a similar concern. This information may give the client some new ideas on how to handle the problem or at least may help him or her believe that the problem is manageable.

Most clients reported feeling closer to the counselor after NSDs and PSDs. This result matches Elliott et al.'s (1985) finding of a significant relationship between counselor disclosure and clients feeling closer to the counselor. PSDs and NSDs were also the most

likely statements to help clients experience relief from their uncomfortable or painful feelings. This relief may be related to learning that their feelings or concerns are not unique and have been experienced by other individuals, including the therapist. Feminist therapists advocate the use of counselor disclosure for this purpose (Butler, 1985; Gilbert, 1980; Russell, 1984).

The majority of clients felt understood when the counselor made NSDs, PSDs, PSIs, and reflections. Clients were least likely to feel understood after the counselor asked questions. These reactions make sense. A key purpose of reflecting feelings is to help clients feel understood. In contrast, the purpose of questions is usually to obtain additional information rather than express understanding. One way in which NSDs and PSDs may help clients feel understood is by revealing that the counselor has had similar experiences or feelings.

Hypotheses Six and Seven

Counselor gender and client gender did not differentially affect client perceptions of the attractiveness, expertness, and trustworthiness of disclosing counselors. Likewise, there were no gender differences among the client ratings of helpfulness, comfort, appropriateness, and relational status. These results support the bulk of research on counselor disclosure which has found no gender differences among client reactions to disclosing counselors.

Additional Findings

Pearson correlations between the dependent variables revealed an unexpected yet interesting relationship between the CRF-S measures and

client ratings for the six counselor statements. Specifically, client ratings of the attractiveness, expertness, and trustworthiness of the counselors were moderately correlated with the helpfulness, comfort, and appropriateness ratings for PSIs, PSDs, and NSDs. These correlations do not seem to simply be a matter of response set because there was no relationship between client ratings of the counselors and their reactions to NSIs, reflections, and questions. These findings suggest that counselor disclosure may be somewhat related to client perceptions of counselor attractiveness, expertness, and trustworthiness. Due to the correlational nature of the data, no attributions of causality can be made. It may be that clients' reactions to counselor disclosures affect their perceptions of counselor attractiveness, expertness, and trustworthiness. It is also possible that clients' overall perceptions of a counselor's attractiveness, expertness, and trustworthiness influence their reactions to counselor disclosures. Yet another possibility is that some other variables influence these perceptions.

Implications

Counseling Research

The results of this study have several implications for counseling process research in general and counselor disclosure research in particular. The differences among client reactions to the four types of counselor disclosures reveal the importance of clearly differentiating between types of counselor disclosures rather than considering counselor disclosure as a general category. In this

study, disclosures were classified along the two dimensions of positive versus negative content and self-involving versus self-disclosing statements. Additional dimensions which are important to consider include intimacy level, type of information revealed, similarity to the client's concerns, past versus present tense, timing, frequency, and duration.

This study focused on clients' inner reactions to counselor statements. Although research based on self-reports by therapists and/or observations by trained raters is also important and necessary, there were several reasons for focusing on the client perspective. Self-report measures by clients usually show greater predictive validity for outcome than do observation measures (Greenberg & Pinsof, 1986). Much of what occurs in counseling that is meaningful to outcome, such as clients' inner experiencing, is not observable (Elliott, 1984). Hill, Helms, Spiegel, & Tichenor (1988) found that clients did not reveal many of their reactions to their therapists, although they were willing to do so when specifically asked during the recall procedures. The researchers' impressions based on observations of the therapy sessions and the therapists' impressions as reported in postsession interviews often differed from the clients' reports of their reactions. These findings indicate that counselors and researchers cannot rely on observation alone in order to know how clients perceive counselor interventions. Considering the relevance of clients' inner experiences during counseling for successful outcomes, research which enables us to understand better their reactions to counselor interventions seems crucial.

This study also points to the value of Interpersonal Process Recall (IPR) as a method for accessing clients' thoughts and feelings at specific moments during counseling sessions. Most of the previous studies on counselor disclosure assessed client perceptions by using global ratings of the counselors, such as the Counselor Rating Form (Barak & LaCrosse, 1975). Yet, Elliott et al. (1985) point out that it is the immediate impact of specific counselor statements which is "most relevant to the therapist in guiding or revising intervention strategies during particular therapy sessions" (p. 620). In designing future studies on counselor disclosure, it may be valuable to examine client perceptions of specific counselor statements in addition to overall impressions of the counseling session.

Greenberg (1986) asserts that counseling process and outcome research needs to (a) focus more on describing what actually occurs during counseling, (b) use classification systems which describe the different phenomena that occur, and (c) study smaller units of analysis, such as segments within sessions. The present study incorporated several of these recommendations by using Hill's Client Reactions System and IPR methodology in order to examine how clients react to four types of counselor disclosures. Although the Client Reactions System is a newly developed classification system and therefore needs further validation and use, at this point, it seems very promising for helping researchers and counselors obtain more precise information than has previously been available concerning client reactions to counselor interventions.

As indicated in the discussion of findings, the results of this study are consistent with the findings of a number of previous studies on counselor disclosure. All of those studies except the one by Powell and Hector (1987) used substantially different methodologies than the present study. Most of them focused on clients' overall impressions of counselors. Many consisted of analogue designs in which subjects observed segments of simulated counseling sessions; others involved one-time helping interviews with counselors. One notable exception is the study by Hill et al. (1989) with actual clients in ongoing therapy; they examined helpfulness ratings and client experiencing levels in response to specific counselor statements. The present study's use of a different methodological approach and different dependent measures than previous studies and still finding similar results helps solidify previous findings concerning counselor disclosure.

In order to be consistent with previous research, the counselor disclosures in this study were classified as containing either positive or negative content. However, use of the terms "positive" and "negative" is problematic for several reasons. First, these terms have very different meanings for self-involving statements than they do for self-disclosing statements. In addition, they fail to describe the purpose or the interpersonal impact of such statements. The purpose of PSIs is to provide affirmation, support, or encouragement, and the purpose of NSIs is to express concern about some problematic behavior or attitude of the client. Hill (1989) recommends using the terms "reassuring" instead of "positive" and "challenging" instead of

"negative" for self-involving statements. Other possible terms for PSIs are "supportive" or "affirming" self-involving statements. NSDs consist of the counselor sharing a negative experience or concern similar to the client's concern. Since these statements make the counselor more vulnerable and are intended to provide support and reassurance to the client, it seems more appropriate to describe them as "supportive" or "vulnerable" disclosures. In contrast, PSDs consist of the counselor sharing a strength or an effective way that he or she has coped with a similar situation. Perhaps these disclosures could be described as "competence" or "coping skills" disclosures. It is recommended that future studies use these or other terms which depict the meaning of self-involving and self-disclosing statements more accurately than the terms "positive" and "negative" do.

The results of this study raise some issues which may be relevant for future studies to explore concerning the impact of counselor disclosures on the therapeutic alliance. The finding that clients often felt supported, understood, closer to the counselor, and more hopeful after PSIs, PSDs, and NSDs suggests the possibility that a limited use of such disclosures may enhance development of the therapy relationship. Research now indicates that the therapeutic alliance is an important predictor of outcome (Gelso & Carter, 1985). The therapeutic alliance includes both the relational bond and an alignment between counselor and client concerning the tasks and goals of therapy (Greenberg & Pinsof, 1986). This alliance is established within the beginning stage of counseling, and its strength does not

change much during the following stages (Gelso & Carter, 1985).

