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The Influence of Gender and Sex Role Orientation on the Perceived Effectiveness of Therapist Self-Disclosure

Dena Fennell

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The Influence of Gender and Sex Role Orientation on the
Perceived Effectiveness of Therapist Self-Disclosure

BY

Dena Fennell

THESIS

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Dena Fennell

Eastern Illinois University
Author Notes

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Requests for reprints of this paper should be addressed to Dena Fennell, 617 Cumberland Trail, Roselle, Illinois, 60172.
Abstract

The present study examined the influence of therapist gender and subject sex role orientation on the perceived effectiveness of therapist self-disclosure. Subjects were 207 female college students who read written vignettes of a mock therapist discussing interpersonal issues in an initial therapy session. Therapist gender and disclosure level (negative versus no disclosure) were manipulated; ratings of perceived attractiveness, expertness, and trustworthiness were measured by the Counselor Rating Form (Barak & LaCrosse, 1975), and subject sex role orientation was measured by the Bem Sex Role Inventory (Bem, 1974). Results indicate that male therapists who negatively self-disclose are perceived as more trustworthy than male therapists who do not disclose, and therapists who negatively disclose are perceived as more attractive than those who do not self-disclose. Although subject sex role orientation did not predict ratings of therapist effectiveness, it was found that the relationship between a subject's femininity score and perceived therapist expertness may be quadratic. Implications of the present study and directions for future research are discussed.
The Influence of Gender and Sex Role Orientation on the Perceived Effectiveness of Therapist Self-Disclosure.

Therapist self-disclosure is a professional and ethical issue receiving much attention regarding its effectiveness in the therapy hour. The decisions of what and when a therapist should disclose personal information about him- or herself are paramount if this therapeutic tool is to be used to its greatest advantage. The client's perceived effectiveness of self-disclosure is an important factor in maintaining therapeutic contact between therapist and client, especially during an initial interview. For instance, it has been found that therapist self-disclosure promotes the feeling of a shared "sameness" with the counselor, thus encouraging more disclosure on the part of the client (Lundeen & Schuldt, 1989). Moreover, it has been found that a significant relationship exists between the amount of time an experimenter discloses himself and the length of time a subject spoke about him or herself (Jourard & Jaffe, 1970). Likewise, Graff (1970) found that ratings of effectiveness for counselors demonstrating high levels of self-disclosure were more favorable than those with low levels of disclosure. Thus, it appears that if "one wishes to invite disclosure from another person, an effective means of doing so is to engage in the activity oneself," (Jourard & Jaffe, 1970, p. 256).

However, many still dismiss self-disclosure as an interference in the client's work in therapy. Peca-Baker & Friedlander (1989), contend that the more a therapist
relates of him- or herself, the less emphasis is placed on the client's work in therapy. For instance, "the power of similarity information and self-disclosure" to further the therapist-client relationship and attractibility has been called into question after results indicated that no differences were found between a disclosure and no disclosure condition on subjects' perceptions of a counselor (Peca-Baker & Friedlander, 1989). Thus, the evidence is mixed with regard to ratings of effectiveness of therapist self-disclosure.

**Defining Therapist Self-Disclosure**

Andersen and Anderson (1989) define self-disclosure as a "process by which the counselor reveals personal information about him or herself to the client," (p.302). Of eleven different types of disclosure studied, factor analysis produced three factor loadings. The first factor is "personal disclosure," and contains demographic characteristics, opinions and attitudes, strengths, as well as past and present weaknesses. The second factor was described as "affective disclosure" and contains emotional responses to the client. The third factor is "professional disclosure" revealing only professional experiences and professional identity. This factor suggests that, whereas personal and affective disclosures may initiate rapport building and educating of the client with regard to his or her maladaptive behaviors, professional disclosures may establish a trust in the therapist's competency (Andersen & Anderson, 1989). It may be that a client initially seeks
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therapy in the hopes that the therapist will be able to "solve" his or her particular problem. Therefore, building a therapeutic relationship upon the counselor's ability to effectively solve problems addresses such client concerns (Carter & Motta, 1988).

Cozby (1973) identified three basic dimensions of self-disclosing behavior: 1) the amount of shared information, 2) such shared information's intimacy level, and 3) the time spent engaged in self-disclosure.

A study conducted by Simon (1988) revealed five criteria for which a therapist may use self-disclosure. The first and most common criterion is a modeling component consisting of demonstrations of such ideals as coping skills, self-acceptance, problem-solving skills, and assertiveness. The second criterion is fostering the therapeutic alliance. Third is the component of validating reality. Here, self-disclosure is used to enhance a client's ability to deal with real life factors. Fourth, self-disclosure by the therapist may serve to encourage the patient's autonomy and sense of self. And fifth, therapist self-disclosure allows for therapist satisfaction and fulfillment, but only for high versus low disclosers (Simon, 1988).

