Impact of intimacy of therapist self-disclosure on the therapy process

Kim Nadler

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IMPACT OF INTIMACY OF THERAPIST SELF-DISCLOSURE
ON THE THERAPY PROCESS

A Thesis
Presented to the
Faculty of
California State College
San Bernardino

by
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Approved by:

Chairperson

Date: May 25, 1978
ABSTRACT

The present study was designed to measure nature of disclosure reciprocity relative to three levels of interviewer (therapist) disclosure intimacy: low, medium, and high. Ninety-nine female subjects read transcripts of subject-interviewer (client-therapist) dialogue containing neutral interviewer responses and interviewer self-disclosures. The self-disclosures were systematically varied in level of intimacy. Subjects then participated in a 15-minute structured tape-recorded interview about their personal concerns. Responses to the initial questions by the interviewer yielded average length of time talked and average intimacy of responses. The first five-minute segments of the interview yielded average percentage of problem statements and the average percentage of self-references emitted. It was hypothesized that a medium level of interviewer intimacy would be most facilitative of the outcome measures. An analysis of variance indicated no significant differential effects. Implications of these findings were discussed. I concluded that the design of the study and situational stress of the subjects were significant issues in explaining the results.
TO DR. KEN FLETCHER,
WHOSE EXISTENCE IS AN INSPIRATION
TOWARD MY OWN PERSONAL AND
PROFESSIONAL GROWTH.

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ACKNOWLEDGEMENTS

I disclose my deepest thanks to the following friends and associates, all of whom helped me pull myself through this project.

Dr. Christopher O'Hare
Dr. Lynda Warren
Dr. Gloria Cowan
Dr. Mac Eaton
Dr. Paul Corneil
Dr. Bob O'Brien
Marbeth Munn
Donna George
Nora McLaughlin
Kathryn and David Hyde
Rama Kirn Kahr Comeau
Gary Spencer
CHAPTER I

INTRODUCTION

Traditionally, client self-disclosure has been one of the major objectives of verbal psychotherapies. Jourard (1964) states:

The situation called psychotherapy is nothing more than a situation wherein a person, the patient, alienated from (herself), troubled, . . . starts to disclose (her) self to the other person, the therapist. When the patient blocks (her) disclosure the therapist must call upon (her) skill to overcome the resistance of the client, thus, promoting more client self-disclosure. (p. 11)

In fact, Anchor (1971) evaluates the effectiveness of psychotherapy by the extent to which a patient actually shares self-disclosing material with the therapist.

The various schools of thought prescribe different sets of therapist responses or skills as being facilitative of such client self-disclosure. Therapist self-disclosure, one possible response mode, has received considerable attention in the past 10 years, both in therapeutic practice and experimental research. A number of studies have indicated that helper self-disclosure is a measureable behavioral construct in contemporary psychotherapy research (Anchor, 1973; Berger & Anchor, 1970; Jourard, 1971). O'Hare (1975) stated that "investigation of the impact of
help-intended verbal self-disclosure has consistently found that this response facilitates clients' or subjects' verbal self-disclosure and other behaviors related to a beneficial process" (p. 1).

In their reviews of the literature both Dooley (1972) and Molinoff (1973) note the lack of good empirical studies of self-disclosure effects on the helping process. Heller (1969) summarizes how laboratory and clinical studies focusing on helper self-disclosure have significant meaning for actual helping relationships:

> The purpose of clinical laboratory research is to determine what factors produce change, under what conditions they operate best, and how they should be combined to produce an effective therapeutic package. The therapeutic agents thus identified can then be studied in clinical field research to obtain information about the interaction of therapeutic ingredients with personality and setting characteristics that are part of actual treatment. (pp. 524-525)

In the following discussion I will indicate how helper self-disclosure has been defined, what methods have been used to measure self-disclosure, and what aspects of self-disclosure have been measured. Following this, is a summary of research strategies used in the area with a special emphasis on the analogue approach which is used in the present study.

**Definition and Research Characteristics of Helper Self-Disclosure**

In the current study, self-disclosure is defined as it is most frequently used in the literature by Jourard (1964)
and others (O'Hare, 1975) to represent a verbal statement that reveals any personal material about the speaker and which makes specific reference to the speaker. Self-disclosure is hypothesized to be facilitative of the communication process between the self-disclosing interviewer (therapist) and subject (client). The definition is limited to linguistic self-reference and relevance to the particular interpersonal situation where the disclosure must be intended as helpful to the ongoing communication process (O'Hare, 1975).

Although many of the previous therapy and therapy analogue studies (Culbert, 1968; Kickenson, 1965; Dooley, 1973; Rogers, 1960) have used different operational definitions of helper self-disclosure, O'Hare (1975) has found that research on helper self-disclosure shows that it can be rated with a high degree of rater-reliability, coefficients ranging from .68 to .95.

Measurement of Self-Disclosure

The pioneer in the measurement of self-disclosure is Jourard (1958) who developed an instrument, Jourard's Self-Disclosure Questionnaire (JSDQ), which is the most widely used to assess individual differences in self-disclosure. The original measure (Jourard & Laskow, 1958) consisted of 60 items—10 items in each of 6 content areas: attitudes and opinions, tastes and interests, work (or
studies), money, personality, and body. Subjects responded to each item on the questionnaire by indicating how much they have disclosed the information to four target persons: mother, father, best opposite-sex friend, and best same-sex friend. The items were scored from 0 to 2 where 0 indicated no disclosure; 1 indicated disclosure in general terms; and 2 indicated full disclosure.

Subsequent research has used various modifications of the JSDQ. These measures differ on many dimensions and despite these modifications described by Pedersen and Highbee (1968) are considered to be equivalent.

The 60-item questionnaire does not accurately predict actual self-disclosure. The explanation Cozby (1973) offers is that the scores on the JSDQ reflect subjects' past history of disclosure to well known target persons. When actual disclosure is measured, the subject (client) is disclosing to an experimenter (therapist) or to peers whom the subject has never met.

Little information is known about the frequency of natural occurrence of subject (client) or interviewer (therapist) self-disclosure. In most studies using content analysis systems (e.g., Bales, 1950; Snyder, 1954; Strupp & Wallach, 1965) self-disclosure has not been separated and measured as a response mode. In studies (Culbert, 1968; Dooley, 1973) that have evaluated frequencies, 3 to 49 percent of the total number of helper statements were
self-disclosures. It has been suggested by Molinoff (1974) that females are more likely to respond to self-disclosure than males.

Later, Jourard (1969) developed a 40-item questionnaire which has been shown to predict actual self-disclosure. The questionnaire asks subjects to indicate what they have disclosed to someone in the past and what they would be willing to disclose to a stranger of the same sex.

Other experimenters have developed measures of self-disclosure that have not been used extensively (West & Zingle, 1969; Vondracek & Vondracek, 1971; Rickers-Ovsiankina & Kusimin, 1958; Polansky, 1965).

Taylor and Altman (1966) rated 671 statements by topic for intimacy value which can be and have been used by experimenters to construct a self-disclosure questionnaire. The 40-item questionnaire developed by Jourard (1969) uses Taylor and Altman statements. Vondracek and Marshall (1971) also used Taylor and Altman (1966) statements in a 144-item questionnaire. These experimenters used "best friend" as their target person, and found a correlation of .25 ($p < .05$) with actual disclosure in an interview situation.

In brief, the original problem undertaken by researchers was the development of a method for measuring and predicting self-disclosure. Those studies indicate self-disclosure as a unidimensional variable. Subsequent investigators have hypothesized helper self-disclosure to be a multidimensional
variable. Following is a review of these hypothesized aspects of self-disclosure.

Parameters and Dimensions of Self-Disclosure

Altman and Taylor (1973), Culbert (1970), and O'Hare (1975) have hypothesized helper self-disclosure to be a multi-dimensional variable. Culbert discusses the importance of appropriateness, motivation, timing, tense, content and other dimensions. O'Hare (1975) studied the impact of intimacy and temporal orientation of helper self-disclosure. Included in the present study are the dimensions of intimacy and frequency of self-disclosure. These and other primary dimensions will be discussed.

Intimacy of Self-Disclosure

As mentioned, Taylor and Altman (1966) scaled disclosure statements for intimacy value and topical category. These rated topics have been used in further research (O'Hare, 1975) on helper self-disclosure. Each of these topical categories has been found to have a unique modal level and range of intimacy ratings. These findings support Jourard and Laskow's (1958) study in which they found certain topic areas much less likely to be disclosed than others.

Intimacy of self-disclosure has received the most attention of all the dimensions of self-disclosure. Taylor and Altman (1966) were among the first to define operationally intimacy of self-disclosure through use of a
Thurstone-type scaling procedure. They have in more recent studies (1973) related intimacy of self-disclosure characteristics of the personality: the more intimate the disclosure the more likely it is to reflect core characteristics of the personality. These authors along with others (e.g., Altman & Haythorn, 1965; Taylor, 1968; Taylor, Altman, & Sorrention, 1969) have studied the impact of intimacy of self-disclosure on the subject. They have found an inverse relationship between amount of intimacy and disclosure in that individuals disclose less about more intimate topics. Other investigators (Jourard & Jaffee, 1970; Pedersen & Breglio, 1968; Vondracek, 1969; and Worthy, Gary & Kahn, 1969) have acknowledged the significance of intimacy of self-disclosure as a predictor of impact on the listener or subject. These authors have developed their own scales similar to those of Taylor and Altman (1966).

In O'Hare's (1975) study on the impact of helper self-disclosure on the helping process, the Taylor and Altman method was used to establish disclosures with known levels of intimacy. The interviewer self-disclosures in his study were rated by a group of undergraduate women with the same characteristics as those who were studied. High intimacy disclosures had an average rating of 8.82 on an 11-point Thurstone-type (1929) scale, medium intimacy disclosures had an average rating of 6.61, and low intimacy disclosures had an average rating of 4.85. The differences
between these ratings of intimacy were shown to be statistically significant ($p < .0001$). In the current study intimacy of self-disclosure is defined on the same continuum of low, medium and high.

