COUNSELLING EVENTS THAT AID AND IMPEDE THE SELF-DISCLOSURES OF
ADULT MALE CLIENTS: A CRITICAL INCIDENT INVESTIGATION

by

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A THESIS SUBMITTED IN PARTIAL FULFILMENT OF
THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES

(Department of Educational and Counselling Psychology, and Special Education)

We accept this thesis as conforming
to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

August 2003

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Date _September 3/03_

DE-6 (2/88)

ABSTRACT

Notions of the benefits of self-disclosure – sincere revelations of ordinarily private information about oneself – pervade our cultural and religious histories. Recent empirical studies also provide evidence of physiological, psychological, and social benefits of self-disclosure. In counselling, client self-disclosure has long been considered fundamental to both process and outcome. However, a considerable body of empirical literature has demonstrated that men tend to lesser degrees of self-disclosure than women do. Furthermore, as a primarily talk based activity involving the expression of feelings, counselling leans more toward a "feminine" than a "masculine" model. Counselling, then, can be a foreign experience for many men, which may further limit men's already fewer self-disclosures.

Flanagan's (1954) Critical Incident Technique was used in this research to investigate the events in counselling that aided or impeded the self-disclosures of adult male clients. A total of 103 critical incidents was collected from the six adult male participants. The seventy-eight events (critical incidents) that aided the participants' self-disclosures were sorted by their similarities into seventeen categories. The twenty-five impeding events were classified into nine categories. Each of the derived categories was illustrated with prototypical incidents. The aiding categories with greater numbers of events and participation rates included (a) Accepting Client, (b) Focusing Interest on Client as a Valued Person, (c) Challenging Client, (d) Actively Engaging Client Non-Verbally, (e) Counsellor Probes, (f) Counsellor Self-Disclosures, (g) Assurance of Confidentiality, (h) Counsellor Perceived as Similar to Client in Important Ways, (i) Counsellor Providing Focus and Direction, (j) Counsellor Reliably Available, (k) Normalising/ Validating Client Experiences, and (l) Client Expectation to Self-Disclose. The impeding categories with greater frequencies of events and participation rates

included (a) Counsellor Not Putting the Client at the Centre of the Relationship, (b) Perceived Threats to Confidentiality, and (c) Counsellor Perceived as Biased/Agent for Other(s). The reliability and validity of the categories that emerged in this study were supported in terms of descriptive validity, interpretive validity, inter-rater reliability, comprehensiveness, and participation rate.

The results of this research provide an empirical basis for confirming or extending counselling theory and research and for informing counselling practice and training with respect to the events that aid or impede adult male clients' self-disclosures. Three major themes were apparent in the categories of events that affected the men's self-disclosures: (a) the quality of the therapeutic relationship, (b) counsellors challenging clients, and (c) counsellors providing focus and direction. Individual categories with greater numbers of events and participation rates are reviewed in terms of their implications for theory. A mapping of the aiding and impeding categories found in this research as they correspond to the stages in Omarzu's (2000) Disclosure Decision Model is also presented and discussed. As well, the implications for counselling research, practice, and training are discussed.

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CHAPTER I

Introduction

D.V. Fisher (1984) defined self-disclosure as "verbal behavior through which individuals truthfully, sincerely and intentionally communicate novel, ordinarily private information about themselves to one or more others" (p. 288). While D.V. Fisher's definition conveys the genuine, earnest, personal, and confidential nature of many self-disclosures, it excludes the non-verbal mode and does not seem to capture the depth of many of the self-disclosures made by clients in counselling. In comparison, Jourard (1971) stated that "Self-disclosure is the act of making yourself manifest, showing yourself so others can perceive you" (p. 19). Self-disclosure in this sense entails the full, honest, and deliberate unveiling of some aspect of one's core being, one's existential essence, to another person. It is at this level that client self-disclosures are often more relevant in counselling contexts.

Self-disclosures occur for a variety of reasons. As examples, self-disclosures are used to (a) express and create intimacy, closeness, and love (Jourard, 1971); (b) gain self-awareness and self-clarification (Derlega, Margulis, & Winstead, 1987); (c) find meaning or insight regarding troubling or upsetting issues (Kelly & McKillop, 1996), and (d) obtain social comparison information that may prove validating (Larson & Chastain, 1990). Referring specifically to counselling situations, Harris, Dersch, and Mittal (1999) stated that client self-disclosure is necessary for the benefit of healing; is essential for individuals, couples, and families to grow; and is predictive of therapeutic success.

Healing and growth through self-disclosure are not new ideas. Various practises of self-disclosure toward those ends have long and prominent histories across many cultures and religions. For hundreds of generations people have been going to the "Wailing Wall" of Jerusalem to tell of their worries and troubles (Traue & Deighton, 1999). The Stoics of the first and second centuries AD viewed self-disclosure as the means to self-knowledge, self-acceptance, and serenity (Moss, 1999). In the early Christian church, self-disclosure through

confession was a way to heal the spirit, and prescribed rituals of confession remain in some Christian denominations to this day (Pennebaker, 1997). Many twelve-step programs (e.g., Alcoholics Anonymous) continue this long-standing practice by encouraging their members to publicly disclose their troubling behaviours (B.K. Alexander, 1990). According to Pennebaker (1997), many other religions, like Buddhism, Hinduism, and Islam, also advocate acknowledging and disclosing one's problems and transgressions privately, publicly, or in prayer. And, many indigenous groups of North and South America, from the Inuit of the arctic to the Araucanians of Chile, do or did practise rituals of confession apart from any influence of early Roman Catholic missionaries (Pennebaker, 1997).

Over the past hundred years, Western secularised society has adopted professional psychotherapy and counselling as its most sanctioned institution for healing and growth through self-disclosure. Across counselling paradigms, client self-disclosure is considered essential both to the counselling process and to counselling outcomes. As examples, Freud (1904/1954) emphasised the unrestricted disclosure of distressing thoughts and feelings as being vital to the resolution of internal conflicts. Rogers (1961) believed that a characteristic of the self-actualised person is that he or she is able to reveal him or herself to others, and that increased client self-disclosure is an indication of therapeutic progress. In Jourard's (1971) view, "no man [woman] can come to know himself [herself] except as an outcome of disclosing himself [herself] to another person" (p. 6). Jourard (1971) even epitomised psychotherapy as "the art of promoting self-disclosure" (p. 36). The existentialist R.D. Laing (1962) saw self-disclosure not only as the means of "making patent" (p. 126) one's true self, but as the means in the very creation of one's personal and interpersonal selves. To Laing, this potential for "going forward" occurs only when one "puts himself [herself] into his [her] actions" (p. 126) through his or her self-disclosures. That is, in self-disclosing "The act I do is felt to be me, and I become 'me' in and through such action" (p. 126). Even in Ellis' (1999) cognitive-behavioural intervention, the client's disclosures of such things as his or her

irrational, unrealistic, and self-defeating beliefs are the currency of the therapeutic process. Indeed, based on their open-ended survey of therapists' perceptions of the most important events in recent psychotherapy sessions, Block and Reibstein (1980) went so far as to identify client self-disclosure as a therapeutic factor in itself.

Not only do counselling theorists and clinicians see client self-disclosure as imperative: Clients too perceive their self-disclosures as essential elements in their counselling. From their similar survey of clients of psychotherapy, Block and Reibstein (1980) again inferred client self-disclosure as therapeutic in its own right. More recently, Paulson, Truscott, and Stuart (1999) reported that in their study of clients' perceptions of helpful experiences in counselling, participants rated their self-disclosures "as the most helpful aspect of counselling" (p. 322). And, while not as boldly stated as by Block and Reibstein, Paulson et al. asserted that client self-disclosure is a "necessary, if not central, component of all forms of counselling" (p. 322). Allen (1973) similarly stated that "for any form of psychotherapy to occur, a patient must reveal himself to the therapist" (p. 306). Conversely, lack of client self-disclosure has often been viewed as resistance to therapeutic efforts (McWilliams, 1994).

Self-disclosure and the notions of its benefits are, therefore, embedded in our cultural histories and permeate contemporary psychotherapies and counselling. However, self-disclosure has been found to vary with, as examples, the genders of the discloser and the target. In an early study on gender differences in self-disclosure, Jourard and Lasakow (1958) found that the women in their study self-reported greater levels of self-disclosure than the men did. Some thirty years later, Hill and Stull (1987) concluded from their narrative review of the self-disclosure research literature that, notwithstanding large individual differences, females tend to self-disclose more frequently and for greater duration than males do. Hill and Stull also deduced that females self-disclose to females more than to males, and that males too self-disclose more to females than to males. Dindia and Allen (1992) reached similar conclusions in their meta-analysis of 205 studies spanning some thirty years of research on

gender differences in self-disclosure.

In attempting to explain gender differences in self-disclosure, Jourard (1971) attributed men's lesser and women's greater self-disclosure tendencies to particular characteristics of their respective gender role definitions. Specifically, Jourard (1971) stated that the male gender role "requires men to appear tough, objective, striving, achieving, unsentimental, and emotionally inexpressive.... The male role ... will not allow man to acknowledge or disclose the entire breadth and depth of his inner experience to himself or to others" (p. 35). On the other hand, Jourard (1971) claimed that the female gender role calls for women to be nurturing and comforting, and that those demeanours foster self-disclosure. More recently, Hollis (1994) asserted that men who defect from their restrictive gender role imperatives by, for example, revealing their emotions, vulnerabilities, uncertainties, or pain, risk being shamed by other men, some women, and especially themselves. The fear of such shaming results, according to Hollis, in men's isolation and in their "colluding in a conspiracy of silence whose aim is to suppress their emotional truth" (p. 73).

In another view, Maccoby (1990) proposed that gender differences in self-disclosure reflect subcultural differences between men and women. In her view, men and women constitute distinct subcultures, despite the many similarities that men and women share as part of a larger culture and society. Maccoby claimed that males and females develop in different worlds where they are spoken to and treated differently. Boys are often rewarded for, as examples, behaving decisively, independently, rationally, and for maintaining control in crises. Girls, however, are often praised for behaving sympathetically, affectionately, and with sensitivity to others' needs. Children also tend to play and otherwise interact in same-gender peer groups where those behaviours are reinforced and modelled.

According to Maccoby (1990), the different reinforcements, models, and sanctions regarding behavioural norms for boys and girls continue into adulthood for men and women. Such norms include the goals, strategies, and topics for communication within and between

the male and female subcultures. In Maccoby's perspective, the female subculture of North America offers many topics, targets, and occasions for self-disclosive conversations, whereas the male subculture grants substantially fewer. As examples, Maccoby stated that the North American female subculture values social-emotional closeness with others and that emotional self-expression on a variety of topics is the normative strategy for achieving that goal. The male subculture, however, values independent task accomplishment with emotional control as the normative strategy for attaining that goal. For Maccoby then, gender differences in self-disclosure are accounted for by the female subcultural orientation toward communal and social-emotional goals and strategies, while the male subcultural orientation is toward the agentic and instrumental.

Given that client self-disclosure is fundamental to counselling, the general tendency of males toward lesser self-disclosure is likely to disadvantage many male clients of counselling. Other gender or subcultural differences may also act as obstacles for male clients. As examples, Chodorow (1978) stated that for a boy to define himself as male he must separate from his mother, but for a girl to define herself as female she must connect with her mother. Hence, to be male is characterised early in life as being different from and independent of others, while to be female is to be similar to and connected with others. Likewise, Wasserman (1994) claimed that a man's definition of himself comes through achievements that set him apart from others, whereas a woman's definition of herself arises through her connections with others. In Wasserman's view, these criteria engender competition and a "winner – loser" tenor for men, while they give rise to co-operation and a "more than one winner" tenor for women. Wasserman stated that these distinctions result in men attuning more to the content of conversations and viewing communication primarily as a means of conveying information. While women also attend to the content of communication, they often attend even more to the process of communication. Other researchers have concluded that men's communication is typically more problem solving and solution focused

and is more instrumental, directive, and interrupting, while women's is more affective and supportive and is more connection, community, and relationship focused (Aries, 1998; Kunkel & Burleson, 1998).

Men and women also tend to have different perceptions of the activities in which they are involved (Wasserman, 1994). Often, a man will construe an activity as that of accomplishing a task, while for a woman it will be interpreted as engaging in a process. Therefore, men are more likely to choose teammates based on their abilities to achieve the goals of the task, and men's satisfaction with the activity is primarily related to the quality of the outcome. Women on the other hand, are more likely to team with those with whom they like to be involved, and their satisfaction is related more to the quality of the process that leads to the outcome. Thus, the masculine model is more toward independence, competition, tasks, and outcomes while the feminine is more toward connectedness, co-operation, relationships, and processes.

Several authors have noted that counselling proceeds more along the lines of the feminine model, and as such, may impede counselling processes and outcomes for male clients. Shay (1996) observed that the essence of counselling is talking with someone about troubling and intimate issues, and that counselling language involves feelings, exposure, vulnerability, and intimate sharing. But, Shay asserted, the male dialect is not the one of emotions, insight sharing, and exposing one's innermost thoughts, feelings, and secrets in which counselling specialises. Clulow (1998) expressed this sentiment in what he referred to as "the female values of the consulting room" (p. 454), noting that counselling was process, relationship, and co-operation oriented. Hence, neither the language nor the structure of counselling is consistent with the masculine mode.

Further, Ipsaro (1986) contended that there is a poor fit between the dictates of the male gender role and those of the client or patient role. The male gender role requires men to be competitive, achievement oriented, strong, self-reliant, and emotionally restrained. These

characteristics make it difficult for men to seek and use health services, particularly psychological services (Kogan, 2000), where a man is asked to reveal himself, accept his vulnerability, and examine himself with the aid of another person (Levant, 1990). As Scher (1990) noted, to seek such help is tantamount to a confession of weakness, and revealing oneself may expose further weaknesses or even one's underlying motives. In doing so, the discloser potentially gives away power to the listener, and that is the worst thing the male gender role says one can do in a competitive world. Consequently, counselling is distrusted by and perceived as threatening to many men who view it as foreign territory and as "the refuge of the weak" (Scher, p. 324). Meth et al.'s (1990) statement that many men see counselling as the antithesis of masculinity is, then, understandable. It begets shame, a sense of failure as a man, and is against the whole nature of a man's upbringing (Hollis, 1994; Williams & Myer, 1992). Brooks' (1998) claim that men dislike the idea of and avoid counselling is demonstrated in Vessey and Howard's (1993) findings that less than one-third of counselling clients are men and that men wait three times as long as women do before seeking counselling.

In review, the scenario is one in which client self-disclosure is fundamental to counselling. Men, however, generally do not self-disclose as freely as women do, especially to other men. The male gender role is oriented toward self-reliance, achievement, competition, tasks, and avoidance of all things feminine. But, with its emphasis on relationships, vulnerability, talk, process, and expression of feelings, counselling is inclined more toward the feminine model. Given those mismatches, men tend to view counselling with suspicion, as a foreign or cross-cultural experience, and do not utilise counselling services to the degree that women do.

Yet, some men do attend counselling and do self-disclose to their counsellors. Unfortunately, clinical research has devoted very little attention to client self-disclosure, let alone to male client self-disclosure, despite the prominent role it plays in counselling (Harris

et al., 1999). Indeed, literature searches for this study found that most of the research on self-disclosure has been conducted in the fields of social psychology, health psychology, relationship formation and maintenance, and human communication. Very few of the studies in that body of research, however, considered such potentially important moderator variables as the topics, the levels of intimacy, or even the valences (i.e., positive or negative) of the self-disclosures made (Dindia, 2000). Of the small number of clinical studies that are available on client self-disclosure, Cohen and Schwartz (1997) noted that most were limited to only one counselling analogue interview, sometimes less than twenty minutes long, per participant. In fact, Cohen and Schwartz asserted that no empirical studies existed regarding self-disclosure in actual counselling situations. Hence, the reliabilities, validities, and utilities of the available studies on self-disclosure are questionable with respect to counselling contexts.

Given the lack of empirical literature on client self-disclosure in counselling, and specifically male client self-disclosure, a question that arises is: What do men who participate in counselling perceive as the events in their counselling that aided or that impeded their self-disclosures? This question is not asking about the events that helped or hindered disclosures of superficial personal data, facts, or other surface-level information. Instead, it is concerned with the events that impacted the client's making of or refraining from spoken, emoted, or even behavioural self-disclosures that carried intra- or interpersonal risks for the client and had the potential to further the counselling process and goals.

Several types of such ameliorative, deeper-level self-disclosures have been noted in the literature. Cathartic self-disclosures (Freud, 1904/1954) are those that involve the expression, sometimes through an explosive release, of suppressed, pent-up feelings. Such a cleansing, purifying, or detoxifying of one's store of unexpressed or choked affect is said to bring emotional relief and, hence, to free the person to experience more pleasurable, joyful emotions. Block and Reibstein's (1980) and Paulson et al.'s (1999) client-participants

specifically identified cathartic and emotionally relieving self-disclosures as helpful
experiences in their counselling.

However, some authors (e.g., Freud, 1904/1954; Pennebaker, 1997; Yalom, 1995) have
stated that while cathartic venting of emotion may be important in the counselling process, it
is not enough to effect a lasting change. They claimed instead that such emotional purging
needs to be complemented by some type of intellectual learning. For example, self-
disclosures that are instrumental to the client's attainment of insight (i.e., clarification,
understanding, demystification) into the nature of the problem are those that are valued in M.
Fisher's (1990) psychoanalytic perspective. These self-disclosures bring conflict-laden
feelings, beliefs, and fantasies into awareness. Once the nature of the conflict has been
exposed, the relatively uncontrolled desires and fears associated with them can be made more
sensible, worked through, and dealt with more intentionally and effectively. Hence, their
ability to produce unpleasant affect (e.g., anxiety, depression, or loneliness) becomes
attenuated, according to M. Fisher.

In particular, M. Fisher (1990) asserted that experiences of, or the potential for, overt or
covert rejection, shaming, or other punishments of thoughts, feelings, or behaviours
unacceptable to important others gives rise to inner secrets, especially, but not exclusively,
during early developmental periods. The growth of those secrets, often encouraged by
important others, allows one to encase and avoid reflecting on the so-ensconced
objectionable thoughts and feelings about oneself. Such secrets, however, necessarily spawn
an alienation from oneself and a withdrawal from others. And, the more the secrets or the
more reproachful the secretive material is, the more one becomes estranged from oneself and
others. In disclosing those secrets and the dreaded aspects of oneself contained within them,
the client is risking a potentially painful disintegration of the self created for public
acceptability and re-rejection of the denied, disowned, and even despised "secret self".
However, the insights gained from such self-disclosures into the nature and content of those

secrets are considered imperative by M. Fisher to the client's disconfirmation of his or her fantasies of defectiveness or inadequacy, the reclamation of his or her disavowed aspects, and to his or her self-acceptance and interpersonal intimacy.