Models of Therapist Self-Disclosure and Therapist Effectiveness

Two theoretical models have been identified to further decipher how self-disclosure may enhance counselor effectiveness. The Social Influence Model, supported by Strong and Claiborne (1982), suggests that similarity enhances
attraction (Strong & Matross, 1973). If a counselor reveals personal information (i.e. beliefs and attitudes) similar to that which a client experiences, attraction for the counselor may be increased based on Byrne's (1961) similarity hypothesis.

An opposing theory, the Social Exchange Model, suggests that "the disclosure of negative or socially undesirable personal information enhances the client's attraction for the counselor," (Klein & Friedlander, 1987, p. 82). Here, the more a therapist discloses negative personal information, the more he or she risks in the relationship, thus balancing out an initially unbalanced relationship between expert and patient (Hoffman-Graff, 1977).

As it remains unclear in the research whether the predictor of perceived counselor effectiveness is the disclosed similarity of information to the client's presenting issue or the act of disclosing itself, Peca-Baker and Friedlander (1989) addressed this concern by testing for any independent effects of these variables. No significant differences were found between similar/dissimilar disclosure conditions of negative disclosures relevant and irrelevant to the client's presenting issue (Peca-Baker & Friedlander, 1989).

**Positive Versus Negative Therapist Self-Disclosure and Therapist Effectiveness**

Several operational definitions of self-disclosure exist in the literature. For instance, Hoffman-Graff (1977) introduced a component of positive versus negative disclosure. Positive disclosures were defined as "interviewer statements revealing personal strengths or positive experiences and personal characteristics,"

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whereas negative disclosures were defined as "interviewer statements revealing personal foibles or negative experiences and personal characteristics," (Hoffman-Graff, 1977, p. 184). In this study, Hoffman-Graff (1977) found that those therapists who disclosed negative personal information were rated as more empathetic, warm, and credible by undergraduate subjects than those therapists who disclosed positive information. However, a study by Reynolds and Fischer (1983) found no difference in undergraduate subject ratings of those who disclose positively or negatively. Moreover, Andersen and Anderson (1989) found that in asking counselors to rate the frequency in which they utilize specific therapeutic interventions, self-disclosures of weaknesses were shared less frequently. Thus it appears that the results on disclosure of positive and negative personal information by therapists elicit mixed reactions and ratings by therapists themselves as well as from their potential clients.

Self-Involving Versus Self-Disclosing Statements and Therapist Effectiveness

McCarthy & Betz (1978) distinguished self-involving statements from self-disclosing ones. They concluded that "self-disclosing responses are statements referring to the past history or personal experiences of the counselor, whereas self-involving responses are direct present expressions of the counselor's feelings about or reactions to the statements or behaviors of the client," (McCarthy & Betz, 1978, p. 251). These researchers concluded that those therapists that shared self-involving as opposed to self-disclosing statements
were rated as more expert and trustworthy, and that more self-referent questions were asked after the self-involving statements whereas more therapist referent questions were asked after self-disclosing statements. Moreover, it appeared that self-involving statements kept responses based in the present tense as opposed to the past tense responses for self-disclosing statements (McCarthy & Betz, 1978).

In several related studies, it was found that counselors using self-involving versus self-disclosing statements were rated by undergraduate subjects as more professional (Reynolds & Fischer, 1983), and that counselors using positive self-involving statements were rated as more attractive, expert, appropriate, and trustworthy (Andersen & Anderson, 1985). Moreover, subjects rated those therapists who shared positive self-involving statements as those therapists they would be willing to see in a true counseling relationship (Andersen & Anderson, 1985). However, Hill et al. (1989) found no difference between self-involving and self-disclosing therapists, and Dowd and Boroto (1982) found no difference between past self-disclosures, present self-disclosures and self-involving statements.

Reassuring Versus Challenging Disclosures and Therapist Effectiveness

Hill et al. (1989) introduced yet another way to conceptualize self-disclosure in therapy. They defined reassuring disclosures as those that "support, reinforce, or legitimize the client's perspective, way of thinking, feeling, or behaving," and challenging disclosures as those that "challenge the client's perspective, way of
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thinking, or behaving," (Hill et al., 1989, p. 291). These researchers went on to find that reassuring disclosures were rated as more helpful by undergraduate subjects than challenging disclosures (Hill et al., 1989).

Disclosure Versus No Disclosure and Ratings of Therapist Attractiveness, Expertness, and Trustworthiness

In a study conducted by Lundeen and Schuldt (1989), college students rated mock therapist-client interactions with the presence or absence of disclosure and the presence or absence of a barrier (i.e. a desk). Ratings of attractiveness, expertness, and trustworthiness were obtained for the mock therapist. The definition for each of these variables is found in the twelve adjective pairs factor-loaded into these three variables on the Counselor Rating Form (Barak & Lacrosse, 1975), discussed in the Instruments section. Attractiveness is defined as the degree to which the therapist is perceived as friendly, sociable, warm, and compatible with the client. Expertness is defined as the degree to which the therapist is perceived as confident, intelligent, prepared, and skillful. Trustworthiness is defined as the degree to which the therapist is perceived as dependable, honest, confidential and sincere.

