

CHAPTER TWO: A BRIEF RESEARCH REVIEW.

2.1. Introduction.

Before commencing with this chapter, it must be mentioned that there is confusion as to the spelling of the words counselor and counseling. The South African literature employs a double "l". To harmonize with the English and American literature, from which this review draws its references, a single "l" will be implemented, thus *counselor* and *counseling*.

When embarking upon a study of therapist self-disclosure, one cannot by-pass the work of Sidney Jourard. As Mathews (1988: 522) has succinctly stated: "..no single writer is more identified with the concept of self-disclosure than Sidney Jourard". His work has always been clearly reported and he has been widely recognized as one of the leaders in the field of self-disclosure (Burnard and Morrison, 1992).

Jourard wrote and researched self-disclosure extensively during the 1960's and 1970's, and has been widely cited in the literature on counseling and psychotherapy, in the literature on caring in the health professions and perhaps most particularly, in the **humanistic psychology** literature (Burnard and Morrison, 1992). A large proportion of his research is cited in one of his books published in 1971 and concerns many aspects of self-disclosure within different types of dyadic relationships. He based this stance on questionnaire-type surveys in experimental interviews (Mathews, 1988).

After Jourard's original formulations of the term self-disclosure, a tradition of research has followed pertaining more specifically to **counselor** self-disclosure. An extensive

computer search on self-disclosure also unveils avenues of exploration into the **counseling** literature. There are, for instance, three frequently cited literature reviews, namely Cozby (1973), Hendrick (1987), Strassberg, Roback, D'Antonio, and Gabel (1977). The most recent one to date appears to be by Watkins (1990). This above-mentioned research is very prominent in the *Journal of Counseling Psychology* and the *Journal of Counseling and Development*.

This appears to leave one with a fundamental and crucial dilemma as this study is concerned specifically with therapist self-disclosure within the lived psychotherapy context. Upon further scrutiny, brief revision of this literature is nevertheless deemed necessary for the following reasons.

Firstly it is difficult to conceptually separate counseling from psychotherapy. Many attempts have been made to distinguish the two, some focusing on the nature of diagnosis, others on the length of therapy or counseling for instance, but Hendrick (1987: 306) has disqualified these distinctions. She has concluded that:

...no one scholar appears to provide "the" definitive statement regarding counseling and therapy. I perceive the two as highly related, frequently overlapping processes that are often, but not always, implemented with similar populations in relatively similar settings. No single feature differentiates the two, yet each has a somewhat different emphasis and ambience.

Paralleled by this confusion is the persistent synonymous use of the terms counselor and therapist, and counseling and psychotherapy. Many authors, for example, Hendrick (1988,

1990), Andersen and Anderson (1985, 1989), and Watkins (1990) use the terms interchangeably. Andersen and Anderson's (1989) article about counselor-disclosure has been published in the *Journal of Clinical Psychology*. Robitschek and McCarthy (1991) speak of counselor self-reference in the therapeutic dyad. Similarly, Ramsdell and Ramsdell (1993) speak of client and counseling within the therapeutic process, and Bachelor (1995) has referred to clients' perception of the therapeutic alliance.

To add to the confusion, they substantiate their findings by drawing heavily on the work of Cornett (1991) and Chernus (1991) who write from out of a Self psychological perspective which is built on Heinz Kohut's theorizing about the three-fold transference configuration. It is therefore evident that a therapeutic process is fundamental to both counseling and psychotherapy.

Secondly, the studies that focus exclusively on actual psychotherapy are extremely rare (Mathews, 1988; Robitschek and McCarthy, 1991; Rosie, 1980; Weiner, 1983). This implies that one should consider related sources of information that may offer insight into the phenomenon therapist self-disclosure.

Thirdly, if one considers the foci of research conducted within this literature it will become evident that this applies to working assumptions that are also fundamental to the working alliance as one dimension of the therapeutic relationship. This argument will gain clarity upon revision of the research, and will then be elaborated upon.

Fourthly, the distinction between self-involving and self-disclosing statements has had its origin in the counseling literature. This distinction has never been explicit in the psychotherapeutic literature, and only recently did Wachtel

(1993) explicitly formulate this distinction. This has made self-disclosure conceptually more manageable and serves as mediating variable between the counseling and psychotherapeutic processes when discussing self-disclosure. These terms will gain clarity upon further revision of the literature.

