

Ongoing Struggles Versus Resolved Issues: Are Either Appropriate for a Therapist to Reveal?

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ABSTRACT

Sixty-six undergrad students listened to 1 of 3 audiotapes which portrayed a 10 minute excerpt from a counseling session. In the first condition, the therapist did not reveal any personal information. In the second condition, the therapist revealed 3 ongoing struggles and in the third condition, the therapist revealed 3 resolved issues. After listening to the tape, participants rated the therapist and session. Results indicated that the resolved issues group received the most favorable ratings and the no self-disclosure group received the least favorable ratings. However, no significant differences were found between ongoing struggles and resolved issues. Implications for practice and future research are discussed.

INTRODUCTION

This year alone, an estimated 700 students on the UW-La Crosse campus will utilize services provided by the Student Counseling and Testing Center (J. A. Hageseth, personal communication, February 27, 2007). Individual psychotherapy¹ is one of the many services provided; others include group counseling, crisis intervention, and career testing. Although it is difficult to objectively measure the effectiveness of therapy, several outcome studies have suggested that it is generally beneficial. In one of the first large-scale reviews of psychotherapy effectiveness, Smith, Glass, and Miller (1980) used a meta-analysis procedure to examine 375 studies involving nearly 25,000 individuals seeking therapy. Results indicated that the average treated client was better off than 75% of untreated individuals experiencing similar problems. A more recent meta-analysis found similar relationships between treatment and outcome (Prochaska & Norcross, 2003) clearly illustrating the positive influence psychotherapy can have on those suffering from psychological difficulties.

Many factors contribute to the efficacy of any given counseling session. One specific component of therapy that has received a considerable amount of research attention is therapist self-disclosure (TSD). Despite the fact that TSD occurs at a low frequency, most clients highly value its use (Hill et al., 1988). Historically, the advisability of TSD has been a rather controversial issue with arguments for and against its use based primarily on theoretical preferences rather than empirical evidence (Nilsson, Strassberg, & Bannon, 1979). More recently however, theorists have begun to recognize the importance of TSD in psychotherapy. In general, most agree that judicious use of TSD can be of great therapeutic value (Hayes & Gelso, 2001; Hill & Knox, 2002). Several researchers have provided suggestions on this topic (see Anderson & Mandell, 1989; Mahalik, Van Ormer, & Simi, 2000; Knox & Hill, 2003) but before discussing these, a word is in order about how TSD is conceptualized, why it is used, and how it is researched.

TSD is a therapist statement that reveals something personal about the therapist (Hill & Knox, 2002). Current research adheres to this broad definition which does not include nonverbal disclosures such as revealing personal information through one's dress or office décor. TSD is believed to help facilitate an authentic relationship between the therapist and client by fostering openness, intimacy, and trust (Rogers, 1951; Truax & Carkhuff, 1967). Therapists indicate that they most often self-disclose to increase perceived similarity between themselves and their clients, model appropriate behavior, validate reality, normalize clients' experiences, and offer alternative ways of thinking (Edwards & Murdock, 1994; Simon, 1990).

One method of studying TSD has been through the use of simulated therapy sessions. Using this procedure, participants are presented with a hypothetical therapy session embedded with TSD statements. Participants are then asked to rate their perceptions of the therapist and session. In a literature review of 35 such studies on TSD, Watkins (1990) concluded that therapists who self-disclosed infrequently have been viewed more favorably and have elicited more client self-disclosure than therapists who did not disclose at all or disclosed frequently. Watkins'

findings support the notion that TSD, when used appropriately, can have a significant impact on a client behavior during therapy.

Knox and Hill (2003) encourage therapists to consider using self-disclosure in a way that is mindful of the impact it might have on clients. Based upon a review of empirical research, they propose several suggestions for therapists. Knox and Hill recommend that self-disclosure statements remain confined to issues that the therapist has resolved rather than those with which the therapist may continue to struggle. Key to this suggestion is the belief that therapy will remain focused on the client, allowing the therapist to maintain an objective viewpoint. Although the recommendation appears sound, there is little research support for this claim. Thus, further research is needed to establish the validity of this claim.

The current study was designed to provide empirical evidence to support the suggestion proposed by Knox and Hill (2003). Therefore, we expected that the therapist, and corresponding session, would receive the most favorable ratings when the therapist disclosed resolved issues. Alternatively, we expected that the therapist, and corresponding session, would receive the least favorable ratings when the therapist revealed ongoing struggles. A control group of no self-disclosure statements was also included in this study. We expected the ratings for this group to be greater than the ongoing struggles group but less than the resolved issues condition.