Observational and self-report measures of the therapeutic alliance as early as the third session predict up to one-third of the outcome variance (Hartley & Strupp, 1982; Horvath & Greenberg, 1986; Luborsky, Crits-Christoph, Alexander, Margolis, & Cohen, 1983; Marmar, Horowitz, Weiss, & Marziali, 1986; Morgan, Luborsky, Crits-Christoph, Curtis, & Solomon, 1982).

Counseling Practice

The results of this study also have implications for counseling practice. The high helpfulness, comfort, and appropriateness ratings for PSIs and PSDs suggest that clients tend to respond positively to such disclosures. Although previous studies have shown that clients respond positively to PSIs, PSDs, and NSDs, the reasons for their reactions have not been clear. Perhaps some of the appeal of these disclosures is related to the kinds of impacts found in this study, such as feeling supported, understood, closer to the counselor, and more hopeful. Similar impacts seem to be relevant for therapy outcome. Research indicates that certain common factors across all psychotherapies account for a significant amount of therapy's effectiveness; these factors are support, encouragement, reassurance, suggestion, attention, and expectations for improvement (Lambert, Shapiro, & Bergin, 1986). Strupp (1973) asserts that therapy is effective to the extent that the relationship boosts clients' morale and hopes, relieves their fears and guilt, and encourages their tendency to cope.

The results of this study and the previous study by Powell and Hector (1987) indicate that NSIs seem to affect clients quite differently than PSIs, PSDs, and NSDs do. Considering that clients felt less comfortable with NSIs and gave them lower helpfulness ratings, counselors may need to be cautious about using NSIs before a strong rapport with a client has been established. Perhaps NSIs may be useful for confronting clients after the therapy relationship is strong; however, their confrontive nature may seem too threatening during the initial stages of counseling.

When considering the results of this study, it is important to realize that there is a direct relationship between helpfulness and the overall purpose of counseling but that there is no clear-cut relationship between client comfort and the purpose of counseling. Clients are usually experiencing a large amount of discomfort and anxiety when they seek counseling, and some level of discomfort seems necessary for them to be motivated to begin making changes in their lives. However, if their discomfort is too great, clients may not return for counseling or may invest more energy toward defending against their pain than engaging in the tasks of counseling. The level of comfort or discomfort which is optimal for enabling clients to work productively in counseling varies between clients and probably depends on a number of factors, including the client's personality, presenting problem, and current level of functioning, as well as the quality of the therapeutic relationship, the goals of counseling, the stage of counseling, and the counselor's theoretical orientation. Thus, there are times when interventions likely to decrease client

discomfort are appropriate and other times when interventions likely to increase client discomfort are appropriate. When considering client level of comfort, it may also be useful to differentiate between comfort related to the client's perceptions of his or her problems and comfort related to feeling safe, accepted, and supported within the counseling relationship.

Although the results of this and previous studies indicate that at least some types of counselor disclosures can have positive impacts on clients, several cautions need to be kept in mind concerning the appropriate use of counselor disclosure during therapy. Many variables influence how a particular disclosure will affect an individual client. These include content, timing, relevance to the client's concern, intimacy level, the counselors' intentions, and the nature and severity of the client's problems. All of these factors need to be taken into account before self-disclosing with a client.

Furthermore, counselors probably need to be cautious about self-disclosing in more than limited amounts. Even though Hill, Helms, Tichenor et al. (1988) found that clients rated counselor disclosures as the most helpful of all counselor response modes, those disclosures were very infrequent, accounting for less than 1% of all counselor statements. In contrast, clients tend to react negatively to counselors who disclose in high amounts or reveal highly intimate information (Bradford, 1975; Fried, 1983; Mann & Murphy, 1975).

An additional area of caution involves the personality dynamics and presenting problems of different clients. Although research indicates that, in general, clients and research participants respond

positively to counselor disclosures, some clients react negatively and seem to find counselor disclosure threatening (Peca-Baker & Friedlander, 1989). Few studies have compared reactions to counselor disclosure among different client populations. Most research on counselor disclosure has been with clients who are not severely disturbed. At this point, further research is needed to clarify which clients are likely to respond negatively to counselor disclosure.

Limitations

These results should be interpreted cautiously due to several limitations of this study. The client-participants were college students who volunteered to participate in research on counseling. Although they were screened to ensure that they would be discussing real concerns which were appropriate for counseling, their reactions may nonetheless differ from actual clients in therapy.

A second limitation is that this study, like most of the research on counselor disclosure, only focused on client reactions during an initial counseling session. Considering that counseling involves a developmental process in which the relationship, tasks, and goals change throughout the early, middle, and later stages, it seems likely that client reactions to counselor disclosures may also vary throughout those stages. According to Doster and Nesbitt (1979), "the interpersonal meaning that presumably becomes attached to therapist self-disclosure might be one that develops slowly and over repeated contacts. If so, analogue-interview sessions may not provide sufficient exposure for this development" (p. 205). Research is

clearly needed which examines the impact of counselor disclosure throughout the stages of counseling.

The possibility of experimenter bias is another limitation since the author conducted the recall procedures. In order to decrease this risk, a protocol was followed to ensure that her interactions were uniform with all clients and that she did not observe clients' written responses.

An additional limitation is that the order in which the four types of counselor disclosures were made remained the same with all clients. Even though Powell and Hector (1987) found no order effects in the previous study, it is possible that the order of disclosures may have affected some aspects of the clients' reactions.

REFERENCES

REFERENCES

- Andersen, B., & Anderson, W. (1985). Client perceptions of counselors using positive and negative self-involving statements. Journal of Counseling Psychology, 32, 462-465.
- Barak, A., & LaCrosse, M. B. (1975). Multidimensional perception of counselor behavior. Journal of Counseling Psychology, 22, 471-476.
- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). Cognitive therapy of depression. New York: Guilford Press.
- Beutler, L. E., Crago, M., & Arizmendi, T. G. (1986). Research on therapist variables in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), Handbook of psychotherapy and behavior change (3rd ed., pp. 257-310). New York: John Wiley & Sons.
- Bradford, E. G. (1975). Therapist self-disclosure and client expectations. Dissertation Abstracts International, 36, 30248.
- Brody, C. M. (1984). Authenticity in feminist therapy. In C. M. Brody (Ed.), Women therapists working with women: New theory and process of feminist therapy (pp. 11-21). New York: Springer.
- Bundza, K. A., & Simonson, N. R. (1973). Therapist self-disclosure: Its effect on impressions of therapist and willingness to disclose. Psychotherapy: Theory, Research, and Practice, 10, 215-217.
- Butler, M. (1985). Guidelines for feminist therapy. In L. B. Rosewater & L. E. A. Walker (Eds.), Handbook of feminist therapy (pp. 32-38). New York: Springer.
- Cashdan, S. (1988). Object relations therapy: Using the relationship. New York: W. W. Norton.
- Cooley, W. W., & Lohnes, P. R. (1971). Multivariate data analysis. New York: Wiley.
- Cormier, W. H., & Cormier, L. S. (1979). Interviewing strategies for helpers: A guide to assessment, treatment, and evaluation. Monterey, CA: Brooks/Cole.
- Corrigan, J. D., Dell, D. M., Lewis, K. N., & Schmidt, L. D. (1980). Counseling as a social influence process: A review [Monograph]. Journal of Counseling Psychology, 27, 395-441.
- Corrigan, J. D., & Schmidt, L. D. (1983). Development and validation of revisions in the counselor rating form. Journal of Counseling Psychology, 30, 64-75.