At this stage it is also important to note that upon conclusion of the research review, it will become increasingly evident that the issue is not so much whether the studies are appropriate for a study of psychotherapy, but that generalization to the lived-context of counseling and psychotherapy is problematic. This is due to methodological flaws, particularly the analogue nature of the designs which impede such generalization. These will be explicated after brief revision of the empirical data on counselor or therapist self-disclosure which follows now.

2.2. A research review.

As mentioned earlier studies pertaining to actual psychotherapy are rare. Hill, Mahalik, and Thompson (1989) represent an isolated study of an actual psychotherapeutic process. This study however, has limitations due to its exclusive focus on anxious and depressed patients, and short term psychodynamic therapy. The value of this study lies in its shift from an analogue context into the field, a shift which has been appealed for by many authors, for example, Watkins (1990).

The other studies that concern actual psychotherapy, consist of questionnaires and surveys with psychotherapists about their self-disclosure practices, namely Rosie (1980), Simon (1988), and Mathews (1988). These studies have accentuated different contextual variables. For instance, Rosie (1980)

has demonstrated that with increasing age and experience, therapists increase their use of self-disclosure. Mathews (1988) highlighted the importance of patient's diagnosis as one contextual variable. Simon (1988) highlighted the importance of the therapist's **theoretical orientation** as crucial mediating variable.

An emerging and fundamentally crucial theme throughout these studies concerns the **nature of the therapeutic relationship**, that is, whether the therapists have as priority the preservation of the transference relationship in which case they are less inclined to self-disclose or whether they are more cognizant of the actual encounter more characteristic of humanistic therapists, in which case they are less concerned about the content of what they are dealing with.

Unfortunately, these studies are sparse, and their limited numbers are in sharp contrast to the enormous body of counseling analogue studies which deliver an entirely different body of information. Watkins (1990), for instance, has identified over two hundred such studies. These analogue studies will now be reviewed and appraised. Within this discussion, therapist and counselor and psychotherapy and counseling will be used interchangeably, which harmonizes with the interchangeable use within research reports as illustrated above.

To aid in summarization and integration of the aims and results of the research endeavours applying to self-disclosure, the studies can be grouped into three broadly defined categories, which have been the primary foci of enquiry. This summary is profoundly similar to Hendrick's (1987) and Watkins' (1990) conclusions after their extensive literature reviews.

The first category consists of the studies that set out to examine the **reciprocity** of self-disclosure, also referred to as the dyadic effect. The second aspect concerns **client's perceptions** of disclosing counselors, and the third aspect pertains to the now popular distinction that is made between **self-disclosing** and **self-involving** counselor responses. These categories will now each be discussed separately.

2.2.1. The dyadic effect.

There are a number of studies that confirm the **dyadic effect** as postulated by Jourard (1964, 1971). This implies a norm of interpersonal reciprocity. In Jourard's (1971: 185) own words; "self-disclosure from one person is the most powerful stimulus to self-disclosure from the other". This has been proved unanimously by many researchers including for example, Bundza and Simonson (1973), cited in Nilsson, Strassberg, and Bannon (1979), DeForest and Stone (1980), Doster and Brooks (1974), Feigenbaum (1977), Jourard and Jaffe (1970), O'Kelley and Schuldt (1981), Riley, Cozby, White, and Kjos (1983), Simonson and Bahr (1974), and Simonson (1976). This is in concert with Hendrick's (1990) and Watkins' (1990) summaries.

Hendrick (1988) and Lundeen and Schuldt (1992), have reviewed and confirmed the dyadic effect, but Carter and Motta (1988) and Simonson (1976) and have warned against too much, and too personal disclosures especially early in the psychotherapeutic process when it can be counterproductive. This suggests a curvilinear relationship. Due to the fact that these studies are uniform and consistent, brevity will be maintained and clients' perceptions will now be reviewed and discussed.

2.2.2. Clients' perceptions of disclosing counselors.

As mentioned previously, a large body of empirical research focuses on clients' perceptions of disclosing counselors. In contrast to the above-mentioned body of research, the results stemming from this enquiry are not harmonious.

Various perceptions have been discussed and examined, the most popular being expertness, attractiveness, and trustworthiness, for example Carter and Motta (1988), Curtis (1981), Lundeen and Schuldt (1989, 1992), and Merluzzi, Banikiotes, and Missbach (1987).