In another view, Jourard (1968, 1971) saw beneficial client self-disclosures as those that convey the risks of increased vulnerability, authenticity, and transparency. Through such self-disclosures – which must include an affective component – the client ventures to open up, for profit or for peril, and to reveal him or herself more completely and authentically. In doing so, the client chances his or her existential being to become more fully visible and known, not only to another, but to *him or herself*. This perspective on the benefits of self-disclosure is similar to that of Luft's (1969) as given in the metaphor of the Johari Window. That is, in disclosing one's authenticity (e.g., one's vanities, follies, strengths, aspirations, weaknesses, values, deeds, sentimentalities) to others, areas of oneself which were hidden from others, or to which one was blind, or which were unknown to others and oneself stand to be diminished. At the same time, the area of others' and one's free awareness of oneself stands to be enlarged. Hence, in so self-disclosing one dares to reveal and to discover things about oneself that may be pleasantly or unpleasantly unexpected or perhaps even surprising.

Jourard's (1971) notion of transparency imposes still further risks, however. In hazarding transparency, one not only risks revealing one's authentic self to another and oneself. Through the explicit or implicit invitations in one's self-disclosures, one also ventures to receive a reciprocal disclosure of some authentic aspect of the other person. Transparency, then, entails both disclosure of oneself and receptiveness to another's disclosure of him or herself. And, whether the things disclosed by and discovered about the other are pleasant or unpleasant, such transparency is a necessary condition for redemption, for atonement, and for connectedness with others, according to Jourard (1971).

The potency in one's self-disclosures, according to Jourard (1968), is in their capacity to shake up or even shatter one's cognitive and emotional constructs, schemas, or structures

of oneself, others, and the world. As a result, self-disclosures can serve in expanding one's awareness, changing one's experience, revising one's concepts, and in enlarging or liberating one's imaginative possibilities of meaningful and satisfying ways of being-for-oneself, being-with-others, and being-in-the-world. Indeed, in Jourard's (1968) perspective, self-disclosures not only provide the opportunity for, they are the only route to perceiving and acknowledging oneself as different from one's previously reality. In this view, then, one is not simply discovering oneself through self-disclosure; one is actually constructing oneself and one's world.

Humanists and Experientialists (e.g., Rogers, 1961; Perls, 1969) advocate self-disclosures that reveal the core of one's phenomenal self; that is, one's private world of experience and personal meaning. In these perspectives, emphasis is placed on the emotional and meaning elements of the self-disclosures and on the client's immediate rather than past experience. The client risks, through these types of self-disclosures, to genuinely experience, express, and to openly examine what he or she is feeling or doing in the present moment. Such self-disclosures are said to illuminate the conditions under which the client feels unvalued, anxious, conflicted, or alienated from his or her true self. As such, congruence between the client's self-image and his or her ongoing experiencing is promoted. The client can then come to own his or her feelings, freely express what he or she feels, and genuinely be him or herself.

As an example, Gestalt therapy (Perls, 1969) particularly encourages self-disclosures that intensify and deepen the client's here-and-now affective experiences. The empty chair technique, for instance, involves the client speaking and emoting in an intense and immediate way to a non-present significant figure and responding as he or she imagines that figure would. The aim is to advance the client's awareness of previously avoided or suppressed feelings. Hence, almost constant attention is paid to the spoken, emoted, or enacted disclosures of the client's present-moment phenomenal experiences.

Other authors have espoused cognitive self-disclosures that grant access to and expose the client's presumably ineffective patterns of thinking (e.g., Ellis, 1999; Kovacs, Rush, Beck, & Hollon, 1981). The basic premise in these views is that one's emotions and behaviours are determined by the ways in which one thinks about one's experiences. Through the client's revelations of his or her beliefs, self-statements, problem-solving strategies, and the like, the counsellor promotes the client's awareness of his or her apparently distorted cognitions and their roles in maintaining his or her fears, anxieties, or depression, as examples. The client is then actively encouraged to rationally confront those cognitions and to replace them with more adaptive ones.

As examples, in Beck's Cognitive Therapy (Kovacs et al., 1981), self-disclosures of persistent or pervasive self-deprecating, pessimistic, or anxiety arousing cognitions of which the client was presumably unaware are those that are sought. The material the client discloses is examined for "errors in thinking" and "automatic thoughts" which are then placed before the client for him or her to face, acknowledge, and substitute with more realistic interpretations. Ellis' (1999) Rational Emotive Behavior Therapy attempts to elicit self-disclosures along a framework of the activating event, the irrational beliefs that appraise the event, and the emotional and behavioural consequences of those beliefs. Having obtained that information, the counsellor forcefully disputes the client's illogical thinking and self-defeating verbalisations. Clients are then exhorted to practice analysing, challenging, and reframing those irrational ideas and internal statements in an effort to fashion a more logical and effective belief system.

Some authors have written that the experience of self-disclosing in the context of a safe, trusting, and intimate therapeutic relationship can itself be a major factor in therapeutic effectiveness. As examples, Rogers (1961) argued that the offering of unconditional positive regard, accurate empathy, and genuineness in response to the client's self-disclosures are necessary and sufficient for therapeutic progress, as long as the client senses those qualities.

From an object relations point of view, Kohut (1984) presented a model wherein empathic resonance to the client's self-disclosures serves the internalisation of the interpersonal interactions that build and maintain the client's self-structure. Such relationships, therefore, move psychological development forward in Kohut's perspective. Additionally, Yalom (1995, 2002) noted that many clients' difficulties concern issues around interpersonal intimacy. That is, some clients tend to avoid intimacy because they have come to believe that they are somehow fundamentally flawed, unacceptable, or even repugnant to others. But, disclosing those beliefs and then receiving the genuine and unqualified acceptance of the counsellor can have a major therapeutic effect in Yalom's view.

Lastly, the corrective emotional experience (CEE) is a notion in which certain self-disclosures are said to increase the client's sense of control and ability to cope. Introduced by F. Alexander and French in 1946 as a psychodynamic concept, F. Alexander (1963) subsequently expanded the idea of the CEE to encompass learning theory. In the original concept of the CEE, the client takes the risk of disclosing affect-laden relational experiences that he or she has found unbearable in the past. Based on the client's previously devastating encounters with others (e.g., abandonment, exploitation), he or she expects the counsellor's reactions to be similarly dire and disastrous. However, the counsellor's caring responses fail to fulfil those expectations, contradicting and disconfirming the client's presumptions. In this, the client learns that the catastrophic consequences he or she had come to fear are not inevitable.

In F. Alexander's (1963) later formulation, the CEE involved the re-exposure to any problematic situation from which the client learned a sense of mastery. That is, in disclosing, replaying, and confronting developmental conflicts or phobic situations, as examples, the CEE aims to increase the client's sense of efficacy and control over the troublesome issue.

In sum, several forms of client self-disclosures are claimed to be beneficial. These include self-disclosures that (a) are cathartic and afford emotional relief, (b) grant insight into

the nature of the problem, (c) reveal and transform one's existential being, (d) deepen the genuineness of one's experience and expression, (e) expose and confront one's irrational or distorted cognitions, and (f) afford an increased sense of control or mastery. A few examples of such deeper-level self-disclosures are linguistic, emotional, and behavioural expressions of rarely revealed personal struggles, private losses, fears, joys, hurts, secrets, traumas, burdens, strengths, aspirations, values, and the like.

Purpose of the Study

The purpose of this study was to develop a set of categories that outline the events that aid and the events that impede adult male clients' self-disclosures in counselling. The categories that arose from this research are presented with supplementary descriptions of the nature of the events, the impacts of those events on the participants, and illustrative examples of the participants' statements. The existing research on the conditions of client self-disclosure in counselling, and particularly male client self-disclosure, is extremely sparse. As such, the results of this exploratory investigation are intended to inform counselling theory, research, practice, and training regarding facilitating and hindering conditions of adult male clients' self-disclosures. Both counselling processes and outcomes with adult male clients may be ameliorated as a consequence. As well, some results from this research may be applicable to other client populations (e.g., adolescent males). Similarly, other helping professions, like medicine, nursing, and social work as examples, in which adult male clients' self-disclosures are important may also benefit from the knowledge produced by this study.

CHAPTER II

Review of the Literature

The Benefits and Perils of Self-Disclosing and Not Self-Disclosing

> *The Benefits of Self-Disclosing.*

Jourard (1971) argued that self-disclosure is a basic human motive that plays roles in one's social and intimate relationships and in one's psychological and physiological health. For Jourard (1971), self-disclosure was fundamental in the formation, maintenance, and enhancement of interpersonal relationships. It was also the means to increasing one's self-awareness, self-clarification, and, ultimately, one's authenticity for oneself and to others. Not self-disclosing, however, was seen to inhibit that fundamental motive, thereby increasing the likelihood of stress-related psychological and physical problems (cf. Selye, 1973). At the time it was made, Jourard's (1971) proposition that self-disclosure was related not only to psychological but to physiological health was considered so outlandish by the majority of his contemporaries as to not warrant further attention (Moss, 1999). More recently though, research from a variety of disciplines has demonstrated that self-disclosure is indeed related to both psychological and physiological health.

In Pennebaker and Beall (1986), forty-six undergraduate participants (thirty-four females and twelve males) were randomly assigned to one of four writing conditions. Those in the "control" condition (n = 12) wrote on an assigned superficial topic each day (e.g., a tree). Participants in the "facts only" condition (n = 11) wrote about the details of a personally upsetting event without any reference to their thoughts or feelings about it. In the "emotions only" condition (n = 12), participants wrote only about their feelings on the event, while those in the "combined" condition (n = 11) wrote about the event and their thoughts and feelings on it. Pennebaker and Beall asked their participants to disclose their personal distressing experiences through anonymous writing rather than to another person to control for the effects of social feedback. All participants wrote for fifteen minutes a day for four

consecutive days in private cubicles. The participants wrote on a variety of personally distressing and traumatic experiences including relationship problems (36%), deaths (27%), public humiliation (8%), relationship failures (8%), homesickness (7%), drug and alcohol problems (5%), and sexual abuse (4%). One-way ANOVAs found no differences in the distribution of essay topics across the non-control groups.

Pennebaker and Beall (1986) reported that participants in the "control" and "facts only" conditions had greater decreases in systolic blood pressure after each writing session than those in the "emotions only" and "combined" conditions ($F_{3,42} = 2.56$, $p = 0.06$). A significant condition X pre-post writing interaction effect ($F_{3,42} = 2.83$, $p = 0.05$) reflected that participants in the non-control conditions self-reported increased negative moods (e.g., sad, guilty, anxious) after each writing session while those in the "control" condition self-reported feeling more positive after writing (e.g., contented, happy). The increase in negative moods was especially pronounced in the "emotions only" and "combined" conditions.

Immediately before the four days of writing, participants in Pennebaker and Beall (1986) completed a questionnaire assessing the number of days his or her activities had been restricted due to illness and the types of illnesses experienced (e.g., colds, flu, diarrhoea, headaches) in the preceding two months. Participants completed the same questionnaire immediately after the four days of writing and again four months later regarding the periods during and since writing, respectively. Repeated measures ANOVAs showed no significant differences across conditions in the days or numbers of illnesses for the periods prior to and during writing. At the four month follow-up, however, participants in the "control" condition reported the greatest days of illness and those in the "combined" condition the least ($F_{3,38} = 2.19$, $p = 0.10$). Participants in the "emotions only" and "combined" conditions reported an average decrease of 0.67 illness types since the writing sessions, but those in the other conditions reported a slight average increase of 0.14 illnesses ($F_{3,38} = 3.05$, $p = 0.04$).

Pennebaker and Beall (1986) also obtained data from the university's health centre on the number of visits each participant made for illness reasons during the three months before and the six months after the writing sessions. No significant differences were found in the illness data between conditions for the period before writing. But, a condition X before-after interaction effect was obtained ($F_{3,42} = 2.74$, p = 0.055). Participants in the "control", "facts only", and "emotions only" conditions had an average visit rate of 0.10 visits per month during the period prior to writing, and of 0.24 visits per month since writing (an increase of 140%). However, participants in the "combined" condition had an average visit rate of 0.16 visits per month before writing and of 0.08 visits after writing (a decrease of about 50%).

Thus, in Pennebaker and Beall's (1986) study, written disclosure of stressful experiences was associated with short-term increases in blood pressure and negative mood and with longer-term improvements in health. One would expect that the recollection and disclosure of upsetting events would heighten autonomic arousal and negative affect. Pennebaker (1997) claimed that the short-term effects in Pennebaker and Beall and similar ones in subsequent studies (e.g., Pennebaker & Francis, 1996; Pennebaker, Kiecolt-Glaser, & Glaser, 1988) dissipated within a few hours or a day or two at the most. The longer-term health benefits reported in Pennebaker and Beall were most pronounced for participants who wrote about their thoughts and feelings around the event, with some overlap for those who wrote only about their emotions around the event. Those who wrote only about the event itself without reference to their thoughts or emotions were found to have longer-term health measures similar to control participants.

Pennebaker and Beall's (1986) findings have been replicated and extended over a variety of populations and outcome measures. For example, Pennebaker et al. (1988) concluded that written disclosure of one's thoughts and feelings concerning personally distressing events results in fewer health centre visits and improved immunological functioning. In their study, fifty undergraduates were randomly assigned to one of two

writing conditions. Participants in the experimental condition (eighteen females and seven males) wrote about their deepest thoughts and feelings on personally upsetting or traumatic events for twenty minutes a day for four consecutive days. Those in the control condition (eighteen females and seven males) wrote on assigned trivial topics (e.g., their shoes). Comparisons of the students' university health centre records for the four months before and the six weeks after the writing sessions revealed a significant condition X time interaction ($F_{1,48}$ = 4.2, $p < 0.05$). The experimental participants decreased their illness visits to the university health centre by 60 percent from an average of 0.2 per month before writing to 0.08 after writing, while the control participants increased their illness visits by 86 percent from an average of 0.14 per month to 0.26 after.

As well, blood samples taken from each participant the day before the writing began, after the last writing, and six weeks later were assayed for their T-lymphocyte immune responses to phytohemagglutinin (PHA) mitogen stimulation (Pennebaker et al., 1988). Participants in the experimental condition showed a greater immune response following baseline, indicating better immunological functioning, compared to control participants ($F_{2,80}$ = 3.36, $p < 0.04$). Although this effect was most evident after the last day of writing, it persisted at the six-week follow-up.

In terms of a behavioural outcome, Spera, Buhrfeind, and Pennebaker (1994) investigated the relationship between written disclosure of one's experiences of job lay-off and subsequent re-employment. Spera et al. found that of a group of forty-one middle-aged men who were laid off by the same employer at the same time, the twenty-one who were instructed to write about their thoughts and feelings on their job loss were quicker to find new jobs compared to the twenty instructed to write about how they managed their time.

Smyth (1997) conducted a meta-analysis of thirteen studies that had examined relationships between written disclosure of distressing personal events and self-reported health, self-reported psychological well-being, observed physiological functioning, general

functioning, and health behaviour outcomes in healthy populations. Smyth (1997) found a weighted mean effect size (Cohen, 1988) across all studies and outcome types of d = 0.47 (p < 0.0001). An effect size of d = 0.47 is similar to or greater than those calculated by Lipsey and Wilson (1993) and Smith and Glass (1977) for other psychological, behavioural, and educational interventions.

A group contrast was performed by Smyth (1997) between the studies in which Pennebaker was an author (n = 8) and which he was not (n = 5) to determine if the overall mean effect size was artificially high due to experimenter effects. The studies in which Pennebaker was not an author had a greater mean effect size (d = 0.57) than those in which he was (d = 0.42), and the difference between those groups (between group goodness of fit) was not significant (Q_b = 0.90, p = 0.34).

As the variance of the overall effect sizes was not homogenous (Q_w = 22.75, p < 0.03), Smyth (1997) examined outcome type as a potential moderator variable. Smyth (1997) reported mean effect sizes of d = 0.42 for self-reported health, d = 0.66 for self-reported psychological well-being, d = 0.68 for observed physiological functioning, and d = 0.33 for general functioning. None of these was significantly different from the overall mean effect size, but each was significantly different from zero at p < 0.0001. The mean effect size for health behaviours was a non-significant d = 0.03.

Most studies in Smyth's (1997) meta-analysis reported that the experimental participants experienced greater distress during writing than the control participants did. Smyth (1997) calculated a mean effect size of d = 0.84 for short-term distress, indicating a significant rise in pre- to post-writing discomfort for experimental participants. The short-term distress effect size was not related to any of the outcome type effect sizes (all ps > 0.40). Smyth (1997) reported that student participants had a significantly larger mean effect size than non-students did only within the psychological well-being outcome type (d = 0.76 versus d = 0.34, Q_b = 3.92, p < 0.05). Participant age, number of writing sessions, and length

of writing sessions were unrelated to all outcome type ds (all ps > 0.10). However, Smyth (1997) noted that the time period over which the writing occurred was related to the overall mean effect size (β = 0.76, p < 0.02), such that studies with spaced writing had greater effect sizes than those with massed writing. That is, writing once a week for a month may be more effective than writing for four consecutive days.

The studies in Smyth's (1997) meta-analysis in which participants were instructed to write about a current distressing event had significantly greater psychological well-being effect sizes than those that instructed their participants to write about either a past or a current distressing event (d = 0.99 versus d = 0.18, χ^2 = 14.28, p < 0.001). No study in Smyth's (1997) meta-analysis that examined observed physiological functioning restricted its participants to writing about only current events. However, those that instructed participants to write about either past or current events had significantly greater physiological functioning effect sizes than those that instructed their participants to write about past events only (d = 1.04 versus d = 0.41, χ^2 = 3.86, p < 0.05). The only relationship found in Smyth's (1997) meta-analysis between published versus unpublished studies and outcome type effect sizes was that unpublished studies were associated with greater psychological well-being effect sizes (d = 1.04 versus d = 0.25, Q_b = 16.91, p < 0.0001).

The proportion of male participants in the studies in Smyth's (1997) meta-analysis was positively related to the mean effect size of the overall outcome (β = 0.80, p < 0.05). Smyth (1997) suggested that the writing about personally upsetting events may have been more effective for men than for women since traditional gender roles make it less likely that the men had previously disclosed the events (cf. Maccoby, 1990; Wasserman, 1994). On a related note, Pennebaker (1997) claimed that reviews of the essays from Pennebaker and colleagues' previous studies revealed that women wrote more often about relationship issues while men wrote more often on issues of loss (e.g., deaths, job losses). Since Smyth's (1997) meta-analysis included only studies that used randomisation and experimental manipulation,

Smyth (1997) concluded that written expression of distressing events produces significant long-term benefits in otherwise healthy individuals.

One study on the effects of written disclosure has involved participants with diagnosed illnesses. Smyth, Stone, Hurewitz, and Kaell (1999) examined whether writing about personally stressful life experiences affected disease status in participants with diagnoses of asthma or rheumatoid arthritis (RA). Adult volunteer outpatients were randomly assigned to either the treatment condition, where they wrote for twenty minutes a day on three consecutive days about the most stressful event of their lives, or to the control condition, where they wrote about their plans for the day. There were thirty-nine asthma and thirty-two RA patients in the treatment condition and twenty-two asthma and nineteen RA patients in the control condition. Four months after writing, asthma patients who had written about personally stressful events showed significantly improved lung function compared to asthma controls ($F_{1,55} = 15.11$, $p < 0.001$). The mean percentage predicted forced expiratory volume in one second (FEV_1) for the asthma patients in the treatment condition had improved from 63.9 percent at baseline to 76.3 percent at the four-month follow-up. The asthma patients in the control condition had shown no change in their FEV_1. A similar effect was found for RA patients in the treatment condition. That is, writing about stressful events was related to significant reductions in RA disease activity when compared to RA controls ($F_{1,46} = 11.48$, $p = 0.001$). Rheumatologist ratings on a scale from 0 (asymptomatic) to 4 (very severe) for RA patients in the treatment condition decreased on average from 1.65 at baseline to 1.19 at the four-month follow-up (a 28% decrease in disease activity). The RA patients in the control group showed no change in disease activity.