- Cozby, P. C. (1973). Self-disclosure: A literature review. Psychological Bulletin, 79, 73-91.
- DeForest, C., & Stone, G. L. (1980). Effects of sex and intimacy level on self-disclosure. Journal of Counseling Psychology, 27, 93-96.
- Derlega, V. L., Lovell, R., & Chaikin, A. L. (1976). Effects of therapist disclosure and its perceived appropriateness on client self-disclosure. Journal of Consulting and Clinical Psychology, 44, 886.
- Doster, J. A., & Brooks, S. J. (1974). Interviewer disclosure modeling, information revealed, and interviewee verbal behavior. Journal of Consulting and Clinical Psychology, 42, 420-426.
- Doster, J. A., & Nesbitt, J. G. (1979). Psychotherapy and self-disclosure. In G. J. Chelune (Ed.), Self-disclosure: Origins, patterns, and implications of openness in interpersonal relationships (pp. 177-224). San Fransisco: Jossey-Bass.
- Dowd, E. T., & Boroto, D. R. (1982). Differential effects of counselor self-disclosure, self-involving statements, and interpretation. Journal of Counseling Psychology, 29, 8-13.
- Elliott, R. (1979). How clients perceive helper behaviors. Journal of Counseling Psychology, 26, 285-294.
- Elliott, R. (1984). A discovery-oriented approach to significant change events in psychotherapy: Interpersonal process recall and comprehensive process analysis. In L. N. Rice & L. S. Greenberg (Eds.), Patterns of change: Intensive analysis of psychotherapy process (pp. 249-286). New York: Guilford.
- Elliott, R. (1986). Interpersonal process recall (IPR) as a psychotherapy process research method. In L. Greenberg & W. Pinsof (Eds.), The psychotherapeutic process: A research handbook (pp. 503-527). New York: Guilford.
- Elliott, R., James, E., Reimschuessel, C., Cislo, D., & Sack, N. (1985). Significant events and the analysis of immediate therapeutic impacts. Psychotherapy, 22, 620-630.
- Feigenbaum, W. M. (1977). Reciprocity in self-disclosure within the psychological interview. Psychological Reports, 40, 15-26.
- Fox, S. G., Strum, C. A., & Walters, H. A. (1984). Perceptions of therapist disclosure of previous experience as a client. Journal of Clinical Psychology, 40, 496-498.

- Freud, S. (1958). The dynamics of transference. In J. Strachey (Ed. and Trans.), The standard edition of the complete psychological works of Sigmund Freud (Vol. 12, pp. 97-108). London: Hogarth Press. (Original work published 1912)
- Fried, R. G. (1983). Therapist self-disclosure: Impact of content, intensity, and intimacy of disclosure on subjects' perceptions of and willingness to seek him out as a therapist. Dissertation Abstracts International, 45, 1013B.
- Garfield, S. L. (1986). Research on client variables in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), Handbook of psychotherapy and behavior change (3rd ed., pp. 213-256). New York: John Wiley & Sons.
- Gelso, C. J., & Carter, J. A. (1985). The relationship in counseling and psychotherapy: Components, consequences, and theoretical antecedents. The Counseling Psychologist, 13, 155-243.
- Giannandrea, V., & Murphy, K. C. (1973). Similarity self-disclosure and return for a second interview. Journal of Counseling Psychology, 20, 545-548.
- Gilbert, L. A. (1980). Feminist therapy. In A. M. Brodsky & R. Hare-Mustin (Eds.), Women and psychotherapy: An assessment of research and practice (pp. 245-266). New York: Guilford Press.
- Greenberg, L. S. (1986). Research strategies. In L. Greenberg & W. Pinsof (Eds.), The psychotherapeutic process: A research handbook (pp. 707-734). New York: Guilford.
- Greenberg, L. S., & Pinsof, W. M. (1986). Process research: Current trends and future perspectives. In L. Greenberg & W. Pinsof (Eds.), The psychotherapeutic process: A research handbook (pp. 3-20). New York: Guilford.
- Greenspan, M. (1983). A new approach to women and therapy. New York: McGraw-Hill.
- Halpern, I. P. (1977). Degree of client disclosure as a function of past disclosure, counselor disclosure, and counselor facilitativeness. Journal of Counseling Psychology, 24, 41-47.
- Hartley, D. E., & Strupp, H. H. (1982). The therapeutic alliance: Its relationship to outcome in brief psychotherapy. In J. Masling (Ed.), Empirical studies of psychoanalytic theories (Vol. 1, pp. 1-37). Hillsdale, NJ: Erlbaum.
- Heatherington, L., & Allen, G. J. (1984). Sex and relational communication patterns in counseling. Journal of Counseling Psychology, 31, 287-294.

- Hendrick, S. S. (1987). Counseling and self-disclosure. In V. J. Derlega & J. H. Berg, (Eds.), Self-disclosure: Theory, research and therapy (pp. 303-327). New York: Plenum.
- Heppner, P. P., & Claiborn, C. D. (1989). Social influence research in counseling: A review and critique. Journal of Counseling Psychology, 36, 365-387.
- Hill, C. E. (1989). Therapist techniques and client outcomes: Eight cases of brief psychotherapy. Newbury Park, CA: Sage.
- Hill, C. E., Helms, J. E., Spiegel, S. B., & Tichenor, V. (1988). Development of a system for categorizing client reactions to therapist interventions. Journal of Counseling Psychology, 35, 27-36.
- Hill, C. E., Helms, J. E., Tichenor, V., Spiegel, S. B., O'Grady, K. E., and Perry, E. (1988). The effects of therapist response modes in brief psychotherapy. Journal of Counseling Psychology, 35, 222-233.
- Hill, C. E., Mahalik, J. R., & Thompson, B. J. (1989). Therapist self-disclosure. Psychotherapy, 26, 290-295.
- Hoffman, M. A., & Spencer, G. P. (1977). Effect of interviewer self-disclosure and interviewer-subject sex pairing on perceived and actual subject behavior. Journal of Counseling Psychology, 24, 282-290.
- Hoffman-Graff, M. A. (1977). Interviewer use of positive and negative self-disclosure and interviewer-subject sex pairing. Journal of Counseling Psychology, 24, 184-190.
- Horvath, A. O., & Greenberg, L. O. (1986). The development of the Working Alliance Inventory. In L. Greenberg & W. Pinsof (Eds.), The psychotherapeutic process: A research handbook (pp. 529-556). New York: Guilford.
- Hummel, T. J., & Sligo, J. R. (1971). Empirical comparison of univariate and multivariate analysis procedures. Psychological Bulletin, 76, 49-57.
- Jourard, S. M. (1971). The transparent self (rev. ed.). New York: van Nostrand Reinhold.
- Kagan, N. (1975). Interpersonal process recall: A method of influencing human interaction. (Available from N. Kagan, Dept. of Education, University of Houston, Houston TX 77004)