Nilsson et al. (1979) and Hendrick (1988) have sketched the inconsistency as regards these evaluations. They cite Bundza and Simonson (1973), Jourard (1971), Powell (1968) and Simonson (1976) to support the contention that self-disclosing counselors are viewed more positively. Compared to the less disclosing counterparts, they cite other researchers such as Dies (1973), and Dies and Cohen (1976), and Dinges et al. (1972) to demonstrate that self-disclosing counselors have been perceived as emotionally less stable, less professional, less relaxed, less sensitive, and weaker.

Curtis (1981) echoes the same inconsistencies. His study on patients' impressions of empathy, competence, and trust in an analogue of a psychotherapeutic interaction demonstrates that higher levels of therapist self-disclosure lower subjects' evaluations of therapist's performance on these dimensions.

Various authors have attempted to account for these inconsistencies, for example Curtis (1981), Hendrick (1988), and Watkins (1990) who emphasize the global definitions given to self-disclosure. Investigators have not taken into account the broad spectrum of self-disclosure, and the

differential effects of specific types of self-disclosure upon the client or counselor dyad. This concern has been voiced by Chelune (1979) who has discussed the serious inconsistencies in the conceptual definitions used in self-disclosure research, and echoed by Andersen and Anderson (1989) who warn that the global definitions given to self-disclosure impede the drawing of conclusions with regard to the effect of various types of disclosure upon the counseling process.

Hoffman-Graf (1977) and Simonson and Bahr (1974) represent earlier, isolated attempts to distinguish content, but DeForest and Stone (1980) point to the neglect of the intimacy value of self-disclosure information.

The most effective attempt at being more specific in differentiating the broad range of counselor statements is represented by McCarthy and Betz (1978) who succinctly distinguished between **self-disclosing** and **self-involving** statements. These will now be discussed.

2.2.3. Self-disclosing versus self-involving statements.

Reynolds and Fischer (1983) have defined *self-involving statements* as counselors' personal reactions to their clients during the counseling session, and *self-disclosing statements* as statements about the counselor's personal experiences or feelings outside of the counseling hour.

Andersen and Anderson (1985) have refined this by adding a present-tense dimension to self-involving statements, and a past-tense dimension to self-disclosing statements. Synonymously, Nilsson et al. (1979) have used the terms interpersonal disclosure (self-involving) and intrapersonal disclosure (self-disclosing) to designate the same

distinctive meanings.

The research in this area has concentrated on three areas of enquiry. Firstly, clients' perceptions of self-involving counselors have been tested. Secondly, self-involving and self-disclosing statements have been contrasted in terms of perception by clients and their potential usefulness during the counseling or therapeutic encounter. Thirdly, the self-involving statements have been tested in terms of their valences, that is their positive and negative dimensions.

As regards clients' perceptions, there is substantial support for the efficacy of self-involving counselor communication in eliciting positive client evaluations of the counselor (Hendrick, 1988). As regards the second aspect mentioned above, there appears to have been quite extensive investment in the comparison of self-involving and self-disclosing statements in terms of perceptions held by clients of these counselors.

Hill et al. (1989) has summarized the results of this in stating that self-involving statements have been found to be more helpful than self-disclosing statements in two out of three studies. Watkins (1990) has summarized the results of the research pertaining to the contrasting of positive- and negative self-involving statements. In this regard he has formulated a tentative conclusion, namely that positive self-involving statements are regarded as more favourable when compared with negative self-involving and positive and negative self-disclosing counselor statements. This conclusion remains tentative due to the inconsistencies that exist. These are probably due to conceptual variation, as there are no definitive statements as to what comprises negative- or positive statements in this regard.

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Apart from the fact that these studies confirm that self-involving counselors are more positively perceived, one must consider the impact of these statements on the counseling or therapeutic process. There are authors who have commented specifically and exclusively on **process** and **interaction**, for instance, Reynolds and Fischer (1983).

It has been unequivocally demonstrated that while self-disclosing statements diverted the attention onto the counselor, the self-involving statements kept the attention on the client. An additional and relevant issue is that when clients responded to self-involving statements they tended to focus on the immediacy of the relationship and therefore functioned in the present tense, rather than the past or future. In this regard, Andersen and Andersen (1985) have succinctly described self-involving statements as present-tense, personal responses to the client.