Verbal disclosure of upsetting and traumatic events has also been shown to result in psychological and physiological benefits. Esterling, Antoni, Fletcher, Margulies, and Schneiderman (1994) compared three randomly assigned groups of Epstein-Barr virus (EBV) seropositive undergraduates. Following Pennebaker et al.'s (1988) procedure, the first group

(n = 21) wrote about personally distressing events. Participants in the second group (n = 17) spoke into a tape recorder about personally distressing events, and those in the third group (n=19) wrote on assigned innocuous topics. The twenty-minute speaking and writing sessions occurred once per week for three weeks. At baseline there was no significant between group difference in EBV antibody titer levels (F < 1). After the three weeks, however, significant differences between the groups were found ($F_{2,54}$ = 10.2, p < 0.001). Tukey post hoc tests (p < 0.05) confirmed that the verbal disclosure group had significantly lower EBV antibody titers (M = 5.48, SEM = 0.38), suggesting better immune control over the virus, than the written disclosure group (M = 6.42, SEM = 0.29). And, the written disclosure group's titers were significantly lower than the control group's (M = 7.53, SEM = 0.27).

Esterling et al. (1994) also performed content ratings on the written essays and tape recorded disclosures. The results indicated that the verbal disclosure group had demonstrated greater cognitive appraisal improvements (e.g., more alternative explanations discussed, better understanding of the event) over the days of disclosure than the written disclosure group had, and the written disclosure group had demonstrated greater cognitive improvements than the control group had ($F_{2,54}$ = 15.35, p < 0.0001). The verbal group's disclosures were also rated significantly higher in self-esteem improvements (e.g., felt better about or less down on oneself) over the days of disclosure than were the written group's disclosures and the control group's essays ($F_{2,54}$ = 8.17, p < 0.001). The latter two groups did not differ on this measure. And, the verbal group's disclosures were rated as significantly greater in adaptive coping improvements (e.g., became more assertive, took more interpersonal risks) over the days of disclosure than the written group's disclosures and the control group's essays ($F_{2,54}$ = 14.69, p < 0.0001). Again, the written and control groups did not differ on this measure.

Some of the beneficial outcomes from written disclosures of distressing experiences have been compared to those from a counselling analogue. Donnelly and Murray (1991)

compared changes in mood, cognition (e.g., alternative explanations, greater understanding of the problem), and self-esteem among participants who either wrote about upsetting or traumatic experiences, participated in therapy interviews about such experiences, or wrote about assigned superficial topics. The 102 undergraduate participants were randomly assigned to one of the three conditions such that each group was comprised of twenty males and fourteen females. The thirty-minute writing sessions and therapy interviews were conducted over four consecutive days. The writing sessions replicated Pennebaker et al.'s (1988) procedure, and the therapy interviews consisted of empathetic reflection and cognitive reframing of the participants' thoughts and feelings about the event. Four male and four female clinical psychology doctoral students were specifically trained as interviewers in the therapy condition.

From their content analysis ratings of the written disclosures, taped therapy interviews, and superficial topic essays, Donnelly and Murray (1991) found that both treatment groups expressed greater positive ($F_{2,90} = 37.05$, $p < 0.001$) and negative ($F_{2,90} = 122.51$, $p < 0.001$) emotions than did the control group for the term of the study. Across the four days of the study, both treatment groups increased their positive emotional ($F_{6,270} = 6.29$, $p < 0.001$) and decreased their negative emotional ($F_{6,270} = 4.28$, $p < 0.001$) expressions, while the control group did not significantly change on either measure. The content analysis ratings also showed greater improvements in cognition ($F_{2,90} = 101.82$, $p < 0.001$) and self-esteem ($F_{2,90} = 82.17$, $p < 0.001$) for both treatment groups relative to the control group for the term of the study. And, both treatment groups increased in cognitive improvements ($F_{6,270} = 2.47$, $p < 0.05$) and self-esteem improvements ($F_{6,270} = 4.28$, $p < 0.001$) across the four days while the control group increased in neither.

Before and after each session, participants in Donnelly and Murray (1991) completed a questionnaire assessing their degrees of pain and upset when thinking about their issue. No significant pre- to post-session effects were found. However, both treatment groups reported

greater levels of pain than did the control group ($F_{2,270} = 18.94$, $p < 0.001$) for the term of the study. The reported levels of pain decreased for both treatment groups but remained the same for the control group across the four days of the study ($F_{6,270} = 4.44$, $p < 0.001$). Similar results were found for the self-reported degrees of upset.

Donnelly and Murray's (1991) participants also completed the Revised Nowlis Mood Scale (Murray, Lamnin, & Carver, 1989) before and after each session. Significant MANOVA group X pre-post X day interaction effects were found for positive ($F_{6,270} = 2.72$, $p < 0.05$) and negative ($F_{6,270} = 2.33$, $p < 0.05$) moods. The therapy group showed a decrease in positive and an increase in negative moods for the first session, followed by increases in positive and decreases in negative moods for each subsequent session. The writing treatment group, however, showed consistent decreases in positive and increases in negative moods on each subsequent day. Donnelly and Murray speculated that participants in the writing treatment group continued to experience their disclosures in an aversive manner after each session, despite their apparent progress in coming to terms with the event. For the therapy condition, however, Donnelly and Murray conjectured that the therapists' reflections and reframings of the emotionally disturbing experiences ameliorated the aversiveness of the task in some unspecified manner. Donnelly and Murray concluded that individuals would likely, therefore, continue longer with verbal therapy than with writing about upsetting, distressing, or traumatic experiences.

There were some interesting interactions between gender and experimental conditions in Donnelly and Murray's (1991) study. In the verbal therapy condition, females expressed more negative emotions (e.g., sad, angry, sorry) than males did ($F_{1,32} = 6.23$, $p < 0.05$). As well, females who had previously concealed their topic or had rarely discussed it with others expressed more negative emotions in the verbal therapy condition than in the written disclosure condition, while males did the reverse ($F_{1,60} = 6.24$, $p < 0.05$). Females also reported more pain ($F_{2,90} = 6.01$, $p < 0.01$) and upset ($F_{2,90} = 4.33$, $p < 0.05$) after sessions in

the verbal therapy condition, while males reported more pain and upset after sessions in the written disclosure condition. Donnelly and Murray proposed that, because of gender role socialisation, males may find the solitude of written expression more conducive to reflecting on and examining distressing experiences while females prefer to engage verbally with others on such issues (cf. Smyth, 1997).

The literature on the benefits of self-disclosing is not limited to psychological and physiological gains alone. As Pennebaker (1997) stated, when people disclose information about themselves to others, they also create the potential to forge social bonds. That is, not only do their psychological worlds change, their social worlds change too. For example, Jourard (1971) saw self-disclosure as instrumental in the creation of intimacy, closeness, and love. Jourard (1971) also stated that to stay healthy, interpersonal relationships need the nourishment of self-disclosures that keep the partners up to date with each other's lives. In Yalom's (1995) view, however, it is not the content of the self-disclosure that is important, but that something important to the discloser is disclosed to the target in the context of their relationship. Such contextual disclosures result in a deeper, richer, and more complex relationship between the two people, according to Yalom.

Wills (1985) noted that several social benefits (i.e., esteem, informational, instrumental, and motivational support) could be provided through others' reactions to one's self-disclosures. In terms of esteem support, Wills noted that certain distressing, upsetting, or traumatic events can be perceived as threats to one's self-esteem, can lead to doubts about one's abilities to handle life events, and can result in reduced evaluations of one's self-worth. But, sharing one's thoughts and feelings with others about such events and difficulties can result in feeling accepted, validated, and valued by those others. These, in turn, can decrease one's sense of anxiety and increase one's perception of control over the situation.

Targets of self-disclosures may also be in positions to offer information or guidance regarding the topics of the disclosures (Wills, 1985). For example, women who reveal

specifics of their situations in a domestic violence support group may, as a result, obtain information on counselling services, legal services, or practical strategies for dealing more effectively with their circumstances. Besides such direct informational support, the social comparison information gained through responses to one's self-disclosures may provide indirect informational support regarding one's situation and level of coping. Wills noted that by comparing how others similar to one are faring with similar problems, one can evaluate how well one is coping relative to others. As examples, individuals in problematic situations may benefit from knowing that their situation is not as unfortunate as others', did not result from personal deficiencies, or that they are handling it as well as or better than others.

By revealing one's circumstances, others may also provide needed instrumental support (Wills, 1985). For example, through disclosing one's incapacitation due to illness or injury, others may assist with such instrumental activities of daily life as food preparation, child-care, or errand completion. Without disclosing to others one's needs and context, such tangible support is less likely to materialise.

Others may also offer motivational support, provided one discloses one's situation (Wills, 1985). In cases of job loss, relationship difficulties, or protracted illnesses, as examples, others may render hope or reassurance that the difficulties can be transcended based on similar experiences from their pasts. Such motivational support may bolster one's resolve, optimism, and persistence in dealing with the troubling issues rather than conceding defeat.

Yalom (1995) asserted that many people believe they are "unique in their wretchedness" (p. 7) and only they experience the unpleasant or unacceptable thoughts, feeling, and events that they do. However, as a result of others' responses to one's self-disclosures, one may find that others too have or had similar experiences. Through such expressions of universality, the discloser's feelings of uniqueness may be disconfirmed, and he or she may feel less isolated from others and more connected with the world. Hearing

from and seeing others who were or are in similar situations and are functioning at improved levels also serve to instil hope. Such living inspirations show that it is possible to move on from one's present difficulties. Yalom, like Wills (1985), also noted that others might impart practical information in response to one's self-disclosures. The therapeutic factors of universality, instillation of hope, and the imparting of information all arise, according to Yalom, from one's self-disclosures.

The Perils of Self-Disclosing.

Despite its many benefits, self-disclosing has its risks. Derlega et al. (1987) wrote of how self-disclosure of unpleasant feelings in anticipation of stressful events and the unsupportive reactions of targets can heighten the distress experienced. In particular, disclosing one's distress to another may lead to the discloser or the target or both feeling upset or embarrassed. It may also aggravate the discloser's mood if the focus remains on or magnifies genuine or imagined weaknesses. And, unhelpful responses like superficial identifications with the discloser's feelings (e.g., "I know exactly how you feel."), advice giving, and forced cheerfulness may make the envisioned event appear even more threatening than before the disclosure. Such exaggerated perceptions are likely, in turn, to accentuate the discloser's distress.

As well, certain revelations (e.g., unpopular beliefs or behaviours; embarrassing, humiliating, or traumatic events; illegal acts) may result in rejection of the discloser (Regan & Hill, 1992). Even if the discloser does not experience outright rejection, he or she may sense ridicule, indifference, dismissal, or avoidance by targets who make fun of or change the topic, appear otherwise uninterested in the disclosure, or offer unsolicited advice (Kelly & McKillop, 1996). And, having been so treated by others, individuals may fear similar responses from counsellors (Kelly & McKillop). Fears of rejection may sometimes be exaggerated or illogical, but they may at other times be well-founded. As examples, in

Franke and Leary (1991) gay men and lesbians cited fears of others' rejections and reactions as the primary reasons for not disclosing their sexual orientations. Gurtman (1986) reported that individuals who disclosed their diagnoses of depression or their feelings and behaviours during depressive episodes frequently found themselves rejected by others.

Hatfield (1984) noted that disclosure of taboo thoughts or feelings, inappropriate actions, or things of which one is deeply ashamed can lead to diminished impressions of the discloser, reduced respect for the discloser, or to deterioration in the discloser and target's relationship. Certain disclosures also create the potential for loss of control or influence, according to Hatfield. For example, when an individual reveals a weakness, vulnerability, or motive, he or she risks loosing control of the information or situation and of having it used against him or her. As Kelvin (1977) stated, "the disclosure of areas of privacy reveals the underlying causes and motives of the individual's behavior: this potentially gives those to whom they are disclosed power over him; and in doing so, disclosures make him vulnerable to exploitation" (p. 355). The discloser may, therefore, become apprehensive about who may find out and whether the information will be used to his or her disadvantage (Fishbein & Laird, 1979). Understandably then, those who disclose personal information are often concerned with issues of confidentiality and safety from reproach, retribution, or exploitation (Hatfield). Fears of loss of control or influence are particularly pertinent, in Hatfield's view, to men who are stereotypically cast as independent, strong, and competitive.

Revealing certain information may also hurt others. Derlega, Winstead, and Folk-Barron (2000) discussed how some individuals chose not to reveal their HIV-seropositive status to their partners or families for fear of hurting or upsetting them. And, as Kelly and McKillop (1996) said, when the implications of the disclosure are serious (e.g., infidelity) or the consequences costly (e.g. marital break-up), the disclosure may be followed by feelings of regret or by uncertainty as to whether disclosure was the "right" thing to do.

As a final qualitative example of the perils of self-disclosure, Jourard (1971) asserted that self-disclosure can lead to increased self-awareness. But, greater self-awareness is not always welcomed. It can expose the need for change, and the needed change may be (or may be perceived to be) difficult, time-consuming, painful, or otherwise costly.

Quantitatively, more disclosure is not necessarily better. Hatfield (1984) stated that in North America, people who disclose too much too soon are judged harshly and labelled as exhibitionists, mentally ill, or simply "peculiar". Yalom (1995) wrote that too little self-disclosure deprives an individual of potentially validating social comparison information and limits his or her ability to form and maintain enduring relationships. Excessive disclosure, however, was seen by Yalom as inducing anxiety and apprehension in others, leading them to reject the discloser.

Jourard (1971) posited a curvilinear relationship between self-disclosure and psychological functioning, wherein too little or too much self-disclosure both compromises psychological health and indicates psychological difficulty. Such a curvilinear relationship also appears to exist between self-disclosure and physical health. Blotcky, Carscaddon, and Grandmaison (1983) examined the relationship between self-reports of physical illness and self-disclosure. Participants in Blotcky et al.'s study who scored at the low and high ends of the self-disclosure distribution reported more incidents of acute and chronic illnesses than those who scored toward the middle of the distribution.

The Benefits of Not Self-Disclosing.

The benefits of not self-disclosing may appear to be simply the converse of the perils of self-disclosing. But, as Derlega, Metts, Petronio, and Margulis (1993) stated, not disclosing information about oneself is intrinsic to maintaining one's personal and interpersonal privacy and boundaries. Kelly and McKillop (1996) also pointed out that keeping some information

private affords a sense of individuality and uniqueness in adulthood and is part of the separation – individuation process in childhood and adolescence.

In Petronio's (2000) perspective, individuals believe they "own" their private information and, therefore, exercise ownership rights over it. For example, one's financial income is often considered private information, owned by the individual, which only he or she has the right to disclose to others. Some private information, like that regarding intimate relationships, family histories, or material divulged in confidence by others, is co-owned (Petronio). Such ownership confers the obligation and the right to control the permeability of the personal and interpersonal boundaries around the information in relation to perceived threats to its vulnerability. As Petronio noted, when a person can voluntarily choose (within ethical limits) what private information to disclose and what not to disclose, personal and interpersonal privacy boundaries can be maintained. For example, many counsellors in Simone, McCarthy, and Skay's (1998) study stated that they reveal little about their lives outside the counselling room to their clients for the primary reason of maintaining their personal boundaries.

The Perils of Not Self-Disclosing.

Not disclosing certain information about oneself also has its perils. Fishbein and Laird (1979) wrote that people sometimes choose to not self-disclose because they are embarrassed or ashamed by their thoughts, feelings, behaviours, or by what has happened to them. But, if others discover that the person has concealed information, they may infer that the information is indeed shameful, that he or she has done something truly terrible, or that he or she was simply deceitful. In Fishbein and Laird's view, such failures to disclose have the potential to create impressions of the dissembler that are more negative than the impressions that would result from the revelation of the information itself.

As well, the very act of not disclosing information about oneself can affect how one evaluates the information and oneself (Fishbein & Laird, 1979). For example, individuals who have not disclosed particular aspects of themselves or events in their lives may infer from their acts of non-disclosure that the information reflects something undesirable, shameful, or "bad" about them. Thus, any previous sense of shame, guilt, or the like may be compounded.

Not disclosing personally distressing or traumatic experiences also appears to be related to anxiety, depression, and physical disease processes. Larson and Chastain (1990) administered self-report questionnaires to 306 middle-aged adults (277 female, 29 male, mean age of 42 years) appraising their levels of self-concealment, anxiety, depression, and physical symptoms. Larson and Chastain's Self-Concealment Scale (SCS) was used to measure participants' tendencies to keep general information about themselves from others, to not share personally distressing secrets or negative thoughts about themselves with others, and to have apprehensions regarding the disclosure of personal information to others. Anxiety and depression levels were assessed using the Mood Anxiety and Mood Depression scales from the Typology of Psychic Distress instrument (Mellinger, Balter, Manheimer, Cisin, & Parry, 1978). The extents to which participants' experienced thirty-nine commonly occurring physical symptoms (e.g., back pain, headache, muscle soreness) were measured using the Physical Symptom Checklist (Cohen, Kamarck, & Mermelstein, 1983).

Larson and Chastain (1990) found that greater tendencies to conceal personal information were associated with higher levels of anxiety ($r = 0.32$, $p < 0.0001$), depression ($r = 0.41$, $p < 0.0001$), and physical symptoms ($r = 0.29$, $p < 0.0001$). After controlling for traumas (i.e., occurrences of, elapsed time since, and previous disclosures of traumas) and for social support (i.e., amount received and size of network), concealment still accounted for significant increments in the variances of depression (26.5%, $p < 0.001$), anxiety (18.6%, $p < 0.001$), and physical symptoms (15.0%, $p < 0.01$).

Pennebaker (1985) and Pennebaker and Sussman (1988) reported similar findings regarding physical illness among undergraduates and adults who reported having experienced upsetting or traumatic events in childhood (e.g., sexual or physical abuse, death of a parent, divorce of parents). Participants in those studies reported more symptoms of physiological illness if they had not disclosed the event to others than if they had.

Refraining from self-disclosing upsetting events may also increase ruminating and obsessing about the events. Pennebaker and O'Heeron (1984) interviewed twelve women and seven men whose spouses had died as a result of suicides or automobile accidents twelve to twenty-four months prior to the interviews. Each participant was questioned about the numbers and types of health problems he or she had experienced in the year before and the year after the death. Participants were also asked about the degrees to which they had avoided or sought friends to talk at length about the death and to which they had thought constantly about the death.

