

ABSTRACT

Title of thesis: CHIPPING AWAY AT THE BLANK SCREEN: THERAPIST
SELF- DISCLOSURE AND THE REAL RELATIONSHIP

Stacie Ain, Master of Science, 2008

Thesis directed by: Professor Charles Gelso, PhD.
Department of Psychology

The present study examined clients' perceptions of their real relationships with their therapists, the appropriateness of the amount of their therapists' self-disclosures, and their therapy outcomes. Ninety-four former clients completed measures of these variables. A positive correlation was found between the strength of their real relationships and their therapy outcomes. A positive correlation was also found between the relevance of the self-disclosures and their therapy outcomes. In addition, clients who felt that their therapists self disclosed an appropriate amount had stronger real relationships and better outcomes than clients who felt that their therapists did not disclose enough. Overall the results imply that therapists should self-disclose an appropriate amount of information that is relevant to their clients.

CHIPPING AWAY AT THE BLANK SCREEN: THERAPIST SELF-DISCLOSURE

AND THE REAL RELATIONSHIP

by

Stacie Ain

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Advisory Committee:

Professor Charles J. Gelso, Ph.D, Chair
Professor Clara E. Hill, Ph.D,
David Petersen, Ph.D

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Chapter 1

Introduction and Review of the Literature

The importance of the real relationship between a client and therapist in psychotherapy has been emphasized by theoreticians for over a half century (Menaker, 1942; A. Freud, 1954; Greenson, 1967; Eugster & Wampold, 1996; Gelso & Carter, 1985, 1994; Gelso & Hayes, 1998; Gelso, 2002, 2004, 2005, 2006; Fuertes, Mislowack, Brown, Shovel, Wilkinson, & Gelso, 2007; etc.) However the concept of the real relationship has been neglected in term of clinical investigation. This is partly due to, until recently, the lack of a clear definition and, in turn, an absence of the tools needed to measure it. Since the 1980s, the concept of the real relationship has been refined (Gelso, 2002, 2004, 2005, 2006; Gelso & Carter, 1985, 1994; Gelso & Hayes, 1998), and measures of the construct have been developed (Gelso, Kelley, Fuertes, Marmarosh, Holmes, Costa, & Hancock, 2005; Kelley, Gelso, Furetes, & Marmarosh, in 2007). Two studies have used the new measures of the real relationship (Fuertes et al., 2007; Marmarosh, Gelso, Markin, & Majors, in 2007). Both have suggested that the strength of the real relationship may relate to treatment progress and outcome. Therefore, it is important to continue research on the real relationship. In the present study I examined how therapist self-disclosure, a controversial therapeutic intervention, relates to the real relationship. I also examined how each of these constructs relates to the outcome of psychotherapy. The review of the literature will elaborate on each of the topics covered in this section.

The Real Relationship

The client-therapist relationship is one of the strongest predictors of the outcome of therapy (Lambert, 2002). Psychoanalyst Ralph Greenson (1967) defined the psychotherapy relationship as consisting of three components: the working alliance, the patient transference, and the real relationship. Later, Gelso and Carter (1985) extended this conception to all theoretical orientations. In addition, Gelso and Samstag (2007) suggested that “In the reality of the psychotherapy hour, each of these components is present, not as a separate entity, but as intertwined and often not sharply distinguishable elements of the gestalt, the whole relationship” (p. 2).

The working alliance between the client and the therapist is often defined by the amount to which they agree on goals, agree on ways by which to obtain the goals, and experience an emotional bond with one another. Gelso and Hayes (1998) suggest that transference occurs when the client unconsciously displaces conflicts from his or her past significant relationships (such as beliefs, feelings, and behaviors) onto the therapist. The traditional view of countertransference is that it is the therapist’s transference with regard to the client. Transference configurations can play positive, negative, or neutral roles in therapy, depending on the content and how they are incorporated into the therapy process.

The real relationship is the personal relationship between the client and therapist that is defined by two main components: genuineness and realistic perceptions (Gelso, 2002). Genuineness is the willingness and ability to be authentic, honest, and open – in other words, to be who one truly is in the relationship. Realistic perceptions are defined as the perceptions of the client or therapist that are not distorted by transference or other defenses. Realistic perceptions between the client and therapist enable them to view each other accurately and realistically. In addition, the magnitude and valence of these

components are taken into account in defining the real relationship. Magnitude pertains to how much of the real relationship exists in terms of genuineness and realism. It is assumed that the amount of genuineness and realism can vary based on how much of them are present. Valence pertains to the clients' and therapists' feelings toward one another within the context of the real relationship. The assumption is that these feelings can range from very positive to very negative.

In this chapter, I focus on the real relationship component of the therapeutic relationship and its connection to therapist self-disclosure. By definition, a self-disclosure reveals something personal about the therapist. A client will likely view a therapist who reveals more about him or herself as more genuine than a therapist who does not disclose. In addition, self disclosures will likely enable the client to gain a better sense of the therapist for whom he or she really is, and less likely to form distorted perceptions of him or her than of a therapist who does not disclose. Two clients from Knox, Hess, Petersen, & Hill's (1997) qualitative study made statements that demonstrate how therapist self-disclosure may relate to the real relationship in psychotherapy. One client felt that his therapist's self disclosures made him seem more real and human. Another client felt that her therapist's self disclosure allowed her to be more open and honest in therapy. Based on this information, it seems likely that therapist self disclosure relates to the real relationship. Therefore, one of the aims of the present study was to acquire more information on the relationship between therapist self-disclosures and the real relationship. New information about the real relationship seemed like it could contribute to a better understanding of the therapy relationship as a whole.

Self-Disclosure

Sidney Jourard (1958) coined the term “self-disclosure,” describing it as “the process of making the self known to other persons.” Jourard’s ideas about therapist disclosures being beneficial for clients went against the traditional psychoanalytic view that therapists should be as neutral as possible in order to encourage transference. Not surprisingly, the topic continues to be controversial. Self-disclosure is an umbrella term which encompasses the variety of ways in which therapists make themselves known to their clients. For instance, one therapist may discuss his or her professional background with a client whereas another therapist may reveal a personal traumatic experience to his or her client. In both cases the therapist is self-disclosing, but one would imagine that the different natures of the disclosures would yield different reactions from the clients. Therefore, it is important to examine different types of therapist self disclosures.

Based on the empirical research, Hill and Knox (2003) identify seven types of therapist self disclosures: disclosures of facts, disclosures of feelings, disclosures of insight, disclosures of immediacy, and disclosures of strategies, disclosures of approval/reassurance, and disclosures of challenge. Disclosures of facts have to do with factual information about therapists, such as their degrees. Disclosures of feelings show how therapists felt in situations similar to their clients’. A disclosure of insight is when therapists shares what they have learned about themselves from an experience related to the therapy discussion. A disclosure of immediacy occurs when therapists tell their clients their current reactions to the clients. With disclosures of strategies therapists reveal strategies that they have used in order to fix a problem that is similar to the problem being described by the client. Disclosures of approval/reassurance occur when therapists share personal information with the client that is similar to what the client is

experiencing. Finally, with disclosures of challenges therapists share challenges which they have faced that are similar to challenges that the client is facing. To the author's knowledge, subtypes of therapist self-disclosures have only been examined in one study (Kim, Hill, Gelso, Goates, Asay, & Harbin, 2003) and have never been examined in relation to overall treatment outcome.

Since the real relationship is understudied and therapist self-disclosure is a controversial intervention, it is important to acquire more information about both of these topics. In this study I examined the real relationship in terms of outcome and in terms of how it relates to therapist self-disclosure. I also examined the subtypes of therapist self-disclosure and how they relate to overall treatment outcome.

Review of the Literature

This literature review has two main sections. In the first section I review the real relationship. Here I examine the history of the real relationship including its conceptualization, definition, measures, and related research. In the second section I review therapist self-disclosure, including its connection to the real relationship. I examine the definition of therapist self-disclosure and how it is viewed within the context of different theoretical orientations. Previous research is discussed, as are the different subtypes of therapist self-disclosure.

The Real Relationship

The tripartite model

The psychotherapy relationship between the client and the therapist is complicated. Therefore it is difficult to clearly define. Psychoanalyst Ralph Greenson (1967) helped clarify the psychotherapy relationship by dividing it into three components:

the working alliance, the patient transference, and the real relationship. Each of these elements of the relationship is present in the therapy hour, and the elements are not mutually exclusive from one another. More recently, Gelso and Carter (1985) extended this model to all psychotherapy theoretical orientations, and Gelso and Samstag, (2007) described it as a tripartite model. In this section, I will discuss each part of this model. Special attention is devoted to the real relationship, since it is the part of the model that is examined in the present study.

The working alliance

The working alliance between the client and the therapist is the most clearly defined component of the psychotherapy relationship. This is likely the reason for it being the most studied component of the tripartite model. The working alliance is often defined by the amount to which the therapist and client agree on goals, agree on ways by which to obtain the goals, and experience an emotional bond with one another. Meta-analyses of alliance-outcome studies have shown the working alliance to be one of the strongest predictors of overall therapy outcome (Horvath & Symonds, 1991; Marin, Garske, & Davis, 2000; Horvath, 2002).

The transference-countertransference configuration

Controversy exists over the definition of transference. For the purpose of this section, I will use Gelso and Hayes' (1998) working definition of transference which is "the client's experience of the therapist that is shaped by his or her own psychological structure and past, and involves displacement on the therapist, of feelings, attitudes, and behaviors belonging rightfully in earlier significant relationships" (p. 11). Transference configurations can play positive, negative, or neutral roles in therapy, depending on the

content and how they are incorporated into the therapy process. The definition of countertransference is also controversial, and different, conflicting definitions of countertransference exist in the literature (e.g., Epstein & Feiner, 1988; Aron, 1996; etc.). Drawing from the literature, Gelso and Hayes (2007) offered what they viewed as an integrative definition of countertransference. They conceptualized it as “the therapist’s internal and external reactions that are shaped by the therapist past and present emotional conflicts and vulnerabilities” (p. 25). Depending on its nature and how the therapist uses it, countertransference is often viewed as a potentially helpful tool for therapists and/or a damaging force in therapy.

The real relationship

According to Gelso (2002), the real relationship is the personal relationship between the client and therapist that is defined by two main components: genuineness and realistic perceptions. Genuineness is the willingness and ability to be authentic, honest, and open – in other words, to be who one truly is in the relationship. Realistic perceptions are defined by the perceptions of the client or therapist that are not distorted by transference or other defenses. Realistic perceptions between the client and therapist enable them to view each other realistically. It is worth noting that the working alliance and the transference configurations each contain a component of the real relationship. In the working alliance, therapists typically have realistic perceptions of their clients and vice versa. However, the purpose of the realistic perceptions that exist in the working alliance is to serve the therapeutic work, whereas the real relationship exists in all human interactions. The transference-countertransference configuration overlaps with the real relationship because clients’ transference reactions to their therapists and therapists’

countertransference reactions to their clients are usually genuine. However,, unlike the real relationship, during transference or countertransference experiences clients' or therapists' feelings and perceptions are not realistic. Therefore, although the working alliance and transference-countertransference configuration each contain parts of the real relationship, the real relationship is a distinct component of the therapeutic relationship.

One of the reasons that the present study focuses on the real relationship is because it is the most neglected and understudied component of the tripartite model. In addition, implications from past research have suggested it to be a likely predictor of therapy outcome (see below).

The history of the real relationship

The concept of a real relationship component in the psychotherapy relationship dates back to the mid 1900s. In 1942 Esther Menaker stressed that part of the psychoanalytic relationship is real (as opposed transference, the part of the experience which is “relived *as* real” (p. 172)). She wrote “In general, it is important that the real relationship between patient and analyst have some content and substance other than that created by the analytic situation itself” (p. 172). Anna Freud (1954) also believed that the real relationship has a place in therapy. She wrote “. . . somewhere we should leave room for the realization that analyst and patient are also two real people, of equal adult status, in a real personal relationship to each other” (p. 372f). In addition, Ralph Greenson (1969) warns against neglecting the real relationship in therapy:

Technical errors may cause pain and confusion, but they are usually repairable; failure of humanness is much harder to remedy. The overemphasis on transference interpretations and the neglect of the ‘real’ relationship tends to

reduce all life to explanation which is not life and not living (Greenson, 1969, p.377).