METHOD

Participants

A total of 80 undergraduate students from a medium-sized, Midwestern university participated in the study. Of the 80 participants, 66 provided usable data. Of the included participants, 21 (31.8%) were men and 45 (68.2%) were women. With respect to ethnicity, 60 (90.9%) identified themselves as Caucasian, 2 (3.0%) as Chicano/Latino/Hispanic, 1 (1.5%) as Asian, and 3 (4.5%) as belonging to another ethnic group. The mean age of participants was 19.52 years ($SD = 2.55$), with a range from 18 to 38. Participants were from an introductory psychology course and received extra credit for their involvement.

Materials

Three audiotapes, each approximately 10 minutes in length, were developed from a written script for the present study. Each tape depicted a simulated counseling session between a client and a therapist. The therapist was portrayed by a 47-year-old Caucasian female, and the client was portrayed by a 24-year-old Caucasian male. Tapes followed a similar script which covered topics relevant to the college student population (e.g. interpersonal difficulties, career indecision, etc.). The only dimension along which the tapes varied was in terms of the therapist's self-disclosure.

In the first condition, the therapist made no self-disclosure statements. In the second condition, the therapist disclosed 3 ongoing struggles, and in the third condition, the therapist disclosed 3 resolved issues. Two doctoral level counseling psychologists (1 male, 1 female) reviewed the scripts and judged them to be highly plausible. A brief set of recorded instructions was used to introduce participants to the scenario. These were the same set of instructions found on the informed consent sheet which participants received upon arrival at the testing site.

To provide a better illustration of the therapeutic interactions which took place, in the first segment of each tape, the client discusses his difficulties with finding a major and goes on to describe his career indecisiveness. When the client asks the therapist a direct question about his career uncertainty, she replies, "To be honest, there aren't many people your age who know what they want to do for a career. I see students every day who struggle with career indecision." In the first condition, the therapist makes no further comments. In the second condition, the therapist says, "During my college days, I had no idea what I wanted to do. Even today, I'm not sure that I made the best career choice." In the third condition, the therapist says, "During my college days, I had no idea what I wanted to do. With time, I started to gain a better understanding of my professional interests and chose a career that was best for me."

Measures

A modified version of the Counselor Rating Form (CRF; Barak & LaCrosse, 1975) was used to assess participants' perceptions of the therapist's trustworthiness, expertness, and attractiveness. The shortened form contained 12 bi-polar item pairs (e.g. dishonest-honest, unprepared-prepared) with scores ranging from 1 to 7. Scores are summed and averaged to create an overall CRF item average. Higher scores indicate a more favorable perception of the counselor.

A modified version of the Session Evaluation Questionnaire (SEQ; Stiles, 1980) was used to measure participants' perceptions of session depth. The shortened questionnaire contained 5 bi-polar item pairs (e.g.

shallow-deep, ordinary-powerful) with scores ranging from 1 to 7. Scores are summed and averaged to create an overall SEQ item average. Higher scores reflect more favorable conditions.

A demographics section was included to obtain information about the participants' gender, age, and ethnicity. In addition, participants answered a question about whether the therapist disclosed any personal issues and if so, were the issues ongoing or resolved. This question served as a self-disclosure manipulation check.

Procedure

Participants were randomly assigned to 1 of 3 disclosure conditions. After signing in, participants were given an informed consent sheet which contained written instructions. This informed the participants that they would be listening to an excerpt from a therapy session that took place in a university counseling center. They were also informed that the female they would hear is a licensed psychologist and the male is a 20 year old college student. Participants were instructed that they would be evaluating both the therapist and session overall by completing 2 questionnaires after listening to the tape. The same written instructions were recorded on audiotape, along with the hypothetical counseling session to which the participant was randomly assigned. Immediately after listening to the audiotape, participants were given forms containing the CRF, SEQ, demographic information, and manipulation check. Upon completion, participants turned in all materials and received a debriefing form as they left the testing site.

RESULTS

The manipulation check was used to identify participants who were not aware of the information revealed by the therapist. Consequently, data were only used from those who correctly identified the type of TSD employed. Of the 80 participants, 66 provided usable data.

We used two one-way ANOVA's, the first to test differences in CRF scores based upon the type of self-disclosure statements made by the therapist. Results of the ANOVA indicated significant differences between the scenarios (see Table 1). A R-E-G-W F post hoc comparison indicated that CRF scores were significantly higher when the therapist revealed resolved issues compared to when the therapist did not reveal any personal information (i.e. the control group). No other significant differences were found between groups; item averages for the CRF can be found in Table 1.