Results indicated that although no significant difference was found between disclosure and non-disclosure trials, ratings of trustworthiness and attractiveness were significantly higher for disclosure. Moreover, the reported attractiveness of the therapist was even more significant when a barrier was present (Lundeen &
Schuldt, 1989). Thus, when a formal environment exists, as when a desk separates therapist from client, the client more readily approves of and prefers an informal interaction such as self-disclosure, in order to make him or her feel more comfortable and at ease in the therapy session.

One critical finding reported by Carter and Motta (1988) stated that high-intimacy disclosures of intense depression (those disclosures involving first person statements such as "I am depressed") resulted in lower ratings of attractiveness, empathy and expertness than did a no-disclosure condition. Thus negative personal disclosures seem much less likely to be effective than no personal disclosures.

**Subject Gender, Therapist Self-Disclosure, and Therapist Effectiveness**

As most research on the perceived effectiveness of therapist self-disclosure has been conducted on male and female undergraduates, it would be interesting to note any gender differences among the subjects. In general, men tend to self-disclose less than women (Wilcox and Forrest, 1992). Consequently, one could conclude that women, disclosing more themselves, would desire a therapist who also self-discloses. However, it has been found that women actually expect less self-disclosure in therapy regardless of counselor gender (Subich, 1983). Previous research has also shown that no gender differences were present between the attractiveness ratings for positive or negative self-disclosing therapists (Hoffman-Graff, 1977).
In a direct assessment of potential clients' desire for therapist self-disclosure, Hendrick (1988) found a sex difference when the disclosed topic was sexual issues; men endorsed a greater interest in accepting such disclosures from their therapists. In a follow-up study, Hendrick (1990), again, found a sex difference with men desiring more self-disclosure than did women on sexual issues. Moreover, when Hendrick (1990) compared an undergraduate sample to a real client sample, it was found that the two samples were very similar in the types of disclosures desired.

Subject Sex Role Orientation, Therapist Self-Disclosure, and Therapist Effectiveness

In an attempt to answer why these gender differences, or lack thereof, are found in the literature, several researchers have explored the influence of sex role orientation on the perceived effectiveness or desirability of therapist self-disclosure. Sex role orientation may be defined as "a psychological construct...a set of preferences, skills, personality attributes, self-concepts, and behaviors that is felt to be appropriate for a man or a woman," (Weyrauch, Boiko, & Alvin, 1990, p. 559). The concept of sex role orientation is measured by the Bem Sex Role Inventory, discussed in the Instruments section.

A study by Merluzzi & Merluzzi (1981) assessed the effects of female therapists' experience (expert versus nonexpert), level of disclosure (high versus low), and subjects' sex role orientation on the perceived expertness,
attractiveness, and trustworthiness of the therapist. Although no differences were found regardless of disclosure level between androgynous and stereotyped subjects' ratings of an expert therapist, a difference was found when the therapist was nonexpert. Stereotyped subjects rated nonexpert, low disclosing therapists as more trustworthy than high disclosing, nonexperts, whereas no difference was found in androgynous subjects' ratings. It seems that perceptions of counselors who self-disclose may be more "sex role bound" than only a matter of gender (Merluzzi & Merluzzi, 1981).

In a similar study, Sipps & Janeczek (1986) found that a subject's femininity accounted for the greatest variance on subjects' expectations about counseling. Using the Extended Personal Attributes Questionnaire (EPAQ; Spence & Helmreich, 1979), the researchers defined femininity as including expressive and communal traits, while masculinity is defined as an individual possessing more agentic and instrumental characteristics. Although no significant differences were found between subjects' masculinity and femininity on therapist self-disclosure as defined by the EPAQ (Spence & Helmreich, 1979), these researchers suggest that, given the expressive and communal nature of a therapeutic interaction, "the degree to which one is expressive and communal in relationships directly affects one's perceptions about the nature of the counseling relationship," (p. 216). The expectations that clients bring into therapy may be more a function of femininity than sex itself (Sipps & Janeczek, 1986).
Perceptions of the effectiveness of the different types of disclosures and the client's sex role orientation itself may be crucial determinants of the kind of relationship to be most therapeutic and to further the goal of client change. "Without knowledge of these orientations, therapists may fail to understand the dynamics of (the client's) preferred reasoning style" and may thus, miss the opportunity to be of the most help (Johnson & Stone, 1989, p. 123).