It seems that self-involving statements are **dynamic**, **interactive**, and **proessional**. This implies a focus on the here-and now, which implies an immediacy, and an active and explicit involvement in the unfolding of the therapeutic relationship. The therapist or counselor thus becomes an active participant and co-constitutor of the relationship.

Having briefly reviewed the major trends in the research pertaining to counselor self-disclosure, one could consider the problems when attempting generalization to the lived psychotherapeutic context. The issue is not necessarily that one cannot convincingly infer results from a counseling- to a psychotherapeutic context. Evaluation of methodology poses a problem before this stage is reached in that doubt is already cast on the applicability of results even within the **lived counseling** context.

These research studies have clearly not reached the **lived-world of psychotherapy**. The bypassing of the lived-world context of psychotherapy is particularly visible upon closer examination of the methodology of these studies.

This will now be clarified in a critique of the research which has been reviewed and integrated. This critique has as central focus a discussion of the methodology.

2.3. A critical evaluation of the research.

This evaluation is two-fold. In the first instance, the necessity of revision of these research projects for this study will be reappraised. In the second instance, the methodology which hinders generalization and, to a large extent, nullifies the psychotherapeutic use of the studies will be analyzed.

To answer the question raised in the previous paragraph about the relevance of these studies, the following arguments are offered. Upon elaboration of the mutual assumptions pertaining to counseling and psychotherapy, mentioned above, both psychotherapy and counseling have as goal the facilitation of as much self-disclosure as possible from one's patients or clients. This explains why, if self-disclosure from the therapist can elicit greater levels from the patient, such studies specifically designed to assess the dyadic effect, are deemed necessary.

On another level the ability to disclose oneself has been equated with emotional health and growth (Jourard, 1971), where mutuality, intimacy, and the ability to form lasting relationships have all been identified as helping to define psychological health. According to Chelune (1979) a client's disclosing behaviour is presumed to be a necessary condition

for the progress and success of psychotherapy. At the same time it may also be targeted for change because of its presumed importance as an interpersonal skill appropriate to social contexts outside psychotherapy. With this assumption, one can see the relevance of disclosure by the patient and the rationale for maximizing this.

Within the therapeutic or counseling dyad, the "working alliance" needs to be established before the "therapeutic alliance" (Greenson, 1967: 46) can be engaged. This working alliance includes the establishment of warmth, trust, empathy, and rapport. To substantiate this, Carter and Motta (1988) after a review of the literature support a direct relationship between gains achieved in psychotherapy and clients' perceptions of therapists' attractiveness, trustworthiness, empathy and expertise, and this therefore deems necessary an evaluation of how disclosure by counselors affects perceptions held by clients.

With this in mind, one could now address the methodological issues which prohibit generalization of these results.

2.3.1. Methodological flaws.

Touched upon briefly was the issue of **content** of disclosure. This has clearly **not** been accounted for. There are isolated attempts to vary content along various dimensions. Curtis (1981) for instance distinguished between high disclosure, low disclosure, and no disclosure by changing the pronoun only. As illustration, a response indicating high disclosure could be "I feel depressed too"; low disclosure, "We all feel depressed at times; no disclosure, "You really are depressed". The issue of what it is that is really being said is still not being confronted, and a galaxy of potential responses possibly invalidates comparison across studies.

Another neglected variable pertains to clients' **mediating variables** (Watkins, 1990). Watkins (ibid) has stated that clients' perceptions reflect a multidimensional process which has not been taken into account. After an extensive computer search, he is only able to cite seven studies that have attempted to account for various mediating variables. Peca-Baker and Friedlander (1987) serve as one example where they focused on clients' expectations. Riley et al. (1983) focused on clients' needs for approval. Although there is limited data in this sphere, there remains the subtle suggestion to consider the importance of mediating variables and their interaction effects in self-disclosure research (Watkins, 1990).

A major point of criticism and which is unfortunately inherent in these designs is their analogue nature. Neimeyer and Fong (1983) have referred to this as the quasi-nature of the designs. The simulated nature of these designs remove them from the real lived context. This concern has been voiced by many, for example Hill (1992), Hill et al. (1989), and Watkins (1990). Most of the time, either audiotaped interviews or written transcripts were used. These simulations raise serious doubt as to how the results may be generalized to the lived context of counseling and psychotherapy. Hendrick (1990) and Watkins (ibid) specifically have appealed for a shift to real settings, and less reliance on analogue studies.