Pennebaker and O'Heeron (1984) reported that the participants experienced dramatic increases ($t_{18} = 3.38$, $p = 0.005$) in the numbers of health problems from the year before the death (M = 0.84, SD = 0.9) to the year following the death (M = 2.53, SD = 2.0). The mean number of close friends did not change from before the death (M = 5.21, SD = 2.5) to after the death (M = 5.16, SD = 2.4). While spouses of suicide victims talked more with their friends about the deaths than did spouses of accident victims, the difference was not significant ($t_{17} = 1.80$, $p = 0.09$). Notably, the less a participant spoke with friends about the death, the greater was his or her increase in health problems. That is, increases in illnesses were inversely related to the degree of talking with friends about the death ($r_{17} = -0.60$, $p = 0.007$). Increases in illnesses were, however, directly correlated with the degree of ruminating and obsessing about the death ($r_{17} = 0.45$, $p = 0.05$). Those relationships remained even after controlling for each participant's number of friends before and after the death. As before, the more the participants spoke with friends about the death, the fewer were their increases in

health problems ($r_{15} = -0.63$, p = 0.007), and greater ruminating about the death was associated with more health problems ($r_{15} = 0.52$, p = 0.03). As well, the more the participants talked with friends about the death, the less they ruminated and obsessed about the death ($r_{15} = -0.50$, p = 0.03).

Underlying Mechanisms of the Consequences of Self-Disclosure

Pennebaker (1997) proposed an explanatory mechanism for the deleterious consequences of not self-disclosing and the beneficial consequences of self-disclosing. In Pennebaker's (1997) formulation, not disclosing one's thoughts and feelings about distressing events requires the expenditure of effort (i.e., work) in the form of inhibition. Over the long term, the sustained autonomic arousal and central nervous system activity of inhibition, as examples, act as cumulative stressors (cf. Selye, 1973). Pennebaker (1997) argued that such long-term low-level stress could initiate or aggravate processes that increase one's susceptibility to psychological and physical problems (e.g., ruminations, anxiety, depression, high blood pressure, and ulcers). But, according to Pennebaker (1997), by disclosing one's experiences of distressing events and continuing to disclose them over time, the work of inhibition is reduced, thus lowering physiological and psychological stress.

Several research findings support the implication that inhibition of self-disclosure contributes to health problems (e.g., Larson &Chastain, 1990; Pennebaker, 1985; Pennebaker & O'Heeron, 1984; Pennebaker & Sussman, 1988). As Pennebaker (1997) noted, however, the notion that reduced inhibition through self-disclosure is solely responsible for any subsequent improvements in health is not well supported. For example, Greenberg and Stone (1992) reported that the moods and health of their participants who wrote about previously disclosed traumas did not show less improvement than the moods and health of those who wrote about previously concealed traumas. And, the participants' self-reports of how inhibited they felt before and after writing did not relate to their health improvements after

writing. Hence, the health benefits of self-disclosure do not appear to be due, at least entirely, to reductions of inhibition.

However, inhibition is also associated with impaired cognitive processing (Pennebaker, 1997). That is, when significant thoughts and feelings about a critical, upsetting, or traumatic event are inhibited, they are not processed (indeed, cannot be processed) in a broadly integrative manner. According to Pennebaker (1997), inhibition impedes the translation of one's experiences around the event into language structures. As a result, the event and one's experiences of it are not available for labelling, reframing, summarising, meaning-making, and resolution, as examples.

Memories of especially stressful or traumatic events may also have characteristics distinct from memories of routine events. Terr (1993) asserted that memories of particularly distressing events contain more emotional ingredients (e.g., intense feelings), more perceptual elements (e.g., sights, sounds, smells), and fewer declarative components (e.g., linguistically organised elements) than do memories of ordinary events. It may be more difficult, therefore, for individuals to integrate memories of distressing events since those memories are deficient in the verbal language aspect necessary for effective organisation and communication (Smyth, 1999).

But, in Pennebaker's (1997) conceptualisation, disclosing inhibited experiences and memories promotes, even compels their translation into language. As linguistic representations, the labelled events, thoughts, feelings, and perceptions are available for reframing, organisation, and transformation into a coherent story, or narrative, with a clear beginning, middle, and end. Repeated disclosures of the story further refine and summarise it into a shorter and more concise story. As a result, the storied event and experiences may become less daunting, easier to assimilate, and resolution or closure may be achieved. Pennebaker (1997) also pointed out that after the opening work of some art, dance, and other "non-talk" therapies, clients are often encouraged to talk about the thoughts and feelings they

experienced during the activity or about the products they created. That is, even such "non-talk" based therapies take advantage of translating the client's experiences and expressions into language structures.

Support for Pennebaker's (1997) claims regarding language processes and the benefits of self-disclosure is found in Pennebaker, Mayne, and Francis' (1997, study 1) linguistic analyses of the written essays of 177 experimental participants from six of Pennebaker and colleagues' previous written disclosure studies. Pennebaker et al. (1997) reported that participants' increased use of causal (e.g., reason, why, because) and insight (e.g., realise, understand, know) words over the course of the writing sessions was correlated with beneficial outcomes. In particular, increases in causation and insight words was related to fewer physician visits for illness ($r = -0.16$, $p < 0.10$), fewer self-reported symptoms of illness ($r = -0.31$, $p < 0.05$), improved university grade point averages ($r = 0.28$, $p < 0.05$), and faster re-employment ($r = 0.67$, $p < 0.05$). Pennebaker (1999) claimed that the increased use of such explanatory words also covaried with independent raters' evaluations of participants' constructions of narratives. That is, participants who benefited most from their disclosures began with less organised accounts and proceeded to more organised and coherent stories across the days of writing. Those who wrote the same description in the same way day after day did not benefit. Clark (1993) too stated that with repeated disclosures of traumas, individuals' narratives change from vague and disorganised descriptions to more coherent, insightful, and understandable constructions.

Rimé (1999) discussed another potential dimension in the processes underlying the consequences of self-disclosing and not self-disclosing. In Rimé's perspective, people tend to behave in everyday life according to the order and meaning afforded by their socially constructed structures of themselves, others, and the world. Such structures allow individuals to manage their lives relatively well in an apparently predictable world. Through the social consensus in which individuals take part in their minute-to-minute interactions with others,

the structures are kept current and valid. Rimé claimed that weaknesses in those structures become evident when a significant, critical, or distressing event occurs. A process of "socially sharing" one's experiences of the event usually follows, often on the same day, with one's spouse, friends, or other intimates to reinforce or repair the structures.

Exceptions to that social sharing process occur when an event carries with it elements of guilt or shame (Finkenauer & Rimé, 1998). But, concealment of such events can disturb social connections and communications to the extent of disrupting one's social support network or even of social isolation (Traue & Deighton, 1999). With access to one's social consensus severed, situation-specific meanings (e.g., imminent danger, no control, no escape) can globalise (e.g., permanent peril, helplessness, hopelessness) and thereby challenge or even undermine one's socially constructed structures (Rimé, 1999).

As Rimé (1999) stated, self-disclosures of significant personal events may, therefore, not only enhance a person's exposure to social support, they may afford the opportunity to immerse oneself in the social consensus. In doing so, the challenged structures may be rebuilt as more coherent and robust structures. Self-disclosure, then, can be seen as a social phenomenon wherein one seeks to re-establish connections and strive for new meanings.

Hence, reduction in inhibition, translation of experiences into words and stories, and social reconstruction of one's self, other, and world structures may all be dimensions in the processes underlying the benefits of self-disclosure. Pennebaker's (1997) emphasis on creating coherent and concise stories and Rimé's (1999) on socially reconstructing one's structures seem consonant with current views in counselling on the advantages of socially re-storying personal narratives (e.g. White & Epston, 1990). Pennebaker (1997) and Rimé both noted that although plausible, their proposals were speculative and in need of additional research.

Factors Affecting Self-Disclosure

    Gender and Gender Role.

    Gender differences in self-disclosure has been one of the major areas of research in self-disclosure. Indeed, Dindia (2000) stated that there are probably more studies on gender differences in self-disclosure than on any other topic in the self-disclosure research literature. Clearly, any gender differences in self-disclosure have important implications for counselling processes and outcomes.

    In early research on gender differences in self-disclosure, Jourard and Lasakow (1958) reported that the women in their study self-disclosed more than the men did. Cozby (1973), in his narrative review of the growing self-disclosure literature, stated that while Jourard and Lasakow's result had been replicated in numerous investigations, some studies had reported no gender differences in self-disclosure. Cozby noted, however, that "The fact that no study has reported greater male disclosure may be indicative of actual sex differences" (p. 76). Rosenfeld, Civikly, and Herron (1979) similarly determined from their narrative review that while the majority of studies had reported greater female than male self-disclosure, several studies had found no gender differences in self-disclosure and one (Peplau, Rubin, & Hill, 1977) had found that males self-disclosed more than females did. However, Rosenfeld et al. observed that Peplau et al.'s study was of initial male – female dating encounters, in which the men may have been using self-disclosure to manipulate and engender the romantic interest of their female conversational partners. In a third narrative review, Hill and Stull (1987) concluded that while considerable individual differences may exist, females generally self-disclose more than males do. Furthermore, Hill and Stull stated that the greatest degree of self-disclosure occurs between females, followed by females to males, followed by males to females, with the least self-disclosure occurring between males.

    Narrative reviews have, however, been criticised for their use of unsystematic or subjective procedures and for failing to consider such factors as sample sizes and effect sizes,

as examples (Dindia, 2000). Attempting to overcome those limitations, Dindia and Allen (1992) conducted a meta-analysis of 205 studies of gender differences in self-disclosure that covered the period from 1960 to 1989 and involved almost 24,000 participants. Dindia and Allen (1992) found a small mean effect size of d = 0.18 indicating that, overall, women self-disclosed somewhat more than men did in the studies used in the meta-analysis. As the effect sizes were not homogenous across the studies, Dindia and Allen (1992) tested the gender of the target of the disclosure, the discloser's relationship to the target, the measurement type used, and the decade of the studies as potential moderator variables.

The gender of the target (male, female, same as self-discloser, opposite of self-discloser) was found to moderate the effect of the gender of the self-discloser. Dindia and Allen (1992) reported that women self-disclosed more to women than men did to men (d = 0.31), women disclosed more to women than men did to women (d = 0.24), and women disclosed more to men than men did to women (d = 0.08). Relationship to target (spouse, parent, friend, or stranger) was not found to moderate the effect of the gender of the self-discloser. That is, gender differences in self-disclosure were not significantly different whether the target was a stranger, friend, parent, or spouse.

Dindia and Allen (1992) found that the measure of self-disclosure used (i.e., partner-report, self-report, or observational) also moderated gender differences in self-disclosure. When the measure used was of individuals reporting their partner's self-disclosures, females were found to have disclosed more than males did (d = 0.44). This effect size was homogenous and was significantly greater than the effect sizes for observational (d = 0.22) and self-report (d = 0.17) measures. Dindia and Allen (1992) speculated that individuals' perceptions of others' self-disclosures yielded larger gender differences in self-disclosure than did self-perceptions or trained observers' perceptions due to gender stereotypes of self-disclosive behaviours. That is, compared to judgements of one's own self-disclosures and

those of trained observers, individuals' perceptions and reports of others' self-disclosures may be more prone to a bias that females self-disclose more than males do.

Although gender differences in self-disclosure tended to lessen with the recency of the decade in which the studies were conducted, Dindia and Allen (1992) found no statistically significant gender differences in self-disclosure across the decades. That is, whether the studies included in Dindia and Allen's (1992) meta-analysis were conducted in the 1960s, 1970s, or 1980s did not moderate the effect of the gender of the self-discloser.

Dindia and Allen (1992) concluded that their meta-analysis, supported by a large body of research, provides overwhelming evidence that women tend to self-disclose more than men do. They also noted, however, that gender differences in self-disclosure are moderated by the gender of the target and by how the self-disclosures are measured.

While the literature contains many studies on differences in self-disclosure with respect to gender, it contains very few studies on differences in self-disclosure with respect to gender role. Foubert and Sholley (1996), however, investigated the relationships of both gender and gender role with self-disclosure by administering the Bem Sex Role Inventory (Bem, 1974) and the Jourard Self-Disclosure Questionnaire (Jourard, 1971) to 293 volunteer undergraduates (167 female, 126 male). The Bem Sex Role Inventory requires participants to rate on a seven-point Likert scale the degree to which each of sixty adjectives (representing either masculine or feminine socially desirable characteristics) accurately describes them. By splitting at the medians of the masculine and feminine dimensions, participants are classified as one of androgynous (high masculine and high feminine), masculine (high masculine and low feminine), feminine (low masculine and high feminine), or undifferentiated (low masculine and low feminine) in gender role. The Jourard Self-Disclosure Questionnaire is a sixty-item instrument assessing an overall score (minimum = 0, maximum = 480) of the participant's level of self-disclosure to others on the topic areas of attitudes and opinions, tastes and interests, work or studies, money, personality, and body appearance and health.

Foubert and Sholley (1996) reported a main effect for gender ($F_{1,277} = 17.16$, $p < 0.01$) with the female participants self-reporting significantly more self-disclosure (M = 299.9) than the male participants (M = 259.9). A significant main effect for gender role ($F_{3,277} = 4.69$, $p < 0.01$) also emerged. The self-disclosure scores of feminine (M = 299.0), androgynous (M = 296.5), and masculine (M = 279.6) participants all differed significantly from those of participants classified as undifferentiated (M = 243.0). As well, Foubert and Sholley found a significant gender X gender role interaction ($F_{3,277} = 3.33$, $p < 0.05$). Feminine and androgynous females reported greater levels of self-disclosure than did masculine females who in turn reported greater levels of self-disclosure than did masculine and androgynous males. Those males in turn reported greater levels of self-disclosure than did undifferentiated females and males. Feminine males reported the least level of self-disclosure. Foubert and Sholley concluded from those results that cross gender role identity affects the rates of males' self-disclosures more than it does females'. The authors conjectured that men's fear of femininity and their erroneous equation of femininity with homosexuality (e.g., Scher, 1990) restrains men from behaving in ways that are socially defined as feminine. That is, males, particularly feminine males, engage in less self-disclosure than do women for fear of being seen as different, especially by other males.

Liking.

The relationships between self-disclosure and liking have also been frequently researched. Self-disclosure and liking have most often been related in three ways in the literature (Dindia, 2000). The first way is that self-disclosure results in the target's liking of the discloser. Second, one's liking of another leads to one self-disclosing to that other. And third, one comes to like another as a result of having self-disclosed to the other. All three of these relationships were examined in Collins and Miller's (1994) meta-analyses of studies conducted from 1960 to 1991 that had investigated links between self-disclosure and liking.

For the first relationship, Collins and Miller's (1994) meta-analysis of ninety-four studies obtained a small mean effect size (d = 0.28) for the proposition that greater amounts of self-disclosure are associated with greater liking of the discloser. Because the effect sizes were heterogeneous, Collins and Miller investigated the methods used by the studies as a potential moderator variable. A large mean effect, d = 0.85, was found for the six correlational studies, and a small mean effect, d = 0.27, for the eighty-eight experimental studies. Collins and Miller suggested that the difference in these effects was due to the correlational studies having relied on self-report measures of both self-disclosure and liking, while the experimental studies had manipulated the degrees of self-disclosure and had used observational measures of liking. Although the mean effect size for experimental studies was small, Collins and Miller concluded that it provided evidence for a causal relationship of self-disclosure leading to the target's liking of the discloser.

Collins and Miller (1994) also examined whether the gender of the self-discloser, gender of the target, or the interaction of the two moderated the relationship of self-disclosure leading to the target's liking of the discloser. The relationship was found to be significantly greater for female self-disclosers (d = 0.30) than for male self-disclosers (d=0.10, not significantly different from zero). However, both results were heterogeneous, indicating that the gender of the self-discloser is not the sole moderator of the self-disclosure leading to liking of the discloser relationship. No differences were found, however, in the mean effects of the genders of the target, and no evidence was found of an interaction between the genders of the self-discloser and the genders of the target with respect to the self-disclosure leading to liking of the discloser relationship.

In terms of the second relationship, that liking of the target leads to self-disclosing to the target, Collins and Miller's (1994) meta-analysis of twenty-two studies found a mean effect size of d = 0.72. As the effect sizes were heterogeneous, Collins and Miller again tested study method as a potential moderator variable. Correlational studies had a mean effect size

of d = 1.11, and experimental studies of d = 0.45. Collins and Miller took the near moderate mean effect size of experimental studies as evidence that a causal relationship did exist. That is, Collins and Miller concluded that liking another leads to self-disclosing to that other.

Collins and Miller's (1994) test of the gender of the self-discloser as a moderator of the liking leading to self-disclosure relationship found that the mean effect for females did not differ significantly from the mean effect for males. That is, the discloser's liking of the target leading to self-disclosure relationship did not differ significantly for male and female self-disclosers. As almost all the studies used by Collins and Miller regarding this relationship involved same-gender pairs, Collins and Miller considered an analysis by the gender of the target redundant, and a discloser-gender X target-gender interaction could not be tested.

For the third relationship, that one comes to like a person as a result of having self-disclosed to him or her, Collins and Miller's (1994) meta-analysis produced a mean effect size of 0.32. As the studies of this relationship were all experimental, it may appear that Collins and Miller's result suggests that disclosing to a target leads to liking of the target. But, the meta-analysis of this relationship was based on only five studies, the effects were heterogeneous, and three of the studies had effect sizes near zero. Despite the necessarily large effect sizes of the two remaining studies, it would appear that caution is warranted with regard to inferring that self-disclosing to another leads to the discloser liking the other. Indeed, this relationship would seem to be particularly sensitive to the target's response to the self-disclosure.

In summary, the results of Collins and Miller's (1994) meta-analyses for the first and second relationships showed much larger effect sizes for correlational studies using self-reports than for experimental studies using observational measures. Nevertheless, the results from experimental studies indicated to Collins and Miller that self-disclosure results in the target's liking of the discloser (first relationship) and that liking another leads to self-disclosing to that other (second relationship). Collins and Miller's meta-analysis of the five

studies that had investigated whether self-disclosing to a target leads to the discloser liking the target (third relationship) yielded equivocal results.

While Collins and Miller's (1994) conclusions may be generally true, there are some exceptions to them reported in the literature. For example, Chaikin and Derlega (1974) reported that highly personal and negative disclosures given too soon in a relationship inhibit the target's liking of the discloser. Confederates in Chaikin and Derlega who engaged in high-levels of self-disclosure to strangers were rated by participant observers as less well adjusted, behaving less appropriately, and less likeable than confederates who engaged in low-levels of self-disclosure. In terms of Collins and Miller's third relationship, Derlega et al. (1993) noted that self-disclosure will almost certainly not lead to liking if it is responded to negatively. That is, when a self-disclosure is ignored, dismissed, or otherwise diminished, the self-discloser is more likely to feel disconfirmed by the target than to feel fondly toward the target.

Reciprocity.

Jourard (1971) originated the idea that self-disclosure is reciprocal. " In ordinary social relationships, self-disclosure is a reciprocal phenomenon…. Disclosure begets disclosure" (p. 66). According to Dindia (2000), the reciprocal nature of self-disclosure in social and intimate relationships is the third most researched area in the self-disclosure literature. Dindia (2002) noted that such research is commonly based on the correlation between partners' self-disclosures. In correlational research, however, reciprocity of self-disclosure may be confounded with other differences in self-disclosure (e.g., gender differences). That is, measures of two individuals' self-disclosures may be related simply because they tend to greater or lesser levels of self-disclosure on other variables (e.g., female – female pairs versus male – male pairs).