**Therapist Gender, Self-Disclosure, and Effectiveness**

Although much research has been done on client gender as it influences perceptions of self-disclosure, little exploration has been done on the effect that therapist gender has on how clients perceive self-disclosure. Although Subich (1983) found no significant differences between male and female therapists regarding subject expectations for therapist self-disclosure, results did reach multivariate significance indicating a trend for subjects to expect counselors to be more self-disclosing when therapist gender was not specified. Hoffman-Graff (1977) also found no significant therapist gender effect. It would be interesting to note in the present study if subjects rate self-disclosure from a counselor differently depending on the counselor's gender.
The Present Study

It is important for counseling professionals to understand to what degree, if any, self-disclosure is perceived as helpful to the client and how such interactions affect perceptions of the therapist and of therapy itself. Such an understanding of what clients and therapists bring into therapy, (i.e. the therapist's gender and the client's sex role orientation), may help therapists to provide the most effective services for their clients and to more fully utilize their participation in the therapy hour.

Defining effectiveness of therapist self-disclosure as the attractiveness, trustworthiness, and expertness of the therapist, self-disclosure has been shown to elicit high ratings when used within limits. The purpose of this study, then, is to determine if a potential client's sex role orientation, as well as the therapist's gender, may be factors influencing the perceived effectiveness of therapist self-disclosure.

Considering the evidence that males and females differ in the amount of self-disclosure that they desire to share and receive in general (Wilcox & Forrest, 1992), and in the therapy hour (Subich, 1983), it may present a confound if the two genders were studied together. The two genders may, thus, be studied separately to investigate any differential perceived effectiveness ratings of self-disclosure from a therapist. For the purpose of the present report, only the results for female undergraduates were analyzed.
Subjects were to read a brief vignette consisting of common credentials for a male or female mock therapist. This was followed by a monologue read by the subject as if she was presenting with relationship issues and experiencing therapy for the first time. The topic of interpersonal problems was selected because it appears to be a frequent concern among college students who comprised the present study's sample.

The therapist's level of self-disclosure was manipulated (disclosure vs. no disclosure) in the vignette. Subsequently, subjects answered questionnaires concerning their opinions of the therapist, the therapeutic encounter, and of their own sex role orientation.

Although much research has examined positive versus negative disclosures and positive versus no disclosures on ratings of therapist attractiveness, expertness, and trustworthiness (Hoffman-Graff, 1977; Reynolds & Fischer, 1983), it is the focus of the present study to examine ratings of therapists who make negative versus no disclosures. Past research by Carter and Motta (1988) found that therapists who disclosed information of an intensely negative and personal nature (i.e. "I am depressed") received lower ratings of attractiveness, expertness, and trustworthiness than did therapists who did not disclose such information. The present study aims to determine if therapists who use negative personal disclosures relevant to the client's presenting issue and suggest that the therapist received help for such an issue, are perceived as more effective by
potential clients than those who do not disclose such information.

In examining how therapist gender, level of therapist self-disclosure, and subject sex role orientation, influence perceived effectiveness ratings of self-disclosure in therapy, the present study sought two objectives: 1) to add to the growing body of research concerning the effective use of therapist self-disclosure; and 2) to attempt to shed some light on the existence of any differential effectiveness ratings for counselor disclosure dependent upon therapist gender and subject sex role orientation.

Hypothesis

Disclosure Versus No Disclosure

It is hypothesized that therapists who self-disclose will be rated by the female subjects as more attractive, expert, and trustworthy than therapists who do not self-disclose.

Male Versus Female Therapist

Considering that gender of the therapist has had little emphasis in previous research as to its influence on the perceived effectiveness of therapist self-disclosure, it is hypothesized that female therapists who self-disclose will be rated as more attractive, expert, and trustworthy than male therapists who self-disclose. As both the therapist and client in this condition are female, it is plausible that they share a similar desire to offer and accept self-disclosure from
one another. Thus, a female client may be more willing and able to accept
self-disclosure from a female therapist as opposed to a male therapist as the act
of self-disclosure from a female is more consistent with her expectations of how a
female may behave in a normal setting.

**Sex Role Orientation**

Given the inconclusive evidence and research on sex role orientation and its
effect on the perceived effectiveness of therapist self-disclosure, it is hypothesized that therapists who self-disclose will be rated by subjects who
describe themselves as stereotypically feminine according to the Bem Sex Role
Inventory (1974) as more attractive, expert, and trustworthy than therapists who
do not self-disclose as the act of self-disclosure is more consistent with female
expectations of an interpersonal encounter. Female subjects who describe
themselves as more masculine will find therapist self-disclosure less effective as
it is not consistent with their own sex role characteristics. Moreover, it is
hypothesized that female therapists who self-disclose will be rated by feminine
subjects as more attractive, expert, and trustworthy than male therapists who
self-disclose, and disclosing female therapists will be rated less attractive, expert,
and trustworthy by masculine, androgynous, and undifferentiated subjects. It
seems plausible that a feminine female client may assume the sex role
orientation of a female therapist to be feminine as well, simply because the
therapist is a female; the female client may be, thus, exhibiting her own sex role
characteristics by assuming that such characteristics are shared by other females.