- Kaplan, A. G. (1985). Female or male therapists for women patients: New formulations. Psychiatry, 48, 111-121.
- Katz, D., & Resnikoff, A. (1977). Televised self-confrontation and recalled affect: A new look at videotape recall. Journal of Counseling Psychology, 24, 150-152.
- Kivlighan, D. M., Jr. (1989). Changes in counselor intentions and response modes and in client reactions and session evaluation after training. Journal of Counseling Psychology, 36, 471-476.
- Kiyak, H. A., Kelley, T. M., & Blak, R. A. (1979). Effects of familiarity on self-disclosure in a client-counselor relationship. Psychological Reports, 45, 719-727.
- Klein, J. G., & Friedlander, M. L. (1987). A test of two competing explanations for the attraction-enhancing effects of counselor self-disclosure. Journal of Counseling and Development, 66, 82-85.
- Klein, R. (1984). The effects of timing, respondent status and type of self-disclosure on perceptions of appropriate level of intimacy of counselor self-disclosure (Doctoral dissertation, Indiana University). Dissertation Abstracts International, 45, 1299A.
- Lambert, M. J., Shapiro, D. A., & Bergin, A. E. (1986). The effectiveness of psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), Handbook of psychotherapy and behavior change (3rd ed., pp. 157-211). New York: John Wiley & Sons.
- Lerman, H. (1976). What happens in feminist therapy. In S. Cox (Ed.), Female psychology: The emerging self. Chicago: Science Research Associates.
- Luborsky, L., Crits-Christoph, P., Alexander, L., Margolis, M., & Cohen, M. (1983). Two helping alliance methods for predicting outcome of psychotherapy. Journal of Nervous and Mental Disease, 171, 480-491.
- Mann, B., & Murphy, K. C. (1975). Timing of self-disclosure, reciprocity of self-disclosure, and reactions to an initial interview. Journal of Counseling Psychology, 22, 304-308.
- Marmar, C. R., Horowitz, M. J., Weiss, D. S., & Marziali, E. (1986). The development of the therapeutic alliance rating system. In L. Greenberg & W. Pinsof (Eds.), The psychotherapeutic process: A research handbook (pp. 367-390). New York: Guilford.
- McCarthy, P. R. (1979). Differential effects of self-disclosing versus self-involving counselor statements across counselor-client gender pairings. Journal of Counseling Psychology, 26, 538-541.

- McCarthy, P. R. (1982). Differential effects of counselor self-referent responses and counselor status. Journal of Counseling Psychology, 29, 125-131.
- McCarthy, P. R., & Betz, N. E. (1978). Differential effects of self-disclosing versus self-involving counselor statements. Journal of Counseling Psychology, 25, 251-256.
- Meador, B. D., & Rogers, C. R. (1984). Person-centered therapy. In R. J. Corsini (Ed.), Current psychotherapies (3rd ed., pp. 142-195). Itasca, IL: F. E. Peacock.
- Merluzzi, T. V., Banikiotes, P. G., & Missbach, J. W. (1978). Perceptions of counselor characteristics: Contributions of counselor sex, experience, and disclosure level. Journal of Counseling Psychology, 25, 279-482.
- Mogul, K. M. (1982). Overview: The sex of the therapist. American Journal of Psychiatry, 139, 1-11.
- Morgan, R. Luborsky, L., Crits-Christoph, P., Curtis, H., & Solomon, J. (1982). Predicting the outcome of psychotherapy by the Penn Helping Alliance Rating Method. Archives of General Psychiatry, 39, 397-402.
- Mowrer, O. H. (1964). The new group therapy. Princeton: Van Nostrand.
- Nilsson, D. E., Strassberg, D. S., & Bannon, J. (1979). Perceptions of counselor self-disclosure: An analogue study. Journal of Counseling Psychology, 26, 399-404.
- Orlinsky, D. E., & Howard, K. I. (1977). The therapist's experience of psychotherapy. In A. S. Gurman & A. M. Razin (Eds.), Effective psychotherapy: A handbook of research. Oxford: Pergamon Press.
- Orso, D. P. (1979). Effects of counselor self-disclosure on client self-disclosure as a function of female client extroversion or introversion. Dissertation Abstracts International, 39, 5955A.
- Parloff, M. B., Waskow, I. E., & Wolfe, B. E. (1978). Research on therapist variables in relation to process and outcome. In S. L. Garfield & A. E. Bergin (Eds.), Handbook of psychotherapy and behavior change (2nd ed., pp. 233-282). New York: Wiley.
- Patterson, C. H. (1969). A current view of client-centered or relationship therapy. The Counseling Psychologist, 1, 2-25.

- Peca-Baker, T. A., & Friedlander, M. L. (1987). Effects of role expectations on clients' perceptions of disclosing and nondisclosing counselors. Journal of Counseling and Development, 66, 78-81.
- Peca-Baker, T. A., & Friedlander, M. L. (1989). Why are self-disclosing counselors attractive? Journal of Counseling and Development, 67, 279-282.
- Ponterotto, J. G., & Furlong, M. J. (1985). Evaluating counselor effectiveness: A critical review of rating scale instruments. Journal of Counseling Psychology, 33, 597-616.
- Powell, J. A., & Hector, M. A. (1987). Client perceptions of counselor self-disclosing and self-involving statements. In F. Sturniolo (Chair), Self-involving statements in counseling. Symposium conducted at the annual convention of the American Psychological Association, New York City.
- Powell, W. J. (1968). Differential effectiveness of interviewer interventions in an experimental interview. Journal of Consulting and Clinical Psychology, 32, 210-215.
- Reed, A. J. (1985). Evaluation of self-disclosing and non-disclosing counselors by patients in different treatment settings. Dissertation Abstracts International, 46, 1343B.
- Remer, P., Roffey, B. H., & Buckholtz, A. (1983). Differential effects of positive versus negative self-involving counselor responses. Journal of Counseling Psychology, 30, 121-125.
- Resnick, R. A. (1985). The effects of level of therapist self-disclosure on subjects' level of self-disclosure and ratings of the therapist. Dissertation Abstracts International, 45, 3958B.
- Reynolds, C. L., & Fisher, C. H. (1983). Personal versus professional evaluations of self-disclosing and self-involving counselors. Journal of Counseling Psychology, 30, 451-454.
- Richmond, C. A. (1983). The impact of various styles of interviewer self-disclosure on subject self-disclosure within an interview setting. Dissertation Abstracts International, 43, 4159B.
- Rogers, C. R. (1962). The interpersonal relationship: The core of guidance. Harvard Educational Review, 32, 416-429.
- Russell, M. N. (1984). Skills in counseling women: The feminist approach. Springfield, IL: Charles C. Thomas.