In experimental tests of the reciprocity of self-disclosure, the participant is usually placed in either a high or low self-disclosure condition (Dindia, 2002). The participant's self-disclosures are measured as a function of the experimenter or confederate's greater or lesser self-disclosures. Those studies, unfortunately, provide evidence of a one-way effect only and not of any mutual influence of self-disclosure that is required as evidence of reciprocity.

Another method used to test reciprocity of self-disclosure involves sequential analysis (Dindia, 2002). This method tests whether one individual's self-disclosure elicits another's self-disclosure in the subsequent or near-subsequent conversational turn. A problem with the sequential analysis method is that reciprocity may not be as bound on a turn-by-turn basis as sequential analysis assumes it is. That is, an individual may reciprocate another's self-disclosure much later in the conversation, or even in a subsequent conversation.

A fourth method of testing reciprocity of self-disclosure is social relations analysis (Dindia, 2002). This technique measures the degree to which individuals' self-disclosures are reciprocal within the same conversation. It also controls for initial differences in self-disclosure by measuring the degree to which each partner's self-disclosure is beyond his or her previously measured level of self-disclosure in a non-reciprocal setting. It seems, then, that the concept of reciprocity underlying the social relations analysis method is more in line with Jourard's (1971) image of reciprocity than are those of the other methods.

Studies representing each of the above testing methods were included in Dindia and Allen's (1995, as reported by Dindia, 2002) meta-analysis of sixty-seven studies on the reciprocity of self-disclosure involving more than 5,100 participants. Dindia and Allen (1995, as reported by Dindia, 2002) calculated a moderate to large mean effect size of d = 0.69 over all the studies in their meta-analysis. The effect sizes were, however, heterogeneous. Consequently, Dindia and Allen (1995, as reported by Dindia, 2002) investigated the method of testing for reciprocity as a potential moderator variable. The mean effect sizes were d = 1.36 for correlational studies (heterogeneous), d = 1.18 for studies using social relations

analysis (homogenous, but based on only four studies), d = 0.62 for experimental studies (heterogeneous), and d = 0.12 for studies using sequential analysis (homogenous, but only five studies).

The method of measuring self-disclosure also moderated the reciprocity of self-disclosure (Dindia & Allen, 1995, as reported by Dindia, 2002). For studies measuring reciprocity intra-subjectively (i.e., the correlation between one person's estimate of his or her self-disclosures and the same person's estimate of the other's self-disclosures), the mean effect size was d = 2.25 (homogenous, but only five studies). When inter-subjective measures were used (i.e., the correlation of two persons' estimates of their own self-disclosures to the other), the mean effect size was considerably less, but still very large, at d = 1.37 (heterogeneous, ten studies). For studies using observational measures of the pair's self-disclosures, there was a moderately large mean effect size of d = 0.59 (heterogeneous, fifty-one studies).

Most of the results in Dindia and Allen's (1995, as reported by Dindia, 2002) meta-analysis were heterogeneous, suggesting that other variables probably moderate reciprocity of self-disclosure. In this regard, Dindia and Allen (1995, as reported by Dindia, 2002) investigated the relationship between the self-disclosing partners as a potential moderator. Studies that used strangers as partners had a moderate to large mean effect size of d = 0.67 (heterogeneous, fifty-two studies). Those that used partners with an existing close relationship (e.g., friends, spouses) had a large mean effect size of d = 0.97 (homogenous, five studies). Yet, the latter result could have been due to the more frequent use of self-report measures and correlational methods in the studies using participants with existing close relationships compared to the studies using strangers.

Dindia and Allen (1995, as reported by Dindia, 2002) concluded that, all in all, there is considerable evidence to support the notion that self-disclosure tends to be reciprocal in ordinary relationships. The reported effect sizes, however, ranged from small to very large

depending on the testing method and measure used. While self-disclosure does not appear to be reciprocated on a turn-by-turn basis, the results from studies using social relations analysis indicate that self-disclosures tend to be reciprocated within the same conversation. And, both intimates and strangers appear to reciprocate self-disclosures, at least in research settings.

In counselling contexts, the prudence of counsellor self-disclosure has long been a subject of debate. Psychoanalytic theorists since Freud have generally spoken against therapist self-disclosure as being detrimental to the therapeutic process (Curtis, 1981). The usual rationale for this position is that therapist disclosure of personal information may shift the focus of therapy away from the client. And, as a result, the anonymity of the therapist as a "blank screen" upon which the client's feelings are projected may be disrupted. Curtis also argued that therapist self-disclosure may adversely affect therapeutic outcomes since the client's confidence and trust in the therapist may be undermined if the client construes weaknesses or vulnerabilities in the therapist from the material revealed.

Other theorists have countered that therapist self-disclosure can have positive effects on therapeutic processes and outcomes. In Jourard's (1971) view, therapist self-disclosure may reciprocally elicit greater client self-disclosure and, therefore, enhance the possibilities for client self-awareness, self-exploration, and self-definition. And, both Jourard (1971) and Yalom (2002) stated that therapist self-disclosure may foster a more effective therapeutic relationship by encouraging a climate of honesty, understanding, and acceptance between the client and therapist. Jourard (1971) cautioned, however, that the therapist's self-disclosures are best limited to his or her spontaneous experiences that advance the counselling process and goals and that are ethically appropriate. Examples of such selective self-disclosures are those that serve to express acceptance, encouragement, and understanding of the client. Jourard (1971) did not expect the counsellor to reveal his or her experiences from within or without the session that he or she did not want to disclose for, as an example, reasons of boundary maintenance.

In terms of practising counsellors' justifications for self-disclosing or not self-disclosing to clients, Simone et al. (1998) conducted a questionnaire survey of 120 non-randomly selected counsellors, predominately from the state of Minnesota. Respondents were asked to rank from a given list their reasons for having self-disclosed or not having self-disclosed to their clients. The most frequently affirmed reasons for self-disclosing to clients were (a) to promote feelings of universality (n = 85), (b) to encourage and instil hope (n = 81), (c) to model coping strategies (n = 71), (d) to build rapport and foster the therapeutic alliance (n = 68), and (e) to increase the client's awareness of alternative perspectives (n = 67). The reason of promoting client self-disclosure was sanctioned by only thirty-one of the counsellors. The primary reasons endorsed for not self-disclosing were (a) to avoid blurring boundaries (n = 107), (b) to stay focused on the client (n = 99), (c) to prevent the client's concern about the counsellor's welfare (n = 67), and (d) to prevent premature closure (n = 45).

While Simone et al. (1998) researched counsellors' rationales for self-disclosing, Knox, Hess, Peterson, and Hill (1997) investigated client perceptions of the effects of helpful therapist self-disclosures. The participants in Knox et al.'s study were nine females and four males, ages twenty-six to fifty, who were currently in long-term therapy from five to 192 months. Knox et al.'s participants reported that their therapists' self-disclosures gave them insights and new perspectives from which they had made changes in their lives, improved the quality of their therapeutic relationships (i.e., therapist seen as more genuine, real, and equal), normalised their experiences, and modelled and encouraged their own self-disclosures. Knox et al.'s participants' perceptions of the effects of their therapists' helpful self-disclosures seem to correspond fairly well with Simone et al.'s counsellors' reasons for self-disclosing. An exception to this is that Knox et al.'s participants placed more importance on the therapists' self-disclosures as models and encouragement for their own self-disclosures than the counsellors in Simone et al.'s study did.

Culture.

Shweder and Haidt (2000) conceived culture as "that subset of possible or available meanings which ... has become active in giving shape to the psychological processes of the individuals in a group" (p. 398). It seems reasonable, therefore, to expect that culture is an important factor in the norms for, making of, and social interpretations of self-disclosures. This expectation is supported by the findings of several researchers.

Chen (1995) compared 200 American university students' responses on a revised Barnlund (1975) Self-Disclosure Scale questionnaire with those of 144 Taiwanese university students. The American students self-reported greater levels of self-disclosure across a variety of topics (e.g., personal qualities, body appearance satisfaction, work satisfaction) than did the Taiwanese students. The Americans also self-reported a greater variety of targets (i.e., friends, acquaintances, parents, and even strangers) than did the Taiwanese.

In contrasting the meanings of self-disclosure between the two cultures, Chen (1995) posited that individualistic Western cultures, which value personal autonomy, engender open expressiveness and interpersonal assertiveness. One the other hand, the more collectivist cultures of East Asia engender a subjugation of the self in favour of group harmony. Since self-disclosures direct attention to the individual and contend with the face needs of others in the group, self-disclosures are shunned as being injurious to the group in such cultures.

Chen's (1995) statements echoed those of Kleinman (1988) who noted an absolute sanction against self-disclosures of personal emotion by the peoples of Bali and the People's Republic of China. Kleinman gave as an example that in China, breaking your neighbour's bicycle (a very valuable piece of property) was more likely to be self-disclosed than any kind of private emotion. As well, Kleinman stated that psychiatrists in the People's Republic of China often advise their clients to contain anger and avoid expressions of distress, citing the Chinese proverb to "Swallow the seeds of the bitter melon".

Asai and Barnlund (1998) explored differences in self-disclosure between forty (twenty male and twenty female) Japanese and forty (twenty male and twenty female) American adults of ages thirty-three to forty-eight years. Participants completed a self-report questionnaire and a semi-structured interview, both of which assessed one's self-disclosures regarding one's career aspirations, physical and personality attractiveness, sex roles, obligations, religious beliefs, failures, limitations, humiliations, grief, euphoric experiences, and thoughts about one's death. Of those topics, Americans reported significantly greater levels of self-disclosure on career aspirations, religious beliefs, failures, and grief than did the Japanese participants. For no topic did the Japanese participants report significantly greater self-disclosure levels than did the Americans.

Ting-Toomey (1991) investigated cultural differences in self-disclosive expressions of intimacy in the maintenance of close relationships between participants in France, Japan, and the United States. Similar levels of self-disclosure were self-reported by French and American participants, but lesser levels were self-reported by the Japanese participants. Ting-Toomey also found that the French and American women self-reported greater levels of self-disclosure than the French and American men did. But, the Japanese sample's self-reports indicated no gender differences in self-disclosure. According to Ting-Toomey's reasoning, men and women within any given culture adopt differing norms for expressiveness. Specifically, women in Western cultures generally have more latitude and greater autonomy in gender role expressiveness than women in East Asian cultures do. As a result, Western women may be freer to self-disclose across a greater range of topics and targets than East Asian women are, in Ting-Toomey's view. And, therefore, East Asian women appear less divergent from their male counterparts in self-disclosive expressiveness.

As a final example of cultural influences on self-disclosure, Szapocznik (1995) found that Hispanic gay males were less likely than other cultural groups of gay males in the United States to reveal their HIV positive status to their family members, even to the detriment of

their own health. In examining their rationale for not revealing their HIV status, Szapocznik noted that family happiness and cohesiveness are paramount values for Hispanic males. Concerns about hurting family members or disrupting family cohesion were frequently cited by the Hispanic males as reasons for not revealing distressing and potentially divisive personal information to their families, including their HIV status.

Personal Security.

Jourard (1971) asserted that a sense of personal security is a prerequisite for self-disclosure. Only when an individual is confident in the safety of his or her physical and psychological environments and in the trustworthiness of his or her current companions will the individual allow him or herself to become vulnerable, available, and known through self-disclosure, according to Jourard (1971).

The idea that personal security is a necessary condition for self-disclosure is supported in several areas of the literature. For example, Steel (1991) conducted a study that investigated the relation between interpersonal trust and self-disclosure. One hundred undergraduates completed the Jourard Self-Disclosure Questionnaire (Jourard, 1971) and the Rotter Interpersonal Trust Scale (Rotter, 1977). The Jourard Self-Disclosure Questionnaire is a sixty-item self-report questionnaire measuring the participant's degree of self-disclosure to others. The Rotter Interpersonal Trust Scale is a forty-item self-report questionnaire in which the respondent indicates his or her level of confidence in the reliability and trustworthiness of another's word, promises, or statements. The participants' ages ranged from eighteen to thirty years with a mean age of twenty years, and their socio-economic levels ranged from lower to upper middle class. Steel reported a low, but significant, positive correlation of $r = 0.236$ ($p < 0.01$) between the participants' levels of interpersonal trust and self-disclosure. Furthermore, Steel found that participants low in interpersonal trust reported having disclosed more often to family members than to others ($t = 2.06$, $p < 0.05$) when they did disclose.

Not only have greater levels of interpersonal trust been associated with greater levels of self-disclosure. The existence of fears of retribution or abandonment, threats to face (e.g., shame, embarrassment), and violations of privacy (e.g., personal boundaries, confidentiality) have all been associated with impeding self-disclosures. Fears of retribution seemed particularly salient in Baxter and Wilmot's (1985) study of "taboo" self-disclosures in close relationships (e.g., marital, friendship). Such self-disclosures included the state of the relationship, relational rules, relational problems, negative self-disclosures (e.g., fears for and embarrassments in the relationship), and information about previous relationships. The primary reasons given by Baxter and Wilmot's participants for avoiding self-disclosures of those topics were their fears of potential judgements, recriminations, and retaliations by the target and the consequent deterioration or termination of the relationship.

Hatfield (1984) reported that fear of abandonment, in terms of the target withdrawing from the discloser or leaving the relationship, was a commonly cited reason in individuals' decisions to not disclose potentially divisive material in intimate relationships. Such fears may be more prominent when the discloser or target is male than when female. Afifi and Guerrero (1998) found in their study of friendships that non-disclosure due to fear of retribution or relationship dissolution was more common for males than for females. And, for both males and females, such fears were more pronounced when the target was male than when female.

Goodstein and Reinecker (1974) used the absence of potential retribution to explain what they called the "stranger on the train phenomenon". People typically self-disclose to those with whom they are more familiar and like (cf. Collins & Miller, 1994). Yet, Goodstein and Reinecker noted that sometimes people reveal surprisingly intimate details about themselves to total strangers. Goodstein and Reinecker suggested that since the discloser does not have, nor is likely to develop, a relationship with the stranger, the potential for

present or future retribution is minimised and the self-disclosure can be made with relative impunity.

Threats to face also inhibit self-disclosure. Guerrero and Afifi (1995) reported that teenagers often do not disclose dating or sexual experiences and illicit or dangerous behaviours (e.g., drug or alcohol use) to their parents. The adolescent participants in Guerrero and Afifi's study cited not only possible criticisms and punishments, but threats to face as explanations for not self-disclosing (e.g., embarrassment, shame, breach of trust). Other face-saving reasons cited by Guerrero and Afifi's participants were protection of one's public identity and social inappropriateness. However, Guerrero and Afifi noted that concerns about the social inappropriateness of a self-disclosure are often motivated by the need to protect one's public identity from harm. And, the protection of one's public identity becomes more important the more the self-disclosure reflects a violation of a highly valued rule of socially appropriate behaviour.

As an example, Derlega and Chaikin (1976) found that attributions of psychological health were based on the extent to which self-disclosures adhered to or deviated from socially appropriate gender-typed behaviours. In a group administration, 128 undergraduates read stories of conversations between two aeroplane passengers. The stories were of one passenger (male or female) disclosing to or concealing from the neighbouring passenger (male or female) of returning home after being in psychological therapy. After reading each story, the participants rated the "psychological adjustment" of the discloser on a scale from "not at all adjusted" to "extremely adjusted".

Derlega and Chaikin's (1976) repeated measures ANOVA yielded a significant interaction between the gender of the discloser and whether the disclosure of having been in psychotherapy was made ($F_{1,120} = 10.31$, $p < 0.005$). By both male and female participants, the females in the stories who disclosed having been in psychological therapy were rated as better adjusted psychologically than the females who concealed the information. But, the

males in the stories who disclosed having been in psychotherapy were rated as worse adjusted psychologically than the males who concealed. Hence, protection of one's public identity with regard to participating in psychotherapy may be a more important concern for men than for women.

Privacy maintenance is another aspect of personal security in the decision to self-disclose or to not self-disclose. Guerrero and Afifi (1995) stated that individuals work to balance their needs for connection and belongingness with their needs for autonomy and privacy. All participants in Guerrero and Afifi's study affirmed protection of privacy and autonomy as major reasons that could warrant not self-disclosing. Notably, teenagers gave higher ratings to protection of privacy as a justification for not disclosing than did preteens or adults. Guerrero and Afifi interpreted that finding as a reflection of adolescents' heightened needs for privacy due to the separation – individuation process characteristic of those years.

Personal security may be a more salient reason to not self-disclose for women than for men. Petronio, Martin, and Littlefield (1984) administered a questionnaire on prerequisite conditions for self-disclosure to 252 undergraduates. Petronio et al. found that the women in their study considered it more important than the men did that the targets of their self-disclosures be discreet, trustworthy, and sincere ($F_{1,250}$ = 10.34, p < 0.002). In addition, the women in the study felt more strongly than the men did that their self-disclosures must not be provoked and that their disclosures be accepted. These results were consistent across the studied topics (i.e., achievement, sexual, parental, and other generally private topics), settings (i.e., private versus public), and relationships (i.e., intimate versus non-intimate). No prerequisite characteristics were found to be more important for men than for women. Petronio et al. speculated that due to our society emphasising a social orientation and interpersonal expressiveness for women, women learn to place more importance on interpersonal communication than men do, and, therefore, on the characteristics of the targets of their self-disclosures.

Presumed Unhelpfulness and Unresponsiveness.

As Guerrero and Afifi (1995) noted, people often seek information or support as a strategy to reduce uncertainty about and increase control over an event, relationship, or internal state. Ideally, the target of a self-disclosure will be able to supply the wanted information or support. If, however, one presumes that a possible target will likely be unhelpful (e.g., lacks the wanted knowledge) or unresponsive (e.g., the wanted empathy will not be forthcoming), then self-disclosure to that potential target is unlikely to occur. Afifi and Guerrero's (1998) and Guerrero and Afifi's (1995) findings indicated that male family members and friends are presumed by both genders as less capable than female equivalents of being able to provide the wanted responsiveness in requests for support. And, in cross-gender pairings, when women avoided self-disclosing to men it was because they expected the men to be unresponsive. However, when men avoided self-disclosing to women it was because they expected the women to be unhelpful. Afifi and Guerrero claimed their findings support the notion that women more often self-disclose for connection purposes and men more often for problem-solving purposes.

Personality Correlates.

Jourard and Lasakow (1958) developed their Self-Disclosure Questionnaire (SDQ) as a means of investigating the larger social patterns of self-disclosure. For example, which groups of people self-disclose how much about what topics to whom and under what circumstances? Jourard (1971) believed that individual trait-like differences in self-disclosure existed and, therefore, also used the SDQ in hopes of finding personality correlates of high and low self-disclosers.