Method

Subjects

Subjects were female undergraduates obtained from two introductory psychology courses, an industrial psychology course, and two social psychology courses from a public midwestern university. Of the total sample (N = 207), 94% were white (n = 194), 2% were Black (n = 4), less than 1% were Hispanic (n = 1), and 2% were Asian or Pacific Islander (n = 5). Ninety-two percent were 22 years of age or younger (n = 190), 6% were 23 years of age or older (n = 13). Freshman comprised 17% of the total sample (n = 36), whereas 27% were sophomores (n = 56), 30% were juniors (n = 63), and 23% were seniors (n = 48). In addition, 29% reported that they had previously seen a counselor for therapy (n = 60), and 70% reported that they had not had previous therapeutic contact (n = 144).

Twenty-four percent (n = 49) were assigned to the male therapist, no disclosure condition; 23% (n = 48) were assigned to the female therapist, no disclosure condition; 30% (n = 61) were assigned to the male therapist, disclosure condition; and 23% (n = 48) were assigned to the female therapist, disclosure condition.
The sex role orientation of the subjects was determined by using the Bem Sex Role Inventory (BSRI; Bem, 1974). Details of this instrument are discussed in the Instruments section. In classifying the subjects according to sex role orientation, median splits on the BSRI were obtained for the study sample. The median split suggested for the BSRI (1974) normative sample \((f = 5.4, m = 4.8)\) proved to be too lenient in classifying a sample of female psychology students as feminine. Thus, the median split used for the present study increased the cut-off point for being classified as feminine from 5.4 to 6.1, whereas the cut-off for masculine classification remained the same at 4.8.

Twenty-one percent \((n = 44)\) of the present sample were classified as feminine as opposed to 24% of female subjects in the normative sample, whereas 21% \((n = 43)\) were classified as masculine in the present study as opposed to 16% of female subjects in the normative sample. Thirty-two percent \((n = 67)\) and 26% \((n = 53)\) were classified as androgynous and undifferentiated, respectively, in the present sample as opposed to 37% and 23% of female subjects in the normative sample respectively. By making the cut-off more stringent, it was possible to balance for the inherently feminine sample of female psychology students.

**Design**

A quasi-experimental factorial design was employed in the present study. Therapist gender, the presence or absence of therapist self-disclosure, and subject
sex role orientation were the independent variables, and the ratings of therapist attractiveness, expertness, and trustworthiness were the dependent variables.

Procedure

Written vignettes consisting of identical credentials for a male or female mock therapist were presented to 207 female undergraduate subjects (see Appendix A for a vignette sample). In exchange for their participation, subjects received extra credit points in their coursework. Subjects were told that their results would be kept confidential and that participation would help fellow students and colleagues in the field to more fully understand the counseling process.

Subjects were asked to read the brief paragraph illustrating the counselor's qualifications which did not vary across condition or therapist gender. Subjects were then asked to imagine that they were having relationship difficulties for which they were seeking help, and that this was their first experience seeing a therapist. Following the credentials and instructions, the vignette consisted of a monologue by a therapist, Dr. Fischer, introducing him-or herself to the client in this initial session. After greeting the client, the counselor conveyed to the client his or her familiarity of interpersonal issues. The sex of the therapist and the presence or absence of therapist self-disclosure within the vignettes were manipulated. The presence of self-disclosure was defined as the therapist disclosing a personal knowledge of relationship problems and the need for
therapeutic help to resolve these issues.

This disclosure was presented as a negative rather than a positive disclosure as it highlighted a negative personal experience and a weakness of the therapist. Absence of therapist self-disclosure consisted of a more general and professional knowledge of interpersonal issues and how therapists and people in general resolve them. Questionnaires on perceived effectiveness of therapist self-disclosure (Counselor Rating Form; Barak & Lacrosse, 1975) and subject sex role orientation (Bem Sex Role Inventory -Short Form; Bem, 1974) were distributed to each subject along with the stimulus material, and then collected. Subjects were handed a debriefing letter and were thanked for their participation.

Instruments

Two questionnaires were used for the purposes of this research. The Counselor Rating Form (CRF; Barak & LaCrosse, 1975), consists of a series of 36 items divided along three dimensions assessing expertness, trustworthiness, and attractiveness on a seven-point Likert scale. Scores on each of the dimensions may range from 12 to 84. Acceptable reliability has been reported for this instrument (LaCrosse & Barak, 1976), and the CRF has been shown to predict counseling outcome when measured by Goal Attainment Scaling (LaCrosse, 1980). The CRF has been used as a measure of counselor expertness, attractiveness, and trustworthiness in a number of self-disclosure studies (Andersen & Anderson, 1985; Dowd & Boroto, 1982; McCarthy & Betz, 1978;