- Seybold, R. A. (1981). Effects of counselor self-disclosure portraying counselor as similar or dissimilar to clients. Dissertation Abstracts International, 41, 4612-4613A. (University Microfilms No. 8109511)
- Shroad, J. M. (1978). Type of therapist self-disclosure and its relationship to client attitude and performance in a therapy analogue situation. Dissertation Abstracts International, 39, 998-999B.
- Simonson, N. R. (1976). The impact of therapist disclosure on patient disclosure. Journal of Counseling Psychology, 23, 3-6.
- Simonson, N. R., & Bahr, S. (1974). Self-disclosure by the professional and paraprofessional therapist. Journal of Consulting and Clinical Psychology, 42, 359-363.
- Stiles, W. B., Shapiro, D. A., & Firth-Cozens, J. A. (1988). Do sessions of different treatments have different impacts? Journal of Counseling Psychology, 35, 391-396.
- Stiles, W. B., & Snow, J. S. (1984). Counseling session impact as viewed by novice counselors and their clients. Journal of Counseling Psychology, 31, 3-12.
- Strong, S. R. (1968). Counseling: An interpersonal influence process. Journal of Counseling Psychology, 15, 215-224.
- Strupp, H. H. (1973). On the basic ingredients of psychotherapy. Journal of Consulting and Clinical Psychology, 41, 1-5.
- Strupp, H. H., & Binder, J. L. (1984). Psychotherapy in a new key: A guide to time-limited dynamic psychotherapy. New York: Basic Books.
- VandeCreek, L., & Angstadt, L. (1985). Client preferences and anticipations about counselor self-disclosure. Journal of Counseling Psychology, 32, 206-214.
- Watkins, C. E., Jr., & Schneider, L. J. (1989). Self-involving versus self-disclosing counselor statements during an initial interview. Journal of Counseling and Development, 67, 345-349.
- Young, D. W. (1985). Reliability of videotape-assisted recall in counseling process research. Counselor Education and Supervision, 24, 360-364.
- Zeldow, P. B. (1978). Sex differences in psychiatric evaluation and treatment. Archives of General Psychiatry, 35, 89-93.

APPENDIXES

APPENDIX A

DEMOGRAPHIC DATA FOR CLIENT-PARTICIPANTS

(N = 32)

<u>Age</u>		<u>Academic Program</u>	
19-22	17	Communication	2
23-29	5	Deaf Interpretation	2
30-39	6	English	1
40-49	3	Human Services	1
50-59	1	Marketing	1
		Music	1
		Pre-Occupational Therapy	1
		Psychology	1
		Education, General	5
		Business Education	2
		Curriculum & Instruction	1
		Elementary Education	2
		English Education	4
		Health Education	1
		Math Education	2
		Physical Education	1
		Science Education	1
		Social Science Education	2
		Technical & Adult Education	1
<u>Race</u>			
White	28		
Black	3		
Hispanic	1		
<u>Academic Status</u>			
Sophomore	2		
Junior	5		
Senior	15		
Graduate	10		
<u>Previous Counseling Experience</u>			
Yes	11		
No	21		

APPENDIX B

COUNSELOR INSTRUCTIONS

The study will be conducted in the Claxton Education building, Room 15. I will first meet with the client, explain the procedures, and get informed consent. The client is to discuss a real personal problem with you, and he/she will have already told me what the problem is so that I can make sure it's appropriate. After getting the client situated, I'll let you know we're ready. I'll then introduce the two of you, turn on the tape, and leave the room. I'll be in the adjoining room during your session and will listen to the session through an intercom.

I realize that there are artificial constraints in a study like this. Within those limitations, try to make the counseling session as realistic as possible, especially since the client will be discussing an actual personal problem. Be empathic. During the session, you will make 4 counselor disclosures. The rest of the time, confine your responses to open-ended questions, reflections of feeling, and reflections of content. Please do not make any other types of counselor responses (such as interpretations, suggestions, reassurance, etc.).

During each session, you will make a total of four counselor disclosures: 1) one positive self-disclosing statement, 2) one negative self-disclosing statement, 3) one positive self-involving statement, and 4) one negative self-involving statement.

Self-disclosing statements are about the past or present personal experiences of the counselor outside of the counseling session. Positive self-disclosures reveal either 1) a personal strength or value, 2) a helpful or effective way in which you cope or have coped with a situation similar to the client's concern, or 3) something useful you have learned. Negative self-disclosures reveal a negative experience, feeling, concern, difficulty, or personal limitation similar to the client's concern.

Self-involving statements reveal the counselor's personal reactions to or feelings about the client, the client's statements, or the client's behaviors. Notice that there are two aspects to a self-involving statement: 1) the counselor's reactions or feelings concerning 2) the client's statements or behaviors. Please make sure that these statements are made in the present tense rather than past tense. For example, you could say, "I'm glad you're being so open with me." However, don't say, "I've appreciated the way you've been so open with me."

Examples of Self-Disclosing and Self-Involving Statements

Positive Self-Disclosing Statements

1. "Sometimes when I get upset with my friends, I'm tempted to hold my feelings inside, but I find it's more helpful to openly tell them how I feel. That's important to me."
2. "Something that I've found helpful when struggling with this issue is to _____."
3. "When I'm feeling tense and anxious, running helps me relax so that I can deal with the stress better."
4. "When my husband and I get mad at each other, I find it helpful to ask myself what I'm doing to make the situation worse. Then I can work on changing it."
5. "My religious faith is a source of strength for me, especially when I'm feeling torn and confused."

Negative Self-Disclosing Statements

1. "There are times when I get angry at my parents, too."
2. "I felt very lonely when I first moved here, too."
3. "When I don't do my best, I sometimes get real down on myself, and then I feel even worse."
4. "When I was a student, I sometimes got very anxious about taking important tests."
5. "I used to worry about pleasing my friends so much that I'd do whatever they wanted, even if I wanted to do something else."

Positive Self-Involving Statements

1. "I feel good about how hard you're working to deal with this, even though it's very scary for you."
2. "I want you to know I see a lot of honesty and integrity in how you're handling this situation."
3. "Your efforts to make those changes in yourself sound very appropriate and healthy to me; I really support them."
4. "I admire/respect your ability to _____."
5. "I like the way you're willing to examine how you may be contributing to the problems--instead of simply blaming _____ for what's happening between you two."

Negative Self-Involving Statements

1. "I'm concerned that you're taking responsibility for his feelings."
2. "I'm frustrated that you keep talking about your boyfriend's problems instead of telling me how you feel."
3. "I feel sad that you're being so harsh and critical toward yourself."

4. "I'm worried that you're beginning to feel hopeless about this situation."
5. "Something that's confusing me is that you say you're really bothered by this problem and yet you talk about it in an uninvolved way."

Order of Disclosure

The four disclosures need to be made in a specific order which will remain the same throughout the study. The order is:

- 1) negative self-disclosing
- 2) negative self-involving
- 3) positive self-disclosing
- 4) positive self-involving

Timing of Disclosures

You need to wait at least 5 minutes, but no more than 10 minutes, before making your first disclosure. During that time, ask open-ended questions, reflect feelings, and reflect content. Then make your first disclosure whenever you can find an appropriate moment. Try to spread out the remaining 3 disclosures as best as you can so that at least several minutes elapse between disclosures. Within these limits, make a strong effort to disclose at times which would be most appropriate in a real counseling session.

After you have made all four disclosures and after 20-25 minutes have passed, I will knock on the door, and then I'll come in and say that the time's up. At that point, you can say goodbye to the client and leave. Your part will be finished.