Since then, many personality variables (e.g., neuroticism, anxiety, impulsiveness, social desirability, internal – external locus of control) have been researched with respect to self-

disclosure (Stokes, 1987). For example, Davis and Franzoi (1987) reported that people who reflect considerably on their private thoughts and feelings (i.e., those high in private self-consciousness) are more attuned to their internal states and engage in greater amounts of self-disclosure than do those who do not undertake such reflection. As well, those who are highly sensitive to others' perceptions of them and regulate their public behaviours accordingly (i.e., high self-monitors) are more selective of the audiences for their self-disclosures and are more aware of and concerned with their audiences' reactions to their self-disclosures (Coates & Winston, 1987).

However, Cozby (1973) noted that personality correlates of self-disclosure were often confounded with situational contexts, and that there were no consistent relationships between self-disclosure and personality variables in the literature at that time. In a more recent review of the self-disclosure literature, Stokes (1987) reiterated Cozby's concern regarding situational confounds and conceded only two personality correlates of self-disclosure, which, he claimed, were only moderately reliable at that. One was that extroversion is positively correlated with self-disclosure in studies that used retrospective self-report questionnaires. The other was that social desirability (i.e., need for approval) is inversely correlated with intimacy levels of self-disclosure as observed in experiments of acquaintanceship development. Yet, Stokes cautioned that the variability of situational factors made the generalisability of even those relationships questionable. Therefore, it would seem that little evidence is available to support the existence of stable, trait-like personality correlates of self-disclosure, and even that which is available can easily be complicated by situational confounds.

A similar situation exists regarding research into the personality correlates of those to whom self-disclosures are made. Skoe and Ksionzky (1985), for example, conducted one of the few studies of the personality attributes of the targets of self-disclosures. In that study, sixty-nine male and seventy-one female undergraduates were administered the Bem Q-Sort

(Bem & Funder, 1978). Each participant sorted the 100 descriptive personality statements first with respect to the person to whom he or she disclosed the most, and again with respect to the person to whom he or she disclosed the least. The results indicated a trend of both male and female participants having disclosed more to targets who were seen as principled, intellectual, vulnerable, nurturing, and extraverted than to targets with other personality characteristics. Male participants tended to disclose less to those they saw as flawless, moralistic, narcissistic, cynical, and arrogant, while females tended to disclose less to those they saw as ambitious, narcissistic, defensive, and dependent types. However, Skoe and Ksionzky cautioned that the data revealed no consistent set of target personality characteristics that either facilitated or inhibited self-disclosures for either the male or the female participants. Thus, Skoe and Ksionzky concluded that there may be no ideal target personality for self-disclosures across individuals or situations.

Environmental Characteristics.

Chaikin, Derlega, and Miller (1976) conducted twenty minute counselling analogues with undergraduates randomly assigned to either a "warm, intimate" room (i.e., comfortably and conservatively furnished and decorated) or a "cold, non-intimate" room (i.e., uncomfortably and sparsely furnished and decorated). Their participants' self-disclosive responses to a ten item semi-structured interview were rated for their levels of intimacy. Chaikin et al. reported that participants in the "warm, intimate" condition made more intimate self-disclosures than the participants in the "cold, non-intimate" condition did.

Lecomte, Bernstein, and Dumont (1981) found that their fifty-four participant-clients made greater numbers of affective self-disclosures ($F_{4,30} = 3.01$, $p < 0.05$) in twenty-minute counselling analogues when the distance between the counsellor and client was set at fifty inches (M = 2.87) compared to thirty inches (M = 0.83) and eighty inches (M = 0.16). Presumably, "close" physical distances infringe on one's personal boundaries and security,

while "far" distances constrain interpersonal presence and connection. Lecomte et al. also reported that variations of lighting intensity (one, thirty-two, or 200 foot-candles) in the counselling room were not associated with the numbers of client self-disclosures.

Perceived Futility.

Another factor found by Afifi and Guerrero (1998) that impeded self-disclosures in friendship relationships was perceived futility. Afifi and Guerrero reported that some of their participants had come to believe that absolutely nothing, let alone their self-disclosures, could improve some particular issues. They had come to classify those issues as simply hopeless, and they considered any further self-disclosures about them to be a waste of time.

Models of the Self-Disclosure Decision Process

Several models of the process of deciding whether to self-disclose or to not self-disclose have been put forward, each with its limitations. Jourard (1971) posited that the decision to self-disclose or not was primarily a function of the individual, trait-like, personality characteristics of the discloser and the target. Pairs of "high" self-disclosers would disclose more often and more information about themselves than would pairs of "low" self-disclosers. However, both Cozby (1973) and Stokes (1987) noted the relative lack of empirical support for personality correlates of self-disclosure and the inherent confounds of situational variables.

Derlega and Chaikin's (1977) representation of the self-disclosure decision process was based on the notion of balancing the need to share personal information with the need to maintain a sense of privacy. In that view, needs for sharing and privacy are balanced by exercising control over one's interpersonal and personal boundaries. In doing so, one maintains control over the amount and kind of information one chooses to reveal about oneself.

In Derlega and Chaikin's (1977) model, the interpersonal boundary is the limit perceived by the discloser across which self-disclosures to the target will not pass. If the discloser believes the target will (will not) maintain confidentiality of his or her self-disclosure within a group of trusted others, sometimes comprised of the target alone, then the interpersonal boundary is perceived as closed (open) and the self-disclosure will (will not) be made. The personal boundary exists between the discloser and the particular target. The discloser's decision whether to open or not open the personal boundary to the target, and thus disclose or not, depends on the risks the discloser perceives in doing so. Examples given by Derlega and Chaikin of such risks include potential rejection, damage to one's image, loss of autonomy, and exploitation.

Derlega and Chaikin (1977) predicted that if the need to disclose is high and the level of trust in the target's discretion is high, then the discloser will be more tolerant of personal boundary risks and be more likely to disclose. A high need to disclose along with a low level of trust will yield assessments of greater risk and a lower likelihood of disclosure. Under conditions of a low need to disclose and high trust, any disclosures are likely to be superficial or aimed at relationship enhancement. A low need to disclose combined with low trust usually results in no disclosures being made, according to Derlega and Chaikin.

An obvious limitation of Derlega and Chaikin's (1977) model is that it emphasises the risks of self-disclosing to the neglect of the possible rewards of self-disclosing (e.g., self-expression, self-clarification, social support, social validation). As well, their model does not consider such factors as gender, culture, and the situational context.

Recently, Omarzu (2000) proposed a more comprehensive model of the self-disclosure decision process, the Disclosure Decision Model (DDM). The three stages of the DDM outline how one decides what, when, and to whom one will self-disclose based on such factors as situational cues, the goal of the disclosure, individual differences, the

appropriateness of the target for the disclosure, and the possible rewards and risks of self-disclosing.

In the first stage of the DDM (Omarzu, 2000), a person enters a social situation in which his or her self-disclosure goal is accessible. Common self-disclosure goals include relief from distress, identity clarification, social validation, intimacy, and social control. Situational cues may make the disclosure goal more immediate to the discloser. For example, the privacy of a counsellor's office may make the goal of relief from distress more immediate than would a public restaurant setting. The content of the person's self-disclosure is influenced by the specific goal that is most prominent to the person in the specific situation. That is, goals of relieving distress engender self-disclosures about problematic situations or about troubling emotions. Until other specific goals have been defined, DDM posits a default goal of social approval that renders more shallow self-disclosures meant to present a socially acceptable and approved image of the discloser. Individual differences in self-disclosure are also assumed by DDM to affect how disclosures are used to achieve particular goals in particular situations. That is, individual differences do not necessarily account for greater or lesser self-disclosure across all situations, but they may contribute to changes in the likelihood of one making personal revelations for specific self-disclosure goals in specific situations. Other factors, like gender and culture, as examples, are presumably subsumed under individual differences in the DDM, although Omarzu did not specify this.

The second stage of the DDM (Omarzu, 2000) entails two decisions, the order of which depends on both the individual and the situation. (However, Omarzu did not elaborate on how these components affect the order of the decisions.) One decision is whether self-disclosure is an appropriate strategy for achieving one's goal given the social situation. When a specific goal becomes salient, one may have a number of strategies to choose from for attaining the goal. For example, when expressing liking for another, gift giving may be the strategy chosen rather than direct self-disclosure. However, in counselling contexts, it seems

that sooner or later the client will have to self-disclose if his or her counselling goals are to be formulated and achieved. The second decision in this stage is whether the potential target is appropriate for one's self-disclosure. For example, a person may decide that a particular counsellor is not an appropriate target (e.g., inability to establish rapport) and search out another.

When one does have the opportunity of choosing from more than one target, Kelly and McKillop (1996) claimed that potential targets are put to a test by observing their reactions to one's and others' initial, often less substantial, self-disclosures. As an example, one might test the target's degree of acceptance of less important self-disclosures. Other test criteria might include perceptions of the target's knowledge, trustworthiness, and ability to offer new insights regarding the self-disclosure. However, it may also be that the self-disclosure goal has become compelling, in which case the selection of the target becomes less important. In the case of counselling, it may even be an automatic acceptance of whichever counsellor is accessible.

Decisions of exactly what to self-disclose, including the breadth (i.e., range of topics), depth (i.e., intimacy level), and duration (i.e., persistence) of the disclosure, are made in the third and final stage of the DDM (Omarzu, 2000). These decisions are based on the person's subjective utility of the potential rewards and subjective likelihood of the risks involved in making the self-disclosure. Utility refers to the person's perceived value of the disclosure goal and is affected by situational cues, individual differences, and the target's characteristics. As an example of how individual differences may affect subjective utility, persons with greater needs for social validation will place greater value on achieving the self-disclosure goal of social validation than those with lesser needs for social validation. Current or recently preceding situational cues also affect the subjective utility of self-disclosure rewards. For example, one's first sense of relief as the result of disclosing a burdening personal secret is likely to increase the utility of a distress relief reward. The utility of the

goal will also increase if the target of the self-disclosure was competent in facilitating the self-disclosure. Omarzu proposed that as utility increases, the breadth of the self-disclosures made would decrease. That is, one will converge on disclosure topics most pertinent to achieving one's self-disclosure goal. And, as utility increases, the depth and duration of the self-disclosures will increase as one becomes a more active and tenacious pursuer of one's goal.

People also evaluate the subjective risks (e.g., rejection, reduction of integrity, loss of control) of their self-disclosures (Omarzu, 2000). DDM claims that as subjective risk increases, depth of self-disclosure decreases. For example, DDM asserts that subjective risk must be low for self-disclosures of distressing topics to be made since such information is often of an intimate nature. When both subjective utility and subjective risk are high, DDM expects that the discloser would experience anguish and anxiety greater than under other conditions. Resorting to strategies other than self-disclosure may relieve this approach – avoidance conflict. No prediction is made by DDM for conditions of both low utility and low risk.

A limitation of DDM (Omarzu, 2000) is that it has yet to be empirically tested. Unlike its predecessors, however, DDM acknowledges and incorporates individual differences, situational cues, self-disclosure goals, characteristics of the target, alternative strategies, rewards, and risks in attempting to describe, explain, and predict self-disclosure decisions.

CHAPTER III

Methodology

The method chosen for this research was based on two primary considerations. The first was to provide to counselling theory, research, and practice a comprehensive set of categories describing counselling events that aided and impeded the self-disclosures of adult male clients. Second, much of what we understand of the counselling process has emanated from researchers' or counsellors' standpoints. However, clients' perspectives are equally legitimate and valuable, and their perceptions of the counselling process often differ from those of researchers or counsellors (Elliott & James, 1989; Heppner, Rosenberg, & Hedgespeth, 1992; Llewelyn, Elliott, Shapiro, Hardy, & Firth-Cozens, 1988; Sells, Smith, & Moon, 1996). Given the exploratory nature of this research, the investigator therefore considered it important to "go to the source" and give such clients "voice" in terms of their perceptions of the events that either helped or hindered their self-disclosures.

In keeping with those considerations, The Critical Incident Technique (Flanagan, 1954; see also Anderson & Wilson, 1997; Chell, 1998; McCormick, 1997; Woolsey, 1986) seemed a particularly appropriate method for this research. As McCormick summarised, the Critical Incident Technique (CIT) is interview-based research in which participants give their accounts of events (incidents) that helped or hindered a particular aim or activity in a significant (critical) way. Research participants are selected on the basis of having been in a position to observe or experience those events first-hand. From the participants' interview accounts, the critical incidents are distilled and arranged by similarity into a set of categories containing the events.

Other methods, such as phenomenological or case study methods, are available for qualitative research when little is known about the research topic. However, Marshall and Rossman (1989) stated that phenomenological methods are aimed at in-depth explorations and negotiations of particular participant experiences of the topic (e.g., the meaning of the

experience for the participant), and that case study methods limit the participants' "voices". The completeness of the events pertinent to the research question of this study that could be elicited from a few case studies also seemed limited. As this study's research question denotes the identification of specific incidents (i.e., things that happened and were observed by the participants) that were critical in helping or hindering client self-disclosures, it seemed that the CIT (Flanagan, 1954) was more germane to this research than the phenomenological or case study alternatives.

Critical Incident Technique (CIT)

The CIT (Flanagan, 1954) is a method of generating descriptions of events that contribute to an aim or activity that is not yet well understood in the literature. The method is a set of procedures for collecting, extracting, and categorising information from research participants who were in a direct position to observe their own or others' behaviours relevant to the aim or activity of interest. According to Woolsey (1986), emphasis is to be placed on events (incidents) that actually happened, were directly observed or experienced by the research participants, and significantly (critically) affected the specified aim or activity. Data on the particular aim or activity is collected through interviews of relevant participants. Critical incidents are then extracted from the data and grouped according to their similarity into categories of events. The resulting categories form a taxonomy of facilitating and hindering events with respect to the aim or activity under investigation. Flanagan (1954) claimed that the derived categories could be used in theory, test, measurement, and program development.

Flanagan's (1954) CIT grew from investigations during World War II by the United States Army Air Forces into explanations for bombing mission failures, reasons for candidates failing pilot school training, and the characteristics of effective and ineffective combat leadership. Since then, the CIT has been used in numerous research studies across a

variety of disciplines. As examples: (a) McCormick (1997) investigated the facilitation of healing in a group of First Nations people, (b) Butler (1991) developed an inventory of conditions of trust between management and employees of large corporations, (c) Amundson and Borgen (1987) investigated effective and ineffective job search strategies among a group of unemployed, and (d) Flanagan (1978) categorised quality of life criteria for Americans.

Flanagan (1954) and Woolsey (1986) specified five steps for the CIT: (a) determine the general aim of the activity to be studied; (b) set the plans, specifications, and criteria for the incidents to be observed; (c) collect the data; (d) analyse the data; and (e) report the findings. Determining the general aim of the activity to be studied is concerned with developing a brief statement in simple terms that expresses the purpose of the activity being studied. Flanagan (1954) recommended reviewing the literature to help identify the general aim of the activity. As discussed earlier, Harris et al. (1999) saw client self-disclosure as necessary for the healing and growth of individuals, couples, and families. To Jourard (1971), self-disclosure was the route to become known as one truly is. And, McWilliams (1994) noted that lack of self-disclosure is often perceived as therapeutic resistance. For this research, then, the general aim, or purpose, of client self-disclosure in counselling was considered to be the revealing of pertinent information about oneself to one's counsellor to advance the counselling process and to work toward the counselling goals.

Setting the plans, specifications, and criteria refers to who the observers of the activity of interest will be, which activities or people will be observed, and which behaviours or experiences will be observed (Woolsey, 1986). In the context of this research, these items translate as deciding which counselling clients will serve as participants to report what they observed and experienced that promoted and precluded their self-disclosures.

Collecting the data is usually done through interviews. Woolsey (1986) recommended piloting the interviews to ensure the accuracy and completeness of the interview questions, and audiotaping the interviews so that the verbal nuances that might add to the accuracy of

the critical incidents are not lost.

In analysing the data, the critical incidents are extracted from the interviews and inductively sorted into categories based on their similarity. Flanagan (1954) noted that the sorting process is more subjective than objective in nature, and Woolsey (1986) stated that a few classification schemes might have to be tried before achieving a satisfactory solution. Hence, the sorting process is an iterative activity of sorting and resorting incidents and classifying and reclassifying categories until "an intuitive sense of 'rightness'" is reached (Woolsey, 1986, p. 250).

Reporting the findings requires that the derived categories be given brief, rich, and self-explanatory titles (Woolsey, 1986). Descriptions of the categories are to focus on prototypical incidents, rather than peripheral incidents, as illustrations of the categories.

Participants

All participants in this study were volunteers. Advertisements in the form of the Information Sheet for Potential Participants (Appendix A) were posted in the reception areas of the student counselling centres at the University of British Columbia and Simon Fraser University. The researcher also gave presentations describing the study to counsellors with masters' and doctoral degrees at those facilities. Twelve private practice counsellors, each with at least a master's degree in counselling psychology or equivalent, were similarly informed of the study. Based on the participant inclusion and exclusion criteria, the above counsellors asked some of their clients if they would like information on a research project that was studying the things in counselling that helped or hindered men in disclosing personal and private material in counselling. The counsellors then gave copies of the Information Sheet for Potential Participants (Appendix A) to clients who expressed interest in the study. In order to maintain client confidentiality, information on how to contact the researcher by telephone was included in that form.

Individuals who responded to those notices were pre-interviewed on the telephone by the researcher. The protocol for the telephone pre-interview appears in Appendix B. The purposes of the pre-interview were to ensure that respondents had read the Information Sheet for Potential Participants (Appendix A), to answer respondents' questions about the study or participation in the study, and to ensure that participants met the inclusion but not the exclusion criteria. The participant inclusion criteria were: (a) male, (b) age twenty-five to sixty-five years, (c) participated in at least three counselling sessions, (d) willing to respond to interview questions regarding the things noticed in counselling that helped or hindered the participant's self-disclosures, (e) willing to comply with study procedures (i.e., to participate in a forty-five minute tape-recorded interview and a five-minute demographic questionnaire), and (f) able and willing to provide informed consent. Potential participants were to be excluded if they answered that they might experience undue distress (e.g., strong emotional reaction) in responding to questions concerning the events in counselling pertaining to their self-disclosures.

Six volunteers met the criteria for and participated in this study. The participants' ages ranged from thirty-three to sixty-two years (M = 41.50 years, SD = 11.35 years). They listed their occupations as a sales representative, a health professional, a transportation worker, a teacher, a police officer, and a graduate student. All participants were Caucasian and were born and raised in North American cultures. Two of the participants reported having had both male and female counsellors while the remaining four reported having had male counsellors only. The number of counselling sessions reported ranged from fifteen to one hundred (M = 48.33 sessions, SD = 37.49 sessions).

Interview Procedure

The data collection interviews were conducted between April and September 2002. The researcher began each interview session by thanking the participant for attending, by

developing rapport with the participant, and by briefly discussing the procedure for the session. To avoid interview responses that were not relevant to the study, the researcher attended to making the nature and purpose of the study clear to the participant. This occurred through reading the Interview Orientation (Appendix C) to the participant and discussing the questions or comments the participant then had concerning the nature, purpose, or procedures of the study, and the types of events to be reported during the interview.

The participant was then presented with and asked to read the Informed Consent Form (Appendix D). That form explained the purpose of the study, the types of questions to be asked in the interview, the confidentiality of the participant and the information provided, the potential risks and benefits of participating in the study, and the participant's right to decline or withdraw from the study at any time. The researcher then offered to discuss any questions the participant may have had. Once the questions were addressed to the participant's satisfaction, the participant signed the Informed Consent Form. A copy of the Informed Consent Form was then given to the participant.