**Content of Self-Disclosure**

Although content of self-disclosure is of great significance for understanding the impact of helper self-disclosure, few researchers have done more than allude to its importance. Some research has been done on the positive or negative aspects of the disclosure. Levin and Gergin (1969) found that persons disclose more positive aspects of themselves when trying to be liked than when trying to be honest.

Simonson and Bahr (1974) make specific reference to the importance of the content of self-disclosure. They found that both professional and para-professional therapists elicited greater disclosure with demographic disclosure than no helper self-disclosure. In their conclusions they caution that, "comments about the impact of self-disclosure must be tempered by consideration about content, . . . and a variety of other factors" (p.363).

**Amount/Duration/Breadth/Frequency of Self-Disclosure**

There are various methods in the literature to measure how much information is revealed by a disclosure. Altman and Taylor (1963) use breadth to measure amount of disclosure.
Most of their measures involve frequency counts of topic areas or number of statements. Pedersen and Breglio (1968) counted the number of words used to answer personal questions. Vondracek (1969) timed subjects' verbalizations during the interview, carefully omitting periods of silence and interviewer statements. Jourard and Jaffee (1970) counted the number of seconds a person self-disclosed. Kionsky (1974) notes in his review that breadth of self-disclosure includes total amount of time talking, total number of content areas discussed, total number of statements within a given content area, and the total amount of time spent conversing.

Research Strategies

In reviewing the literature on self-disclosure two major categories of research strategies emerged: live therapy studies and analogue studies. The live therapy studies compare the impact of different therapists who utilize different therapy styles or compare differing therapy styles administered by the same therapist. In the latter strategy there is a further differentiation between those therapists who consciously exhibit a predetermined therapy style and those therapists who exhibit different therapy styles naturally. Even further, for those studies focusing on the client's responses to natural therapy style differences of the same therapist, some studies utilized self-report measures while others used external raters.

The analogue studies focus on the manipulation of the
experimenters' (therapists') behavior. The experimental intervention is presented artificially or live, in one experience or as an ongoing experience. The following discussion summarizes representative analogue studies similar in process to the present study.

**Analogue Strategy**

The analogue study is a popular method due to the necessity of controlling variables not always feasible in a live therapy strategy. These studies make use of group as well as individual settings.

**Artificial Presentation of Experimental Intervention**

Studies utilizing this approach present the experimental intervention to the subjects by audio tape recording, video tape recording, or written transcript. The presentation is made either as one experience as the initial part of the experiment or else as a series of experiences in an ongoing task.

**Initial Presentation of Experimental Manipulation**

Bundza and Simonson (1973) studied the effects of therapist self-disclosure on client impressions of the therapist and willingness to disclose. Subjects were presented with one of three forms of written transcripts. The transcripts varied in psychotherapy style: therapist made no self-disclosure, therapist made no self-disclosure
but warm supportive comments, therapist made self-disclosure and warm supportive comments. The subjects then rated their willingness to disclose to the therapist on a self-disclosure questionnaire. The subjects also rated their impressions of the therapist on an adjective check-list. Lastly, the subjects were interviewed by a therapist who asked each subject a standard set of open-ended questions. The authors indicated that the degree of actual disclosure by the subjects appeared to be highly correlated with their willingness to disclose.

A similar approach was used by Simonson and Bahr (1974) to study the effects of self-disclosure by identified professional and paraprofessional therapists. Subjects listened to tape recordings which varied relative to three conditions: no therapist disclosure, general nonintimate therapist comments about past experiences, personally revealing but unusual therapist self-disclosures. Subjects were told that the interviewer was either an experienced professional or a trained paraprofessional. As in the previous study a self-disclosure questionnaire was completed on subjects' willingness to disclose. In addition, these subjects completed a questionnaire on their reaction to the therapist. All subjects were then interviewed with an identical series of open-ended questions. A general measure was obtained from the tape recordings of the interview. The data obtained from the three outcome measures were parallel
and indicated a significant difference for all three levels of therapist responses as well as for the two kinds of identified interviewers. They conclude that "The major finding of this study was that the therapist who made warm, accepting, self-disclosing remarks to the client in a simulated therapy transcription impressed the subject as being the most nurturant and elicited the greatest willingness to self-disclose" (p. 21).

On-Going Presentation

In this method of study the subjects' role play since the experimental intervention is artificial and the subjects' experience is vicarious. Dies, Cohen, and Pines (1973) utilized advanced undergraduate psychology majors in their study of perceptions of therapists' self-disclosure in different group contacts. Subjects rated statements that might be made by a therapist during a group discussion. The disclosures ranged in intimacy from low to high. Subjects were asked to rate how helpful or harmful they felt each disclosure would be to both a therapy and encounter group situation and relative to a first, eighth, or fifteenth meeting session. The results indicated that with an increase in time the disclosures were seen as more appropriate in encounter groups as opposed to therapy groups.

Live In-Vivo Presentation

The experimenter/therapist presents subjects with the
primary manipulation live in a face-to-face situation.
The subject experiences the intervention either as the
initial part of the experiment or as a series of interven-
tions in an on-going experimental task.

Initial Presentation

Jourard and Friedman (1970) studied experimenter-
subject "distance" and self-disclosure. Subjects were
asked to disclose on eight topics varying in intimacy from
low to high. After entering the interview room subjects
were immediately presented with the intervention: (a) the
experimenter was quiet, only asking the subject to begin;
or else the experimenter was disclosing for 3 to 5 minutes
and (b) the experimenter had no physical contact with the
subject, or else he "touched the subject by putting his hand
in the center of the subjects' back as the subject entered
the room, guiding him to the chair with a light but
noticeable pressure" (p. 280). Measures were taken of the
amount of time that each subject disclosed on the eight
topics. Subjects were asked to give ratings of their
feelings toward the experimenter and their general impression
of the experimenter. The results indicated that the
subjects who interacted with the self-disclosing experimenter
disclosed themselves at greater length. The touching in
conjunction with the therapist self-disclosure resulted in
more disclosure from the subjects than touching alone. In
addition, subjects had more positive feelings when there was
greater experimenter-subject closeness.

On-Going Presentation

These studies characteristically take the form of a live interview in which the experimenter systematically varies her responses to the subject relative to the subjects' task. Vondracek and Vondracek (1971) studied the effects of disclosure input, target sex, and subject sex on self-disclosure in preadolescents. Subjects disclosed information about themselves which they would ordinarily reveal only to a few special people. The interviewer remained quiet in the first three minutes of the session allowing for a baseline of subject disclosure. Following the first three minutes the experimenter/therapist made a personal self-disclosure or an impersonal comment. Then a second three-minute period followed in which the subject was to disclose again. This pattern was repeated once more. The authors concluded:

It was found that neither interviewer sex nor subject sex affected the disclosure statements of the subjects in any systematic manner. However, disclosing statements by the adult interviewers tended to increase self-disclosure by the subjects, most notably in areas corresponding to the content of the interviewers' disclosures. (p. 57)

Impact of Helper Self-Disclosure on Client Self-Disclosure

In addition to the various dimensions of self-disclosure reviewed in the literature is the area of causal mechanisms
of self-disclosure. In this area investigators hypothesize what process takes place to facilitate client self-disclosure. This area has been of great interest due to recent studies resulting in findings contrary to past research findings. The majority of studies on the impact of helper self-disclosure indicate a linear trend: If the therapist discloses a great deal, so will the client; if the therapist discloses a moderate amount, the client will do the same. The new trend in the recent literature reveals a curvilinear relationship between the amount disclosed by the therapist and client such that a medium amount disclosed by the therapist will facilitate the most disclosure from the client and, therefore, is most beneficial to the helping process. If the therapist discloses a low or high amount the client will disclose less, being less beneficial to the helping process. The curvilinear inverted U function and linear function is explained by the researchers with different causal mechanisms.

The current study is concerned with the impact of intimacy of helper self-disclosure on the client's self-disclosure due to this discrepancy in the literature.

In a review of the literature O'Hare (1975) indicates the following:

For the most part, the research on helper self-disclosure comes from three areas in psychology: Clinical therapy research, small group and interpersonal process research, and social learning research. Clinical research on the
psychotherapy process has tended to focus on helper self-disclosure due to its hypothesized facilitation of (1) a warm, supportive, safe environment and/or (2) the therapist credibility, realness, and genuineness in her relationship with the client. Social psychology research of interpersonal processes has focused on self-disclosure effects as a function of (3) a social norm of reciprocity and/or (4) social exchange based on reward/cost factors. Social learning researchers have attempted to explain the effects of self-disclosure by reference to (5) modeling and imitation (6) operant conditioning and/or (7) instruction feedback. (p. 73)

All of the above mechanisms are of relevance to the subject of self-disclosure. A discussion of the social norm of reciprocity will follow due to its relevence to the current study.

Social Norm of Reciprocity

Many researchers have investigated reciprocity of self-disclosure. Jourard (1959) measured self-disclosure in a group of female college nursing faculty. He found that the amount disclosed to a given colleague correlated highly with the amount of disclosure received from the colleague. This process was labeled by Jourard (1959, 1964) and his colleagues (Jourard & Landsman, 1960; Jourard & Richman, 1963) the "dyadic effect." Gouldner (1960) discusses the same effect in more general terms as the "norm of reciprocity."

The investigation of this process has been extended by others researching different variables concerning reciprocity. Levinger and Senn (1967) studied reciprocity of disclosure of feelings in marital relationships. Other studies in this
area have used confederates who disclose in varying amounts to a listener. In any case, whether varying intimacy (Ehrlich & Graeven, 1971) or the number of statements disclosed (Chittick & Himelstein, 1967) the studies have shown that the high disclosing confederate or subject elicits greater self-disclosure than the low disclosing confederate or subject.

Worthy, Gary, and Kahn (1969) in their study on disclosure reciprocity discovered that those subjects who received more intimate disclosure from another subject tended to disclose more intimate information about themselves to that subject. Tognoli (1969) gave further support to this matching of intimacy levels of disclosure. This investigator did find some evidence for nonlinearity of the social reciprocity effect. As the intimacy level of disclosure became high, the subjects reported discomfort although they continued to disclose. Cozby (1972) found a similar process supporting nonlinearity of the social reciprocity effect. At the highest level of intimacy of self-disclosure his results showed a decreased proportion of reciprocity.