However, despite the recognition of the real relationship as having a significant role in therapy, it has been understudied. This is partly due to, until recently, a lack of a clear definition of the concept and, in turn, a shortage of the instruments needed to measure the construct (Gelso & Samstag, 2007). Over the last two decades, work on the real relationship focused on these issues by refining the implications and definition of the concept (Gelso & Carter, 1985, 1994, Gelso and Hayes, 1998; Gelso 2002, 2004, 2005, 2006) and constructing the instruments needed to measure the construct (Gelso, Kelley, Fuertes, Marmarosh, Holmes, Costa & Hancock, 2005; Kelley, Gelso, Fuertes, & Marmarosh, under review).

Gelso (2004) defined the real relationship in terms of both genuineness and realism as “the personal relationship existing between two or more people as reflected in the degree to which each is genuine with the other and perceives the other in ways that benefit the other” (Gelso, 2004, p.6). He defined genuineness as “the ability to be who one truly is, to be nonphony, to be authentic in the here and now (Gelso, 2002, p.37). Realism was defined as “the experiencing or perceiving the other in ways that benefit him or her, rather than as projections of wished for or feared others (i.e., transference)” (p.37). In addition, Gelso and his colleagues noted that magnitude and valence were necessary concepts to consider when examining the real relationship. Magnitude refers to how much of a real relationship exists between the client and the therapist. It assumes that genuineness and realism (and therefore the real relationship) can fluctuate in terms of amount over the course of therapy, including within any given session. Valence pertains

to the notion that clients' and therapists' feelings about one another within the context of the real relationship may range from very positive to very negative. Therefore, a client or therapist may genuinely like or dislike the other based on realistic perceptions.

Controversy over the concept of the real relationship

The concept of the real relationship has been controversial. Gelso (2002) addressed three arguments that have been posed against the concept of the real relationship. The first argument is that the concept of a real relationship is redundant and unnecessary because everything in the therapeutic relationship is real. In response to this argument, Gelso (2002) suggested that despite the fact that everything is real in the therapeutic relationship, the concept of the real relationship (as it has been defined) is a significant addition to other relational constructs such as the working alliance and transference-countertransference configuration. Therefore, it is a valuable construct. A second argument against the concept of the real relationship is the question of who can know and decide what is real. This argument is directed toward the early psychoanalysts who wrote about the real relationship as though the therapists were the experts on what was real. The argument was against the idea that therapists were thought to be the authority on reality. Gelso's response to this argument is that neither the client nor the therapist is the total arbiter of what is real. Instead, the real relationship is perceptual, and constructed by both members of the dyad. Finally, the concept of the real relationship has been criticized because even if there is a reality, it can never be fully known. Gelso (2002) responded that this is the case with all theoretical constructs in human sciences. Therefore, this criticism against the concept of the real relationship cannot negate the utility of a construct because no construct can be fully known.

Measuring the real relationship

To the author's knowledge, Eugster and Wampold (1996) conducted the first study to examine the role of the real relationship in psychotherapy. They found that clients' perceptions of the real relationship were the most powerful of nine predictors of treatment satisfaction. On the other hand, they also found that therapists' perceptions of the real relationship with their clients negatively related to therapists' ratings of satisfaction. Therefore, it appeared that clients found the real relationship helpful whereas their therapists did not find it helpful. This discrepancy implies that both perspectives need to be examined in researching the real relationship.

Although Eugster and Wampold (1996) developed measures of the real relationship for their study, the measures were only marginally reliable, and examined genuineness much more than realism. In their measure, the patient form contained items that clearly tapped genuineness more than realism. Recently, more reliable and thorough therapist (Gelso et al., 2005) and client (Kelley et al., 2007) forms have been developed to measure the real relationship. Both the therapist and client measures consist of 24 items, with 12 item subscales measuring genuineness and realism. Each scale also taps into the magnitude and valence of the real relationship. The rater is asked to rate the self, the other, and their relationship. The therapist form (Gelso et al., 2005) has been found to positively relate to the therapists' ratings of their working alliance with clients, clients' level of insight, and session outcome. The therapist form also negatively relates to negative transference. The client form (Kelley et al., under review) was found to relate to Eugster and Wampold's (1996) measures of the real relationship, clients' observing ego strength, and a measure of therapist congruence. The client form also negatively

correlates with clients' tendency to hide true feelings in order to meet others' expectations. The discriminant validity of both studies has also been supported (Gelso et al., 2005; Kelley et al., 2007).

These scales have only been available for a short time; however, they have already shed light on the real relationship. Two studies to date have incorporated these new measures. Fuertes et al. (2007) found that clients' ratings of the real relationship related to progress in treatment above and beyond the variance in progress explained by their ratings of attachment to therapist, working alliance, and therapist empathy. Therapists' scores on the real relationship also related to progress, although only marginally significant statistically ($p < .06$). In addition, Marmarosh et al. (2007) found both the clients' and therapists' ratings of the strength of their real relationship to be positively associated with treatment outcome, above and beyond the variance in outcome accounted for by the working alliance. However, for clients the genuineness subscale predicted outcome whereas for therapists the realism subscale predicted outcome. Therefore, it appeared that for clients, genuineness in the therapeutic relationship was most important, whereas for therapists, realism within the relationship was the most important. These two studies are significant because, although the working alliance and the real relationship have theoretically been viewed as similar constructs, these studies suggest that the strength of the real relationship relates to treatment progress and outcome independent of the working alliance.

Therefore, it appears that more research on the real relationship could be helpful in shedding light on psychotherapy treatment progress and outcome. In the present study I attempted to gain a better understanding of the real relationship by observing how it

related to treatment outcome. In addition, I examined its relationship to therapist self disclosure.

Therapist Self-Disclosure

Therapist self-disclosure is one area in psychotherapy that seems likely to relate to the real relationship. For instance, Gelso (2002) states “The real relationship unfolds whatever we do; it cannot *not* exist. At the same time, certain kinds of therapist sharing will bring it out and strengthen it” (p. 38). Hill and Knox (2002) define therapist self-disclosures as verbal statements that reveal something personal about the therapist. Based on this definition, the concept of therapist self-disclosure seems to have connections to the genuineness and realism components of the real relationship. This is because it seems logical that the more a therapist reveals about him or herself, the more the client will know about his or her therapist, and therefore, the more likely the therapist will be viewed as being real and genuine. For instance, if a therapist discloses how he or she feels in reaction to the client, the client could view the therapist as being more genuine than if the therapist were to attempt to mask his or her reaction. This relates to the genuineness component of the real relationship. On the other hand, a client may have a distorted perception of his or her therapist as being insensitive to his or her struggles. If that therapist discloses that he or she had shared a similar struggle in the past, the client would have a better understanding of who the therapist is, which relates to the realism component of the real relationship.

A qualitative study by Knox et al. (1997) in which 13 adult psychotherapy clients were interviewed about their experiences with helpful instances of therapist self-disclosure supports the idea that therapist self-disclosure relates to the real relationship.

For instance, one client participant stated that his therapist's self-disclosure resulted in his perceiving his therapist as more real and human. In addition, another client stated that her therapist's self-disclosure allowed her to be more open and honest in therapy. Both of these examples pertain to the genuineness component of the real relationship and imply that the therapist's self-disclosure strengthened the client's perceived real relationship. Since these examples suggest that therapist self-disclosure may relate to the real relationship, it is important to see if these findings can be supported through additional research. In the present study I used a quantitative approach in order to examine how therapist self-disclosure relates to the real relationship and to a measure of treatment outcome.

Therapist self-disclosure and theoretical orientation

Therapist self-disclosure is a controversial issue in psychotherapy. There are different views among various theoretical orientations as to if and how it should be used. Traditional psychoanalysts typically strive to limit therapist self-disclosures for fear of diluting transference. The idea is that the therapist should be a blank screen, as neutral as possible, to promote the client's (or, using psychoanalytic terms, the patient's) transference. It was believed that the more the patient learns about his or her therapist, the less transference he or she will experience, and the more confusing and uninterpretable will be the transference. Since, according to traditional psychoanalytic theory, transference is the primary mechanism for therapeutic change, therapist self-disclosures are often thought to have a negative impact on therapy. However, some classical psychoanalysts are more open to therapist self-disclosures. For instance,

Greenson (1969), a prominent psychoanalyst, claims that it is important to accept that complete neutrality is impossible. He writes:

It is also important to keep in mind that while our patients have much less opportunity to know us than the other way around, nevertheless they are not without resources. Everything we do or say, or don't do or say, every bit of our surroundings from the office décor to our waiting room magazines, the way we open the door, greet our patients, make interpretations, keep silent, end the hour, all these and much more reveal something about our real self, going far beyond our professional self (p. 373).

Greenson believes that therapists should accept the fact that neutrality cannot exist, and should foster the real relationship. Other psychoanalysts such as Esther Menaker (1942) and Anna Freud (1954) have also acknowledged the inevitability of the real relationship. Therefore, although many traditional psychoanalytic/psychodynamic theorists may insist on neutrality, many others have become more accepting of self-disclosures. In addition, in the past few decades there has been a shift in psychoanalysis which has affected the definition of a successful psychoanalytic relationship and psychoanalytic views on therapist self-disclosure. Psychoanalysts have been moving away from classical drive theory toward object relations theory, self psychology, and an integration of the two (Gelso and Hayes, 1998). This shift has relaxed the classical view that therapists should strive to be blank screens. As a result, one important change in psychoanalysis is that therapist self-disclosures are becoming more accepted by many psychoanalysts. Aron (1996) noted that

A study of the accumulating analytic literature on self-disclosure should lead us to marvel at the incredible transformation that has taken place in the world of psychoanalysis in just a few short years. It is, indeed, only recently that the analyst's self-disclosure has appeared on the psychoanalytic scene as a topic of panels and symposia in our meetings and as a subject worthy of investigation in our journals. In the near future, textbooks on psychoanalysis will undoubtedly contain chapters on self-disclosure, and institutes will have courses and clinical case seminars devoted to this subject (p. 221).

Therefore, although controversy exists over therapist self-disclosure, psychoanalysts are now more open to the concept. Gelso and Hayes (1998) sum up this shift as follows:

At this point, it is safe to say that self-disclosure is no longer a dirty word in psychoanalysis, and is beginning to be examined openly. Analytic therapists, on the whole, are surely less disclosing than their humanistic and feminist cousins, but are just as surely more open to the possible benefits of 'controlled disclosures' than they were in times past (pp. 181-182).

Controversy over therapist self-disclosure also exists among cognitive therapists, behavior therapists, and cognitive behavior therapists. For instance, Wolpe (1984) criticized therapist self-disclosures and stated that they were not a behaviour therapy technique. On the other hand, Lazarus (1985) responded that "Selective self-disclosure often enhances the therapeutic relationship and proves valuable when using modeling and behaviour rehearsal techniques" (p. 1419). According to recent work by Godfried, Burckell, and Eubanks-Carter (2003), therapist self-disclosure has the potential to

strengthen the therapeutic bond, normalize the client's reaction, reduce the client's fears, and model an effective way of functioning.

Humanistic and existential theorists on the whole are more in favor of therapist self-disclosures than other theoretical orientations. They believe it equalizes power in the relationship (Jourard, 1971), demystifies the psychotherapy process (Kaslow, Cooper, & Linsenberg, 1979), and promotes clients' openness, trust, insight, and change (Rogers, 1951, Truax & Carkhuff, 1967). Feminist theorists also support the use of therapist self-disclosure and view it as a particularly important intervention (Enns, 1997). Since feminist therapy is based around enhancing the client's empowerment, self-disclosure is useful because it helps equalize power and foster a feeling of solidarity between therapist and client (Mahalik, VanOrmer, & Simi, 2000). In addition, feminist therapists are open with their clients about their values, opinions, and feelings about emotionally and politically controversial issues such as sexual orientation in order to allow the client to determine whether or not his or her therapist is unbiased if these issues come up (Brown & Walker, 1990).