Hill et al. (1989) have pointed out that the results of these studies are provocative and have important clinical implications, but that they are also limited because they have not been replicated in actual therapy cases. Recently, Hill (1992) has discussed the difficulty in recreating the context necessary for the potentiation of therapist self-disclosure when studies are conducted in analogue settings.

According to her, this leads to the lack of consistent research results.

An additional problem which is inherently typical of analogue designs is the fact that "once-off" or one-shot encounters were used. Uhlemann, Lee and Martin (1993) have urged that short, isolated interview segments may not adequately depict the rich, complex content of specific counselor responses in ongoing counseling interactions. This implies that the one-shot encounters cannot account for the "process" that develops in a psychotherapeutic context.

Chaikin and Derlaga (1974) already suggested that many experimental results of reciprocity have been confounded by "one-shot" encounters that did not require commitment by subjects to future interactions. This neglects the unfolding and evolving of the relationship, which is a crucial aspect of psychotherapy.

Also related to the attempt at re-creation of an actual setting is the **nature of the populations** employed in the above-mentioned studies. Within most contexts undergraduate students were utilized. How could this possibly be compared to an experienced psychotherapist, or a severely regressed patient for instance? As mentioned earlier, Simon (1988) has commented on the importance of the therapist's level of experience when considering self-disclosure.

If one considers the complex psychotherapeutic relationship, and the fact that undergraduate college students comprised the research populations, one becomes increasingly concerned about an important situational and contextual variable, namely the patient's unique presentation.

Hill, Helms, Tichenor, Spiegel, O'Grady, and Perry (1988),

Hill et al. (1989) and Mathews (1988) have specifically noted that clients' reactions to therapist interventions are related to client symptomatology, and have pointed out the contextual variables that pertain to patients' background and dynamics. If one appreciates the embeddedness of self-disclosure, that is that it occurs between the person doing the disclosing and the recipient, that there is a content and a context, then one will realize that patient diagnosis and patient presentation is one of many important contextual variables that have been by-passed in these studies.

2.4. Summary: Appraisal and implications.

In summary it can be stated that there are many quantitative analogue studies conducted under rigorous experimental conditions which have focused chiefly on three aspects. This categorization is not exhaustive, and represents an attempt at organizing the literature.

These aspects concern the dyadic effect, clients' perceptions of self-disclosing counselors, and the distinction between self-disclosing and self-involving counselors. Of major concern for this particular study is that these studies were carried out within artificial settings hardly characteristic of the complex, lived psychotherapeutic context.

The relevance of these studies to the working alliance as the fundamental basis for the therapeutic alliance has been established. Unfortunately doubt has been cast on the validity of the results as regards the complex context of psychotherapy.

Research that reaches the unique, complex, and evolving dialogue between therapist and patient is extremely sparse. Only isolated studies can be cited and consist mainly of

interviews and surveys about their self-disclosure practices. Due to the paucity of material in this regard no definitive statements can be made about therapist self-disclosure. They nevertheless demonstrate that there is a wealth of information to be obtained, they offer additional insights, and point to the serious neglect of contextual variables with the analogue studies.

If ultimately, one describes psychotherapy as a dynamic, processional, interactional, and interpersonal lived reality, then the role, place, and experience of the therapist's self-disclosure within this context has been over-looked and bypassed. However, research distinguishing between self-disclosing and self-involving statements has made a promising start (Hendrick, 1987) towards this neglect. The research on self-involving statements offers an attempt at reaching the immediacy of encounter with all of its relational and interactional aspects. This also represents a profound attempt at breaking the widely divergent conceptualization of self-disclosure into more manageable constructs.

To compensate for the neglected sphere or the actual **encounter** in psychotherapy, an alternative approach is called for that will make the therapeutic relationship a primary focus. The therapeutic relationship is co-determined by many variables, some of which are patient-related, and others which are therapist-related. One of the therapist-related variables is the therapist's **theoretical orientation**. This orientation also bears fundamentally on the nature of the therapeutic relationship, and to take this argument a step further, Carter and Motta (1988) for instance, see theoretical orientation as the mediating variable as to whether a therapist employs self-disclosure.

In the next chapter, theoretical orientation will be employed

as organizing principle with which to evaluate and discuss the role- and place of therapist self-disclosure within the lived psychotherapeutic context.