Levin and Gergen (1969) hypothesized a curvilinear relationship in their study of disclosure reciprocity. They suggested that medium amounts of disclosure from another person indicates a desire for a closer relationship, whereas someone who self-discloses is seen as lacking discretion. The study resulted in findings nonsupportive of the curvilinear
hypothesis. Levin and Gergen concluded that "the more information revealed by the other, the greater the absolute amount returned. On the other hand, in economic terms, the subjects revealed proportionately less as the partner reveals more and more" (p. 448).

To explain the curvilinear effect of reciprocity some researchers have adopted a theory of "social exchange" based on interpersonal reward/cost experiences (Altman & Taylor, 1973). This reward/cost theory allows for an explanation of both curvilinearity and linearity of effects of helper self-disclosure. If the interaction contains only rewards for both persons involved, the disclosure will be reciprocated equally; but if cost factors enter in, such as one person beginning to feel vulnerable due to high levels of self-disclosure, then disclosure will be reciprocated in a smaller amount.

In Simonson and Bahr's (1974) analogue study of the effects of self-disclosure by a professional versus a para-professional therapist, the professional disclosed information of a personal nature and elicited significantly less client self-disclosure than did information disclosed at the demographic or less personal level. These findings were consistent for both reported willingness to disclose to the therapist after listening to taped excerpts of previous subject-therapist dialogues, and actual amount of disclosure the subject produced in session. The authors use a cost/
reward theory to explain their findings. They suggest that the demographic disclosure was rewarding, while nonself-disclosure was least rewarding due to cost factors present in the personal disclosures. These hypothesized cost factors resulted from the subjects' perception of personal therapist self-disclosure in an initial interview being interpersonally inappropriate, especially since the disclosure came from a professional role. The same effect did not occur with the paraprofessional therapist.

O'Hare (1975) also hypothesized a curvilinear effect in his study on the effects of helper self-disclosure on the helping process. It was hypothesized that a medium level of intimacy of self-disclosure would be most facilitative in the helping process. A trend analysis did not support this hypothesis and further data inspection showed that the curvilinear function was manifested for two of five dependent measures: average percent of emitted self-disclosure sentences and average state of problem expression. A trend analysis on these measures was not significant.

In summation, the bulk of the literature supports the hypothesis of linearity for reciprocity of helper self-disclosure. However, a number of studies indicate a curvilinearity of reciprocity under certain conditions (Altman & Taylor, 1973; Cozby, 1972; Simonson & Bahr, 1974; Tognoli, 1969).
O'Hare (1975) Analogue Study

A therapy analogue approach was utilized by O'Hare (1975) on which the present study is based. Subjects in O'Hare's research were asked to read written transcripts of segments of subject-interviewer/helper dialogue containing interviewer/helper self-disclosures which were systematically varied relative to level of intimacy and kind of temporal orientation. The subjects read the transcripts, rated their degree of willingness to disclose their personal concerns to the identified interviewer on a questionnaire and then were interviewed about their personal concerns with the interview being tape recorded.

Transcripts of subject-interviewer dialogues were the medium for the experimental intervention. Transcripts varied in interviewer intimacy of self-disclosure and temporal orientation.

From the same five-minute segment of tape recorded interview two trained rates using "A Rater's Guide to the Problem Expression Scale" (Bobele, 1965) obtained a measure of "manner of subjects problem expression" on the Problem Expression Scale (van der Veen & Tomlinson, 1967).

The final measure was the average level of intimacy of samples of each subject's disclosures as determined by a Thurstone-type (1929) 11-point rating scale made by 44 undergraduate females having the same biographical characteristics as the experimental subjects. The level of
intimacy of each subject's response was based on an average of the ratings given to two four-sentence samples beginning at the second and seventh minute respectively. The four sentence samples were used because this was the average length of the interviewer self-disclosures in the experimental transcripts.

O'Hare hypothesized:

Increasing degrees of intimacy will manifest an inverted U function in terms of facilitating subjects' behaviors as measured by the dependent variables. The medium level of intimacy will be most facilitative; low level will be least facilitative; and high level will be intermediate facilitative. (p. 23)

O'Hare's trend analysis indicated that a medium level of intimacy was more facilitative of percentage of emitted disclosures ($F = 3.02, p < .08$) and tended to be more facilitative of level of problem expression ($F = 1.06, p < .21$). The results on other measures were inconclusive. O'Hare concluded that the failure to obtain significance may have been due to the analogue approach to the study, and specifically failure to control for subject's attention to the experimental transcripts.

The questionnaire used by O'Hare (1975) to assess subjects' willingness to disclose was a modified 50-item Altman and Taylor (1973) Self-Disclosure Questionnaire. The questions revealed: (1) Average amount of self-reported willingness to disclose and (2) Average intimacy of self-reported willingness to disclose.
In the 15-minute tape recorded interview about subjects' personal concerns, the interviewer explained in a structured speech, the purpose of the interview, and that she—the interviewer—would occasionally comment or ask a question, but for the most part she would be listening and trying to understand. The interviewer then asked the first standarized question, "Maybe you could start by telling me about whatever personal concern is most on your mind or which you feel is most pressing." After pursuing this question twice, the interviewer then asked the subjects to talk about any personal concerns (issues, difficulties, problems) she would like to change about herself or her situation in regard to specific topics.

O'Hare obtained three dependent measures from the taped interviews, the first being the percentage of self-disclosures by each subject. This measure was of five-minute duration, beginning at the second minute of the interview and ending at the seventh minute.

Current Study

In reviewing this study (O'Hare, 1975) it is evident that alternative measures may produce more conclusive or clarifying results regarding the original hypotheses. With this in mind a new set of measures was developed. The current study is designed to investigate only the impact of levels of intimacy of interviewer self-disclosure on the emitted responses of subjects. Temporal orientation was
not analyzed since this variable appears to be confounded to some degree (O'Hare, 1977).

Definition of Independent Variables

Self-disclosure is defined as verbal statements in which the speaker tells something about herself.

Intimacy of self-disclosure is defined on a continuum of low, medium, and high. Low intimacy self-disclosures are statements about oneself that are readily accessible, generally known, socially conventional, superficial and result in no negative consequences if revealed. High intimacy self-disclosures are statements about oneself that are difficult to share, generally not known, possibly socially nonconventional, are seen by the discloser as unique to herself, and involve an element of some risk resulting in possible negative consequences.

Definition of Dependent Variables

Four measures were used in the present study to obtain data on the impact of intimacy of therapist self-disclosure. The first measure was the length of time of the first and second subject responses to the initial interviewer question. The subjects' first and second responses to the interviewer question were also rated for intimacy which constituted the second dependent variable. Intimacy was determined by an 11-point Thurstone-type scale. Percentage of self-references emitted by subjects in the first five minutes made up the
third variable. The fourth variable was the percentage of problem statements emitted by subjects in the first five minutes. A problem statement was defined on "The Problem Expression Scale" as Stage 4 or higher: "The individual talks about [her] his own reactions in or to the problem situation" (van der Veen & Tomlinson, 1964.)

Hypotheses

1. Length of time of subject responses to the standardized interviewer questions will produce a curvilinear inverted U function with a medium level of intimacy producing the greatest length of time talked.

2. Intimacy of the responses to the initial standardized interviewer questions will produce a curvilinear inverted U function with a medium level of intimacy producing the most intimacy.

3. The percentage of self-references relative to total verbal output in the first five minutes of the interview will produce a curvilinear inverted U function with a medium level of intimacy producing the greatest percentage of self-references.

4. The percentage of problem statements relative to total statements expressed in the first five minutes of the interview will produce a curvilinear inverted U function with a medium level of intimacy producing the greatest percentage of problem statements.
CHAPTER II

METHOD

Subjects

The subjects of the current study are the same as those who had been previously tape recorded by O'Hare (1975). In actuality the subjects of the present study are the tape recorded voices of the O'Hare study. They were 99 undergraduate females; single, ranging in age from 18 to 22 and had never had any personal experience with counseling or psychotherapy.

In the O'Hare study, these subjects were randomly assigned to one of nine experimental conditions, an equal number (N = 11) in each condition. The conditions in the O'Hare study were low, medium, or high intimacy of interviewer's self-disclosure and historical, current or immediate temporal orientation of interviewer self-disclosure. In the present study the variable of temporal orientation has not been analyzed. Subjects, therefore, were randomly assigned to one of three conditions--low, medium, or high intimacy of interviewer self-disclosure, an equal number (N = 33) in each condition.

Stimulus Materials

The same nine typed transcripts (O'Hare, 1975) of
subject-interviewer dialogues were the medium for the experimental intervention (Appendix A, examples of transcripts of subject-interviewer dialogues), (O'Hare, 1975).

Each transcript contained 16 excerpts of subject-interviewer dialogue, each excerpt consisting of a minimum of one set of sentences by the subject identifying some personal concern and a following set of sentences by the interviewer responding to the subject's personal concern. In all excerpts in all transcripts the subject's statements were identical. In eight excerpts in all transcripts the interviewer's statements were neutral, . . . In the other eight excerpts in all transcripts, the interviewer's statements contained a self-disclosure statement in which the interviewer revealed personal material about herself while making explicit reference to herself . . . The self-disclosures varied systematically relative to three levels of intimacy (and three kinds of temporal orientation). The method used by Taylor and Altman (1966) was employed to establish known levels of intimacy. (O'Hare, 1975, pp. 24-26).

In the O'Hare study, 32 undergraduate females with the same biographical characteristics as the experimental population determined the intimacy ratings of those interviewer self-disclosures. High intimacy interviewer disclosures had an average rating of 8.82, medium intimacy disclosure, 6.61, and low intimacy disclosure, 4.85 on an 11-point Thurstone-type scale. An analysis of variance showed these to be significant (p < .0001).