Therapist self-disclosure and outcome

Several studies have suggested that there is a positive relationship between therapist self-disclosures and treatment outcome in therapy. Hill et al. (1988) found that clients gave the highest ratings of helpfulness and showed the highest experiencing levels (involvement with their feelings) in response to therapist self-disclosures over other verbal response modes. However, Hill (1989) found that therapist self-disclosure was the least frequently used response mode by expert therapists. Similarly, in a study by Ramsdell and Ramsdell (1993), clients stated that their therapists' sharing of personal

information had a positive effect on their therapy. In this study, therapist self-disclosure was one of only three social behaviours that the majority of clients rated as likely to be beneficial in therapy (out of 14 possible social behaviours). Sixty percent of the clients from this study indicated that their therapists self-disclosed, but only 15% indicated that their therapists self-disclosed more than two or three times over the course of therapy. These findings indicate that clients find therapist self-disclosures helpful in small amounts. Ramsdell and Ramsdell's (1993) data was collected years after therapy had ended, indicating that, even several years after termination, clients continue to view their therapists' self-disclosures as beneficial to their therapy. In an experimental study in which therapists disclosed either less or more than usual, Barrett and Berman (2001) found that clients in the high disclosure group had less symptoms of distress and liked their therapists more than clients in the low disclosure group. Therefore, although these studies do not display a consensus as to how much therapist self-disclosure is helpful, their results all indicate that clients find therapist self-disclosure helpful in terms of their therapy outcomes.

Suggestions for use of self-disclosures

Based on the empirical literature, Hill and Knox (2003) discussed suggestions for using therapist self-disclosures. They recommended that therapists use self-disclosures, but keep their use to a minimum. Therapists should limit their use of self-disclosures because, although they can be helpful, the focus should remain on the client. Hill and Knox (2003) also encourage therapists to make sure to use appropriate content and levels of intimacy in their self-disclosures, fit their disclosures to the client's individual needs and preferences, have appropriate reasons for self-disclosing, return the focus to the client

after self-disclosing, disclose resolved issues as opposed to current struggles, have their clients respond to the disclosure, and consider using disclosures to facilitate termination. In addition, Hill and Knox (2003) encourage therapists to consider using disclosures of immediacy. They suggest using immediacy because it pertains to the here-and-now of therapy. It allows space to examine the relationship between client and therapist, and to look at the relationship within the broader context of the client's other relationships. The little research that exists on therapist disclosures of immediacy suggests that they can be helpful (Rhodes, Hill, Thompson, & Elliot, 1994).

Subtypes of therapist self-disclosures

Therapist self-disclosure has most recently been classified as having several subtypes (Hill, 1989; Hill & O'Brien, 1999; Hill & Knox, 2002). Hill and Knox (2002) suggested that it is important to examine subtypes of therapist self-disclosures as opposed to maintaining a global view of the concept. Studying subtypes is helpful because many subtypes have important qualitative differences. Based on work by Hill and O'Brien (1999) and Kim et al. (2003), Hill and Knox (2003) suggest that there are at least seven subtypes of therapist self-disclosures: disclosures of facts, disclosures of feelings, disclosures of reassurance/support, disclosures of strategies, disclosures of challenges, disclosures of immediacy, and disclosures of insight. With disclosures of facts, the therapist shares factual information about his or her background (e.g., "I have a Ph.D. in counselling psychology"). Disclosures of feelings occur when the therapist uses specific words to describe an emotional experience. For examples, Carl Rogers (1986) used a disclosure of feelings with one of his clients when he said "...I think I can understand pretty well-what it's like to feel that you're just no damn good to anybody, because there

was a time when-I felt that way about myself. And I know it can be really rough” (Rogers, 1986). Disclosures of reassurance/support are similar to disclosures of feeling. They occur when therapists disclose an experience similar to what the client is experiencing (e.g., “I too experienced the loss of a loved one, and I know how hard it can be”). In disclosures of strategy, the therapist discusses an action that he or she has taken to deal with a problem the client is experiencing (e.g., “when I feel overwhelmed with work, I prioritize my tasks”). Disclosures of challenges are slightly more vague than other disclosures. With these disclosures, therapists express a challenge they faced that relates to what the client is going through (e.g., “I have also experienced conflicts with my partner, and needed to look carefully at my contributions to our issues”). Disclosures of immediacy occur in the here and now of a session. They refer to a therapist expressing his or her reactions to a client in the moment (e.g., “As you’re talking about people not understanding you, I realize that I am also having trouble keeping up with everything you’re saying. I wonder if it has anything to do with your tendency to rapidly jump from topic to topic”). Finally, disclosures of insight occur when the therapist shares something that he or she has learned about him or herself based on past experiences (e.g., “When I looked hard at my tendency to procrastinate, I realized that it was due to a fear of succeeding, and how success would affect my life”).

To the author’s knowledge, only one study has included these particular subtypes of therapist self-disclosures and examined how they relate to outcome (Kim et al., 2003). Kim et al. found that clients perceived disclosures of strategies as being more helpful than disclosures of approval/reassurance, disclosures of facts, and disclosures of feelings. They also found that disclosures of strategies occurred more frequently in highly rated

sessions than in sessions receiving low ratings. However, these results were based on a single session of counselling with Asian American clients and European American therapists. Therefore, the implications of this study are that a larger and more diverse sample is needed to be able to generalize the results. In addition, studies are needed to examine the helpfulness of therapist self-disclosures for overall therapy outcome after multiple sessions, as opposed to the outcome of a single session.

Present study

In keeping with Hill's and Knox's (2003) suggestions for practitioners, in this study I examine therapist self-disclosure and subtypes of disclosures in relationship to both the real relationship and treatment outcome. The relationship between the real relationship and treatment outcome was also examined. In order to examine these relationships, undergraduate and graduate students who had participated in and ended counselling or personal psychotherapy in the last 3 years were recruited to complete measures on the real relationship, therapist self-disclosure, and therapy outcome based on their most recent experience in therapy. In the following sections, I will discuss the present study in detail.

Chapter 2

Statement of the Problem and Hypotheses

Statement of the Problem

The concept of the real relationship in psychotherapy has been around for over a half of a century (Menaker, 1942). However, it is a controversial construct and has been paid little theoretical and empirical attention. Recent studies on the real relationship have suggested that the strength of the real relationship may relate to treatment progress and outcome independent of the variance accounted for by the working alliance (Fuertes et al., 2007; Marmarosh et al., in press). Therefore, it was important to examine the real relationship to see if these findings are supported, and to gain a better understanding of what relates to the strength of the real relationship in psychotherapy. One therapeutic intervention that seemed likely to relate to the real relationship was therapist self-disclosure. Therapist self-disclosure is also a controversial topic. Therefore, I not only examined the relationship between therapist self-disclosure and the real relationship, and the relationship between the real relationship and treatment outcome, but the relationship between therapist self-disclosure and treatment outcome as well. In addition to posing hypotheses, I asked questions regarding other constructs presented in this study.

Hypotheses and Research Questions

Note: Each variable was examined from the client's perspective

Hypothesis 1: Clients who perceived that their therapists disclosed an appropriate amount will view their real relationships with their therapists as stronger than clients who perceived that their therapists did not disclose enough or disclosed too much.

Hypothesis 1a: Clients who perceived that their therapists disclosed an

appropriate amount of facts will view their real relationships with their therapists as stronger than clients who perceived that their therapists did not disclose enough or disclosed too much.

Hypothesis 1b: Clients who perceived that their therapists disclosed an appropriate amount of feelings will view their real relationships with their therapists as stronger than clients who perceived that their therapists did not disclose enough or disclosed too much.

Hypothesis 1c: Clients who perceived that their therapists disclosed an appropriate amount of approval/reassurance will view their real relationships with their therapists as stronger than clients who perceived that their therapists did not disclose enough or disclosed too much.

Hypothesis 1d: Clients who perceived that their therapists disclosed an appropriate amount of strategies will view their real relationships with their therapists as stronger than clients who perceived that their therapists did not disclose enough or disclosed too much.

Hypothesis 1e: Clients who perceived that their therapists disclosed an appropriate amount of challenges will view their real relationships with their therapists as stronger than clients who perceived that their therapists did not disclose enough or disclosed too much.

Hypothesis 1f: Clients who perceived that their therapists disclosed an appropriate amount of immediacy will view their real relationships with their therapists as stronger than clients who perceived that their therapists did not disclose enough or disclosed too much.

Hypothesis 1g: Clients who perceived that their therapists disclosed an appropriate amount of insight will view their real relationships with their therapists as stronger than clients who perceived that their therapists did not disclose enough or disclosed too much.

Therapists who self-disclose may appear more real and human to clients (Knox et al., 1997). Clients who view their therapists as more real and human would likely perceive a stronger real relationship than clients who do not perceive their therapists as real and human, because these characteristics relate to the genuineness component of the real relationship. In addition, clients may find that their therapists' self-disclosures facilitate their own openness in therapy (Knox et al., 1997). When clients are more open in therapy, they are showing more of themselves to their therapists. This would likely enable them to feel as though their therapists have a better idea of who they are, which likely relates to the realism component of the real relationship. Therefore, I predict that clients' perceptions of their therapists' self-disclosures will relate to how they perceive the strength of their real relationships with their therapists.

I examined the *appropriateness of the amount* of self-disclosures as opposed to the *amount* of the self-disclosures because, for example, it is possible that some therapists disclose too much about certain topics which could relate to a weaker real relationship whereas other therapists might disclose too little, which could also potentially relate to a weaker real relationship. In addition, for some disclosures I would think that the more therapists disclosed the weaker the clients would perceive the real relationship whereas for other therapist disclosures I might predict the opposite. Therefore, a better way of gauging how therapist self-disclosures relate to the real relationship seemed to be through

examining the appropriateness of the amount of disclosures. The appropriateness of the amount of therapist self-disclosures seemed likely to positively relate to the real relationship, since it shows how satisfied the client was with his or her therapist's self-disclosures (for instance, it could show whether the client felt that the therapist disclosed too much, too little, or the right amount). This should be reflected in the aspect of the real relationship that has to do with valence, since valence pertains to clients' positive or negative feelings toward their therapists.

Subhypotheses 1a through 1g were phrased for the seven subtypes of therapist self-disclosure that were proposed by Hill and Knox (2003) based on the empirical literature.

Hypothesis 2: The stronger the real relationship, the better the therapy outcome from the client's perspective.

The concept of the real relationship is controversial and understudied. However, the limited studies on the real relationship have suggested that it positively relates to treatment progress and outcome in psychotherapy (Fuertes et al., 2007; Marmarosh et al., in press). In addition, theoretical literature suggests that the real relationship is important in terms of outcome. For instance, Gelso and Hayes (1998) theorized that "The strength and valence of the real relationship, taken together, are significant factors in the effectiveness of psychotherapy." Therefore, based on the empirical and theoretical literature, I predicted that the strength of the real relationship would be positively correlated with the therapy outcome.

Hypothesis 2a. The more realism in the relationship, the better the therapy outcome from the client's perspective.

Hypothesis 2b: The more genuineness in the relationship, the better the therapy outcome from the client's perspective.

Although Marmarosh et al. (in press) found that genuineness was favored by clients over realism, the two subscales are highly intercorrelated (.80, $p < .01$). Therefore, I would expect both to equally correlate with outcome.

Hypothesis 3: Clients who perceived that their therapists disclosed the right amount will have better therapy outcomes than clients who perceived that their therapists disclosed not enough or too much.

Hypothesis 3a: Clients who perceived that their therapists disclosed an appropriate amount of facts will have better therapy outcomes than clients who perceived that their therapists disclosed not enough or too many facts.

Hypothesis 3b: Clients who perceived that their therapists disclosed an appropriate amount of feelings will have better therapy outcomes than clients who perceived that their therapists disclosed not enough or too many feelings.

Hypothesis 3c: Clients who perceived that their therapists disclosed an appropriate amount of approval/reassurance will have better therapy outcomes than clients who perceived that their therapists disclosed not enough or too much approval/reassurance.

Hypothesis 3d: Clients who perceived that their therapists disclosed an appropriate amount of strategies will have better therapy outcomes than clients who perceived that their therapists disclosed not enough or too many strategies.

Hypothesis 3e: Clients who perceived that their therapists disclosed an appropriate amount of challenges will have better therapy outcomes than clients who

perceived that their therapists disclosed not enough or too many challenges.

Hypothesis 3f: Clients who perceived that their therapists disclosed an appropriate amount of immediacy will have better therapy outcomes than clients who perceived that their therapists disclosed not enough or too much immediacy.

Hypothesis 3g: Clients who perceived that their therapists disclosed an appropriate amount of insight will have better therapy outcomes than clients who perceived that their therapists disclosed not enough or much insight.