The Bem Sex Role Inventory - Short Form (BSRI; Bem, 1974, 1977) was used to determine subjects' masculine, feminine, or androgynous sex role orientation. Subjects respond to 30 "masculine" and "feminine" sex-typed adjectives on a seven-point Likert scale according to how they would describe themselves. Responses were then transformed into t scores and coded as masculine, feminine, androgynous (scores high on both masculine and feminine scales), or undifferentiated (scores low on both masculine and feminine scales) sex roles (Bem, 1977). Studies have reported adequate internal consistency and excellent test-retest reliability on the long form for Masculinity \( r = .90 \), Femininity \( r = .90 \), and Androgyny \( r = .93 \) (Bem, 1974). Several studies have also reported validation by exploring correlations between subjects' behaviors and sex role identification (Weyrauch, Boiko, & Alvin, 1990).

Results

Data were analyzed using three-way analyses of variance 2 (sex of therapist - male or female) \( \times \) 2 (therapist self-disclosure - presence or absence) \( \times \) 4 (subject sex role orientation - masculine, feminine, androgynous, or undifferentiated) on each of the dependent variables. Attempts were made to arrive at the best-fitting model. In general, results indicate that none of the demographic variables
predicted the ratings of therapist attractiveness, expertness, or trustworthiness.

Predicting the Perceived Trustworthiness of a Therapist

The best-fitting model for predicting the perceived trustworthiness of a therapist was a two-way interaction on trustworthiness between condition and therapist gender ($F = 3.92, p < .05$). Sex role orientation was not included in the model since no significant differences in perceived trustworthiness were found for this variable (See Appendix B). When there is no disclosure, female therapists are rated higher on trust ($M = 70.33$) than male therapists ($M = 64.08$). However, when therapists do disclose, male therapists are rated slightly higher on trustworthiness ($M = 69.3$) than female therapists ($M = 69.10$), although this difference did not reach significance.

Predicting the Perceived Attractiveness of a Therapist

Sex role orientation and therapist gender did not influence the perceived attractiveness of the therapist. The best-fitting model involved the sole effect of condition, disclosure versus no disclosure ($F = 9.18, p < .005$) (See Appendix C). Regardless of therapist gender and sex role orientation, a therapist who discloses is rated more socially attractive ($M = 68.43$) than a therapist who does not disclose ($M = 63.94$).
Predicting the Perceived Expertness of a Therapist

None of the independent variables influenced ratings of therapist expertness.

Sex role orientation of the subjects did not influence ratings of attractiveness, expertness, and trustworthiness. It was deemed possible that the relationships between sex role orientation and each of the dependent variables may be non-linear. A test of trend was conducted to determine whether a linear or quadratic relationship between these variables exists. The BSRI (Bem, 1974) Raw Scores of masculinity and femininity were correlated with each dependent variable. A significant quadratic relationship was found between Femininity Raw Scores and ratings of expertness \( (F = 3.83, p < .05) \) (See Appendix D). The best-fitting line to describe the relationship between expertness ratings and the Femininity Raw Score is quadratic or non-linear.

No other correlations between the raw score of Femininity, the raw score of Masculinity, and each of the dependent variables reached significance.
Discussion

The results of this study suggest that a therapist's gender and what a therapist says in an initial therapy session may influence clients' perceptions of that therapist, regardless of client's sex role orientation. These initial perceptions are important since they often set the tone and pace of the sessions that follow.

Several findings did reach significance in the present study. It appears that male therapists who self-disclose in an initial therapy session are perceived as more trustworthy than those that do not self-disclose. In addition, those therapists who self-disclose were perceived as more attractive than those who do not, thus supporting previous research, (Hoffman-Graff, 1977; Lundeen & Schuldt, 1989), and not supporting other research that found no difference in therapist effectiveness ratings between a disclosure and no-disclosure condition (Peca-Baker & Friedlander, 1989).

The results support the Social Exchange Model of interaction as promoted by Klein & Friedlander (1987), as those therapists who negatively disclosed about past relationship difficulties similar to the client's presenting issue were rated as more attractive and trustworthy than those who did not disclose such information. This finding contrasts with Peca-Baker and Friedlander's (1989) research which indicated no significant differences between a negatively disclosing therapist and a non-disclosing therapist. The present finding also conflicts with other research that contends that those therapists who use negative,
high intimacy disclosures, such as that of depression, are rated as less attractive, empathetic, and expert than those who did not disclose such highly intimate information (Carter & Motta, 1988).

From the present research, it seems that those clients who perceive their therapist to be more attractive and trustworthy from the initial session may feel that they share a personal "sameness" with the counselor and can trust the counselor with their presenting problems, especially if the counselor admits to experiencing similar issues. By establishing the counselor's own relationship issues and highlighting his or her willingness to seek help, the client may intuit the counselor's ability to effectively solve problems and may, therefore, have more confidence in the therapist's ability to solve her own (Carter & Motta, 1988). Clients may, also, be more apt to process therapeutic challenges with a counselor they trust and may be more willing to work in therapy by becoming more involved in and motivated for their own therapeutic success. It seems that self-disclosure even of a negative personal experience, may thus be a therapeutic tool to enhance the "humanness" and accessibility of a counselor.