Debriefing

Please know that I will debrief each client about the purpose and procedures of the study and will answer any possible questions. I will also explain to them how this session was different from an actual counseling session. The clients know that they are participating in a research study rather than receiving real counseling.

If you think that a client needs counseling, please let me know as soon as you leave the room. I will definitely discuss counseling with any client who seems to need or desire counseling.

APPENDIX C

SESSION RECALL FORM

Think back to that moment during the counseling session when the counselor made the last statement you heard on the tape. Try to remember exactly what you were thinking and feeling at that moment.

Then, we'd like for you to circle the number on each of the following questions which best describes your thoughts and feelings at the moment the counselor originally made the statement.

Your responses will be totally anonymous. They will only be identified by a number so that there is no way to associate you with the ratings you make. The counselor will never see your ratings.

1. How helpful or hindering was the counselor's statement at that time?

1	2	3	4	5	6	7	8	9
Extremely Hindering	Greatly Hindering	Moderately Hindering	Slightly Hindering	Neutral	Slightly Helpful	Moderately Helpful	Greatly Helpful	Extremely Helpful

2. How much comfort or discomfort did you feel at that time?

1	2	3	4	5	6	7	8	9
Extreme Discomfort	Great Discomfort	Moderate Discomfort	Slight Discomfort	Neutral	Slight Comfort	Moderate Comfort	Great Comfort	Extreme Comfort

3. How appropriate or inappropriate did you think the counselor's statement was at that time?

1	2	3	4	5	6	7	8	9
Extremely Inappropriate	Greatly Inappropriate	Moderately Inappropriate	Slightly Inappropriate	Neutral	Slightly Appropriate	Moderately Appropriate	Greatly Appropriate	Extremely Appropriate

4. In terms of status, how did you feel that the counselor was relating to you at that time?

1	2	3	4	5	6	7	8	9
Extremely Inferior	Greatly Inferior	Moderately Inferior	Slightly Inferior	Equal	Slightly Superior	Moderately Superior	Greatly Superior	Extremely Superior

5. Client Reactions List: (Write down the numbers of the reactions you felt)

When the tape was stopped, to what extent were you able to remember what you were thinking and feeling when the counselor originally made the statement?

- | | | | | |
|------------------------------|------------------------|--------------------------|----------------------|------------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Could not
remember at all | Remembered
slightly | Remembered
moderately | Remembered
mostly | Remembered
almost totally |

APPENDIX D

CLIENT REACTIONS SYSTEM

Instructions: Try to remember what you were feeling when the counselor made the statement. List the numbers of the reactions you felt when you first heard what the counselor said. Choose those reactions that best describe your experience, even if every part of the definition does not apply or the phrasing is not exactly accurate. Choose at least one reaction and no more than five for each counselor statement.

1. UNDERSTOOD: I felt that my counselor really understood me and knew what I was saying or what was going on with me.
2. SUPPORTED: I felt accepted, reassured, liked, cared for, or safe.
3. CLOSER TO COUNSELOR: I felt like my counselor was on my side or I came to trust, like, respect, or admire my counselor more. This may have involved a change in my relationship with my counselor, such that we resolved a problem between us.
4. HOPEFUL: I felt confident, encouraged, optimistic, strong, pleased, or happy, and felt like I could change.
5. RELIEF: I felt less depressed, anxious, guilty, angry, or had fewer uncomfortable or painful feelings.
6. NEGATIVE THOUGHTS OR BEHAVIORS: I became aware of specific negative thoughts or behaviors which cause problems for me or others.
7. BETTER SELF-UNDERSTANDING: I gained new insight about myself, saw new connections, or began to understand why I behaved or felt a certain way. This new understanding helped me accept and like myself.
8. CLEAR: I got more focused about what I was really trying to say, what areas I need to change in my life, what my goals are, or what I want to work on in counseling.
9. FEELINGS: I felt a greater awareness or deepening of feelings or could express my emotions better.
10. RESPONSIBILITY: I accepted my role in events and blamed others less.

11. UNSTUCK: I overcame a block and felt freed up and more involved in what I have to do in counseling.
12. NEW PERSPECTIVE: I gained a new understanding of another person, situation, or the world. I understand why people or things are as they are.
13. EDUCATED: I gained greater knowledge or information. I learned something I had not known.
14. NEW WAYS TO BEHAVE: I learned specific ideas about what I can do differently to cope with particular situations or problems. I solved a problem, made a choice or decision, or decided to take a risk.
15. CHALLENGED: I felt shook up, forced to question myself, or to look at issues I had been avoiding.
16. SCARED: I felt overwhelmed, afraid, or wanted to avoid or not admit to having some feeling or problem. I may have felt that my counselor was too pushy or would disapprove of me or would not like me.
17. WORSE: I felt less hopeful, sicker, out of control, dumb, incompetent, ashamed, or like giving up. Perhaps my counselor ignored me, criticized me, hurt me, pitied me, or treated me as weak and helpless. I may have felt jealous of or competitive with my counselor.
18. STUCK: I felt blocked, impatient or bored. I did not know what to do next or how to get out of the situation. I felt dissatisfied with the progress of counseling or having to go over the same things again.
19. LACK OF DIRECTION: I felt angry or upset that my counselor didn't give me enough guidance or direction.
20. CONFUSED: I did not know how I was feeling or felt distracted from what I wanted to say. I was puzzled or could not understand what my counselor was trying to say. I was not sure I agreed with my counselor.
21. MISUNDERSTOOD: I felt that my counselor did not really hear what I was trying to say, misjudged me, or made assumptions about me that were incorrect.
22. NO REACTION: I had no particular reaction. My counselor may have been making social conversation, gathering information, or was unclear.

APPENDIX E

PROTOCOL FOR THE RESEARCHER

Before the Counseling Session

1. When the client-participant arrives, the researcher will introduce herself and take the person to the room where the study is being conducted.
2. Informed Consent: "First of all, I need to get your consent to participate in this study. This sheet [the researcher hands him or her the informed consent form] explains the basic procedures and also describes your rights as a volunteer in a research study. Go ahead and read it, and see if you have any questions." After the client reads the form, the researcher will answer any possible questions and obtain the person's signature.
3. Explain Procedures: After reconfirming the problem which the client intends to discuss, the researcher says, "During your session with the counselor, I'll be in the room next door, listening to the session through an intercom. After about 20-25 minutes, I'll come back, and your counselor will leave. You and I will then watch the videotape together. That's when I'll be getting your reactions to the counseling session. OK?" After an acknowledgement from the client, the researcher says, "Your counselor is (name of counselor). I'll go get him/her now."
4. When the researcher returns with the counselor, she introduces the client and the counselor and then says, "I'll be back in about 20-25 minutes." The researcher turns on the VCR, checks to make sure the intercom is on, and leaves the room.

Recall Session

1. After the counseling session has continued for 20-25 minutes, the researcher knocks on the door and then opens it and says, "Time's up." The counselor will then leave.
2. CRF-S: The researcher says, "Before you start giving your reactions to the session, I want to assure you that your answers will be completely anonymous. No one will be able to associate your responses with you. These forms will simply be identified by a number. Your counselor will never know about any of the ratings you make."