One would think that clients who believe that their therapists disclosed too much, or not enough, would be less satisfied with their treatment than clients who believe that their therapists disclosed an appropriate amount. For instance, Hill and Knox (2003) state:

If therapists disclose either too infrequently or too frequently, the effect of the intervention may well be reduced. Therapists who never disclose may be experienced by clients as distant, aloof, and impenetrable, and as a result, the therapy relationship may be compromised. In contrast, therapists who disclose too frequently may be experienced as having tenuous therapy boundaries wherein the focus shifts away from the client and instead moves to the therapists. Thus, therapist self-disclosure may indeed be a helpful intervention, one whose frequency must be carefully monitored (p.533).

Therefore, I predicted that the more a client perceived his or her therapist as disclosing an appropriate amount, the better he or she would rate his or her treatment outcome.

Subhypotheses 3a through 3g were phrased for each subtype of therapist self-disclosure

that Hill and Knox (2003) proposed in their review of the literature on therapist self-disclosure.

Hypothesis 4: The client perceived therapy outcome for clients whose therapists disclosed will be better than for clients whose therapists did not disclose.

Knox et al. (1997) found that therapist disclosures can be beneficial for the client. This present study examines whether clients whose therapists disclosed (regardless of the appropriateness of the disclosure) had better outcomes than clients whose therapists did not disclose at all. The reason that I did not make a continuous hypothesis about the amount of therapist self-disclosure and outcome was because, based on the research, Hill and Knox (2003) suggest that, although therapists should use self-disclosures, they should use them infrequently. Therefore I did not predict that the amount of therapist self-disclosure positively related to outcome. Instead, I hypothesized that, in general, the use of therapist self-disclosure is more helpful than none at all.

Research question 1: Do the subtypes of therapist self-disclosures differ in their relationships with the dependent variables in this study?

This research question was tested by dividing hypotheses 1 and 3 into subhypotheses based on seven subtypes of therapist self-disclosure. Hill and Knox (2003) suggested that it is important to examine subtypes of therapist self-disclosures as opposed to maintaining a global view of the concept. Since subtypes of therapist self-disclosure can be very different in nature, it was important to examine individual subtypes in terms of the real relationship and the therapy outcome as opposed to forcing all subtypes into one group. This enabled me to see whether or not each individual subtype related to these the real relationship and to the outcome of therapy.

Research question 2: How do clients' feelings about how much their therapists' self-disclosures related to themselves (the clients) correlate with other variables in the study?

One of Hill and Knox's (2003) suggestions for practitioners was to "Fit the disclosure to the particular client's needs and preferences" (p.534). In addition, Bridges (2001) suggests that therapist self-disclosure is effective when therapists monitor their personal interest in disclosing and remain focused on the client. Therefore, I was interested in seeing how clients' feelings about the relevancy of their therapists' disclosures to their clients related to the client-perceived strength of the real relationship and the treatment outcome. It seemed likely that the clients' perceptions of the relevance of their therapists' self-disclosures (as opposed to, for example, how much the therapist disclosed for personal reasons) would relate to these variables.

Research question 3: How do clients' perceptions of genuineness, realism, and the overall relevance of therapist self-disclosures simultaneously and uniquely relate to their perceptions of the therapy outcome?

I was interested in this question because it would be helpful to know not only how each of those predictors related to outcome, but also how they compared to one another in relationship to outcome based on their unique variance. This would be helpful because for example, it could have resulted in the ability to draw more concrete conclusions based on client perceived genuineness in the relationship as opposed to only being able to draw conclusions about genuineness combined with other variables. Acquiring information about each of these unique components could generate more specific and useful ideas for future research.

Chapter 3

Method

Participants

Participants were 120 undergraduate and graduate volunteer clients who were recruited from a large mid-Atlantic university. Client participants either received extra credit for their participation or were entered into a lottery to win one of two \$75 prizes. Details about recruitment appear in the Procedure section of this chapter. Four clients completed hard copy versions of the measures and 116 clients completed the online version of the measures. Of the 120 participants, 26 were excluded because they either did not meet the minimum number of sessions required to participate, did not end therapy within the last three years, or did not complete all of the measures in the survey.

The 94 remaining clients (77 women and 17 men) ranged in age from 18 to 43 ($M = 21.76$, $SD = 4.43$). Seventy-one participants identified as Caucasian, six identified as African American, five identified as Asian American, four identified as Hispanic, and eight identified as “other.”. 15.96% were freshmen, 17.02% were sophomores, 22.34% were juniors, 22.34% were seniors, 7.45% were masters students, and 14.89% were doctoral students. The reported number of sessions ranged from three to 624 ($M = 35.18$, $SD = 81.91$, $Mdn = 12$). The reported number of months since therapy had ended ranged from one to 36 ($M = 12.39$, $SD = 8.91$, $Mdn = 12$).

Measures

Demographic Questionnaire (see Appendix A) This questionnaire was used to gather information about the participants’ background including their age, sex, and

race/ethnicity. Participants were also asked when and for approximately how many sessions they were in therapy.

Real Relationship Inventory-Client (RRI-CL; Kelley et al., 2007; see Appendix B)

This scale was used to measure the strength of the real relationship from the client's perspective. It contains 24 items, including two 12 item subscales to measure genuineness and realism. Genuineness is the willingness and ability to be authentic, honest, and open – in other words, to be who one truly is in the relationship. An example of an item from the RRI-CL that measures genuineness is “I was able to be myself with my therapist.” Realistic perceptions are defined by the perceptions of the client or therapist that are not distorted by transference or other defenses. Realistic perceptions between the client and therapist enable them to view each other realistically (e.g., “I was able to separate out my realistic perceptions of my therapist from my unrealistic perceptions”). Within each subscale two additional dimensions, magnitude and valence, are examined, although scores are not provided for these. Magnitude pertains to how much of a real relationship exists between the client and the therapist. It assumes that the amount of genuineness and realism can fluctuate over the course of therapy. Valence pertains to the notion that clients' and therapists' feelings for one another within the context of the real relationship may range from very positive to very negative. Therefore, a client or therapist may genuinely like or dislike the other based on realistic perceptions. Items pertain to the client's self, his or her therapist, and their relationship, and these items range on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher scores on the RRI-CL reflect perceptions of the relationship as more real and genuine, with greater perceived magnitude and positive valence. The RRI-CL was found to relate to Eugster

and Wampold's (1996) measures of the real relationship, clients' observing ego strength, and a measure of therapist congruence. The RRI-CL also negatively correlates with clients' tendency to hide true feelings in order to meet the expectations of others. In the present study the internal consistency α was 0.92 for the Genuineness subscale, 0.89 for the Realism subscale, and 0.95 for the total measure.

Therapist Self-Disclosure Questionnaire (TSDQ; see Appendix C). This measure was specifically devised for the present study. The main purpose of this measure is to assess the client-rated amount of therapist self-disclosures and the appropriateness of this amount. The instructions ask the client participant to rate items about his/her most recent therapist with whom he/she has completed personal counseling or psychotherapy. The measure examines the seven subtypes of therapist self-disclosure identified by Hill and Knox (2003): disclosures of facts, feeling, approval/reassurance, strategies, challenges, immediacy, and insight. Each subtype is rated by the clients on two scales, one for the amount of self-disclosure and one for the appropriateness of the amount of self-disclosure. The amount of therapist self-disclosure on each item is rated on a scale from 1 (*not at all*) to 5 (*a lot*). The appropriateness of the amount of the therapist's self-disclosure for each item is rated on a scale from 1 (*not enough*) to 3 (just right) to 5 (*too much*). Two additional items appear at the end of the measure. In order to examine the participant's global view of his/her therapist's disclosures one item is "Overall, how much did your therapist disclose about him/herself." Participants rated this item on a scale from 1 (*not at all*) to 5 (*very much*). For the final item, participants rated how much their therapists' disclosures related to themselves (the clients) and their problems on a scale from 1 (*not at all*) to 5 (*very much*). In the present study the internal consistency α

was 0.78 for the items referring to the amount of therapist self-disclosure and 0.75 for the items referring to the appropriateness of therapist self-disclosure.

The Counseling Outcome Measure (COM; Gelso & Johnson 1983; see Appendix D) This four-item measure asks the client to evaluate the amount of his or her improvement since the beginning of therapy. The item measured improvement in feelings, behavior, self-understanding, and overall functioning. The client is asked to rate each item on a scale from 1 (*much worse*) to 4 (*no change*) to 7 (*much improved*). The scores on each item are added together to obtain one total score. The reliability of the COM has been established via test-retest reliability and internal consistency. Gelso and Johnson (1983) found the 3-week test-retest reliability for individual items in the measure to range from .63 to .81. Tracey (1987) found the measure to have an alpha estimate of .89. Gelso, Kivlighan, Wine, Jones, and Friedman (1997) found the form to have an internal consistency of .89. The validity of the COM has been established via research that examined the interrelation in outcome estimates for structured interviews between clients, counselors, and independent judges. Gelso & Johnson (1983) found these correlations to be very high. Patton, Kivlighan, and Multon (1995) found significant correlations between client COM scores and outcome scores in the Brief Symptom Inventory (Derogatis & Melisaratos, 1983). Patton et al. (1995) also reported significant correlations between client COM scores and outcome scores on the Inventory of Interpersonal Problems (Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988). Participants were asked to take the COM based on how they felt when their therapy ended. I used the COM as opposed to more established outcome measures because, in addition it being backed by sound data, it only consists of four items. This may have

helped me recruit more participants for the study since it required less of a time commitment than other, more common outcome measures. The internal consistency α was 0.91 in the present study.

Procedure

A multi-pronged approach was used to recruit participants. Undergraduate students in Introduction to Psychology classes were recruited through the Sona System and received credit for their participation. In order to be eligible to participate they needed to have completed personal counseling or psychotherapy within the last three years. A further requirement for participation was that each participant had completed at least three sessions with the therapist. In order to recruit undergraduate students in more advanced classes (Helping Skills, Introduction to Counseling Psychology, etc.), I acquired permission from the instructors to speak to their classes for few minutes in order to recruit students. These students were given the option of either entering their email addresses on a sign-up sheet for me to contact them or emailing me for a link to the online survey.

I contacted potential graduate student participants by placing letters in the on-campus mailboxes of students in psychology programs and psychology-related programs. The letters stated that purpose of this study was to examine the psychotherapy relationship. These graduate students were asked to consider participating in the study, and told that by doing so they would be entered into a lottery where two participants would receive \$75 each. Two participants were randomly selected as winners of this lottery after the data had been collected. The letters to the graduate students included a packet of the measures for the study. I also sent the same letter, via email to each of the

students that included a link to the online version of the study. They were given the option of completing either the paper version or the online version of the study if they chose to participate. Hard copies of the letters were sent out once and email versions were sent out twice over the course of three months. The average time to complete the four measures was 20 to 30 minutes.

In this study, most of the data were collected through the use of an online survey on surveymonkey.com. The choice of collecting data over the internet was made given the many advantages of internet research, such as lower costs, ease of administration, design options, and the fact that results tend to be equivalent to paper-and-pencil survey methods, including the factor structure and psychometric properties of instruments in measure development research (e.g., Gosling, Vazire, Srivastave, & John, 2004).

Chapter 4

Results

This chapter consists of the descriptive findings, analysis of hypotheses and research questions, and additional analyses for the present study.

Descriptive findings

Means and standard deviations of the real relationship, genuineness, realism, therapy outcome, overall amount of therapist self-disclosure, and overall relevance of therapist self-disclosure are reported in Table 5 (see Appendix E). The mean score for an item on the RRI-CL was a 3.62 ($SD = 0.64$) on a scale from 1 to 5. The mean score for an item on the COM was 5.61 ($SD = .90$) on a scale from 1 to 7. The mean overall amount of therapist self-disclosure was 2.41 ($SD = .83$) and the mean overall relevance therapists disclosures to their clients was 3.15 ($SD = 1.32$), with each scale ranging from 1 to 5. Correlations among variables of interest and demographic variables including age, year in school, number of sessions, and number of months since ending therapy are presented in Table 6 (see Appendix F). A negative correlation was found between the number of months since therapy ended and the strength of the real relationship. In addition, the total number of therapy sessions was positively correlated with the therapy outcome. These results were significant and are reviewed in the discussion that follows this chapter.