Importantly, a gender of therapist difference was found. It seems that male therapists are at a disadvantage as compared to female therapists when self-disclosure is not utilized in the initial therapeutic contact. However, when self-disclosure is used as a tool in therapy, male therapists are perceived as just as trustworthy by female potential clients as female therapists. A female client
may feel that she is entering into an unbalanced, dissimilar relationship with an opposite sex counselor. However, when a male therapist discloses a negative personal experience similar to the client's presenting issue, it may be that the act of therapist self-disclosure becomes a positive therapeutic tool to enhance the perception of trustworthiness in that first session. Future research should further explore the issue of therapist gender differences using a mixed gender sample.

Although no significant differences were found for the effect of a client's sex role orientation on ratings of therapist attractiveness, expertness, and trustworthiness after performing an ANOVA, it is interesting to note the significant quadratic relationship between the Femininity Raw Score of the BSRI (Bem, 1974) and the perceived expertness ratings of the counselor. Further research may be helpful to further explore a possible correlation between sex role orientation and perceived expertness and how such an orientation may affect therapeutic action taken by the counselor.

This study succeeded in adding a new dimension to the previous research of therapist self-disclosure. In past studies, the gender of the subject was taken into account, but in many studies, the therapist gender was either stated as male across conditions (Carter & Motta, 1988; McCarthy & Betz, 1978), female across conditions (Jourard & Jaffe, 1970; Merluzzi & Merluzzi, 1981), or was simply not stated. The present study distinguished between male and female therapists and used that distinction as an independent variable. Indeed, a significant
interaction was found for trustworthiness between therapist gender and condition (disclosure versus no disclosure).

Several issues could be addressed to improve the design when replicating the present study. The sample used for this study was homogeneous consisting of one subject sex (female) and one major course of study (psychology). To increase generalization, future research is needed to include a more varied and heterogeneous sample of both males and females from several majors and career paths. As is the nature of analogue studies, external validity is compromised by increased control over confounds. Once it is determined whether an interaction between subject sex and sex role orientation exists and how such an interaction would influence ratings of therapists' attractiveness, expertness, and trustworthiness, future research could focus on investigation of any such interactions in vivo, thus increasing generalization.

The significant quadratic relationship found between rated expertness and the Femininity Raw Score on the BSRI (Bem, 1974) was calculated with therapist gender and condition collapsed. Thus, the significance found only exists without distinction of male and female therapists or disclosure levels. By separating out the therapist gender and disclosure factors, future research could address whether the quadratic relationship is influenced by these factors.

Moreover, as none of the demographic variables were found to be significant, inspection of item wording is warranted. Further research should consider how
potential clients outside of the university setting may perceive the effectiveness of therapist self-disclosure. The item on age may include a numerical range of ages (i.e. 18 to 24, 25 to 34, 35 to 44, 45 to 54, 55 to 64, and 65 and older) as opposed to a dichotomous choice or a small range of student ages. In addition, further research may include an "Other" space for the race item or simply request subjects to fill in a blank line describing their race as opposed to a forced choice. Just as in examining the effect of gender on the perceived effectiveness of therapist self-disclosure, it is important to determine if other factors that potential clients bring into therapy (i.e. race) influence ratings of therapist attractiveness, expertness, and trustworthiness. By separating these factors out, both race and age, it may be possible to detect a significant difference between two distinct groupings within factors and to avoid differences remaining hidden in all inclusive forced choices.

In addition, future research may need to increase the experimental conditions to include positive, as well as negative self-disclosures versus no self-disclosure. Moreover, future research may manipulate the content of the disclose. For example, therapists may disclose personal information about grief, drug use, or sexual issues. It would be interesting to note if differences exist between a therapist's positive or negative disclosure of these issues, and how such a disclosure would be perceived by clients with different sex role orientations.

In keeping with the concerns of Peca-Baker and Friedlander (1989), a
replication of this study should include separate conditions for negative therapist self-disclosure that is relevant to the client's presenting issue, and negative therapist disclosure that is irrelevant in order to test for any independent effects of similarity information.

Finally, it is important for future research on the effectiveness of therapist self-disclosure to test for any long-term effects such a tool may bring to clients in therapy. According to Watkins, Jr. (1990), most of the research on the effectiveness of counselor self-disclosure has been conducted in an initial therapy session or in only one therapeutic contact (i.e. Hoffman-Graff, 1977; Peca-Baker & Friedlander, 1989; and Subich, 1983). If self-disclosure is to be used most effectively as a tool to further client change in a true counseling situation, longitudinal research should focus on its effects on counseling process and outcome as well (Watkins, Jr., 1990).