Procedure
The subjects used in the O'Hare (1975) study signed up for a two-hour experiment. When they arrived O'Hare met them, identified himself as the research assistant and then gave them their instructions (Appendix B, session one
instructions, (O'Hare, 1975). Subjects were asked to fill out a general information questionnaire (O'Hare, 1975) to determine their qualification to continue in the experiment. They then filled out a time schedule form (O'Hare, 1975) to determine when they could participate in the interview. Subjects were informed the study was to look at how therapy clients expressed personal problems and what the therapist can do to help the client express those problems. They were then instructed to come back for a second session in which they would be interviewed by a female "Ph.D. clinical psychologist." The interviewer was, in fact, a 28-year-old married woman who was a senior psychology major. The subjects were told that the interview would be tape recorded and therefore they must sign a consent form (O'Hare, 1975).

Subjects who were qualified were contacted by phone for their interview. As the subject arrived she was met by O'Hare and he read her a description of the nature of the second session (Appendix C, session two instructions), (O'Hare, 1975). She "was told that in order to familiarize her with the nature of the interview and with what the interviewer was like excerpts of subject-interviewer dialogue from previous interviews about female personal concerns had been prepared and that she would be asked to read these excerpts" (O'Hare, 1975). Each subject was given a transcript consonant with the experimental condition to which she was assigned. Following the reading of the transcripts, subjects
were asked to fill out a 50-item modified Altman and Taylor (1973) Self-Disclosure Questionnaire (SDQ) (Appendix D), (O'Hare, 1975). The data collected from this questionnaire was not used in the present study. After the subjects finished the questionnaire, the interviewer met the subject, introduced herself and asked the subject to come to the interview room (Appendix E, instructions for interviewer's behavior). The interviewer then turned on the tape recorder, briefly reviewed the purpose of the interview and asked the subject to begin by telling about whatever personal concern was most on her mind or which she found most pressing. After pursuing this question twice, the interviewer asked the subject to talk about any personal concerns she would like to change about herself, family, personal beliefs, and values, peer relationships, and emotions and feelings. Throughout the interview the interviewer remained quiet and neutral, utilizing predetermined minimal verbal and nonverbal responses in order to keep her behavior constant. When the interview was over, the interviewer brought the subject back to O'Hare and the debriefing took place.

**Measures**

In the current study the following apparatus was used: cassette recordings of the 99 O'Hare (1975) interviews, stop watch, 11-point Thurstone-type scale for intimacy, "The Problem Expression Scale" with raters' guide (van der Veen and Tomlinson, 1971; Bobele, 1965), 13 intimacy
scaled categories as listed in a study by Taylor and Altman (1966).

All analysis procedures were applied to the 99 tape recorded interviews of the O'Hare study. The first two analysis procedures focus on the first and second subject responses to the initial standardized interviewer question: "Maybe you could start by telling about whatever personal concern is most on your mind or which you find most pressing." The rationale for analyzing these first responses, different from those analyzed by O'Hare, is that the effect of the experimental transcripts should be greatest immediately following the reading of the transcripts, before any content questions and interview effects have taken place.

Two trained raters obtained the first data by measuring the length of time talked in seconds in response to the first and second standardized interviewer questions. From examining pilot study interviews (O'Hare, 1975), I observed that subjects who willingly discussed personal concerns for any length of time appeared to be more self-disclosing than subjects who talked for short periods of time.

The second analysis procedure provided the intimacy of the first and second responses to the initial standardized interviewer question. Thirteen Self-Disclosure Categories (Appendix F, Measures of Female Psychological Attitudes Toward Self-Disclosure), (Taylor & Altman, 1966) were rated for intimacy on an 11-point Thurstone-type scale by 30
females with the same biographical characteristics as the experimental population. Two trained raters obtained the frequency of statements emitted by each subject for each of the 13 categories.

The final two measures focused on the first five minutes of the interview after the interviewer asked the standardized questions. The purpose of this five-minute interval was to aid in the comparison of results with other studies in this area where five-minute intervals are standard. The O'Hare study also used five-minute intervals but began at the second minute of the interview after the standardized interviewer questions. For the third measure, two trained raters obtained a frequency count of self-references emitted by the subjects. Words like "I," "me," "mine," and "we," were counted. A second pair of trained raters obtained the frequency of total words emitted in order to calculate the percentage of self-references emitted in the first five minutes of the interview.

A final pair of trained raters, using "A Raters Guide to the Problem Expression Scale" (Bobele, 1965), obtained the frequency of statements emitted at Stage 4 or higher on the "Problem Expression Scale" (van der Veen & Tomlinson, 1964), and the frequency of other statements emitted. In a Stage 4 statement "The individual talks about [her] his reaction in or to the problem situation." Other statements counted were all other statements emitted in the five-minute period.
CHAPTER III

RESULTS

Statistical Analyses

The four dependent measures were tested using a one-way analysis of variance with a test for linear trend and deviation from a linear trend. In order to test for a possible relationship between the treatment means for each dependent variable a Duncan's Multiple Range test was performed. This test may indicate a significant relationship between treatment means when there is a nonsignificant treatment mean square.

Analysis of Results

The results indicate nonsignificant differences between treatment means for all four dependent variables (Tables 1-4).

Hypothesis I predicted that a medium level of interviewer intimacy of self-disclosure would produce lengthier subject responses than low or high levels of interviewer intimacy of self-disclosure to the standardized interviewer questions. An analysis of variance on the outcome measure of time in seconds did not support this hypothesis (Table 5, p > .05). Inspection of the means show that the curvilinear inverted U function was manifested but a trend analysis shows this to be insignificant (Table 1).
Table 1
Average Time Talked Relative to Low, Medium and High Intimacy

<table>
<thead>
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<th>Medium</th>
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<tr>
<td>X</td>
<td>171.37</td>
<td>193.94</td>
<td>188.95</td>
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<tr>
<td>SD</td>
<td>61.72</td>
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Table 2
Average Intimacy of Subject Self-Disclosure Relative to Low, Medium and High Intimacy

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<td>SD</td>
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Table 3
Average Percentage of Self-References Relative to Low, Medium and High Intimacy

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<td>SD</td>
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Table 4

Average Percentage of Problem Statements Relative to Low, Medium and High Intimacy

<table>
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<tr>
<td>SD</td>
<td>.09</td>
<td>.07</td>
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Table 5

Analysis of Variance and Test for Linear Trend of Length of Time Talked

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<td>Linear Term</td>
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<td>Deviation from Linear</td>
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<td>4181.4042</td>
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<td>Within Groups</td>
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<td>11640.6483</td>
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<tr>
<td>Total</td>
<td>98</td>
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Hypothesis 2 predicted that a medium level of interviewer intimacy of self-disclosure would produce more intimate subject self-disclosure than low or high levels of interviewer intimacy of self-disclosure. An analysis of variance on the outcome measure of intimacy of subject self-disclosure did not
support the hypothesis (Table 6, $p > .05$).

Hypothesis 3 predicted a medium level of interviewer intimacy would produce greater percentage of subject self-references than low or high levels of interviewer intimacy of self-disclosure. An analysis of variance on the outcome measure of self-references did not support this hypothesis (Table 7, $p > .05$).

Hypothesis 4 predicted that a medium level of interviewer intimacy would produce a greater percentage of problem statements than low or high levels of interviewer intimacy of self-disclosure. An analysis of variance on the outcome measure of problem statements did not support this hypothesis (Table 8, $p > .05$).

A Duncan's Multiple Range Test was performed on the means of the treatment groups for each dependent measure resulting in no significant comparisons at the .05 and .10 level of significance.

Table 6
Analysis of Variance and Test for Linear Trend of Intimacy of Subject Self-Disclosure

<table>
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<td>Linear Term</td>
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<tr>
<td>Deviation from Linear</td>
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<td>.024</td>
<td>.633</td>
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<tr>
<td>Within Groups</td>
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<tr>
<td>Total</td>
<td>98</td>
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Table 7
Analysis of Variance and Test for Linear Trend of Percentage of Self-References

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<td>Linear Term</td>
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<td>.0000</td>
<td>.008</td>
<td>.551</td>
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<tr>
<td>Deviation from Linear</td>
<td>1</td>
<td>.0001</td>
<td>.175</td>
<td>.657</td>
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<tr>
<td>Within Groups</td>
<td>96</td>
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<tr>
<td>Total</td>
<td>98</td>
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</table>

Table 8
Analysis of Variance and Test for Linear Trend of Percentage of Problem Statements

<table>
<thead>
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<td>Linear Term</td>
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<td>.676</td>
<td>.418</td>
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<tr>
<td>Deviation from Linear</td>
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<td>.0028</td>
<td>.358</td>
<td>.557</td>
</tr>
<tr>
<td>Within Groups</td>
<td>96</td>
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<td></td>
</tr>
<tr>
<td>Total</td>
<td>98</td>
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</table>

Rating Reliability of Outcome Measures

The two trained raters who counted frequency of problem statements spent 4 hours in training and achieved a Pearson's interrater correlation of .87 during a reliability check.
These raters also reached a similarly high correlation of .98 when counting frequency of other statements. The correlations achieved for this measure are higher than the previously reported ranges (Clark & Culbert, 1965, \( r_{xy} = .80 \); Culbert, 1968, \( r_{xy} = .66, .62, .59 \); van der Veen, 1965, \( r_{xy} = .46 \); van der Veen, 1967, \( r_{xy} = .44 \)).

A different pair of raters determined the number of expressed statements within the 13 self-disclosure categories for each subject. These 13 categories were previously rated for intimacy by 30 females with the same biographical characteristics as those of the experimental population. The average intimacy rating was calculated for the 13 self-disclosure categories and an analysis of variance was performed on the intimacy ratings to test for significance. These ratings were significant (Table 9, \( p < .001 \)). Average intimacy of these categories was determined (Table 9). The raters spent four hours in training and reached a Pearson's interrater correlation of .94 in the reliability check.

Two different raters timed the length of time talked in response to the interviewer questions and reached a Pearson's correlation of .95 in a reliability check.