Analysis of hypotheses and research questions

The following results are organized according to each hypothesis of the present study.

Hypothesis 1: Clients who perceived that their therapists disclosed an appropriate amount will view their real relationships with their therapists as stronger than clients who perceived that their therapists did not disclose enough or disclosed too much.

Very few participants viewed their therapists as having disclosed too much. For instance, only five participants rated their therapists a “5” on a scale from 1 (“not enough”) to 5 (“too much”), and these scores only applied to two out of seven subtypes of therapist self-disclosure. No participants rated any of the other subtypes of self-disclosures a “5” on this scale. Since so few participants perceived that their therapists self-disclosed too much, experiment-wise error would have been a big issue because of the method of analysis. Therefore, I was unable to analyze the differences among clients whose therapists disclosed “too much” and clients whose therapists disclosed “not enough” or “just right.” Instead, *t*-tests were used to test the difference between the strength of the real relationship for clients who perceived their therapists as not disclosing enough in comparison to clients who perceived their therapists as disclosing an appropriate amount. Clients who rated their therapist as disclosing too much (either a “4” or a “5” on the scale) were not included in this analysis.

Three different methods were used to categorize clients in terms of how they perceived the appropriateness of the amount of their therapists’ self-disclosures. First, *t*-tests were used to test the differences between clients who rated their therapists’ self-disclosures as not enough (a “1” on the scale) and clients who rate their therapists’ self-disclosures as just right (a “3” on the scale). Clients who rated their therapists’ self-disclosures a “2” were not included in this group. Next, *t*-tests were used to test the

differences between clients who rated their therapists' self-disclosures as not enough ("1" on the scale) and clients who rated their therapists' self-disclosures as an appropriate amount (either a "2" or a "3" on the scale). Finally, *t*-tests were used to test the differences between clients who rated their therapists' self-disclosures as not enough ("1" or "2" on the scale) and clients who rated their therapists' self-disclosures as just right (a "3" on the scale).

Since clients rated the appropriateness of the amount of therapist self-disclosure for each subtype of therapist self-disclosure, this hypothesis was divided into seven subhypotheses; one for each subtype. Subhypotheses 1a through 1g were framed for self-disclosures of facts, feelings, approval/reassurances, strategies, challenges, immediacy and insights. All results for hypothesis 1 are reported in Table 1.

The results supported subhypotheses 1a through 1f on all three methods of analyses. Subhypothesis 1g was supported in two of the types of client groupings. It was not supported when both "not enough" was identified as scores of "1" or "2" and "just right" was identified as a score of "3."

Table 1

T Values for Hypothesis 1: Clients whose therapists disclosed an appropriate amount will view their real relationships with their therapists as stronger than clients whose therapists disclosed not enough or too much

Subtypes of therapist self-disclosures	Type I		Type II		Type III	
	<i>t</i> value	N (not enough, just right)	<i>t</i> value	N (not enough, appropriate)	<i>t</i> value	N (not enough, just right)
Facts	3.61**	9, 64	2.76**	9, 79	4.73**	24, 64
Feelings	4.91**	22, 44	2.97**	22, 69	5.50**	47, 44
Approval/ Reassurance	4.89**	21, 50	4.25**	21, 69	4.50**	40, 50
Strategies	4.27**	13, 52	3.22**	13, 76	3.19**	37, 52
Challenges	3.48**	24, 44	2.66**	24, 68	3.45**	48, 44
Immediacy	4.47**	9, 57	3.84**	9, 77	3.60**	29, 57
Insight	2.29*	28, 37	2.36*	28, 62	1.68	53, 37

Note. Correlations significant at the $p < 0.05$ level are indicated by * and correlations significant at the $p < 0.01$ level are indicated by **

Note. For Type 1 “not enough” is defined as a score of 1 and “just right” is defined as a score of 3 on the appropriateness of therapist self-disclosures scale. For Type II “not enough” is defined as a score of 1 and “appropriate” is defined as a score of 2 or 3 on the

appropriateness of therapist self-disclosure scale. For Type III “not enough” is defined as a score of 1 or 2 and “just right” is defined as a score of 3 on the appropriateness of therapist self-disclosure scale.

Hypothesis 2: The stronger the real relationship, the better the therapy outcome from the client's perspective.

This hypothesis was supported by the data. The Pearson’s correlation between the strength of the real relationship and the therapy outcome was .70 ($p < .01$).

Hypothesis 2a: The more realism in the relationship, the better the therapy outcome from the client’s perspective.

This hypothesis was supported by the data. The Pearson’s correlation between amount of realism in the relationship and the therapy outcome was .69 ($p < .01$).

Hypothesis 2b: The more genuineness in the relationship, the better the therapy outcome from the client’s perspective.

This hypothesis was supported by the data. The Pearson’s correlation between the amount of genuineness in the relationship and the therapy outcome was .67 ($p < .01$).

Hypothesis 3: Clients who perceived that their therapists disclosed the right amount will have better therapy outcomes than clients who perceived that their therapists disclosed not enough or too much.

For the reasons stated above, clients who reported that their therapists disclosed too much could not be included in this analysis. The rest of the data was tested in the same manner as the analysis for hypothesis 1. Subhypotheses 3a through 3g were framed for self-disclosures of facts, feelings, approval/reassurances, strategies, challenges,

immediacy and insights. All results for hypothesis 3 are reported in Table 2.

Table 2

T Values for Hypothesis 3: Clients whose therapists disclosed an appropriate amount will have better therapy outcomes than clients whose therapists disclosed not enough or too much

	Type I		Type II		Type III	
Subtypes of therapist self-disclosures	<i>t</i> value	N (not enough, just right)	<i>t</i> value	N (not enough, appropriate)	<i>t</i> value	N (not enough, just right)
Facts	1.46	9, 64	1.58	9, 79	2.17*	24, 64
Feelings	2.45*	22, 44	1.11	22, 69	3.73**	47, 44
Approval/Reassurance	3.22**	21, 50	2.63*	21, 69	4.11**	40, 50
Strategies	3.16**	13, 52	2.76**	13, 76	3.24**	37, 52
Challenges	2.69**	24, 44	1.39	24, 68	3.71**	48, 44
Immediacy	4.13**	9, 57	3.67**	9, 77	3.58**	29, 57
Insight	2.41*	28, 37	3.06**	28, 62	1.16	53, 37

Note. Correlations significant at the $p < 0.05$ level are indicated by * and correlations significant at the $p < 0.01$ level are indicated by **

Note. For Type I “not enough” is defined as a score of 1 and “just right” is defined as a score of 3 on the appropriateness of therapist self-disclosures scale. For Type II “not enough” is defined as a score of 1 and “appropriate” is defined as a score of

2 or 3 on the appropriateness of therapist self-disclosure scale. For Type III “not enough” is defined as scores of 1 or 2 and “just right” is defined as a score of 3 on the appropriateness of therapist self-disclosure scale.

The only subhypothesis that was not supported by at least two methods of analysis was subhypotheses 3a, self-disclosures of facts. This subhypothesis was supported when “not enough” was defined as scores of “1” or “2” on the therapist self-disclosure scale and “just right” was defined as scores of “3” on the scale. *T*-tests did not yield significant results when “not enough” and “just right” were categorized differently. Subhypotheses 3b and 3e, for self-disclosures of feelings and challenges, were supported by the data in two out of the three ways of categorizing the appropriateness of the amount of therapist self-disclosures. They were not supported when both “not enough” was defined as a score of 1 and “appropriate” was defined as a score of 2 or 3. Subhypothesis 3g, for self-disclosures of insight, was supported by the data in two out of the three ways of categorizing the appropriateness of the amount of therapist self-disclosures. It was not supported when both “not enough” was defined as a score of 1 or 2 and “just right” was defined as a score of 3. The rest of the subhypotheses were supported by all three methods of analyses.

Hypothesis 4: The client perceived therapy outcome for clients whose therapists disclosed will be better than for clients whose therapists did not disclose.

This hypothesis was not supported by the data. A *t*-test was used to compare the outcomes for clients who reported that their therapists did not self-disclose at all with the outcomes for clients who reported that their therapists did self-disclose, regardless of the reported amount of self-disclosures. This hypothesis and the results were not significant ($t(81) = -1.53, p = .16$).

Research questions 1: Do the subtypes of therapist self-disclosures differ in their relationships with the dependent variables in this study?

This research question was answered in revised hypotheses 1 and 3, above.

Research question 2: How do clients' feelings about how much their therapists' self-disclosures related to themselves (the clients) correlate with other variables in the study?

The clients' perceived relevance of their therapists' self-disclosures correlated with other variables in the study (see table 3). A significant positive correlation was found between strength of the real relationship and the relevance of therapists' self-disclosures, the outcome of therapy and the relevance of therapists' self-disclosures, and the overall amount of therapist self-disclosures and the relevance of therapists' self-disclosures.

Intercorrelations Between Overall Relevance of Therapist Self-Disclosure and other Variables of Interest

Variable of interest	Overall relevance of therapist self-disclosure
Real relationship	0.52**
Genuineness	0.50**
Realism	0.52**
Outcome	0.34*
Overall Amount of therapist self-disclosure to client	0.43**

Note. Correlations significant at the $p < 0.05$ level are indicated by * and correlations significant at the $p < 0.01$ level are indicated by **

Research question 3: How do clients' perceptions of genuineness, realism, and the overall relevance of therapist self-disclosures simultaneously and uniquely relate to their perceptions of the therapy outcome?

A simultaneous multiple regression was used to examine this research question. Genuineness, realism, and the overall relevance of therapist self-disclosures were the predictor variables, and therapist outcome was the criterion variable. The overall relationship was significant ($F_{3,85} = 26.21, p < .01$). Realism was the only variable to uniquely relate to outcome ($t_{85} = 2.76, p < .01$). Results are reported in table 4.

Table 4

Summary of Simultaneous Regression Analyses Predicting Outcome with Realism, Genuineness, and Overall Relevance of Therapist Self-Disclosure (N = 89)

Criterion	β	SE β	t
Genuineness	0.10	0.08	1.31
Realism	0.24	0.09	2.76*
Overall Relevance	0.10	0.25	0.38

$F = 26.21^{**}$ $R^2 = 0.48$ Adjusted $R^2 = 0.46$

Note. Correlations significant at the $p < 0.05$ level are indicated by * and correlations significant at the $p < 0.01$ level are indicated by **

Additional Analyses

A simultaneous multiple regression was used to examine how the overall amount of therapist self-disclosure and the overall relevance of therapist self-disclosures simultaneously and uniquely predict the strength of the real relationship (see table 7, Appendix G). The overall relationship was significant. The relevance of the therapists' self-disclosures was the only variable to uniquely relate to the real relationship.

T-tests were used to analyze the differences between clients who felt that their therapists' self-disclosures did not at all relate to themselves (the clients) or their problems and clients who felt that their therapists' self-disclosures related to themselves and their problems in terms of both the strength of the real relationship and in terms of outcome. Both of these *t*-tests yielded significant results. Clients who felt that their therapists' self-disclosures did not at all relate to them had weaker real relationships than clients who felt that their therapists' self-disclosures did relate to them ($t(89) = -3.45$, $p < .01$). In addition, clients who felt that their therapists' self-disclosures did not at all relate to them had worse therapy outcomes than clients who felt that their therapists' self-disclosures did relate to them ($t(89) = -2.08$, $p < .05$).

Finally, the relationship between the overall amount of therapist self-disclosures and other variables of interest in the present study were examined. Significant positive correlations were found between the overall amount of therapist self-disclosures and the strength of the real relationship, genuineness, realism, therapy outcome, and overall relevance of therapist self-disclosures. These results are reported in table 8 (see Appendix H).

Discussion

In this chapter I present an overview and discussion of the major findings from the present study. First I discuss the descriptive findings. Next I discuss the results of the hypotheses testing and research questions, followed by discussion of the additional analyses. Finally, I address the implications for future research based on the findings from this study and the study's limitations. It should be kept in mind throughout that all findings are from the client's perspective and based on therapy that ended up to three years ago.