The data collection interview eliciting the critical incidents that aided or impeded the participant's self-disclosures in counselling then took place. The interview was about forty-five minutes in length and was recorded on audiotape. Pilot interviews had been previously conducted with two colleagues to assure the accuracy and completeness of the interview questions and the feasibility of the interview with respect to time. (The data from the pilot interviews were not included in the results of this study.) The questions for the data collection interview appear in Appendix E.

The questions in the data collection interview were designed and asked in ways so that the participant could recollect and respond freely about the events in his counselling that helped or hindered his self-disclosures. The researcher's probes (e.g., "How did that help?") further clarified the participant's statements. Interview questions first focused on the events that helped and then on the events that hindered the participant's self-disclosures. The

interview continued until the participant could not remember any additional incidents, finishing after approximately forty-five minutes. The participant's questions or comments about the interview were then invited and addressed.

Woolsey (1986) recommended collecting applicable biographical information from the participants so that a summary of the participants' demographics could be given. After the data collection interview, the participant was, therefore, asked to complete a brief Demographic Information Questionnaire (Appendix F). The participant was then thanked, the participant's questions or comments were addressed, and the session ended.

Analysis

The demographic information supplied by the participants was analysed descriptively. Summaries of that information appear earlier in this chapter under the section discussing the participants.

The standard for the participant sample size in a CIT study is the number of participants needed to achieve redundancy, or near redundancy, in the derived categories (Flanagan, 1954). Consequently, the critical incident data were analysed on an ongoing basis after the first three interviews for patterns of events that could be placed into categories. No new categories were formed for the incidents aiding self-disclosures after the data from the fourth participant were analysed, and there were no new categories for the incidents impeding self-disclosures after the data from the fifth participant. Since new categories had ceased to emerge, it was assumed that sufficient data had been obtained from the six participants.

Extracting the Critical Incidents

All data collection interviews were number coded and recorded on audiotapes. Verbatim transcripts, made from the audio-recordings of the interviews, were first studied in full to understand the complete contextual meanings of each participant's responses. The

critical incidents were then extracted from those transcripts and entered on separate rows in a computer spreadsheet. To facilitate the sorting of the critical incidents into categories, the following components of each critical incident were recorded in separate columns of the spreadsheet: (a) valence (i.e., aiding or impeding), (b) action (e.g., normalising feelings), (c) agent (e.g., counsellor), (d) impact(s) of the action on the participant (e.g., increased sense of safety), (e) element(s) of the self-disclosure (e.g., cognitive, affective, behavioural, verbal, non-verbal), and (f) self-reported risk-level of the self-disclosure. To be included as a critical incident, the participant's account of an event had to be complete, and the event had to be clearly related to the activity being investigated in this study. Hence, the participant's statements had to be specific to an event that helped or hindered his self-disclosures in counselling, and had to be comprehensive and detailed with respect to the above elements of an event. Participant accounts that did not meet these criteria were not included as critical incidents.

Forming the Categories

The purpose of this study is to describe what helps and what hinders male clients in self-disclosing in counselling. Therefore, the sorting into categories of the critical incidents extracted from the interview transcripts was based primarily on the similarity of their action elements. Other recorded elements of the incidents served as secondary sorting information.

As Flanagan (1954) noted, the category formation process "is a task requiring insight, experience, and judgement ... [and is] ... more subjective than objective" (p. 344). The more easily categorised incidents were, therefore, grouped first and served as prototypes for their categories. Each remaining incident was then placed in the category whose prototype most closely resembled the incident. In line with Woolsey's (1986, p. 250) statement that the sorting task is often an iterative process and that categories may have to be reclassified until "an intuitive sense of 'rightness'" is achieved, ambiguous incidents challenged and

necessitated refinements to early category schemes. That is, some categories required renaming and some incidents were moved from one category to another. However, the category system became stable for aiding events after sorting the incidents for the fourth participant and stable for the impeding events after the fifth participant. Tables and descriptions of the categories formed are presented in the following chapter.

Reliability and Validity

Critical Incident Technique

Andersson and Nilsson (1964) examined the reliability of the data collection and categorisation procedures of the CIT (Flanagan, 1954), as well as the content validity of their derived categories. They concluded "that information collected by this method is both reliable and valid" (p. 402). These authors reported "no great differences" (p. 400) in the numbers of critical incidents collected by different interviewers and no statistically significant differences by categories in the critical incidents collected by different interviewers. While fewer incidents were collected by questionnaires compared to interviews, the method of data collection did not alter the categories derived from the incidents collected. Inter-rater agreements of the classifications of critical incidents were also satisfactory at above eighty percent. Andersson and Nilsson inferred the content validity of their derived categories from their finding that all but five percent of the eventual categories in their study had emerged after classifying two-thirds of the critical incidents collected.

Latham, Wexley, and Rand (1975) corroborated Andersson and Nilsson's (1964) conclusions concerning the reliability of the critical incidents collected by different interviewers and the inter-rater reliabilities of the categorisations of the incidents using the CIT (Flanagan, 1954). Ronan and Latham (1974) found satisfactory test-retest reliability of intra-observer identification of critical incidents and satisfactory inter-rater reliability of the categorisation processes. Ronan and Latham deemed the categories they derived using the

CIT (Flanagan, 1954) valid since independent judges confirmed the relevance of the derived categories to the activity under investigation. The categories derived by Ronan and Latham using the CIT compared favourably with variables found important in an exploratory factor analysis, thereby indicating construct validity. As Ronan and Latham were able to accurately predict the activity under investigation by using the derived categories as predictor variables, Ronan and Latham claimed that the categories had satisfactory concurrent validity.

Descriptive and Interpretive Validities

Maxwell's (1992) notion of descriptive validity refers to the measures taken to assure understanding of and fidelity to the participants' accounts. In this study, participants' responses were checked and clarified during the data collection interviews to avoid researcher distortions of the participants' statements. The interviews were tape-recorded and verbatim transcripts were made from the audiotapes. Those transcripts were then employed for the extraction of the critical incidents to ensure faithful adherence to the participants' accounts.

Interpretive validity (Maxwell, 1992) involves the degree to which the participants' "voices" are extant with regard to the events being investigated and reported. In Maxwell's words, interpretively valid research relies "as much as possible on [the participants'] own words and concepts" (p. 289). In this study, the interview questions and probes were aimed at gaining clear and full descriptions and understandings of the critical incidents and their impacts on the participants' self-disclosures. In addition, the descriptions of the categories formed in this research are illustrated with examples of the actual statements made by the participants.

Inter-Rater Reliability

The level of agreement by independent judges regarding the classifications of events into categories is referred to as inter-rater reliability. To assess the inter-rater reliability for

the groupings of the critical incidents by the researcher, two independent judges sorted a sample of the critical incidents into the system of categories developed in this research. The independent judges, who were counsellors with masters' degrees in counselling psychology, participated in separate inter-rating sessions.

Each inter-rating session began with approximately thirty-five minutes of training by the researcher. First, the purpose and the basic methodology of the study were explained, then the names and definitions of the categories formed in the study were read to the independent judge. The category names and definitions, which had been printed on individual sheets of 8.5-by-11-inch paper, were then laid out on tables. To enhance the independent judge's understanding of the categorisation process, the researcher then demonstrated a sorting of four randomly selected critical incidents. Each of the four critical incidents, which had been printed on an 8.5-by-3.25-inch strip of paper, was read to the independent judge and placed on its matching category sheet. The independent judge was invited to ask for and was given clarification as needed throughout the training portion of the inter-rating session.

After the training was completed, the independent judge sorted a representative sample of thirty-nine of the 103 critical incidents (i.e., approximately thirty-eight percent of the total number of critical incidents) into the respective categories. The sample was representative of all the categories since it consisted of three randomly selected items from each category with eight or more incidents, two from each category with five to seven incidents, and one from each category with four or fewer incidents. Each independent judge took approximately forty minutes to complete the sorting task, and no communication occurred between the judge and the researcher during that activity.

The measures of agreement between the independent judges' and the researcher's categorisations were 38/39 (97.4%) for the first independent judge and 39/39 (100%) for the second. The chance corrected measures of agreement were $\kappa = 0.973$ and $\kappa = 1.00$ respectively. These levels of agreement provide strong support for the reliability of the

categories given Andersson and Nilsson's (1964) and Howell's (2002) standards of eighty percent or greater agreement and Cohen's (1960) and Howell's (2002) criteria of $\kappa \geq 0.50$ as satisfactory inter-rater reliabilities.

Comprehensiveness

Andersson and Nilsson (1964) stated that the great majority of the categories in their study had appeared relatively early in the category formation process. Specifically, Andersson and Nilsson found that ninety-five percent of the categories had emerged after classifying only two-thirds of the critical incidents collected. Therefore, approximately eighteen percent of the incidents in this research (i.e., the nineteen incidents provided by participant P56) were left unclassified until all the categories had been formed. Despite consideration of the possibility of having to create new categories, the withheld incidents were easily classified within the existing category system. Furthermore, no new aiding categories had been needed during the categorisation process for the previously classified fourteen incidents provided by participant P55. That is, eighty-eight percent of all the categories in this study were formed with sixty-eight percent of the critical incidents, and one hundred percent of the categories were formed with eighty-two percent of the incidents. These data support the comprehensiveness of the category system developed in this research.

Participation Rate

The participation rate for a category is the ratio of the number of participants that provided an event for the category to the total number of participants. According to Flanagan (1954), the greater the participation rate for a category the more valid the category can be considered. As well, Amundson and Borgen (1987) regarded a participation rate of twenty percent or greater as sufficient justification for the retention of a category. The participation rates for the categories that aided the participants' self-disclosures ranged from a high of

eighty-three percent (for one category) to a low of seventeen percent (for one category). In terms of the categories that impeded participant self-disclosures, the participation rates ranged from a high of fifty percent (for one category) to lows of seventeen percent (for four categories). As a participation rate of seventeen percent is close to Amundson and Borgen's standard of twenty percent, all categories formed in this study were preserved for completeness of reporting and maintenance of visibility. Tables 1 and 2 in the following chapter list the participation rates for the aiding and impeding categories respectively.

CHAPTER IV

Results

The six adult male participants provided a total of 103 events that aided or impeded their self-disclosures in counselling. The seventy-eight events identified by the participants as having aided their self-disclosures were classified into seventeen categories, and the twenty-five events identified as having impeded their self-disclosures were placed into nine categories. The remainder of this chapter presents the descriptions of each of the categories formed. The categories of events that aided the participants' self-disclosures (Categories 1 to 17) are presented firstly, and are followed by the categories of events that impeded the participants' self-disclosures (Categories 18 to 26).

Descriptions of Categories

    Categories Aiding Self-Disclosures.

Each of the seventeen categories of events that aided the participants' self-disclosures is described in this section. Examples of the participants' statements are provided to further illustrate these categories. The categories are presented in order from greater frequency of events to lesser frequency of events. Categories with the same frequencies are presented in order from greater participation rate to lesser participation rate. Table 1 is a summary of the seventeen categories of events that aided the participants' self-disclosures and lists the frequency of events and the participation rate for each category.

Table 1: Categories, Frequencies, and Participation Rates for Events Aiding Self-Disclosures

#	Category	Frequency (Number of events in category and percentage of total events)	Participation Rate (Number and percentage of participants providing events for category)
1	Accepting Client	9 (12%)	5 (83%)
2	Focusing Interest on Client as a Valued Person	9 (12%)	3 (50%)
3	Challenging Client	8 (10%)	3 (50%)
4	Actively Engaging Client Non-Verbally	7 (9%)	5 (83%)
5	Counsellor Probes	7 (9%)	5 (83%)
6	Counsellor Self-Disclosures	5 (6%)	4 (67%)
7	Assurances of Confidentiality	5 (6%)	3 (50%)
8	Counsellor Perceived as Similar to Client in Important Ways	4 (5%)	4 (67%)
9	Counsellor Providing Focus and Direction	4 (5%)	3 (50%)
10	Counsellor Reliably Available	4 (5%)	3 (50%)
11	Normalising/Validating Client Experiences	4 (5%)	3 (50%)
12	Client Expectation to Self-Disclose	3 (4%)	3 (50%)
13	Counsellor Genuineness	2 (3%)	2 (33%)
14	Counsellor Using Metaphor for Counselling Process	2 (3%)	2 (33%)
15	Environmental Factors	2 (3%)	2 (33%)
16	Perceived Counsellor Expertise	2 (3%)	2 (33%)
17	Counsellor Use of Humour	1 (1%)	1 (17%)
	Total Number of Aiding Events	78 (100%)	

Category 1: Accepting Client

Participants provided nine events in this category, comprising twelve percent of the total number of events aiding the participants' self-disclosures. The participation rate for this category was eighty-three percent. Events in this category involved the counsellor: (a) behaving with acceptance of and non-judgementally toward the participant in response to his tentative, lesser-risk self-disclosures and his thoughts, feelings, and behaviours; (b) accepting the participant's use of language and terminology; (c) offering warm greetings after the participant's absence; and (d) sharing the participant's sense of humour, enjoyment, and laughter. These counsellor actions, reactions, and interactions impacted the participants by increasing their senses of: (a) being accepted, understood, cared about, and valued by the counsellor; (b) being comfortable with, safe with, trusting of, connected with, and intimate with the counsellor; (c) being liked by and liking the counsellor; and (d) being respected by and respecting the counsellor. The events in this category also served to decrease the participants' concerns of being judged or rejected and to lessen their fears of exposure and vulnerability.

Example 1 – Participant P51

I had to check out that what I needed to say wasn't going to shock him, that he wouldn't sort of reject me or judge me. I needed to find a safe person. It was a matter of proving [himself] safe over time.... The psychologist didn't freak out. I felt that he authentically didn't judge me.

Example 2 – Participant P52

... sometimes talking about, sharing stories of my behaviour that might not be generally accepted and within the norms of acceptable sociable behaviour.... [It]

just helped me feel more comfortable and more accepted, being accepted by the counsellor.

Example 3 – Participant P52

I did come and go, but I was always warmly accepted back into the counselling environment and we were able to cut to the chase pretty quickly and get things done and, you know, work together productively. I think he understood my lifestyle.

Example 4 – Participant P53

I had a kinaesthetic sense of being accepted, comfort, or affiliation, or safety that allowed me to self-disclose much more than I would normally. I remember the counsellor accepting things, now like, for instance, around shame that would be quite uncomfortable to talk about with someone else.

Example 5 – Participant P54

He was fine when I would say stuff. He didn't say, 'Oh that's horrible' - he didn't react negatively, he wasn't disapproving. He was nice about it, it was comfortable, I felt accepted.

Example 6 – Participant P56

It was the fact that [he] was willing to accept the language I speak in. [It's] kind of very abrupt and kind of very direct the way that I express things - the way that I talk and my terminologies.... So, I was able to talk to him in the language that I normally use.

Category 2: Focusing Interest on Client as a Valued Person

This category included nine events representing twelve percent of the total number of

aiding events. The participation rate was fifty percent for this category. Participants' self-

disclosures were aided by the incidents in this category in which the counsellor (a)

demonstrated interest in the participant as a person both within and without the counselling

issues, (b) expressed concern for the participant's well-being, (c) remembered important

material from session to session, (d) attended solely to the participant ignoring potential

interruptions, (e) honoured and respected the participant's agenda and pace in counselling, (f)

confirmed understanding with the participant, and (g) did not interrupt the participant. These

events affected the participants by increasing their senses of: (a) being attended to, listened

to, important to, understood by, valued by, respected by, supported by, and cared about by

the counsellor; (b) being present with, connected to, and engaged with the counsellor; (c)

having companionship, camaraderie, and fellowship with the counsellor; (d) being liked by

and liking the counsellor; and (e) feeling safe with and trusting of the counsellor.

Example 1 – Participant P52

[There were] no distractions - no phone, door knocks ignored - time was really

uninterrupted.

Example 2 – Participant P52

I think there was a genuine interest on the part of the counsellor in working with

me as opposed to it just being work. There was a genuine interest in me as a

person. He allowed his emotions to show at times and his concern that I might be

putting myself at risk during different periods.... I had a strong sense of my

specialness to the counsellor. I felt important and respected.

Example 3 – Participant P54

He took a real interest in me and he was perfectly decent about it - he treated me like a friend. He was problem solving with me, and he got right into it. He remembered the important stuff when I'd go back the next time - that's a lot 'cause he's seeing five or six people a day, right? And he was supportive - not in a gushing way - he wasn't hugging me or bullshit like that. He didn't laugh at me or anything or call me names or anything. But he was a decent guy - it was pretty safe.

Example 4 – Participant P56

[He] also showed an interest in me outside the counselling [issues]. That just puts the trust and likeability up a lot further.... It's nice to know that there's people that respect you for what you do and are proud of you.... Also why I was able to talk to [him] and have it veer towards that problem - made it easier to talk to him - is the fact that he took the time out of his life to even meet me and to show up at [awards events], you know. So I had no problems talking to him.

Example 5 – Participant P56

It wasn't that I didn't want to tell him, it's just maybe it wasn't the time.... We would just sit down and start bullshitting about whatever I wanted to talk about. I could go in there and start talking about a movie I saw last week.... No pressure, no itinerary of what we have to have done today or anything like that.... We'd been working on it a long time, and he stayed with me in that process 100%. It was just a matter of remembering, like, unbottling those lost memories, you know, those memories that you block out, and it was just a matter of those coming back

and that's what takes some time. One day I just remembered, 'Oh yeah', and then it just kind of all unfolded right there. It just, you know, came out.

Example 6 – Participant P56

He didn't interrupt, and, you know, if I was talking it was for a reason. I appreciated that because normally [when speaking with friends] we'd be cutting each other off.... He seemed interested in me and what I was saying - like he was learning about me.

Category 3: Challenging Client

The participants supplied eight events for this category. The items in this category comprised ten percent of the total number of aiding events, and the participation rate for this category was fifty percent. The events in this category concerned the counsellor challenging the participant regarding: (a) incongruent verbal and non-verbal messages; (b) self-limiting beliefs, attitudes, assumptions, perspectives, roles, and behaviours; (c) reluctance in, withdrawal from, or blocking of the counselling process; and (d) making implicit feelings, themes, and connections explicit. The challenges impacted the participants by increasing their: (a) awareness of and vocabulary for their past and present experiences; (b) awareness of the self-limiting nature of some of their beliefs, attitudes, assumptions, perspectives, roles, and behaviours; (c) awareness of their levels of congruence, honesty, and integrity; (d) awareness of possible alternative perspectives and ways of being; (e) senses of connection, engagement, and intimacy with the counsellor; (f) senses of self and of reconstituting the self; (g) senses of direction, productivity, progress, and encouragement; (h) senses of respect for and competence of the counsellor; and (i) senses of reorientation and reorganisation of constructs and structures regarding themselves, others, and their relationships to others.

Example 1 – Participant P52

> [He was] mirroring, sometimes actually pointing out, my body language, [and]
> sort of calling me out [on] how much tension I was feeling. You know, 'Is that
> really what you're feeling? Where are you really?' I like to be challenged and I
> like to be engaged in that way.