A final pair of raters who counted the total words emitted from the subjects in the first five minutes spent four hours in training and achieved a Pearson's interrater correlation of .84.
Table 9
Average Intimacy of Subject Self-Disclosure Categories on the 11-point Thurstone-type Scale

<table>
<thead>
<tr>
<th>Category</th>
<th>Average Intimacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Religion</td>
<td>5.47</td>
</tr>
<tr>
<td>2. Own Marriage/Family</td>
<td>6.73</td>
</tr>
<tr>
<td>3. Love/Dating/Sex</td>
<td>8.93</td>
</tr>
<tr>
<td>4. Parental Family</td>
<td>5.87</td>
</tr>
<tr>
<td>5. Physical Condition/Appearance</td>
<td>5.67</td>
</tr>
<tr>
<td>6. Money/Property</td>
<td>5.73</td>
</tr>
<tr>
<td>7. Government/Politics/Current Events/Social Issues</td>
<td>2.90</td>
</tr>
<tr>
<td>8. Emotions/Feelings</td>
<td>7.67</td>
</tr>
<tr>
<td>9. Interests/Hobbies/Habits</td>
<td>2.73</td>
</tr>
<tr>
<td>10. Relationships with Others</td>
<td>5.40</td>
</tr>
<tr>
<td>11. Personal Attitudes/Values/Ethics/Self-Evaluation</td>
<td>5.43</td>
</tr>
<tr>
<td>12. School/Work</td>
<td>4.20</td>
</tr>
<tr>
<td>13. Biographical Characteristics</td>
<td>5.20</td>
</tr>
</tbody>
</table>

These raters also counted the frequency of self-references emitted in the first five minutes and achieved a Pearson's interrater reliability of .94.
CHAPTER IV

DISCUSSION

In the present study no significant difference between the three levels of interviewer intimacy of self-disclosure effect on subject's self-disclosure was obtained. These results indicate that the level of intimacy of interviewer self-disclosure had no effect or the same effect on the amount of intimacy of subject self-disclosure. These results are contrary to the majority of literature available. The researchers on the impact of therapist self-disclosure frequently discuss their findings as if they are unaffected by situational settings. The results in this study may indicate that the impact of interviewer self-disclosure is not free from situational limits. In fact, it may be highly situationally specific. This will be explained further in the following discussion.

Methodological Issues

I believe that the central problem with the present study is the nature of the experimental stimulus. The subjects were led to believe that the interviewer would respond to them in the same manner as written into the experimental transcripts. Instead of experiencing an interaction with the interviewer, the subjects received
little response and no self-disclosure from the interviewer. In debriefing, subjects indicated that they felt pressured to talk about something so that the tape recording of the session would not be blank. In conjunction with this I conclude that subjects felt awkward when the interviewer did not speak as they had been led to believe from the experimental transcripts. I believe that this lack of interviewer response and self-disclosure resulted in the achieved non-significant results. In effect, the experimental stimuli had little or no effect on the subjects and the lack of interviewer self-disclosure in the interview as expected may have had the greatest impact on the subjects, resulting in inhibited subject self-disclosure.

Although obvious, in order for one person to have some impact on a second, it is necessary that the second person be able to experience the message from the first. Since the experimental stimulus was written instead of verbalized live to the subject, I conclude that the self-disclosures may not have had an impact on the subjects. Some subjects reported in their debriefing that they did not read the transcripts thoroughly and some doubted the genuineness of the excerpts. For these same reasons Simonson and his colleagues (Bundza & Simonson, 1973; Simonson & Bahr, 1974) changed their procedures in similar analogue studies from written transcripts to audio-taped segments of the same dialogue, thus possibly having greater control over subject's constancy of
of attention to the stimuli. However, this change in procedure does not take care of the problem of subject expectation. This problem could only be corrected by using live therapy clients with actual self-disclosing therapists. This kind of live therapy study presents other problems in controlling extraneous variables and self-disclosure response styles.

Problems in methodology may occur with any research strategy. The strategy used in the present study was congruent with previous research and similar procedures have been used in other analogue studies with significant findings on the impact of self-disclosure (e.g., Cozby, 1972; Dies, Cohen, & Pines, 1973; Greenberg, 1969). Significant results have also been achieved in this area with the use of live therapy situations. However, as stated, for greater control of the independent variables an analogue approach was undertaken. There is the important question of whether results from an analogue approach such as this are generalizable to the live therapy situation. This question is relevant to the issue previously mentioned in which the situational aspects of the subject affect the amount and intimacy of emitted self-disclosure.

I conclude that although the selection criteria of subjects were established to maintain homogeneity for the experimental population and therefore control for demographic variables, the situational aspects of the subjects may have
biased the results. Unmarried subjects were used in accordance with a finding (Jourard, 1964) that married subjects respond differently to self-disclosure than unmarried subjects. Molinoff (1974) found that females are more responsive to self-disclosure, therefore the present study included only females. Evidence has been found to indicate there are age differences relative to impact of self-disclosure, therefore the age of the subjects was kept within 18-22 years of age. There were no subjects with any personal experience with counseling or psychotherapy. Subjects were required to have lived in the United States a minimum of 13 years to control for social conditioning relative to impact of self-disclosure. The subjects, college students, under the pressure of mid-term exams did in fact express their most pressing personal concern. Almost all of the subjects discussed school pressures, frustrations, and goals. They all had one common concern, but the concern was found to have a low intimacy rating of 4.2 (Table 8) on an 11-point scale. This low rating on a topic that almost all subjects discussed may have biased the results of intimacy of self-disclosure emitted.

In addition, although these 13 categories of self-disclosure were found to be significantly different, the range in intimacy between high to low is 4.81 out of a possible range of 10. This small range may account for the insignificant findings. Another difficulty in conjunction
with the measurement of intimacy has to do with the range of intimacy ratings of the written interviewer self-disclosure transcripts used as the experimental stimulus. The interviewer responses were rated and found to be significantly different (O'Hare, 1975). However, the range between low and high is only 3.97 out of a possible range of 10. The closeness of these ratings may have been a contributing factor to the results about impact of intimacy of interviewer self-disclosure.

Conclusions

It appears that the experimental design and constructs were consonant with the literature in the field. The execution of these was also systematic and controlled. This being the case, it is important to ask what conclusions can be drawn from the results relative to the theory and function of intimacy of therapist self-disclosure and future research in this area.

The question presented about intimacy is whether it functions in a linear or curvilinear fashion. The results of this study were inconclusive so that little can be said about the theoretical functioning of this dimension of therapist self-disclosure. Although differences were not obtained in this study, the wealth of literature in contradiction with these results supports the need for further clarification of the impact of intimacy of therapist self-disclosure, its functioning and situational determinants.
There is some indication in the literature that intimacy of self-disclosure interacts with duration of time, such that highly intimate self-disclosures which may be initially perceived as out of character for the therapist might with time be perceived as genuine and spontaneous. Most of the current studies, in conjunction with the present study, observe and manipulate the initial interview process. This is one area of recommendation for future research. Intuitively, it appears that the effect of therapist self-disclosure on subject self-disclosure should be measured over time. In addition it is suggested that live therapy situations or analogue studies with direct implementation of the experimental stimulus may have greater measureable impact upon the subject and may be more widely generalizable to the actual therapy process.
APPENDICES
APPENDIX A

TRANSCRIPTS OF SUBJECT-INTERVIEWER DIALOGUES
EXAMPLES OF DIALOGUES CONTAINING NEUTRAL INTERVIEWER STATEMENTS

Neutral Statement
Participant: Hmmmm...I don't think I have any really big problems at all...I guess I don't have anything to talk about....

Interviewer: It doesn't have to be a problem...maybe consider the difference between the way you are and the way you would like to be with loved ones and friends....

Participant: (Pause) ... Oh, I see. Well, I'd really like to be more patient and tolerant of other people...I'm awfully critical, even though most of the time I keep it to myself. It does end up making me feel bad, though.

Neutral Statement
Participant: My father's something else...I just don't understand him at all... (pause)...

Interviewer: What is it that he does that really upsets you?

Participant: Well...he acts like a great big kid...he tries to show off how good he is at something and ends up making a fool of himself...only he never seems to know it... (pause) ...I hate it! I hate him for doing it! Especially
when he does it around my friends...I could just die!

Examples of Dialogues Containing Interviewer Self-Disclosure Statements

Self-Disclosure Statement

High Intimacy

Participant: One of the situations I'd like to change is what's going on with my grandmother...she's been in the hospital for over a year...I love her, but taking care of her has really been killing my parents...I guess I wish she'd die.

Interviewer: I remember when my father was really ill and they thought he was going to die. I spent most of my time just trying to ease his pain--reading to him, making him comfortable, praying with him. I didn't know what happened, but my mother ended up bitter and jealous of my attentions to him...she used to badger me to take care of her and even threatened to commit suicide. Finally, I had to confront her...it made me feel sick being caught between my mother and father, both of whom I loved so dearly.

High Intimacy

Participant: One of the situations I'd like to change is what's going on with my grandmother...she's been in the hospital for over a year...I love her, but taking care of
her has really been killing my parents…I guess I wish she'd die.

Interviewer: You know, my father's really ill right now and they think he might die. I spend most of my time just trying to ease his pain—reading to him, making him comfortable, praying with him. I don't know what's happening, but my mother is bitter and jealous of my attentions to him...she badgers me to take care of her and even threatens to commit suicide. Lately, I've been confronting her...it makes me feel sick being caught between my mother and father, both of whom I love so dearly.

High Intimacy

Participant: One of the situations I'd like to change is what's going on with my grandmother...she's been in the hospital for over a year...I love her, but taking care of her has really been killing my parents…I guess I wish she'd die.

Interviewer: You know, I'm finding myself feeling both tender and protective of you and at the same time annoyed and angry. What you're saying feels a lot like my own situation—my father's really ill and they think he might die. I spend most of my time just trying to ease his pain. I don't know what's happening, but my mother is bitter and jealous of my attentions to him...she badgers me to take
care of her and even threatens to commit suicide...it makes me feel sick being caught between my mother and father, both of whom I love so dearly.

Medium Intimacy

Participant: One of the situations I'd like to change is what's going on with my grandmother...she's been in the hospital for over a year...I love her, but taking care of her has really been killing my parents...I guess I wish she'd die.

Interviewer: I remember when my younger sister, Julie, was ill once and they thought it was very serious. I spent a lot of my time and energy trying to cheer her up and make her feel better; I brought her books and flowers and sometimes even read to her. My best friend ended up resenting all the time I spent with Julie and eventually I had to confront her about it. I felt really bad being caught between two people I really cared about.