Descriptive findings

One interesting finding from the present study that was found regarding the clients' experiences of their real relationships with their therapists was that there was a significant negative correlation between the number of months since therapy ended and the strength of the real relationship. This finding implies that the longer clients are out of therapy, the weaker they will perceive their real relationships with their former therapists. One explanation for this could be that the longer they have gone without seeing their therapists, the less personally connected they feel to them (as is the case with many relationships between two people who no longer contact each other). Another potentially useful finding from the present study was that there was a significant positive relationship between the number of therapy sessions and the therapy outcomes for this sample. This implies that the amount of time spent in therapy relates to the therapy outcome. However, a significant relationship was not found between the months since therapy ended and the outcome of therapy. An explanation for these results could be that the therapy outcome is related to the duration of therapy while therapy is in progress, but the

outcome becomes stable after the therapy has been terminated.

One result that stood out from the present study was that no relationship was found between the total number of therapy sessions and the strength of the real relationship. This is interesting because it would seem more likely that the more the client saw his or her therapist the stronger he or she would experience his or her real relationship with that therapist. Perhaps this result was found because clients' perceptions of the realism and genuineness in their relationships with their therapists were formed relatively early in therapy and did not change much over the course of the rest of therapy. If this were the case, then the number of sessions would not relate to the strength of the real relationship. Gaston and Ring (1992) found a similar pattern with the stability of the working alliance in psychotherapy. They reported that the strength of the alliance remained stable over time when the measures were averaged across cases. A study is currently underway (Gelso et al., in progress) which examines the real relationship over the course of therapy. Results from that study may shed more light on the findings in the present study.

One important issue in the present study is the fact that so few clients stated that their therapists disclosed too much on any of the subtypes of therapist self-disclosure. When examining those clients who rated the appropriateness of their therapists' self-disclosures a 5 on a scale from 1- 5 (in which 5 = too much, 3 = just right, and 1 = not enough) only one client was found who rated his/her therapists' disclosure of facts a 5 on this scale. In addition, four clients rated their therapists at 5 for disclosures of immediacy. Surprisingly, none of the clients rate their therapists at 5 on the remaining five subtypes of therapist self-disclosures.

The number of clients who rated their therapists either a 4 or a 5 (“too much”) on the self-disclosure scale was also low. The subtype of therapist self-disclosures that received the largest number of 4s and 5s was immediacy, and only seven clients reported these scores for this subtype. The lack of clients reporting that their therapists disclosed too much can be interpreted in two alternative ways. One interpretation is that the large majority of the clients had therapists who limited their use of self-disclosures. This would make sense because therapists are advised to keep their use of self-disclosure to a minimum, and to keep the focus on the client (Hill and Knox, 2003). The clients’ therapists may have been careful to err on the side of using fewer self-disclosures versus disclosing too much.

Another explanation for the small number of former clients to report that their therapists self-disclosed too much is that, regardless of how much their therapists self-disclosed, the clients experienced their therapists’ self-disclosures as being either not enough or an appropriate amount. These clients may have felt that all of the self-disclosures that their therapists made were warranted, regardless of the actual amount, and some may even have wanted to know more about their therapists. If this was the case, then even if the therapists disclosed too much according to professional standards, the clients may not have consciously experienced these disclosures as excessive. Future studies may want to examine how clients define, from their perspectives, what constitutes disclosures that are not enough, just right, and too much.

Hypotheses and Research Questions

Hypothesis 1: Clients who rated their therapists as having disclosed an appropriate amount will view their real relationships with their therapists as stronger

than clients who rated their therapists as having not disclosed enough or disclosed too much.

Subhypotheses 1a through 1g were framed for each type of therapist self-disclosure; disclosures of facts, feelings, approval/reassurance, strategies, challenges, immediacy, and insight. Each subhypothesis was analyzed three times because it was possible to assign three different sets of numerical values for the appropriateness of the amount of therapist self-disclosures (see detailed explanations in the results section of this paper). Therefore, the following discussion of this hypothesis and of hypothesis 3 takes the results of all three types of analysis into consideration.

Since so few clients rated their therapists as disclosing “too much” on any of the subtypes of therapist self-disclosures, hypotheses 1 and 3 could not be tested based on how they were originally framed. Instead, these hypotheses were tested in terms of the difference between those clients who recalled that their therapists did not disclose enough versus those who recalled that their therapists disclosed an appropriate amount. Overall, the results supported each subhypothesis of hypothesis 1. With the exception of disclosures of insight, all three types of analyses yielded significant results for each subtype of therapist self-disclosure. The subhypothesis for disclosures of insight was supported in two out of the three types of analysis used to examine hypothesis 1. Therefore, it appears that the clients who felt that their therapists disclosed an appropriate amount experienced a stronger real relationship with their therapists than clients who did not think that their therapists disclosed enough.

Hypothesis 1 was based on the idea that therapists who self-disclose appear more real and human to clients, and encourage clients to be more open in therapy (Knox et al.,

1997). Since the two main components of the real relationship are genuineness and realism, it makes sense that clients whose therapists made an appropriate amount of self-disclosures would experience a stronger real relationship than clients whose therapists did not make an appropriate amount of self-disclosures. In addition, clients who were pleased with the amount of their therapists' self-disclosures may have been more likely to like their therapists more than clients who were not content with the amount that their therapists disclosed. Since valence plays a role in the strength of the real relationship, this also could have contributed to the findings for hypothesis 1.

Overall, for this sample, clients had stronger real relationships with their therapists when they felt that their therapists disclosed an appropriate amount than clients who felt that their therapists did not disclose enough. These findings applied to six subtypes of therapist self-disclosure, regardless of which way the data were examined. The findings applied to the last subtype of therapist self-disclosure, disclosures of insight, in two out of the three ways that the data was examined. These findings clearly imply that clients' perceptions of their therapists' self-disclosures relate to these clients' experience of the real relationship. The results support Knox et al.'s (1997) findings that therapist self-disclosures help their clients view them as more real and human, and enable clients to be more open and honest in therapy. The results from hypothesis 1 also support Gelso's (2002) statement that "certain kinds of therapist sharing will bring [the real relationship] out and strengthen it" (p.38).

Hypothesis 2: The stronger the real relationship, the better the therapy outcome from the client's perspective.

Hypothesis 2a: The more realism in the relationship, the better the therapy

outcome.

Hypothesis 2b: The more genuineness in the relationship, the better the therapy outcome.

As predicted, the strength of the clients' recollected real relationships with their therapists, the amount of realism in the relationships, and the amount of genuineness in the relationships all correlated positively and strongly with their therapy outcomes. These findings support the empirical (Fuertes et al., 2007; Marmarosh et al., in press) and theoretical (Gelso and Hayes, 1998) literature on the real relationship and therapy outcome. The present study provides evidence in support of what theoreticians have been saying for over half a century (Menaker, 1942); that the real relationship between the client and the therapist is an important part of the therapeutic relationship. In addition, the present study provides evidence that the components theorized to make up the real relationship, realism and genuineness, each positively relate to the therapy outcome for this sample.

Hypothesis 3: Clients who report that their therapists disclosed an appropriate amount will have better therapy outcomes than clients who report that their therapists disclosed not enough or too much.

Subhypotheses 1a through 1g were framed for each type of therapist self-disclosure; disclosures of facts, feelings, approval/reassurance, strategies, challenges, immediacy, and insight.

Overall, this hypothesis was supported by the data for each subtype of therapist self-disclosure. This hypothesis was based on the idea that therapists who disclose either too frequently or too infrequently may have less effective interventions than therapists

who disclose the right amount (Hill and Knox, 2003), and therefore be less effective overall. This is a sound theory, since therapists who disclose too frequently may shift too much attention away from the client whereas therapists who never disclose may appear cold or distant (Hill and Knox, 2003). However, prior to the present study, there was not much empirical literature on the topic of the appropriateness of the amount of therapist self-disclosure. Therefore, the findings of the present study that the therapy outcome for clients who viewed their therapists as disclosing an appropriate amount was better than for clients who viewed their therapists as not disclosing enough are an important contribution to the literature on therapist self-disclosure. It provides empirical support that reinforces Hill and Knox's (2003) concern that the effect of the intervention may be reduced if therapists do not disclose enough.

For this sample, disclosures of facts was the only subtype of therapist self-disclosures that only supported this hypothesis for one out of the three ways in which the data were broken down for analysis. Perhaps learning an appropriate amount of facts about a therapist (such as what type of degree he or she has earned) was not as important to the clients as other subtypes of therapist self-disclosure when it came to their therapy outcomes. For instance, it would be understandable that a therapist who did not disclose enough approval/reassurance of a client might have more of an impact on the client's perception of the outcome of therapy than a therapist who did not disclose enough background about him or herself. Disclosures facts are details about the therapist that are not necessarily related to the client's unique issues. Therefore it is possible that for some clients the feeling that their therapists did not disclose enough facts about themselves (the therapists) did not relate to different outcomes than the outcomes of clients who felt that

their therapists told them an appropriate amount of facts about themselves (the therapists).

Interestingly, similar to hypothesis 1, the subhypothesis for self-disclosures of insight was not supported by one of the three ways that the data was divided for the analysis. Although the fact that this subhypothesis was supported in two out of the three types of analysis cannot be discounted, it is still noteworthy that it was not supported by all types of analysis. This is noteworthy because for hypothesis 1, disclosures of insight was the only subtype of therapist self-disclosure that was not supported by every type of analysis. The limited research on therapist self-disclosures of insight found that clients rated disclosures of insight as intermediate in helpfulness in comparison to other subtypes of therapist self-disclosure. More research is needed in order to understand whether or not therapist self-disclosures of insight are experienced differently by clients than other subtypes of therapist self-disclosures in terms of the overall outcome of therapy and the strength of the real relationship.

In sum, for at least one way that the results were analyzed, clients had better therapy outcomes for all subtypes of therapist self-disclosures when they felt that their therapists disclosed an appropriate amount than clients who felt that their therapists did not disclose enough. Disclosures of facts was the only subtype of therapist self-disclosures that was not supported in at least 2 out of the three ways that the data was broken down for analysis.

Hypothesis 4: The therapy outcome for clients whose therapists disclosed will be better than for clients whose therapists did not disclose.

This hypothesis was not supported by the data. However, the meaningfulness of

the statistic test may be questioned, since only nine of the 83 clients who responded to this question stated that their therapists did not self-disclose at all. Since this number is so small, it is difficult to know whether or not these findings extend beyond this sample. This hypothesis was based on theories that therapist self-disclosures can benefit the client (Knox et al., 1997) and that therapists should self-disclose to their clients (Hill and Knox, 2003). More research on this topic is necessary in order to get a clearer picture of the differences in therapy outcome for clients whose therapists self-disclose versus the therapy outcome for clients whose therapists do not self-disclose.

It is also important to take this small number of clients who maintained that their therapists made no self-disclosures into account because it shows that, in this sample, 88 percent of clients' therapists self-disclosed during therapy, at least according to their clients. This implies that a large majority of therapists self-disclose. The fact that so many therapists self-disclosed as part of therapy reinforces the importance of studying therapist self-disclosures and understanding how they should be used in work with clients.

Research questions 1: This research question was discussed in revised hypotheses 1 and 3, above.

Research question 2: How do clients' feelings about how much their therapists' self-disclosures related to themselves (the clients) correlate with other variables in the study?

The real relationship. A positive relationship was found between the clients' perceptions of the overall relevance of their therapists' self-disclosures and the strength of their real relationships with their therapists. One explanation for this finding could be

that by making self-disclosures that are very relevant to their clients and their clients' problems, therapists are conveying that they understand what their clients are going through. In order for a self-disclosure to be relevant, the therapist has to have a good understanding of what the client is presenting in therapy. This relates to the aspect of the real relationship that has to do with realism. Relevant self-disclosures convey that the therapist perceives the client accurately and realistically. This finding could also apply to the aspect of the real relationship that has to do with valence. One would imagine that a therapist who makes relevant self-disclosures to a client would be more likeable than a therapist who makes disclosures from which the client feels detached.