2.5. Bibliography.

Andersen, B. and Anderson, W. (1985). Client perceptions of counselors using positive and negative self-involving statements. *Journal of Counseling Psychology*, 32(3), 462-465.

Andersen, B. and Anderson, W. (1989). Counselors' reports of their use of self-disclosure with clients. *Journal of Clinical Psychology*, 45(2), 302-308.

Bachelor, A. (1995). Clients' perception of the therapeutic alliance. *Journal of Counseling Psychology*, 42(3), 323-337.

Burnard, P. and Morrison, P. (1992). *Self-Disclosure: A contemporary analysis*. Newcastle upon Tyne, Great Britain: Atheneum Press Ltd.

Carter, R.L. and Motta, R.W. (1988). Effects of intimacy of therapist's self-disclosure and formality on perceptions of credibility in an initial interview. *Perceptual and Motor Skills*, 66, 167-173.

Chaikin, A.L. and Derlaga, V.J. (1974). *Self-Disclosure*. Morristown, New Jersey: General Learning Press Psychology Series.

Chelune, G.J. (1979). *Self-Disclosure: Origins, patterns, and implications of openness in interpersonal relationships*. California: Jossey-Bass Publishers.

Chernus, L.A. (1991). Critique of "The 'risky' intervention: Twinship selfobject impasses and therapist self-disclosure in psychodynamic psychotherapy". *Clinical Social Work Journal*, 19(1), 63-70.

Cornett, C. (1991). The "risky" intervention: Twinship selfobject impasses and therapist self-disclosure in psychodynamic psychotherapy. *Clinical Social Work Journal*, 19(1), 49-61.

Cozby, P.C. (1973). Self-disclosure: A literature review. *Psychological Bulletin*, 79(2), 73-89.

Curtis, J.M. (1981). Effects of therapists' self-disclosure on patients' impressions of empathy, competence, and trust in an analogue of a psychotherapeutic interaction. *Psychological Reports*, 48, 127-136.

DeForest, C. and Stone, G.L. (1980). Effects of sex and intimacy level on self-disclosure. *Journal of Counseling Psychology*, 27(1), 93-96.

Doster, J.A. and Brooks, S.J. (1974). Interviewer disclosure modelling, information revealed, and interviewee verbal behaviour. *Journal of Consulting and Clinical Psychology*, 42(3), 420-426.

Dowd, E.T. and Boroto, D.R. (1982). Differential effects of counselor self-disclosure, self-involving statements, and interpretation. *Journal of Counseling Psychology*, 29(1), 8-13.

Feigenbaum, W.M. (1977). Reciprocity in self-disclosure within the psychological interview. *Psychological Reports*, 40, 15-26.

Greenson, R.R. (1967). *The technique and practice of psychotherapy* (Vol. 1). London: The Hogarth Press.

Hendrick, S.S. (1987). Counseling and self-disclosure. In J.H. Berg and V.J. Derlaga (Eds.), *Self-disclosure: Theory, research, and therapy* (pp. 303-325). New York: Plenum Press.

Hendrick, S.S. (1988). Counselor self-disclosure. *Journal of Counseling and Development*, 66, 419-424.

Hendrick, S.S. (1990). A client perspective on counselor disclosure (brief report). *Journal of Counseling and Development*, 69, 184-185.

Hill, C.E., Helms, J.E., Tichenor, V., Speigel, S.B., O'Grady, K.E., and Perry, E.S. (1988). Effects of therapist response modes in brief psychotherapy. *Journal of Counseling Psychology*, 35(3), 222-233.

Hill, C.E., Mahalik, J.R. and Thompson, B.J. (1989). Therapist self-disclosure. *Psychotherapy*, 26(3), 290-295.

Hill, C.E. (1992). Research on therapist techniques in brief individual therapy: Implications for practitioners. *The Counseling Psychologist*, 20(4), 689-711.

Hoffman-Graf, M.A. (1977). Interviewer use of positive and negative self-disclosure and interviewer-subject sex pairings. *Journal of Counseling Psychology*, 24, 184-190.

Jourard, S.M. (1964). *The transparent self*. Princeton, New Jersey: Von Nostrand.

Jourard, S.M. (1971). *Self-disclosure: An experimental analysis of the transparent self*. New York: John Wiley.