Medium Intimacy

Participant: One of the situations I'd like to change is what's going on with my grandmother...she's been in the hospital for over a year...I love her, but taking care of here has really been killing my parents...I guess I wish she'd die.
Interviewer: You know, my younger sister, Julie, is ill right now and they think it's very serious. I spend a lot of my time and energy trying to cheer her up and make her feel better; I bring her books and flowers and sometimes even read to her. My best friend resents all the time I spend with Julie and lately I've been having to confront her about it. I feel really bad being caught between two people I really care about.

Medium Intimacy

Participant: One of the situations I'd like to change is what's going on with my grandmother...she's been in the hospital for over a year...I love her, but taking care of her has really been killing my parents...I guess I wish she'd die.

Interviewer: You know, I'm finding myself both caring and critical of you at the same time. What you're saying feels a little like my own situation--my younger sister, Julie, is really ill and they think it's very serious. I spend a lot of my time and energy trying to cheer her up and make her feel better, but my best friend resents all the time I spend with Julie. Lately, I've been having to confront her about it. I feel really bad being caught between two people I really care about.
Low Intimacy

Participant: One of the situations I'd like to change is what's going on with my grandmother...she's been in the hospital for over a year...I love her, but taking care of her has really been killing my parents...I guess I wish she'd die.

Interviewer: I remember when the lady who lived next door to me had been sick for quite a while. I felt like I wanted to help her, but it sure took a lot of time--like picking up things at the store and doing errands. Some of the people I knew said I spent too much time. Even though it seemed like it would be easy to do a few errands, the things I did ended up taking a lot of time.

Low Intimacy

Participant: One of the situations I'd like to change is what's going on with my grandmother...she's been in the hospital for over a year...I love her, but taking care of her has really been killing my parents...I guess I wish she'd die.

Interviewer: You know, one of the ladies who lives next door to me has been sick for quite a while. I feel like I want to help her, but it sure takes a lot of time--like picking up things at the store and doing errands. Some of the people I know say I spend too much time. Even though
it seems like it will be easy to do a few errands, the things I do end up taking a lot of time.

**Low Intimacy**

Participant: One of the situations I'd like to change is what's going on with my grandmother...she's been in the hospital for over a year...I love her, but taking care of her has really been killing my parents...I guess I wish she'd die.

Interviewer: You know, I'm finding myself having conflicting feelings about you. What you're saying sounds a little like my own situation--one of the ladies who lives next door to me has been sick for quite a while. I feel I want to help her, but it sure takes a lot of time. Some of the people I know say I spend too much time. Even though it seems like it will be easy to do a few errands, the things I do end up taking a lot of time.
SESSION ONE INSTRUCTIONS

My name is Chris O'Hare. I'm the research assistant for this study. Are you all here for the study on female personal concerns?

*****

I will be reading this to you in order to make sure that I don't miss anything and in order to keep the instructions consistent for all subjects.

Basically, we're interested in finding out what modern female undergraduate personal concerns are. As part of this study, we will be asking you to tell us about yourself. In a few minutes, I will hand out a questionnaire asking for general background information as well as some personal information. I want to promise you that all information you let us know about yourself will be respected as private and will be handled with the strictest confidentiality. No one besides members of this study will have access to this information. After you have filled out the questionnaire, we will ask you to fill out a time schedule form about your weekly schedule. Today's participation is only one hour. We will be contacting you in regard to scheduling the second hour's participation. If at any time between now and your next participation you have any questions, I can be reached at this telephone extension -- X 52305. It is the
Psychology Clinic office in Franz Hall 2191. You can leave a message for me and I will be in touch with you.

Are there any questions?

*****

At this time we would like to ask you to fill out this General Information Questionnaire. The directions are self-explanatory. Please answer all questions as completely and as accurately as possible. When you are through filling it out, please bring it up to me in the front. At that time I will give you the Time Schedule form; please fill that out and return it to me as soon as you have finished filling it out.

*****

Now that you have filled out both forms, we can continue. We would like to tell you a little more about this part of the study. As I said earlier, we're interested in finding out what modern female undergraduate personal concerns are. More basically, we're interested in studying one aspect of what goes on in therapy, that is, the client's expression of personal problems and what the counselor or therapist can do to help the client better express those personal problems. At this point (emphasize), please know that this study is not the same as therapy. However, it does focus on one essential part of what goes on in therapy, that is, we will be asking you to express your personal concerns to us. But (emphasize), you are not to consider yourselves as clients in
therapy. Rather, you are subjects in a study about one aspect or part of what goes on in therapy, that is, the expression of personal problems and concerns by the client and the facilitation of such expression by the therapist.

In the next part of this study, you will be interviewed by a female Ph.D. clinical psychologist trained as psychotherapist and specializing in interviewing women about their most intimate personal concerns. The interview will last about a half hour. You will be asked to talk about your personal concerns during the interview. The interview will be tape recorded. We want to stress again that all information you tell us about yourself will be strictly confidential. No one but members of the study will have access to this information.

At this time, we would like to ask you to sign a consent form agreeing to the tape recording of your interview. The form also commits us to handling this information as absolutely confidential. If you wish, you may decide at this time not to continue with the study. You will be given credit for the time you have already spent as a subject. If at any time between now and the interview or during the interview you decide not to continue, you may do so without any penalty or prejudice to you and you will receive credit for the time you have already spent as a subject.

Are there any questions?

*****
Please sign these consent forms. If you have any questions about their content, please raise your hand and I will be happy to answer your questions.

*****

Within a few weeks we will be contacting you to set up a time for your interview. Each interview will begin on the hour. When you arrive, we will tell you a little more about the interview. You will then be interviewed for about a half hour by our interviewer. Following that, you will be given the opportunity to ask any questions you might have about this study.

Are there any questions at this point.

*****

Before you leave (emphasize), let me stress the importance of not discussing any aspect of this study with anybody until after the quarter is over.

Thank you. You may leave now. We will be in touch with you shortly.
APPENDIX C

SESSION TWO INSTRUCTIONS
SESSION TWO INSTRUCTIONS

And your name is?

*****

My name is Chris O'Hare and I'm the research assistant. I'll be reading these instructions to you like in the first session in order to make sure that I don't miss anything and in order to keep the instructions consistent for all participants.

First, I'd like to briefly go over some of what we told you during the first session. In general, we're interested in finding out what personal things concern the modern undergraduate woman. More specifically, we're interested in studying one aspect of what goes on in therapy and, that is, the client's expression of personal problems and what the counselor or therapist can do to help the client better express those personal problems. At this point (emphasize) please know that this study is not the same as therapy. I'm emphasizing this because people often confuse interviewing with counseling or therapy. However, this study does focus on one essential part of what goes on in therapy and, that is, we will be asking you to express your personal concerns to us. However, (emphasize) you are not to consider yourself a client in therapy. Rather, you are a participant in a
study about one aspect of what goes on in therapy and, that is, the client's expression of personal problems and concerns.

At this point, let me remind you that you may now or at any time during this hour discontinue your participation without any penalty or prejudice to you and you will receive your experimental credit for Psychology 10.

At this point, do you have any questions?

*****

In a few minutes you will meet your interviewer, Dr. Kathy Robbins. However, before you meet her, we'd like to give you some idea of what the interview will be like and what Dr. Robbins is like. In order to do this, we have prepared some excerpts from a number of similar interviews that she has done. These excerpts contain parts of dialogue of both the interviewer and various participants. The participants gave their consent for us to use these excerpts for this purpose. However, we will not be asking you to give consent to use your interview for similar purposes. Your interview will remain strictly confidential.

In a moment I will give you the excerpts of some of Dr. Robbins interviews. We'd like you to read these excerpts. In our experience and from what previous participants have told us, we've found that when someone has the opportunity to become a little familiar with both the nature of the interview, and how their interviewer
responds, that then this really helps to make the participant --that's you--a lot more comfortable and helps to make the interview go much more smoothly. At this time would you please read the excerpts of Dr. Robbins. When you're done, please return them to me.

****

Thank you. Now that you have some idea of what goes on in our interview, we'd like you to indicate to us to what extent you feel comfortable discussing various personal topics with Dr. Robbins. I will give you a questionnaire and I'd like you to indicate on this questionnaire how much you think you are willing to tell her. We hope you will feel free to discuss your concerns in detail; however, we don't want you to fully discuss any particular concern if you don't want to; although we would like to know what your most intimate concerns are. This questionnaire will give you an opportunity to let us know what areas you're willing to fully talk about, and what areas you'd rather not. When you are done, I will give this questionnaire to Dr. Robbins. She will use it as a guideline in her interview with you. As I said, we hope you will feel free to discuss your most intimate concerns with us, but we'd also like to respect your need for privacy such that you may be willing to tell us in general terms what your most intimate concerns are relative to some topics, while feeling comfortable discussing other concerns in detail. At this time, please read the
instructions and fill out this questionnaire. When you are through, please return it to me.

*****

Thank you. Excuse me while I take your questionnaire to Dr. Robbins.

*****

Dr. Robbins will be with you in a moment. You may leave your things here during the interview if you'd like.

*****

At this point the study is over. We'd like to thank you very much for your participation and cooperation. Let me just ask a couple of questions: (1) First, have you heard anything about this study or the interview from any person other than me?

*****

(2) Second, do you have any idea of specifically what it is being studied other than the general focus of the study we told you about?

*****

At this point, let me apologize for any discomfort you may have experienced during the course of this study or while you were being interviewed. A number of participants have indicated that they did feel uncomfortable during the interview, some saying they felt anxious, others saying they felt pressure and others just reporting a general discomfort. (3) I wonder whether you had any uncomfortable
feelings during the interview? How are you feeling now?