Therapy outcome. A positive relationship was found between the relevance of the therapists' self-disclosures and the outcome of the therapy. This finding supports the Hill and Knox (2003) suggestion that therapists fit their self-disclosures to the individual needs and preferences of their clients. When therapists' self-disclosures are connected to the individual clients and meet their clients' needs, they are a more successful therapeutic intervention than therapist self-disclosures that are not tailored to the individual client. It seems likely that therapists who make the effort to tailor their self-disclosures to their client's needs would also be more thoughtful and conscientious when it comes to other therapeutic interventions than therapists who provide self-disclosures that are not relevant to their clients. Therefore, one explanation for the positive correlation between therapy outcome and the overall relevance of therapist self-disclosure could be that the manner with which the therapists self disclosed was indicative of how successful they were at using other types of therapeutic interventions. These results imply that therapists should be mindful of their self-disclosures and make sure that they relate to their clients and to

their clients' problems. Future studies on therapist self-disclosure should continue to take the relevance of self-disclosures into account when examining the relationship between therapist self-disclosures and therapy outcome. It would be helpful to learn whether or not the findings from the present study generalize to other samples.

The overall amount of therapist self-disclosures. A positive relationship was also found between the overall relevance of therapist self-disclosures and the overall amount of therapist self-disclosures. This finding is especially interesting because therapists are often advised to keep their self-disclosures to a minimum. There are at least two possible reasons why the present study yielded these results. First, it is possible that clients are more likely to remember therapist self-disclosures that held meaning for them than therapist self-disclosures that were irrelevant to their problems. If this were the case, then the clients in the present study whose therapists made relevant disclosures may have recalled their therapists' disclosures more than the clients whose therapists' self-disclosures were not very relevant to themselves, even if the therapists self disclosed the same overall amount.

An alternative explanation for the positive correlation between the amount and relevance of therapist self-disclosures could be that the more skilled therapists are at using self-disclosures as a therapeutic intervention, the likelier they are to incorporate self-disclosures into therapy. These therapists might be more comfortable using self-disclosures in therapy and better at coming up with disclosures that are relevant to the discussion. Therapists who have not had success using self-disclosures or who do not feel comfortable using them may be less likely to use them as a therapeutic intervention. If this relationship between the amount of therapist self-disclosures and the relevance of

therapist self-disclosures is found in other samples, it would be interesting for future studies to look into explanations for this relationship.

In sum, the overall relevance of therapist self-disclosures was positively related to the strength of the real relationship, the therapy outcome, and the overall amount of therapist self-disclosures for this sample. These findings imply that, as Hill and Knox (2003) suggest, it is important for therapists to make disclosures that are relevant to their clients and to their clients' problems when it comes to these variables. It should be noted that these results do not necessarily mean that therapists should attempt to use more disclosures than they normally would. Although there was a positive correlation between the amount of self-disclosure and therapy outcome and a positive correlation between the amount of therapist self-disclosure and the overall relevance of therapist self-disclosure, readers should keep in mind that very few of the clients felt that their therapists disclosed a lot. Therefore, these positive correlations regarding the amount of therapist self-disclosure may only apply to contexts in which therapists do not disclose a lot. Therefore, although the results in the present study imply that therapists should make their disclosures more relevant to their clients, future studies are needed to determine whether a limit should be applied to how much relevant self-disclosure shared

Amount, relevance, and the real relationship. A simultaneous multiple regression revealed that the overall relationship between the overall relevance of therapist self-disclosure and the overall amount of therapist self-disclosure, on the one hand, and the strength of the real relationship, on the other, was significant. An interesting finding from this analysis was that the overall relevance of therapist self-disclosure was the only variable that uniquely related to the strength of the real relationship. Based on this, it

appears that only the portion of the overall amount of therapists' self-disclosures that overlaps with the overall relevance of therapists' self-disclosures and the real relationship relates to outcome. This is important because it implies that the overall amount of therapist self-disclosure is not enough to predict the strength of the real relationship on its own. It is necessary to look not just at how much therapists self-disclose, but how relevant these disclosures are to their clients. This finding reinforces the literature (Hill and Knox, 2003), and the implications from the results of the present study that therapists should work at using self-disclosures that are relevant to their clients.

Research question 3: How do genuineness, realism, and the overall relevance of therapist self-disclosures simultaneously and uniquely relate to outcome?

For this study, the overall relevance of therapists' self-disclosures was defined as how much the therapists self-disclosures related to the clients and their problems. As you may recall from chapter 1 of the present study, realism is the component of the real relationship that accounts the clients' realistic perceptions of their therapists (and therapists' realistic perceptions of their clients) that are not distorted by transference or other defenses. Genuineness is the willingness and ability for the client and/or the therapist to be who he or she truly is in the relationship (Gelso, 2002).

Genuineness, realism, and the overall relevance of therapist self-disclosures were all positively correlated with therapy outcome, and the combination of these variables was also significantly related to the therapy outcome. However, when each variable was examined independently from the other variables, only realism significantly related to the outcome of therapy. This finding implies that, for this sample, only the portion of genuineness that overlaps with realism and relevance relates to outcome. The same goes

for the overall relevance of the therapists' self-disclosures. Only the portion of the relevance of therapists' self-disclosures that overlaps with realism and genuineness relates to outcome. Realism is the only variable that relates to outcome both when the other predictor variables are in the picture, and when the other predictor variables are partialled out of the relation with outcome.

These findings shed light on the interplay among these predictor variables when it comes to the outcome of therapy. It is interesting that realism is the only one of the three variables that can stand alone uniquely in its relationship to the outcome of therapy. It is possible that, for the clients in this sample, the ability to view their therapists realistically and their perceptions of how realistically their therapists were able to view themselves (the clients) was enough to relate to their therapy outcomes. This finding emphasizes the importance of this component of the real relationship. It implies that, if nothing else, therapists should strive to present a realistic picture of themselves to their clients and help their clients view them (the therapists) realistically. The results also imply that therapists should make an effort to get a realistic picture of their clients, and should try to give their clients a sense that they are being seen for whom they truly are.

This finding does not discount the importance of the genuineness of the relationship. Nor does it discount the importance of the relevance of the therapists' self-disclosures. It simply implies that the realism in the relationship uniquely contributes to the therapy outcome. It must be remembered that realism and genuineness were themselves highly interrelated. Thus, our regression findings indicate only that the small part of genuineness that is unrelated to realism does not predict outcome. It is possible that the presence of other variables that were not examined by this research question is

needed in order for the realism to significantly relate to the outcome of therapy. Future studies could shed light on other variables that may be playing a role in these findings and could further examine the unique contributions of realism and other variables that could relate to the outcome of therapy.

Additional Analyses

The overall amount of therapist self-disclosure. The relationship between the overall amount of therapist self-disclosure and other variables of interest in the present study were analyzed. The overall amount of therapist self-disclosure was determined based on clients' responses to an item asking them "Overall, how much did your therapist disclose about him/herself?" Interestingly, the overall amount of therapist self-disclosure was positively correlated to the outcome of therapy. This result is surprising because therapist self-disclosures can steer the focus of the therapy away from the client. However, the mean score for the overall amount of therapist self-disclosure was low (2.40 on a scale from 1 to 5). The modal score was 2. This shows that although there was a positive relationship between amount of self-disclosures and outcome, it does not necessarily mean that therapists who disclosed a great deal had better outcomes than therapists who disclosed little. Since no clients gave their therapists a 5 (*very much*) on the scale, and only five of the clients gave their therapists a 4, it is possible that a positive relationship between the amount of self-disclosures and outcome would not be found if there were more ratings of 4s and 5s. Future studies should look into whether or not this correlation would be found in samples in which there is a greater range of the amount of therapist self-disclosure.

Implications

The real relationship. The results of this study lend empirical support to a viewpoint that has long been theorized and only recently been empirically analyzed: the important role that the real relationship plays in psychotherapy. The findings from the present study suggest that the strength of the real relationship, and the individual components that make up the real relationship, all positively relate to the outcome of therapy from the clients' perspective, at least in terms of clients' recollections of therapy that ended up to three years ago. This supports Fuertes et al.'s (2007) findings that the real relationship positively relates to progress in therapy, and Marmarosh et al.'s (2007) findings that the real relationship is positively related to treatment outcome.

There is also evidence from the present study that therapist self-disclosure is one aspect of psychotherapy that plays a role in the strength of the real relationship. Since the real relationship was found to relate to the therapy outcome, it is important for future researchers to explore further the role that the real relationship plays in psychotherapy, and factors, such as therapist self-disclosure, which relate to the strength of the real relationship. One way to do this would be to see if these results generalize to other populations. In addition, future studies may seek to understand this relationship from the therapist's perspective. A study is in progress in which the real relationship is examined from both the therapists' and the clients' perspectives throughout the course of therapy (Gelso, et al., in progress). The results from that study will be important in directing future research on the real relationship.

The results from the present study are also applicable to practitioners. The implication for therapists is that they should attempt to strengthen their real relationships with their clients. Being genuine and presenting a realistic picture of themselves to their

clients, getting to know the genuine and realistic sides of their clients, and conveying to the clients that they are being perceived in this light are all ways that therapists can attempt to strengthen their real relationships with their clients. Based on this study, making appropriate self-disclosures is another way that therapists may attempt to strengthen their real relationships with their clients. In order to best inform practitioners, future studies should look into aspects of therapy that can strengthen the real relationship.

Therapist self-disclosure. One of the major findings from the present study is that, from the client's perspective, the appropriateness of the amount of therapist self-disclosure is associated with both the real relationship and the therapy outcome. This has implications for both researchers and practitioners. One major implication for future research is that more information is needed about clients who feel as though their therapists have disclosed too much. Since so few clients reported that their therapists self-disclosed too much, it raises questions about this group of clients. Is it rare for clients to perceive that their therapists self-disclose too much? What would this group of clients have to say about their therapists' self-disclosures in terms of their real relationships with their therapists and their perceived therapy outcomes?

Another implication for future research is that, since self-disclosures related to the outcome of therapy, it is important to gain more information about this intervention. For example, it would be interesting to know whether clients and therapists agree on what constitutes an appropriate amount of self-disclosure. This information could tell us much about how therapists can successfully incorporate self-disclosures into therapy. Finally, the results from the present study stress the importance of examining the relevance of therapists' self-disclosures to their clients. For instance, when relevance and amount of

therapist self-disclosure were considered together, amount was only related to the real relationship when the relevance was taken into account. In addition, clients who related to their therapists' self-disclosures had better outcomes and stronger real relationships than clients who did not relate to their therapists' disclosures. Based on these results, it is not enough to only consider the amount of therapist disclosure in future research. The relevance of the self-disclosures must also be taken into consideration in order to get a clearer picture of the role that therapist self-disclosures play in therapy.

The implications from the present study for therapists are that they should be careful to disclose an appropriate amount to clients. Since the large majority of this sample did not think their therapists disclosed too much, it is possible that therapists run more of a risk of not disclosing enough than of disclosing too much. It appears that a very important rule that therapists should follow when it comes to disclosing information to clients is to make sure that the clients can relate to the self-disclosures. Therapists can do this by following Hill and Knox's (2003) suggestions for using therapist self-disclosures. Therapists should frame their self-disclosures with their clients' needs in mind, discuss clients' reactions to these disclosures, and make sure to turn the focus over to the client after making self-disclosures. Future research will hopefully continue to clarify how therapists can best use self-disclosures to meet their clients' needs.

Limitations

The sample for the present study consisted of undergraduate and graduate students from a single mid-Atlantic university. Therefore, the results cannot be generalized to all clients in psychotherapy. In addition, these results are all based on the memory and experience of clients. Since the therapists' perceptions were not included, these results

can only be applied to clients' perceptions. It is possible that therapists would have had a different take on their work with their clients. Therefore, readers should keep in mind that the results are based on the experiences of clients. Readers should also note that clients' recollections of their experiences in therapy may not have been completely accurate, especially since many clients needed to recall therapy that ended over a year ago.

Since the subject pool was self-selected, it is possible that their answers do not necessarily generalize to other former clients. Participants also knew the nature of the study before signing up to participate. This also may limit the generalizability of the results. For example, it is possible that only clients who were interested in the topic of therapist self-disclosure chose to participate. Therefore, the sample's responses may have been biased. In addition, clients had ended therapy up to three years before their participation in this study. Their memories of their experiences in therapy may not have been accurate, so retrospective bias may have influenced their responses. Since the results were based solely on clients' responses to the measures, self-report bias may also have been a limitation of the present study.

Another limitation to keep in mind is that this study only examined seven subtypes of therapist self-disclosure. These subtypes clearly do not exhaust all topics on which therapists self-disclose. It is possible that results may have been altered had additional types of therapist self-disclosure been included.