"Before we begin watching the videotape, I'd like for you to fill out a form concerning your overall reactions to the counselor." The researcher gives the CRF-S to the client. "First, read the

instructions." After the client reads them, the researcher asks, "Do you have any questions?" If the person has no questions, the researcher states, "Then go ahead and fill out the form." Otherwise, the researcher will answer the questions.

3. Client Reactions System: After the client completes the CRF-S, the researcher says, "Next, we're going to watch the videotape of your session. I'll stop the tape at various points, and then you'll give your reactions to what the counselor said at that point. You'll be using two forms during this process. The first is this list, which contains 22 different kinds of reactions that clients may have to statements their counselor makes." The researcher hands the client a copy of the Client Reactions System. "Feel free to take as much time as you need to read the instructions and get familiar with the descriptions for each kind of reaction." When the client finishes, the researcher asks, "Do you have any questions about this list?" If the person has questions, the researcher will answer them.

4. Session Recall Form: The researcher then gives the client the SRF. "This is the form you'll use for filling out your reactions to the counseling session. Go ahead and read the instructions." After the client finishes, the researcher asks, "Any questions at this point?" If the person has questions, the researcher will answer them. The researcher then says, "Go ahead and turn to the second page. As you can see, there are four different questions on this page. Each time I stop the tape, answer all four questions on this page first. Then use the Reactions list to select the categories which describe how the counselor's statement affected you. Remember, you can pick between one and five different reactions. Just write down right here [the researcher points to the location] the numbers of the categories that best describe your experience." The researcher checks to see if there are any questions. "As we watch the tape, I'll put my hand up here [on the Stop button of the VCR] whenever we get to the beginning of a statement you'll be rating. Ready?"

5. Watching the Videotape: The first time the researcher stops the tape, she will say, "That's the first counselor statement for you to rate. I'm not going to watch you fill out the form because I don't want to see any of your answers. So, let me know whenever you're ready to continue." The researcher looks away from the direction of the client and simply waits for him/her to say she/he is ready. The researcher then continues playing the videotape. After the client has rated the last counselor statement, the researcher will collect the SRF and Client Reactions System. The researcher will then debrief the client and answer any possible questions.

APPENDIX F

INSTRUCTIONS FOR RATERS

The statements you will be rating can be classified into six categories: 1) positive self-disclosing, 2) negative self-disclosing, 3) positive self-involving, 4) negative self-involving, 5) reflections of feeling and/or content, and 6) questions.

In general, self-disclosing statements are about the past or present personal experiences of the counselor outside of the counseling session. The counselor shares information about herself, her feelings, and/or her experiences which are separate from the client and the counseling session.

In contrast, self-involving statements reveal the counselor's reactions to or feelings about the client, the client's statements, or the client's behaviors. These statements are in the present tense.

Positive Self-Disclosing

The counselor reveals either: 1) a personal strength or value, 2) a helpful or effective way in which he copes or has coped with a difficult experience, or 3) something useful he has learned.

1. "Something that I've found helpful when struggling with this issue is to _____."
2. "Sometimes when I get upset with my friends, I'm tempted to hold my feelings inside, but I find it's more helpful when I openly tell them how I feel. That's important to me."
3. "When I'm feeling tense and anxious, running helps me relax so that I can deal with the stress better."
4. "When my wife and I get mad at each other, I try to ask myself what I'm doing to make the situation worse. Then I can work on changing it."
5. "My religious faith is a source of strength for me, especially when I'm feeling torn and confused."

Negative Self-Disclosing Statements

The counselor reveals some negative experience, feeling, concern, or difficulty, or some personal limitation which he has experienced in the past or present.

1. "There are times when I get angry at my parents, too."
2. "I felt very lonely when I first moved here, too."
3. "When I don't do my best, I sometimes get real down on myself, and then I feel even worse."

4. "When I was a student, I sometimes got very anxious about taking important tests."

5. "I used to worry about pleasing my friends so much that I'd do whatever they wanted, even if I wanted to do something else."

Positive Self-Involving Statements

The counselor expresses a positive reaction to the client, the client's statements, or the client's behaviors. Possible reactions include respect, support, liking, affirmation, or any positive feeling. This would also include the counselor pointing out what she sees as positive qualities the client possesses.

1. "I feel good about how hard you're working to deal with this, even though it's very scary for you."

2. "I want you to know I see a lot of honesty and integrity in your behavior."

3. "Your efforts to make those changes in yourself sound very appropriate and healthy to me."

4. "I admire/respect your ability to _____."

5. "I like the way you're willing to examine how you may be contributing to the problems--instead of simply blaming _____ for what's happening between you two."

Negative Self-Involving Statements

The counselor expresses some type of negative reaction to the client, the client's statements, or the client's behaviors. Possible reactions include expressing concern, sadness, frustration, confusion, etc. These statements may have a confrontive quality to them, e.g., pointing out a discrepancy between the client's words and behaviors or pointing out something the client is doing that is nonbeneficial or problematic for the client.

1. "I'm frustrated that you keep talking about your boyfriend's problems instead of telling me how you feel."

2. "I'm concerned that you're taking responsibility for his feelings."

3. "I feel sad that you're being so harsh and critical toward yourself."

4. "I'm worried that you're beginning to feel hopeless about this situation."

5. "Something that's confusing me is--you say you're really bothered by this problem, and yet you talk about it in an uninvolved way."

Reflections

These can include reflections of feelings or reflections of content.

1. "You're angry at her for putting this pressure on you."
2. "Sounds like you feel you've done everything you can to change the situation."
3. "You're frustrated that he keeps ignoring you."

Questions

These include questions in which the counselor seeks information or clarification from the client.

1. "What do you want from her?"
2. "What do you plan to do if that happens?"
3. "How will you handle that?"

APPENDIX G

INFORMED CONSENT FORM

Your participation in a research study on counseling is requested. You will be asked to discuss with a counselor some real concern that you are currently having. This session will last 20-25 minutes and will be videotaped. After the session, you will be asked to view the videotape with the project director and record your impressions of the interview at selected points. This second part of the interview will last about 40 minutes. From studying your reactions, we hope to gain a better understanding of how clients perceive the counseling process. If you desire further counseling regarding the concern you will discuss, a counselor will be made available at your request.

In order to protect your anonymity, only the project director will know your name. The written materials will be identified by a coding system and will not contain your name. All results of this study will be reported as group statistics. The tapes that are made in this study will be kept in the desk of the project director's office; they will be protected and kept confidential. Upon completion of this study, they will be erased.

Statement of Permission

I understand that this research is being conducted by Jo Ann Powell, a doctoral student in the Department of Educational and Counseling Psychology, and Mark A. Hector, a professor in the Department of Educational and Counseling Psychology at The University of Tennessee. I have read the above description and understand that it is a truthful representation of this project. I consent to participate in the project with the understanding that my consent may be withdrawn at any time without penalty. I further understand that my participation in this research is on a voluntary basis. If I have questions now or later regarding my participation, I can contact the project directors at the address listed below.