In summary, therapist self-disclosure may be a useful tool for enhancing trust and attractiveness for a counselor in the first therapy session. The gender of the therapist may also influence how a client perceives that therapist and their therapeutic encounter.

It appears that the research and clinicians' perceptions are unclear about the validity and effectiveness of therapist self-disclosure. For instance, an interesting, yet perhaps, troublesome conclusion was reached when therapists themselves were studied (Hill et al., 1988). These researchers concluded that of
nine different therapist response modes, self-disclosure was rated as most helpful by clients, but the least helpful by therapists. An explanation was proposed that the therapist "may have felt more uncomfortable with the shift in power dynamics" of the therapy situation (Hill et al., 1988, p. 229). Thus, although potential clients view self-disclosure as a meaningful and helpful technique, therapists are still reluctant to use it as such.

It is hoped that continuing research in the area of therapist self-disclosure may influence professional counselors to re-examine any potential therapeutic benefits in utilizing self-disclosure as a tool for intervention. Perhaps, in a replication of the present study, subjects could respond whether they would want to continue on in a therapeutic relationship with a disclosing versus non-disclosing therapist. Such information, by approaching the dynamics of a true therapeutic relationship, may, thus, be a precursor to research in vivo.
Appendix A

Thank you for agreeing to participate in this study. Your cooperation is very much needed and appreciated. The responses you give will be used by fellow psychology students and professionals to aid in their further understanding of the counseling process. Your participation, however, is voluntary. If at any time you wish to decline or discontinue your participation in this research, simply hand in your test packet to the test administrator.

The entire questionnaire will take approximately 15-20 minutes to complete, and to protect your anonymity, all responses will be kept confidential. Please DO NOT put your name or social security number on any part of the test booklet. However, please write the last six digits of your social security number in the space provided on the bottom of the third page. ID numbers will be separated from the booklet to protect anonymity. In addition, there will be a separate attendance sheet to sign when you have completed the questionnaire; this will enable your instructor to assign extra credit points to those who participate. If you have any questions or concerns regarding this study, please address them to Dena Fennell, c/o the Psychology Department at Eastern Illinois University. Again, thank you for your cooperation.

Imagine that you are a client going to see a psychologist, Dr. Fischer, for the first time regarding an interpersonal conflict with your significant other. You
have researched the therapist's credentials, given below, and are now sitting in Dr. Fischer's office beginning your session. First, read the brief paragraph containing the therapist's qualifications followed by the opening statements. Then, read the directions and answer the following questions.

Your Therapist's Qualifications:

Dr. Samuel/Samantha Fischer is a counseling psychologist at a mental health clinic in the Midwest. He/She received his/her masters and doctoral degrees in Counseling Psychology from the University of Illinois. Dr. Fischer has been counseling adults, adolescents, and children on many presenting issues for eight years, but specializes in helping people resolve conflicts in interpersonal relationships. Dr. Fischer sees couples and families, as well as individuals, who are dealing with interpersonal conflicts, problems, and issues. As your first session begins, Dr. Fischer introduces him/herself and says:

(Experimental group - presence of therapist self-disclosure):

"I enjoy working with couples and individuals with interpersonal or people-related problems. I get a lot of satisfaction from this and feel that I'm really helping people get along with themselves and other people better.

"In fact, I've had interpersonal problems at various times in my own life and know the discomfort, stress, and pain that can occur from these types of problems. When I resolved those problems, with some help, I learned a lot about
me and the process of helping.

"I'm glad you're here - how can I help you?"

(Control group - absence of therapist self-disclosure):

"I work with couples and individuals with interpersonal or people-related problems. Therapists often get a lot of satisfaction from this and feel that they are really helping people get along with themselves and other people better.

"In fact, most everyone has interpersonal problems at various times in their lives and experiences the discomfort, stress, and pain that can occur from these types of problems. Once those problems are resolved, with some help, people tend to feel a lot better about themselves and the process of helping.

"I'm glad you're here - how can I help you?"

Please read the directions and answer the following questions, giving your own opinion of Dr. Fischer and your initial contact with therapy.
Appendix B

Table 1

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*p < .05

The Influence of Therapist Gender and Level of Disclosure on Ratings of Therapist Trustworthiness
Figure 1: The Influence of Therapist Gender and Level of Disclosure on Ratings of Therapist Trustworthiness
Table 2

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* p < .005

The Influence of Therapist Self-disclosure on the Attractiveness Ratings of the Therapist
Figure 2: The Influence of Therapist Self-Disclosure on the Attractiveness Ratings of the Therapist
Appendix D

Table 3

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Quadratic Relationship Between Expertness Ratings and Femininity Raw Score
References


Spence, J. T., & Helmreich, R., (1979). Personal Attributes Questionnaire (PAQ). Unpublished manuscript, University of Texas at Austin, Department of Psychology.