A significant limitation of the present study was that not enough data could be obtained about clients who perceived that their therapists disclosed too much. This finding was unexpected because of the belief that it is a common mistake for therapists to

use too much self-disclosure. For instance, some traditional psychoanalysts would claim that *any* amount of therapist self-disclosure is too much since therapist self-disclosure may dilute transference. Therefore, information about the therapy outcomes and real relationships of clients who feel that their therapists disclose too much could be very useful. Future studies should aim to obtain information from the perspective of clients who feel that their therapists' self-disclosures are excessive. Finally, the correlational nature of the present study is another limitation. Although we can make inferences about the relationships among the variables based on the results, we cannot draw conclusions about causality.

Despite the above limitations, the present study provides valuable information about the real relationship, therapist self-disclosure, and therapy outcome. Although these client retrospective accounts of therapy cannot be generalized to all populations, it is still very important to learn about what these clients took away from their experiences in therapy. Multiple viewpoints of therapy need to be considered when it comes to research on psychotherapy, however, the clients' perspectives are arguably at least as important as those of their therapists or outside observers. The new information obtained in this study gives insight into clients' experiences of their real relationships with their therapists and their therapists' self-disclosures in ways that can inform both researchers and practitioners. Hopefully, future research will shed light on whether or not these findings extend to other populations.

Appendix A

Demographic Questionnaire

- 1) Sex: Female Male

- 2) Age: _____

- 3) Race: African-American Asian-American Caucasian
Hispanic Other (please specify) _____

- 4) Year: Freshman Sophomore Junior Senior Masters Doctoral

- 5) Major or Specialty Area: _____

- 6) Have you had previous psychotherapy or personal counseling that has ended within the last three years? Yes No

- 7) Approximately how many months ago did your therapy end?

- 8) Approximately how many sessions did you have total?

- 9) How often did you meet with your therapist? (for example: once a month, once a week, twice a week, etc.)

- 10) Gender of therapist: Female Male

- 11) Please select which of the following statements best applied to your therapy (Check all that apply):

My therapist focused on how my past related to my current emotion and behavior

My therapist focused replacing my distorted thought patterns with a more rational, balanced outlook

My therapist focused on changing my behavior

My therapist focused on empowering me and helping me achieve self-acceptance

Appendix B

The RRI - Client Form

Please complete the items below in terms of your relationship with your therapist. Use the following 1-5 scale in rating each item.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	4	3	2	1

1. I was able to be myself with my therapist.
2. My therapist and I had a realistic perception of our relationship.
3. I was holding back significant parts of myself.
4. I appreciated being able to express my feelings in therapy.
5. My therapist liked the real me.
6. It was difficult to accept who my therapist really is.
7. I was open and honest with my therapist.
8. My therapist's perceptions of me seem colored by his or her own issues.
9. The relationship between my therapist and me was strengthened by our understanding of one another.
10. My therapist seemed genuinely connected to me.
11. I was able to communicate my moment-to-moment inner experience to my therapist.
12. My therapist was holding back his/her genuine self.
13. I appreciated my therapist's limitations and strengths.
14. We do not really know each other realistically.

15. My therapist and I were able to be authentic in our relationship
16. I was able to see myself realistically in therapy.
17. My therapist and I had an honest relationship.
18. I was able to separate out my realistic perceptions of my therapist from my unrealistic perceptions.
19. My therapist and I expressed a deep and genuine caring for one another.
20. I had a realistic understanding of my therapist as a person.
21. My therapist did not see me as I really am.
22. I felt there was a significant holding back in our relationship.
23. My therapist's perceptions of me were accurate.
24. It was difficult for me to express what I truly felt about my therapist.

Appendix Note:

Genuineness items: 1, 3, 4, 7, 10, 11, 12, 15, 17, 19, 22, 24.

Realism items: 2, 5, 6, 8, 9, 13, 14, 16, 18, 20, 21, 23.

Reversed scored items: 3, 6, 8, 12, 14, 21, 22, and 24.

Appendix C

TSDQ

Instructions: Clients may find their therapists' self-disclosures either helpful or unhelpful. The following pages list types of disclosures that therapists sometimes discuss with their clients. Each type is defined, and an example is given to illustrate what a therapist might say if he or she were using that type of disclosure. These examples are only one way that a therapist might make that type of disclosure. Please think carefully about ways that your therapist may have disclosed to you on each topic. Please rate how much your most recent therapist (whom you no longer see) has used each type of disclosure and how you felt about the amount of disclosure. Also, please provide an example of each type of disclosure that your therapist gave.

<p>1. <u>Disclosures of Facts:</u></p> <p>With disclosures of facts, the therapist shares factual information about his or her background (e.g., "I have a Ph.D. in counseling psychology").</p>	<p>Amount of therapist self-disclosure :</p> <p>1 2 3 4 5</p> <hr style="width: 100%;"/> <p>Not A At all Lot</p>	<p>How did you feel about the amount of disclosure?</p> <p>1 2 3 4 5</p> <hr style="width: 100%;"/> <p>Not Just Too Enough Right Much</p>
--	--	--

Please provide an example of a disclosure of this type that your therapist gave:

2. Disclosures of Feelings:

Disclosures of feelings occur when the therapist uses specific words to describe an emotional experience. (e.g., “I also felt angry when my parents divorced”)

Amount of therapist self-disclosure :

1	2	3	4	5

	Not			
A	At all			
Lot				

How did you feel about the amount of disclosure?

1	2	3	4	5

Not		Just		Too
Enough		Right		Much

Please provide an example of a disclosure of this type that your therapist gave:

3. Disclosures of Reassurance/Support:

Disclosures of reassurance/support occur when therapists disclose an experience similar to what the client is experiencing (e.g., “I too experienced the loss of a loved one, and I know how hard it can be”).

Amount of therapist self-disclosure :

1 2 3 4 5

 Not
 A At all
 Lot

How did you feel about the amount of disclosure?

1 2 3 4 5

 Not Just Too
 Enough Right Much

Please provide an example of a disclosure of this type that your therapist gave:

4. Disclosures of Strategies

In disclosures of strategies, the therapist discusses an action that he or she has taken to deal with a problem the client is experiencing (e.g., “when I feel overwhelmed with work, I prioritize my tasks”).

Amount of therapist self-disclosure :

1 2 3 4 5

 Not
 A At all
 Lot

How did you feel about the amount of disclosure?

1 2 3 4 5

 Not Just Too
 Enough Right Much

Please provide an example of a disclosure of this type that your therapist gave:

5. *Disclosures of Challenges:*

Disclosures of challenges are when therapists express a challenge they faced that relates to what the client is going through (e.g., “I have also experienced conflicts with my partner, and needed to look carefully at my contributions to our issues”).

Amount of therapist self-disclosure :

1	2	3	4	5

	Not			
A	At all			
				Lot

How did you feel about the amount of disclosure?

1	2	3	4	5

Not		Just		Too
Enough		Right		Much

Please provide an example of a disclosure of this type that your therapist gave:

6. Disclosures of Immediacy:

Disclosures of immediacy occur in the here and now of a session. They refer to a therapist expressing his or her reactions the client/therapist relationship in the moment (e.g., "I feel some tension between us"). Another way that a therapist might make a disclosure of immediacy is to express his or her reactions to the client in the moment ("What you're telling me makes me happy").

Amount of therapist self-disclosure :

1	2	3	4	5

	Not			
A	At all			
Lot				

How did you feel about the amount of disclosure?

1	2	3	4	5

	Not	Just		Too
	Enough	Right		Much

Please provide an example of a disclosure of this type that your therapist gave:

7. *Disclosures of Insight:*

Disclosures of insight occur when the therapist shares something that he or she has learned about him or herself based on past experiences (e.g., “When I looked hard at my tendency to procrastinate, I realized that it was due to a fear of succeeding, and how success would affect my life”).

Amount of therapist self-disclosure :

1	2	3	4	5

	Not			
A	At all			
	Lot			

How did you feel about the amount of disclosure?

1	2	3	4	5

	Not	Just		Too
	Enough	Right		Much

Please provide an example of a disclosure of this type that your therapist gave:

8. Overall, how much did your therapist disclose about him/herself?

(not at all) 1 2 3 4 5 (very much)

9. Overall, how much did your therapist's disclosures relate to you and your problems?

(not at all) 1 2 3 4 5 (very much)

Appendix D

The COM

Instructions: Please rate how much you believe you have benefited from counseling. Please complete the four questions below by circling the number that best fits your view.

COMPARED TO WHEN YOU BEGAN COUNSELING:

1. How did you feel at the end of counseling?

much worse	moderately worse	slightly worse	about the same	slightly better	moderately better	much better
1	2	3	4	5	6	7

2. To what extent was there change in your behavior at the end of counseling?

much less effective	moderately less effective	slightly less effective	no change	slightly more effective	moderately more effective	much more effective
1	2	3	4	5	6	7

3. To what extent did you seem to understand yourself at the end of counseling?

much worse	moderately worse	slightly worse	about the same	slightly better	moderately better	much better
1	2	3	4	5	6	7

4. Rate your overall change in counseling:

much worse	moderately worse	slightly worse	about the same	slightly better	moderately better	much better
1	2	3	4	5	6	7

Appendix E

Table 5

Means and Standard Deviations of Variables of Interest

Variable of interest	N	Mean	SD
Real relationship	94	87.02	15.44
Genuineness	94	43.56	8.36
Realism	94	43.46	7.50
Outcome	94	22.45	3.61
Overall amount of therapist self-disclosure	81	2.41	.83
Overall relevance of therapist self-disclosure to client	89	3.15	1.32

Appendix F

Table 6

Intercorrelations Between Demographic Variables and other Variables of Interest

Measure	1	2	3	4	5	6	7
1. Real Relationship	1.00						
2. Outcome	.70**	1.00					
3. Number of therapy sessions per week	-.12	-.10	1.00				
4. Months since therapy Ended	-.36**	-.17	.02	1.00			
5. Total number of therapy sessions	.16	.29**	-.21*	-.02	1.00		
6. Client age	.33**	.21*	-.09	-.20	.10	1.00	
7. Client's year in school	.33**	.24*	-.20	-.15	.06	.79**	1.00

Correlations significant at the $p < 0.05$ level are indicated by * and correlations significant at the $p < 0.01$ level are indicated by

**

Appendix G

Table 7

Summary of Simultaneous Regression Analyses Predicting the Strength of the Real Relationship From the Overall Amount of Therapist Self-Disclosure and the Overall Relevance of Therapist Self-Disclosure (N = 76)

Criterion	β	SE β	<i>t</i>
Overall Amount	2.26	2.12	1.07
Overall Relevance	5.10	1.35	3.77**
<p>F = 11.54** $R^2 = 0.24$ Adjusted $R^2 = 0.22$</p>			

Note. Correlations significant at the $p < 0.05$ level are indicated by * and correlations significant at the $p < 0.01$ level are indicated by **

Appendix H

Table 8

Intercorrelations Between Overall Amount of Therapist Self-Disclosure and other Variables of Interest

Variable of interest	Overall amount of therapist self-disclosure
Real relationship	.33**
Genuineness	.30**
Realism	.35**
Outcome	.23*
Overall relevance of therapist self-disclosure to client	.43**

Note. Correlations significant at the $p < 0.05$ level are indicated by * and correlations significant at the $p < 0.01$ level are indicated by **

Appendix I

Table 9

Average Amounts of Therapist Self-Disclosures for Self-Disclosures that were Rated Not Enough, Just Right, and Too Much

		Not Enough			Just Right			Too Much		
Subtypes of therapist self-disclosures		Mean		Mean		Mean				
		Amount of		Amount of		Amount of				
	N	Therapist	SD	N	Therapist	SD	N	Therapist	SD	
		Self-Disclosures		Self-Disclosures	Self-Disclosures		Self-Disclosures			
Facts	24	2.08	0.78	64	2.97	0.98	6	4.33	0.82	
Feelings	47	1.60	0.74	44	2.52	1.09	3	3	1	
Approval/Reassurance	41	1.59	0.81	50	2.8	1.28	3	3.67	1.15	
Strategies	37	1.84	0.87	52	2.9	1.16	4	4	1.15	
Challenges	48	1.35	0.60	44	2.22	1.16	2	4	0	
Immediacy	29	1.79	0.77	57	3.18	1.09	7	4	0.82	
Insight	53	1.36	0.59	37	2.32	1.16	3	3.67	0.58	

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