- Jourard, S.M. and Jaffe, P.E. (1970). Influence of an interviewer's disclosure on the self-disclosing behaviour of interviewees. *Journal of Counseling Psychology*, 17(3), 252-257.
- Lundeen, E.J. and Schuldt, W.J. (1989). Effects of therapist's self-disclosure and a physical barrier on subjects' perception of the therapist: An analogue study. *Psychological Reports*, 64, 715-720.
- Lundeen, E.J. and Schuldt, W.J. (1992). Models of self-disclosure in psychotherapy. *Psychology A Journal of Human Behaviour*, 29(2), 8-13.
- Mathews, B. (1988). The role of therapist self-disclosure in psychotherapy: A survey of therapists. *American Journal of Psychotherapy*, XL11(4), 521-531.
- McCarthy, P. (1978). Differential effects of self-disclosing versus self-involving statements across counselor-client gender pairings. *Journal of Counseling Psychology*, 26(6), 538-541.
- McCarthy, P. and Betz, N.E. (1978). Differential effects of self-disclosing versus self-involving counselor statements. *Journal of Counseling Psychology*, 25(4), 251-256.
- Merluzzi, T.V., Banikiotes, P.G., and Missbach, J.W. (1987). Perceptions of counselor characteristics: Contributions of counselor sex, experience, and disclosure level. *Journal of Counseling Psychology*, 25(5), 479-482.
- Neimeyer, G.J. and Fong, M.L. (1983). Brief reports: Self-disclosure, flexibility, and counsellor effectiveness. *Journal of Counseling Psychology*, 30(2), 258-261.

Nilsson, D.E., Strassberg, D.S., and Bannon, J. (1979). Perceptions of Counselor Self-Disclosure: An Analogue Study. *Journal of Counseling Psychology*, 26(5), 399-404.

O'Kelley, F.R. and Schuldt, W.J. (1981). Self-disclosure as a function of experimenter's self-disclosure, experimenter's sex, and subject's sex. *Perceptual and Motor Skills*, 52, 557-558.

Peca-Baker, T.A. and Friedlander, M.L. (1987). Why are self-disclosing counselors attractive? *Journal of Counseling and Development*, 67, 279-282.

Ramsdell, P.S. and Ramsdell, E.R. (1993). Dual relationships: Client perceptions of the effect of client-counselor relationship on the therapeutic process. *Clinical Social Work Journal*, 21(2), 195-212.

Reynolds, C.L. and Fischer, C.H. (1983). Personal versus professional evaluations of self-disclosing and self-involving counselors. *Journal of Counseling Psychology*, 30(3), 451-454.

Riley, G.D., Cozby, P.C., White, G.D., and Kjos, G.L. (1983). Effect of therapist expectations and need for approval on self-disclosure. *Journal of Clinical Psychology*, 39(2), 221-226.

Robitschek, C.G. and McCarthy, P.R. (1991). Prevalence of counselor self-reference in the therapeutic dyad. *Journal of Counseling and Development*, 69(3), 218-221.

Rosie, J.S. (1980). The therapist's self-disclosure in individual psychotherapy: Research and psychoanalytic theory. *Canadian Journal of Psychiatry*, 25, 269-472.

- Simon, J.C. (1988). Criteria for therapist self-disclosure. *American Journal of Psychotherapy*, XLII(3), 404-415.
- Simonson, N.R. (1976). The impact of therapist self-disclosure on patient disclosure. *Journal of Counseling Psychology*, 23(1), 3-6.
- Simonson, N.R. and Bahr, S. (1974). Self-disclosure by the professional and paraprofessional therapist. *Journal of Consulting and Clinical Psychology*, 42(3), 359-363.
- Strassberg, D., Roback, H., D'Antonio, M., and Gabel, H. (1977). Self-disclosure: A critical and selective review of the literature. *Comprehensive Psychiatry*, 18(1), 31-39.
- Uhlemann, M.R. Lee, D.Y. and Martin, J. (1993). Perceptions of counselors' intentions with high versus low quality counselor responses. *Canadian Journal of Counseling*, 27(2), 104-112.
- Wachtel, P.L. (1993). *Therapeutic communication: Principles and effective practice*. New York: The Guilford Press.
- Watkins, C.E. (1990). The effects of counselor self-disclosure: A research review. *The Counseling Psychologist*, 18(3), 477-500.
- Weiner, M.F. (1983). *Therapist disclosure: The use of self in psychotherapy*. Baltimore: University Park Press.