*****

At this point let me tell you more about this study. The basic question we're interested in finding out about is what effect therapist self-disclosure has on the client. By self-disclosure we mean anything that the therapist tells about herself, any personal information. If you recall, in the excerpts you read, there were a number of interviewer self-disclosures where the interviewer talked about personal things about herself. In this study, we vary the kinds of self-disclosures that are included in the excerpts. In other words, the excerpts you read do not really come from other interviews. They were made up to reflect different aspects of self-disclosure that we are interested in finding out about. Telling you that they came from other interviews is a deception and I'd like to apologize for that. Although we are interested in the scientific study of human behavior, we also want to be sensitive to your personal feelings. In this study, essentially what we are interested in is what effect these different kinds of self-disclosures had on your willingness to express your personal concerns. We get a measure of this from the questionnaire you filled out and we also get a measure from an analysis of the tape recording of your interview and what and how much you said. Since the first goal of counseling or therapy is to help the client express problems so that then these problems can be
talked about, understood and something done about them, we are interested in finding out what kinds of self-disclosures help the client to express problems and what kinds hinder the expression of personal problems. Basically, that's what we're interested in studying. Because the study has not been completed, I can not tell you all the details of the study. However, if you would like to leave your name and mailing address, we would be happy to send you a summary of the study and the findings when the study is completed. (Indicate where sign-up list is.)

At this point, let me make it clear that what you have experienced is not at all like real counseling or therapy. In counseling or therapy the therapist is primarily concerned with the client's welfare and helping the client to work out her problems. In this study, we are primarily interested in understanding part of what goes on in therapy and how to make it more effective. Thus, there is a major difference in goals between this study and real counseling or therapy. Another difference is that Dr. Robbins has been instructed to respond in a very structured and predetermined way in order to keep the interview conditions as similar as possible for all participants. This is certainly not like therapy where the therapist responds to each client as an individual relative to her individual concerns. Thus, you can see that there is a major difference in the basic helping relationship between your interview and real
counseling or therapy.

At this point, do you have any questions?

****

Thank you very much. Let me sign your card now.

I'd like to let you know that this study could be ruined if other participants who have not yet been interviewed found out about what it is specifically that we're studying and how the procedure works. Therefore, I want to stress the importance of your not discussing any aspect of any part of this study with anybody until the quarter is over. At that time we will have finished interviewing participants and you are free to talk about this study and your experience in it. However, please don't mention anything until then.

In addition, I'd like to stress that all information you have let us know about yourself will be handled with the strictest professional confidentiality. When the study is completed, we will destroy the questionnaires and erase the tapes.

If you should at any time in the future have any questions about this study or about your experience in it or about any feelings you may have had, please feel free to contact me. I am an advanced grad student in clinical psychology, trained as a psychotherapist, and I would be happy to talk with you about any questions you might have. I can be reached at the Psychology Clinic, Franz Hall 2191, at the end of this hall. You can leave a message for me
or call X52305 and I will return your call.

Again, thank you very much. Goodbye now.
APPENDIX D

SELF-DISCLOSURE QUESTIONNAIRE, INTIMACY VALUES, 
AND ANSWER SHEET
INSTRUCTIONS

Indicate on the separate answer sheet how much you are willing to let the interviewer know about the personal topics listed in this questionnaire through telling it to her.

Mark a "1" if you think you are definitely unwilling to let your interviewer know any personal information about a particular topic.

Mark a "2" if you think you are definitely willing to let your interviewer know some personal information about a particular topic, such that she will then have a partial picture of this aspect of yourself.

Mark a "3" if you think you are definitely willing to let your interviewer know completely about all personal information about a particular topic, such that she will then have a complete and accurate picture of this aspect of yourself.

Note: Some topics may not seem to pertain to you; for other topics you may not have many feelings or much information. In these cases, please indicate how much you are willing to let the interviewer know relative to what your feelings are or how much information you have about that particular personal topic. For example, if you feel
that disclosing about your "Political party preference" is not pertinent to you, but you are willing to completely discuss your personal thoughts and feelings about this topic with your interviewer, then indicate your complete willingness to discuss this topic by rating it a "3" on the separate answer sheet.
<table>
<thead>
<tr>
<th>Intimacy Values</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8.19 1.</td>
<td>Occasions when I pray</td>
</tr>
<tr>
<td>5.60 2.</td>
<td>What I would want my spouse's temperament to be</td>
</tr>
<tr>
<td>7.00 3.</td>
<td>Relatives (aunts, uncles, etc.) I have who I dislike and why I dislike them</td>
</tr>
<tr>
<td>10.35 4.</td>
<td>Things in the past or present that I feel ashamed or guilty about</td>
</tr>
<tr>
<td>7.25 5.</td>
<td>Things that I would not want people to find out about me if I ever ran for a political office</td>
</tr>
<tr>
<td>4.33 6.</td>
<td>How I budget my money—the proportion that goes for necessities, luxuries, etc.</td>
</tr>
<tr>
<td>9.13 7.</td>
<td>What kinds of things that I don't like people watching me do</td>
</tr>
<tr>
<td>6.00 8.</td>
<td>Whether or not I like to use drugs and if so what kind and when</td>
</tr>
<tr>
<td>1.13 9.</td>
<td>My favorite color</td>
</tr>
<tr>
<td>6.92 10.</td>
<td>The ways I feel about fellow workers who are not as good at their jobs as I am at mine</td>
</tr>
<tr>
<td>2.63 11.</td>
<td>How fond of excitement I am</td>
</tr>
<tr>
<td>8.75 12.</td>
<td>What I do to attract a member of the opposite sex</td>
</tr>
<tr>
<td>8.25 13.</td>
<td>Times it would be all right to go against my religious beliefs</td>
</tr>
<tr>
<td>5.33 14.</td>
<td>My feelings about people who are not of the same race as I am</td>
</tr>
<tr>
<td>6.43 15.</td>
<td>Times when I have wished that I could change something about my physical appearance</td>
</tr>
<tr>
<td>5.33 16.</td>
<td>My pet peeves</td>
</tr>
<tr>
<td>2.19 17.</td>
<td>The most boring and unenjoyable aspects of my work</td>
</tr>
<tr>
<td>Intimacy Values</td>
<td></td>
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<td>-----------------</td>
<td>------------------</td>
</tr>
<tr>
<td>8.86 18. My opinions about how capable and smart I am compared to others around me</td>
<td></td>
</tr>
<tr>
<td>6.40 19. A yearly record of my measurements (bust, waist, hips, thighs)</td>
<td></td>
</tr>
<tr>
<td>4.13 20. Whether or not I have ever worried about having &quot;bad breath&quot;</td>
<td></td>
</tr>
<tr>
<td>8.25 21. Feelings I have when I am &quot;chewed out&quot; or severely criticized</td>
<td></td>
</tr>
<tr>
<td>7.67 22. How much I care about what others think of me</td>
<td></td>
</tr>
<tr>
<td>6.33 23. Times when I have felt like breaking the law</td>
<td></td>
</tr>
<tr>
<td>5.80 24. Whether or not others owe money to me, the amount and who owes it to me</td>
<td></td>
</tr>
<tr>
<td>3.25 25. The kinds of clothes that I feel look best on me</td>
<td></td>
</tr>
<tr>
<td>5.92 26. Dangerous things I have done</td>
<td></td>
</tr>
<tr>
<td>2.78 27. Whether or not I like to participate in new fads and fashions</td>
<td></td>
</tr>
<tr>
<td>7.13 28. Whether or not I am able to tell people I really like them</td>
<td></td>
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<tr>
<td>9.18 29. Lies that I have told my friends</td>
<td></td>
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<tr>
<td>5.00 30. How I would feel about marrying a person of a different religion</td>
<td></td>
</tr>
<tr>
<td>9.58 31. How important I think sex will be in making my marriage a good one</td>
<td></td>
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<tr>
<td>5.18 32. Who in my family have the quickest tempers</td>
<td></td>
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<tr>
<td>5.58 33. My feelings if I see a man and a woman necking in public</td>
<td></td>
</tr>
<tr>
<td>9.57 34. Things I dislike about my mother</td>
<td></td>
</tr>
<tr>
<td>6.63 35. My feelings about how much independence I need</td>
<td></td>
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<tr>
<td>Intimacy Values</td>
<td></td>
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<td>----------------</td>
<td></td>
</tr>
<tr>
<td>5.86 36. Bad habits I have</td>
<td></td>
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<tr>
<td>7.14 37. How I really feel about the people I work for or work with</td>
<td></td>
</tr>
<tr>
<td>1.52 38. Insurance policies that I have (life, health, etc.)</td>
<td></td>
</tr>
<tr>
<td>7.80 39. Whether or not I ever lied to my boss</td>
<td></td>
</tr>
<tr>
<td>8.33 40. Why some people dislike me</td>
<td></td>
</tr>
<tr>
<td>5.38 41. Whether or not I enjoy reading sexy or dirty stories</td>
<td></td>
</tr>
<tr>
<td>7.08 42. Whether or not I would ever steal money if I had to have it</td>
<td></td>
</tr>
<tr>
<td>6.75 43. What annoys me most in people</td>
<td></td>
</tr>
<tr>
<td>6.69 44. How I feel about mercy killings</td>
<td></td>
</tr>
<tr>
<td>6.83 45. How satisfied I am with different parts of my body—legs, waist, weight, chest, etc.</td>
<td></td>
</tr>
<tr>
<td>4.20 46. The way I behave when I am around my parents</td>
<td></td>
</tr>
<tr>
<td>9.80 47. My love life</td>
<td></td>
</tr>
<tr>
<td>4.25 48. My ideas about who should manage the money in my marriage</td>
<td></td>
</tr>
<tr>
<td>6.80 49. The reasons why I am or am not religious</td>
<td></td>
</tr>
<tr>
<td>7.38 50. The amount of sexual freedom I feel women should have</td>
<td></td>
</tr>
</tbody>
</table>
**QUESTIONNAIRE ANSWER SHEET**
APPENDIX E

INSTRUCTIONS FOR INTERVIEWER'S BEHAVIOR
INSTRUCTIONS FOR INTERVIEWER'S BEHAVIOR

(Interviewer asks subject's name.) Hi! I'm Kathy Robbins. Would you please come with me?

*****

Before we get started, I'd just like to mention a few things. Basically, we're interested in having you tell us about your personal concerns. Some you may want to discuss in detail, and others you may merely want to describe briefly. I may occasionally comment or ask a question, but for the most part I'll be listening and trying to understand. Maybe you could start by telling about whatever personal concern is most on your mind or which you find most pressing.