The second one-way ANOVA was used to test differences in SEQ scores based upon the type of self-disclosure statements made by the therapist. Results of the ANOVA indicated significant differences between the scenarios (see Table 1). Similar to findings from the CRF scores, a R-E-G-W-F post hoc comparison indicated that SEQ scores were significantly higher when the therapist revealed resolved issues compared to when the therapist did not reveal any personal information (i.e. the control group). No other significant differences were found between groups; item averages for the CRF can be found in Table 1.

Table 1. Analysis of Variance and Average Item Scores for the Counselor Rating Form and Session Evaluation Questionnaire

| | No Self-Disclosure <i>M (SD)</i> | Ongoing Struggles <i>M (SD)</i> | Resolved Issues <i>M (SD)</i> | <i>F</i> | <i>p</i> |
|-----|-------------------------------------|------------------------------------|----------------------------------|----------|----------|
| CRF | 4.34 (.89) ^a | 4.62 (1.04) ^{ab} | 5.09 (1.02) ^b | 3.31 | 0.04 |
| SEQ | 3.41 (.84) ^a | 3.96 (.97) ^{ab} | 4.10 (1.07) ^b | 3.19 | 0.05 |

Notes. Averages listed above are based on a scale from 1 to 7 with higher scores reflecting more favorable conditions. Means in the same row with the same superscript are not significantly different.

DISCUSSION

Data reflected partial support for the proposed hypotheses. While the therapist, and corresponding session, in the resolved issues condition received the most favorable ratings, scores were not significantly different from the ongoing struggles group. The control group, which contained no self-disclosure statements, received the least favorable ratings. We expected the control group to be received less favorably than the resolved issues group. However, we did not anticipate that the therapist, and corresponding session, would be received less favorably than the ongoing struggles group.

Although the only significant difference for both the CRF and SEQ was between the no self-disclosure condition and resolved issues group, results indicate that any type of self-disclosure is better than none at all. This supports previous research conducted by Hill et al. (1988) who found that clients highly value TSD; it also supports the notion that judicious use of TSD can be of great therapeutic value (Hayes & Gelso, 2001; Hill & Knox, 2002).

While there have been numerous studies conducted on the topic of TSD, our experiment is the first to compare the disclosure of ongoing struggles to resolved issues. Therefore, it is difficult to directly compare results of our experiment to similar studies at this time.

There are a number of strengths associated with our research experiment. As mentioned previously, this is the first study to directly compare no self-disclosure to that of ongoing struggles and resolved issues. Secondly, the analogue nature of this study created a sound methodological basis for conducting the experiment. Participants were randomly assigned to groups, manipulation checks were used to identify participants who could make accurate judgments of the therapist/session, and all experimental conditions were held constant except for the type of TSD. Perhaps most important is the fact that the study was theoretically based. Our attempt was to provide empirical evidence to support suggestions for practice (see Knox & Hill, 2003). Thus, the current study fits into a larger body of TSD research.

Before drawing any conclusions, we must recognize several limitations pertaining to our experiment. First, the participant population should be considered when interpreting the results. A sample of undergraduate volunteer participants was used which limits the generalizability of our findings. Second, the context in which the study occurred also limits generalizability. Participants in the study were merely listening to a single excerpt from a therapy session; those actually taking part in ongoing therapy might form different impressions of the therapist and corresponding session. Finally, the limited number of participants ($N = 66$) who provided usable data for our study may have affected the results. Using only 22 participants for each experimental condition limits the power of statistical analyses. Thus, only the strongest effects are significant and the possibility of a Type II error exists.

Limitations notwithstanding, there are several implications for practice. As suggested by Knox & Hill (2003), we support the notion that TSD should remain confined to resolved issues rather than ongoing struggles when possible. However, if the therapist feels comfortable revealing an ongoing struggle, our results indicate that this is better than not revealing any type of personal information. Ultimately, the decision to reveal personal information is a judgment call on part of the therapist. It should be kept in mind that TSD is an infrequently occurring event which typically comprises between 0 and 2% of therapist interventions (Hill et. al., 1988).

Replicating the current study with a larger, more diverse participant population would be an excellent starting place for future research. This would help determine if the findings reported here are replicable and robust. Future studies should also attempt to use data from actual therapy sessions. Using participants who are actively engaged in therapy would seem to provide more of a valid evaluation of the therapist and corresponding session. Finally, a qualitative study could be used to further explore the reason why any type of self-disclosure appears to be better than none at all. Clearly, further research is needed to investigate the conditions under which TSD is appropriate.

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FOOTNOTES

¹Please note that the terms *psychotherapy*, *therapy*, and *counseling* are used interchangeably throughout this article; this is also true for the terms *counselor* and *therapist*.