Date _____

Signature

Jo Ann Powell, M.S.
Mark A. Hector, Ph.D.
Department of Educational
and Counseling Psychology
108 Claxton Education Bldg.
The University of Tennessee
Knoxville, TN 37996-3400
Phone: (615) 974-5146

Printed Name

APPENDIX H

DATA

#	CoSex	ClSex	Age	CoExp	Attract	<u>CRF-S</u>	
						Expert	Trust
1	M	F	21	N	24	24	27
2	M	F	22	N	25	22	24
3	M	F	33	Y	22	20	21
4	F	F	20	Y	27	23	26
5	M	M	21	N	22	11	23
6	F	M	39	Y	28	26	28
7	M	M	23	N	25	19	22
8	F	F	45	Y	22	20	22
9	M	F	22	N	23	23	27
10	F	F	22	N	27	23	26
11	F	M	20	N	25	16	22
12	F	M	22	N	21	25	24
13	F	F	24	Y	22	20	21
14	F	F	19	N	28	26	28
15	F	M	25	N	25	21	25
16	F	F	30	N	27	22	28
17	M	M	21	N	25	27	24
18	M	F	29	Y	22	25	24
19	M	M	55	N	24	28	28
20	F	F	34	N	25	24	25
21	M	M	22	Y	27	28	28
22	M	M	39	Y	24	25	28
23	M	F	22	N	24	23	26
24	M	M	40	Y	20	16	20
25	M	M	23	N	26	24	27
26	M	F	21	N	26	24	26
27	M	F	34	N	24	25	26
28	F	M	21	N	26	23	27
29	F	F	20	N	23	21	24
30	F	M	21	N	28	26	26
31	F	M	44	Y	25	25	26
32	F	M	22	Y	26	25	25

DATA (continued)

#	<u>Helpfulness</u>						<u>Comfort</u>					
	NSD	R	NSI	PSD	Q	PSI	NSD	R	NSI	PSD	Q	PSI
1	7	6	5	6	9	8	7	8	6	5	5	8
2	6	8	8	8	7	9	7	8	8	7	8	9
3	5	6	5	6	6	6	6	5	5	6	5	6
4	9	7	8	9	6	8	8	7	7	9	5	8
5	5	7	6	4	5	6	3	7	7	4	2	5
6	8	7	5	7	8	8	6	6	5	7	5	8
7	8	6	8	9	7	9	7	5	8	8	4	9
8	8	8	8	8	8	8	8	6	6	7	5	4
9	7	8	4	9	7	8	7	7	4	2	4	7
10	7	6	5	8	8	8	8	6	5	7	4	7
11	6	6	5	7	8	7	7	4	4	7	7	7
12	8	8	8	7	7	9	8	9	8	7	3	8
13	6	6	4	5	5	6	5	6	4	5	6	6
14	9	6	8	9	7	9	9	7	9	8	6	9
15	7	7	4	4	6	6	7	7	4	4	4	7
16	6	7	5	7	2	8	5	2	4	4	2	7
17	7	8	4	7	9	9	8	9	4	9	8	7
18	6	7	7	8	7	4	4	7	7	8	8	4
19	6	6	8	8	5	8	6	5	7	8	6	8
20	7	8	8	9	8	7	8	7	8	9	4	6
21	8	6	7	7	7	8	8	7	5	7	6	8
22	7	6	6	5	7	7	8	7	5	7	3	7
23	7	8	7	9	7	8	8	5	7	8	4	8
24	4	6	3	7	8	7	3	5	4	7	1	8
25	6	5	8	8	5	8	3	6	3	8	4	7
26	6	6	5	6	6	7	6	6	6	6	6	8
27	7	5	8	7	7	8	8	5	3	8	7	8
28	8	8	9	9	7	9	8	8	8	9	7	9
29	6	5	6	7	4	6	4	4	4	3	4	3
30	7	6	7	9	7	9	8	4	7	9	8	9
31	7	8	9	7	7	8	6	6	8	4	3	6
32	6	3	8	8	4	6	4	4	8	8	4	6

DATA (Continued)

#	<u>Appropriateness</u>						<u>Relational Status</u>					
	NSD	R	NSI	PSD	Q	PSI	NSD	R	NSI	PSD	Q	PSI
1	8	8	7	7	9	9	5	5	5	5	5	5
2	7	9	9	8	8	9	5	5	5	5	5	5
3	7	6	7	7	7	6	5	5	5	5	5	5
4	8	7	8	9	6	8	8	7	8	9	5	8
5	3	7	8	3	5	5	5	5	6	5	5	6
6	8	7	8	8	8	8	5	5	5	5	5	6
7	9	7	8	9	8	9	5	5	5	5	5	5
8	8	8	8	8	8	8	5	5	5	5	5	5
9	8	8	7	9	7	8	5	7	6	5	7	5
10	8	7	7	8	8	8	5	5	5	5	6	5
11	8	7	6	7	8	6	5	5	5	5	5	5
12	8	8	9	8	7	8	9	9	8	8	8	8
13	5	6	4	5	6	6	5	5	5	5	5	5
14	9	7	8	9	7	9	5	5	5	5	5	5
15	8	8	3	5	7	6	5	5	5	5	5	6
16	7	9	8	8	5	7	5	5	5	5	5	5
17	6	7	9	8	9	8	8	9	7	9	8	9
18	4	7	8	8	9	4	6	5	5	5	5	8
19	9	9	7	9	8	9	5	5	7	5	4	6
20	7	8	8	9	8	7	5	5	6	5	6	4
21	8	7	7	7	7	8	7	7	6	5	6	8
22	8	7	7	7	8	7	5	5	5	5	5	5
23	9	8	5	8	5	7	5	5	6	5	5	6
24	5	8	6	7	9	7	5	5	6	5	5	5
25	8	5	8	9	4	7	6	5	6	6	4	7
26	7	7	6	6	7	7	5	7	5	5	5	6
27	8	7	8	8	8	8	5	5	5	5	5	5
28	9	8	8	9	9	9	5	5	5	5	5	5
29	7	7	7	7	4	7	5	5	5	5	5	6
30	9	7	8	9	9	9	5	6	5	5	7	5
31	8	8	9	7	6	8	5	5	5	6	4	5
32	6	4	8	8	4	6	5	4	5	5	6	5

Note. CoSex = counselor sex; ClSex = client sex; CoExp = counseling experience; NSD = negative self-disclosing; R = reflection; NSI = negative self-involving; PSD = positive self-disclosing; Q = question; PSI = positive self-involving.

VITA

Jo Ann Powell was born in Arlington, Texas on February 18, 1953. She received a Bachelor of Music degree from Texas Christian University in 1975 and then entered Brite Divinity School at Texas Christian University. In 1978, she completed a Master of Divinity degree and was ordained as a minister in the Christian Church (Disciples of Christ). She spent one year as Minister of Youth and Education at Central Christian Church in San Antonio, Texas and then worked for three years as a United States Air Force chaplain. During that time, she received a Master of Science degree in Counseling from Troy State University in Montgomery, Alabama.

In 1984, she entered the doctoral program in counseling psychology at the University of Tennessee, Knoxville. She completed a one year internship at the University of Tennessee Student Counseling Center. Both the doctoral program and the internship are accredited by the American Psychological Association.

Ms. Powell received the Doctor of Philosophy degree in December 1989. She is a member of Phi Kappa Phi, Gamma Beta Phi, and Alpha Chi. She has been a student affiliate of the American Psychological Association and has made presentations at the 1987 and 1989 annual conventions of the American Psychological Association. She is currently employed as a staff psychologist at the University of Tennessee Student Counseling Center.