*****

(After the subject has told her initial concern and comes to the end as indicated by her saying something like "That's all," or she becomes silent, then within 15 seconds ask the following question.) Is there any other personal issue or intimate concern very much on your mind or which you find very pressing?

*****

(If the subject says "No" or after the subject finishes telling about another personal concern, then say the following.) We have time.

*****
(If the subject fails to respond within 15 seconds or when the subject finishes telling about another personal concern, then ask the following question.) Maybe you could tell me about any personal issues (concerns, difficulties, problems, things you'd like to change about yourself, situations that involve you that you'd like to change) in (1) your relationship with men--any kinds of problems or things you'd like to change about your love life, dating or sex.

*****

(If the subject fails to respond within 15 seconds or when the subject finishes telling about a personal concern in this area, then ask the question again, using a different phrasing option.)

*****

(If the subject fails to respond within 15 seconds or when the subject finishes telling about another personal concern in this area, then ask twice about her personal concerns, etc., in each of the following areas:

(2) Your self---how you feel about your body, your appearance, your personality---generally how you feel about yourself and what you might like to change.

(3) Your family---any difficulties or conflict you may have in your relationship with your mother, father, brothers or sisters, or relatives.

(4) Your personal beliefs and values---any problems
or concerns you have about religion, morals or social, political and economic values.

(5) Your social relationships—any personal issues or difficulties you have with friends, classmates, girl-friends, roommates or intimate relations or groups of people.

(6) Your emotions and feelings—personal issues or things you'd like to change about feelings you have, how well you express what you feel or the kinds of situations you'd like to change that really upset you.

*****

(In the situations described below, utilize the following responses.)

(1) (Response to the subject beginning to talk about something that is not a concern or problem) Excuse me, but could you go back to discussing your personal concerns and problems.

(2) (Response to a question about what the study is about, personal questions, other questions) I'm sorry, but the research plan doesn't allow me to answer any questions until the study is over. However, we'll be happy to answer them then.

(3) (Response to questions about why the interviewer can't answer questions) I'm sorry, but that's part of the interview procedure. We'll be happy to answer them when we're through.
(4) (Response to questions about what the subject is supposed to talk about) Please tell me about anything which is a personal concern or which is a problem for you at the moment in regard to (fill in the sequentially appropriate topic as listed).

(5) (Response to questions about what a "personal concern" is) A personal concern is anything that bothers you, that you're having a problem with—something about yourself you want to change, or a situation you want to be different.

(6) (Response to subject's statement that she has no problems) It doesn't have to be a problem, just anything that concerns you personally.

(7) (Response to subject's statement that she can't think of anything right now) That's all right. We have time. Go ahead and take your time.

(8) (Response to subject's question about confidentiality and/or the tape recording) All information is strictly confidential.

(9) (Response to subject initially listing a group of personal problems without discussing any of them) Would you mind going back over those again one by one.

(10) (Response to over 15 seconds of silence when it is obvious that the subject is not thinking about something related to the ongoing discussion of her personal concerns) Are there any other concerns you'd like to tell me about in
regard to (fill in the sequentially appropriate topic as listed above): OR: Please go on.

(11) (Responses to facilitate the ongoing interview process) Yes...; Mmmm...; Ah-huh...; Sure...; Right...; (smiling); OR: (nodding of the head in agreement).

(12) (Response to end the interview) This seems like a good place to stop.

(13) (Response at termination of the interview) Thank you for sharing your personal concerns with me. At this point, would you please come with me back to the waiting room.
APPENDIX F

MEASURE OF FEMALE PSYCHOLOGICAL ATTITUDES TOWARD SELF-DISCLOSURE
MEASURES OF FEMALE
PSYCHOLOGICAL ATTITUDES TOWARD SELF-DISCLOSURE

Instructions

On the following pages there are thirteen categories of topics of conversation in which a person could talk about herself, that is, categories in which a person could reveal something about herself to someone else. For example, given the category "Interests, Hobbies, Habits," a person might disclose "My Favorite Hobbies."

Your task is to rate each category in terms of how intimate you feel the category itself is. You are to evaluate how important the potential disclosure category is to a person's self-image and self-concept. Some topics have a low level of intimacy; others a high level of intimacy.

The lowest levels of intimacy are when the disclosure category is about some aspect of the self that is public or generally accessible, tends to be easily shared or readily volunteered, and is usually seen as quite normative and socially acceptable. Low levels of intimacy reflect peripheral or superficial aspects of the discloser's personality and self-image.

The highest levels of intimacy are when the disclosure category is about some aspect of the self that is private or generally inaccessible, tends to be difficult to share and
hard to volunteer, and is often seen as unique to the individual and is possibly socially unacceptable. Such high intimacy categories involve highly emotional involvement by the speaker. To share high intimacy categories is to leave the speaker vulnerable to the listener's response to the disclosed category. High intimacy categories reflect central and core aspects of the discloser's personality and self-image.

Your task is to rate the disclosure categories that follow in terms of how intimate you feel these categories are. At times the level of intimacy may be difficult to determine; however, Please do your best. In any case, be sure to rate every category; do not leave any un-rated.

Please use the following 11-point scale to rate each category:

**RATING SCALE**

1. If you believe a disclosure category expresses the **lowest** level of intimacy, rate the topic as "1."
2. 
3. 
4. 
5. 
6. For a disclosure category which seems to express an **intermediate** level of intimacy, rate the category as "6" (the middle number on the 11-point rating scale).
7. 
8. 
9. 
10. 
11. If you believe a disclosure category expresses the **highest** level of intimacy, rate the topic as "11."

NOTE: OTHER LEVELS OF INTIMACY MAY BE INDICATED BY RATING
THE DISCLOSURE CATEGORY WITH ONE OF THE OTHER POSSIBLE NUMBERS TO REPRESENT RATINGS BETWEEN THE LOWEST, THE INTERMEDIATE, AND THE HIGHEST LEVELS OF INTIMACY.
On these pages with disclosure categories that you are to rate, there is one blank to the left of each disclosure category. Put your rating on intimacy for that category in the blank. (There is also a number to the left of the category; ignore this number; it is merely to help the experimenter.)

DISCLOSURE CATEGORIES TO BE RATED

1. RELIGION
This topic contains items related to religious activities (praying, going to church), religious ideas, beliefs and values, religious training, feelings about other religions, etc.

2. OWN MARRIAGE AND FAMILY
This topic treats views, practices and ideas about the type of person you want to marry, the type of relationship you want to have with a husband, views on how children should be raised, etc. It deals with your own marriage and your own children, and does not deal with your parents, relatives, brothers and sisters, etc.

3. LOVE, DATING, SEX
This topic covers attitudes, opinions, habits and actual experiences in dating, sex and love. It includes how you feel about dating, sex and love with men, actual experiences you have had, opinions and morals about dating, love and sex. It does not include matters which are appropriate to one's husband.

4. PARENTAL FAMILY
This topic covers things related to parents, brothers and sisters, cousins, aunts, uncles and other relatives. It includes parents' opinions and beliefs, their good points and bad points, their child raising views and practices, etc. It includes your own views and behavior about your family and relatives, relationships between relatives, facts about your family, etc.
5. PHYSICAL CONDITION AND APPEARANCE
Included here are matters concerning your own physical condition including what you like and dislike about your physical appearance and condition, habits and practices regarding your physical appearance (eating, dressing, bathing), attitudes about your physical state (fears and worries about physical characteristics (illnesses, sleeping habits, etc.).

6. MONEY AND PROPERTY
This topic covers personal attitudes, opinions, practices, and facts about financial and money matters. It includes how much money and property you have, attitudes about spending and borrowing, etc.

7. GOVERNMENT AND POLITICS, CURRENT EVENTS AND SOCIAL ISSUES
This topic covers a broad range of social attitudes and practices including views about government and politics, views about laws and lawbreaking, war, foreigners, ethnic groups and racial problems, international affairs, etc.

8. EMOTIONS AND FEELINGS
Included here are items pertaining to one's feelings and emotions such as embarrassment, fears, worries, anger, satisfaction and happiness, pride and shame, sadness, nervousness, etc. It does not deal with opinions and beliefs, morals and ethics, etc., but with emotional matters.

9. INTERESTS, HOBBIES, HABITS
This topic treats your hobbies, things you do in your spare time, things you would like to do (traveling, adventure, etc.), food preferences and eating habits, etc. It also includes attitudes and views about spare-time activities (gambling, card playing, TV, etc.), food and restaurants, etc.

10. RELATIONSHIPS WITH OTHERS
This topic refers to items concerning one's views and opinions about dealing with other people, being with other people, friends and friendship, being in social situations of various types, likes and dislikes about other people in general, etc. It specifically refers to one's relationships with others in social situations.
11. PERSONAL ATTITUDES, VALUES AND ETHICS, AND SELF-EVALUATION
This topic includes general opinions and beliefs you hold, attitudes about life and living, codes of ethics, etc. The items do not usually refer to relationships with specific other people, e.g., family or friends but apply to life in general. It also includes things you like and things with which you are dissatisfied.

12. SCHOOL AND WORK
This topic covers matters related to past or present school and past or present work experiences. It includes facts about work and school (how much, where and when), feelings about work and school (likes, dislikes and preferences), relationships with school friends and teachers, or co-workers and supervisors, future plans, etc.

13. BIOGRAPHICAL CHARACTERISTICS
Included here are items of a biographical and personal nature—including physical characteristics (height, weight, etc.), geographical information (hometown, length of time in the Service, etc.), and other descriptive characteristics.
POST TASK INSTRUCTIONS

Before going any further, please go back and make sure that you rated every topic. Do not leave any unrated.

Please fill in the following information about yourself. Since you are not to put your name on this questionnaire, the following information will be handled with strict professional confidence. However, it is important that I obtain this information in order to determine the general characteristics of those of you who have taken part in this rating task.

Sex________________
Age___________
Marital Status_______________________
Place of Birth_______________________
Current Legal Residence (City and State)_______________________
Year in College_____________________
Academic Major_____________________

THANK YOU VERY MUCH for your cooperation in this task. I appreciate your help. If you have any questions, please feel free to ask. You can contact me by leaving a message with the secretary at California State College, San Bernardino.

Kim Nadler
887-7226
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