Example 2 – Participant P52

> I maybe had some presupposed ideas about what it is to be a man in our society,
> or how a man's supposed to feel and act, and the challenging questions often
> times focused around challenging those presupposed ideas and those
> generalisations about how we should feel. The challenges would sometimes bring
> me back to a place where I can really feel. I could really get a sense of what I was
> feeling around those things and honouring those feelings instead of doing what I
> thought I should - what I was supposed to feel.

Example 3 – Participant P53

> I felt confronted. I think the confrontation was around exercising. I wanted to sit
> down, withdraw, say 'back off buddy'. I was expecting at that point that he would
> back off, but he didn't. He came right at me basically. I don't remember what he
> said, but basically that was where the confrontation was because when I was
> expecting him to back off and not say anything more, or push me harder, he didn't
> let me get away with it.

Example 4 – Participant P53

I didn't even have the language to say what was going on for me. So in a sense he gave me instructions in what was going on with me.... He would offer, I guess, interpretations, not like psychoanalytic, but just like, 'This sounds like a real loss for you'. A good example is when he said, 'Sounds like you're feeling shame'.... In a sense, he offered me a way to interpret my experience, and I didn't have that language.

Example 5 – Participant P55

Sometimes you have to face reality. Sometimes people need their bells rung. If you're not making changes - when you're a fence sitter and indecisive as I've been - then some sort of challenge helps.... He sort of, he intimated, 'Look. I understand your situation, but at the same time, let's not waste time'. And that helped me to move on to the disclosure and the decision I needed to make.

Example 6 – Participant P55

[The counsellor] took me to a kind of uneasy place, or provocative place. He challenged me to think about things or look at things I normally wouldn't.... I hadn't looked at it from that perspective before and that was very enlightening to me.... I came to a new perception, or new revelation, and looked at things differently.... It was an introduction to new things and an affirmation of things inside of me that were important to me.

Category 4: Actively Engaging Client Non-Verbally

The participants provided seven events in this category, comprising nine percent of the total number of events that aided their self-disclosures. The participation rate for this category was eighty-three percent. The events in this category concerned the counsellor's active engagement of the participant through the non-verbal behaviours of: (a) full, direct, and clear eye contact; (b) interested, involved, and approachable facial expressions; (c) open and relaxed hands; (d) open and straight-on body postures; (e) pauses and silences that created openings and space; and (f) caring, empathic, and accepting tones of voice. These non-verbal behaviours affected the participants by increasing their senses of being: (a) in a safe and trustworthy relationship; (b) attended to, understood, and believed; and (c) cared about, accepted, loved by, connected to, and engaged with the counsellor. Some participants also stated that their bodily tension, anxiety, and defensiveness were decreased as a result of these counsellor non-verbal behaviours.

Example 1 – Participant P51

Through his eye contact, facial expression, body language, how he greeted me when I came in - even after I'd made smaller disclosures I was still greeted normally and felt accepted and cared for and that he was interested in me.

Example 2 – Participant P51

I really felt the therapist's empathy. He didn't say anything – he was just sort of silent, physically open, and made eye contact with me. It's one of the few times I think I had a real felt experience as empathy. I remember the therapist's body language and eye contact. He didn't cry but he sort of had to hold back tears himself. I couldn't express the emotion, but he was feeling it and I could see it, so that was quite moving. It stirred emotion in me so I disclosed. He had what I think

was a real physical experience of empathy – then that resulted in me having more of a physical experience. I was responding to his empathy in the moment. That's what made me feel like someone cared for me, someone loved me. For me it was like sort of a lump in my throat and just some warmth in my chest and things like that.

Example 3 – Participant P52

[He was] engaging with me with clear eye contact - clear, open body language on his part.... I don't think a lot of men are used to that much engagement.

Example 4 – Participant P53

There's this sense of what I call spaciousness.... There's a pause in our conversation, and there's a sense of opening, and I feel that he's listening - I interpret that he's listening to me.... There's a space opened to just throw out whatever.

Example 5 – Participant P54

You can say things like, 'It's really queer that this is coming from the heart, and this matters, and this hurts'. You can tell that someone's picking that up - and it's subtle - and it's not verbal. I don't know, but I was feeling it and I could tell that he was feeling that I was feeling it. He got it and he felt it. It was just in the tone of voice, the facial expressions, what the hands and body were saying.... It was an emotional experience. So I don't know how to verbalise it beyond that.

Example 6 – Participant P56

> There is just something about [him] that made me want to talk to him and, ah, I
> just started talking to him. I felt comfortable with him.... Like I said, I didn't
> believe [who he was] at first. I wasn't going to tell him anything but I can't
> remember what he said, you know, but I remember the meeting and the look on
> his face was just, you know, he was sincere, and serious, and I don't know, I just
> trust him - it's hard to explain.

Category 5: Counsellor Probes

The Counsellor Probes category contained seven events representing nine percent of the
total number of aiding events. The participation rate for this category was eighty-three
percent. Participant self-disclosures were aided by counsellor probes that: (a) explored
possible connections or themes in participant stories; (b) evoked clarity, specificity, and
concreteness in participant stories; (c) focused on the accuracy and intensity of participant
feelings; (d) made implicit thoughts and beliefs explicit; and (e) elicited specificity and
concreteness in participant goals, priorities, and related action plans. The counsellors' probes
increased the participants': (a) awareness, clarity, specificity, depth, and concreteness of
experiences and feelings; (b) connections, insights, and meaning-making regarding events
and experiences; (c) perspectives on situations, options for movement, and possibilities for
action; and (d) present- and future-orientations.

Example 1 – Participant P51

> We were tying some things together - like explorative, just inquisitive, just sort of
> sincerely being inquisitive about my experience. I suspect in hindsight he
> probably had more of a sense of it than I did at the time. But it just felt [like]

really just wondering, just exploring that.... He was just asking questions that helped me tie some things together. I can sense like he was, like, you know, wondering, or helping me look at that. It didn't feel like I was being pressured to come up with something - it just kind of came out on its own and so it felt OK.

Example 2 – Participant P52

He was able to keep me honest. I might be expressing something around the core point or core issue, and through his questions he was very often able to get me to disclose more.

Example 3 – Participant P52

I might be talking about an issue but not really be talking about the feelings that I had around it. His questions about my feelings [would] get me to a state, an emotional state, that I normally wouldn't allow myself to get to, and we were able to have a lot of breakthroughs.... Through his questions he had me focus on those feelings, and through that the walls broke down and I started to express myself more deeply.

Example 4 – Participant P52

It was just probing ... probing questions related to my feelings about the incident ... staying with me and prying the feelings out through probing questions, pulling it out of me ... getting me to go deeper into that feeling and what issues remained about that feeling.... It took me more to the root of the feelings and emotions as opposed to the actions or the events that took place.

Example 5 – Participant P54

He asked good questions, and it raised possibilities which I had thought of only dimly. I think he just said, 'Well, what about this?', and I said 'Yeah, I think that's what happened'. I think he just asked the right questions ... [questions that] brought up issues that I might not have brought into myself.... I think it was just him sensing, 'Oh, let's go that way', and it was the right way. It was like, 'Ah-ha, oh yeah, that might be related' ... and it was as if, you know, the conversation just came to a point where suddenly it was time for this big explosion to go off, and it did.

Example 6 – Participant P55

The questions were different than those that a friend would ask me. 'What are the priorities? Where are you going? What's the sequence to get there?' ... He can ask those kinds of questions that put things into a perspective - to grasp the overall picture.... They were stimulating, provocative, enlightening, educational, and thought provoking.... It was significant in terms of being able to express things I might not have.... The questions were the tools.

Category 6: Counsellor Self-Disclosures

This category included five events representing six percent of the total number of events aiding participant self-disclosures. The participation rate for this category was sixty-seven percent. Participant self-disclosures were facilitated when counsellors fittingly and judiciously self-disclosed about (a) similar experiences and feelings in similar topic areas, (b) somewhat more intimate experiences and topic areas, and (c) recent leisure activities and experiences. The counsellors' self-disclosures impacted the participants by increasing their

senses of: (a) the universality of and the normalisation of their experiences; (b) being liked by and liking the counsellor; (c) having a strong male model for self-disclosing; (d) being understood, believed, and accepted; (e) having a basis for relating to and feeling emotionally connected to the counsellor; and (f) feeling comfortable with, safe with, trusting of, and respectful of the counsellor. Some participants also reported decreased senses of the counsellor being suspicious and judgemental of them.

Example 1 – Participant P51

> Other things that helped me to disclose were my psychologist's self-disclosures. When he disclosed to me about his experience, that definitely not only served to normalise but also just made it feel safer. That tapped in with me at more of an emotional level and made me feel OK to talk further.... The self-disclosures just around unrelated things in their personal life, like just what they've done on the weekend maybe, I think that's what made me feel an emotional connection, so I said something and opened up as opposed to backing off and staying very professional.... Even if they knew some secrets about me but were still willing to share some of themself with me and some of their personal life - I mean he didn't get into real personal things - but that was helpful for me 'cause I felt he must really sort of like me. This sort of confirmed it that they weren't judgemental or suspicious of me.

Example 2 – Participant P51

> They [the counsellor's self-disclosures] were at times in the same topic area, but at other times I think they were almost a step ahead of where I was going so that it would give me things to talk about, and I think that's what pushed me along in counselling a little bit and made me feel safe to go ahead.

Example 3 – Participant P52

> As he shared his feelings with me at times, in his experiences - after seeing a role
>
> model, as another strong male, somebody else self-disclose, you know - it was
>
> very helpful for my learning process and for my cathartic process.

Example 4 – Participant P54

> He would say little things like, 'Something like that happened to me'. And he told
>
> me, not very much, but he told me some little stories about himself that made it
>
> perfectly clear to me that he understood what I was talking about - he got it.

Example 5 – Participant P56

> Something happened to [him] in his life that he shared with me and I respect him
>
> for it. I could relate with him and that was a big winner for me. That helped me
>
> gain trust and respect for him.

Category 7: Assurances of Confidentiality

Participants provided five events for the Assurances of Confidentiality category,

comprising six percent of the events that aided their self-disclosures during counselling. The

participation rate was fifty percent for this category. The events in this category involved (a)

the counsellor assuring the participant of the confidentiality of clients and session contents,

(b) satisfactory negotiations regarding the counsellor taking notes and making written

records, and (c) the participant and counsellor being unknown to each other outside of

counselling. The impacts on the participants of these events were increased senses of

confidentiality, safety, control, trust, inclusion, and the transparency of the process. As well,

the events decreased participant concerns and fears regarding potential exposure, embarrassment, ridicule, rejection, or retribution.

Example 1 – Participant P51

It was very important to me that what I said was confidential.... I just had to check out the confidentiality thing with him.

Example 2 – Participant P51

I had to negotiate with my psychologist about any notes that would be made and what would be done with them.

Example 3 – Participant P51

I didn't even want a written record and he was open to talking about that and we were able to negotiate an arrangement around that.

Example 4 – Participant P54

I would want a relative or friend to [talk to], but I didn't have that kind of friend, and it wasn't something that I could have told to a friend. And so he was better than a friend because he was a stranger. It's just because he would keep it in confidence and I knew I wasn't going to be embarrassed when I saw him every day in the future [as I would a friend] that I had spoken about this thing.

Example 5 – Participant P56

The confidentiality's obviously a very large thing. That's a given - I mean confidentiality is a reason why people come talk to counsellors. For me that's

huge - I mean that had to be understood - he covered that - we talked about that one.

Category 8: Counsellor Perceived as Similar to Client in Important Ways

The four events in this category comprised five percent of the total number of events that the participants identified as having aided their self-disclosures. The participation rate for this category was sixty-seven percent. The events in this category were of the counsellor (a) being male, (b) having travelled a similar journey (i.e., having worked on and reconciled a similar issue) to that which the participant was undertaking, and (c) having a lifestyle perceived as comparable to that of the participant. These events impacted the participants by increasing their: (a) expectations of and confidence in their counsellors' abilities to understand their experiences; (b) willingness to engage more openly, more deeply, and further in the counselling process; and (c) senses of mutuality of experience with, safety with, trust in, and connectedness with their counsellors.

Example 1 – Participant P51

One of the things that's helped me with disclosing and being willing to work harder and disclose more and reflect more and want to open up more is when I sense that the therapist has done their own work and they've gone through a journey that I want to go on. They've reconciled this piece that I'm doing, they've done that themselves, and that's made me want to go further and deeper and be more open.

Example 2 – Participant P54

> The guy lived in a condo in a comfortable area of the city like everybody else.
>
> He's a guy like me or you or whatever, and sure that makes it easy.

Example 3 – Participant P55

> Another important thing was that he was another man. I figured he'd have a better grasp of the big picture. I mean, how the hell would a woman know what a man feels, where he's coming from?

Example 4 – Participant P56

> I was more confident in that person because it takes a man to understand another man - his talk, his feelings. It's just the way I grew up.

Category 9: Counsellor Providing Focus and Direction

The participants provided four events in this category, representing five percent of the total number of aiding events. The participation rate was fifty percent for this category. Events in this category pertained to the counsellor: (a) being direct, straightforward, and to the point; (b) maintaining focus on the activities and goals of counselling; and (c) summarising emergent themes in counselling and material from previous sessions. The effects on the participants of these incidents were increased senses of: (a) direction, productivity, and progress in counselling; (b) counsellor skill, expertise, and competence; (c) being understood; (d) connecting formerly disparate thoughts, feelings, behaviours, and the consequences of such; (e) being challenged to move further and deeper in the counselling process and to take action and make positive changes for oneself; and (f) comfortableness with, trust in, and respect for the counsellor.

Example 1 – Participant P53

My counsellor was quite directive. [In] one of the earlier sessions, I'm sitting in the room and I'm telling him 'You gotta be quiet and let me talk'. So he doesn't say anything and I'm sitting there and I couldn't think of anything to say, and he let me go, I don't know, thirty seconds or something, and then he basically [said] 'All right, enough of this bullshit - we have some work to do here'.

Example 2 – Participant P55

He was able to summarise about my not making decisions and what happens next - feeling a loss of control ... what happens to my self-esteem ... to my health. He took me through logically how things affect me.... [It] appeals to my analytical skills and it helped me disclose more.

Example 3 – Participant P56

He was direct. He wasn't wishy-washy – he was straight to the point. He was straight up forward and I respect him for that - a no fuckin' around type of man and that's the type of people I respect. So, I felt comfortable and I trusted him.... No messing around, no hemming and hawing.

Example 4 – Participant P56

He would always every time going in just review what happened in the last session. Yeah, five minutes - 'Last week we did this and this and this. Is there anything you want to talk about last week?' Yeah, we would have a review of last week or the last time we spoke or whatever. I think that's important because it helps you get back onto the track you were. You know, 'Where do you want to go

today?' ... Then everything would just kind of lead down that path and find its way there. So, it was easy to just move on with it.

Category 10: Counsellor Reliably Available

This category consisted of four events comprising five percent of the total number of events aiding participant self-disclosures. The participation rate for this category was fifty percent. The events in this category were based on the counsellor being (a) consistently available for counselling appointments on an as-needed basis, (b) dependably available for counselling over the longer-term, and (c) flexible and accommodating regarding cancellations and rescheduling of counselling appointments. Theses events impacted the participants by increasing their senses of: (a) the availability, dependability, and reliability of the counsellor to the participant; (b) trust in, comfortableness with, connectedness with, and faith in the counsellor; (c) the counsellor's compassion for, caring about, acceptance of, and graciousness to the participant; and (d) liking for the counsellor. In addition, these events decreased some participants' concerns regarding being pressured by the counsellor to imperatively observe counselling appointments.

Example 1 – Participant P52

> I was aware of a deeper connection I had with the counsellor than I had with most people. He was there for me. He was really somebody I could depend upon. After having met him during a crisis, after having spent time working with him, after having seen my counsellor [work with others] in other professional situations, there was a deep trust there.... I had an ongoing faith in him. He stayed with me in counselling for a long period of time. When I was in trauma or crisis, he was there

when I called upon him - whether that was at the office, or at his home, or even when I was out of town - he was somebody I could turn to.

Example 2 – Participant P52

Anytime I came back into town I could e-mail or call and he would make time for me, and that said to me as much or more than anything, you know, that he could be entrusted.

Example 3 – Participant P55

When I called on the phone to make an appointment - when I was in trouble - he'd make a time for me. I felt he was there to help me. I felt he was trying his best to help his fellow man, to have compassion towards them.... That sense of his compassion, his graciousness, helped me to disclose.... People don't care how much you know until they know how much you care.

Example 4 – Participant P56

He was accommodating to me, you know. What I mean [is] if I could not make it that day I would call [and he'd say,] 'No worries - is there another time you want to get together?' There was no pressure or nagging or anything like that, you know.

Category 11: Normalising/Validating Client Experiences

The participants provided four events in this category. These events represented five percent of the total number of aiding events, and the participation rate for this category was fifty percent. The events in this category referred to the counsellors' normalising and

validating of the participants' feelings, experiences, and tentative, lesser-risk self-disclosures. These events affected the participants by increasing their senses of: (a) the universality and normality of their feelings and experiences; (b) being understood, believed, acknowledged, and validated; (c) being accepted, valued, and cared about; and (d) safety with, trust in, and connectedness with the counsellor. Some participants also mentioned that these events decreased their fears and senses of shame and embarrassment regarding their feelings and incidents that had happened in their lives.

Example 1 – Participant P51

I think a second thing that helped was when I would begin to disclose with smaller things that were immediately normalised. Because it was normalised [and] accepted, what felt like a big deal to me wasn't that big of a deal for him.

Example 2 – Participant P51

What felt like a big disclosure to me was not dismissed but quite normalised, so that made it easier to disclose more - that was another big thing.

Example 3 – Participant P52

I think a lot of times the counsellor explained to me how a lot of other men feel about certain incidents or certain things in their lives. And by explaining common themes and feelings that other men felt, it was a sense that I got that feelings I was having were acceptable. And by explaining that, and helping create some sense of norms, maybe some of the things or areas that we were going to explore were normal and it was common for men to go to those places and to feel those things. That was very facilitating to my disclosures. There was far less fear and a lessening of the sense of shame around those feelings or incidents that happened.

[It] made me realise that at a deeper level that the things I was feeling were normal and acceptable, but weren't normally acceptable in our wider social environment to be expressing, but that they were very widely shared feelings of shame and embarrassment around certain feelings and that allowed me to talk more about those things with him. That was very important.

Example 4 – Participant P54

It was about this thing that was terribly serious for me - a piece of history that was totally secret. And just to revisit that, and have him acknowledge - 'Yeah, yeah, of course that's serious, of course it has to do with what you are at this moment' - that it was big stuff, it mattered.... That was an emotional experience for me and I got very emotionally expressive. It was a visceral thing - I mean, I felt it in here [pointing to gut area]. The emotions flowed out on the words, riding the same wave, in my voice, my face, my body.

Category 12: Client Expectation to Self-Disclose

The three events supplied by the participants for this category comprised four percent of the total number of events that aided self-disclosures. The participation rate for this category was fifty percent. Events in this category concerned the participants' assumptions, anticipations, plans, and, in some cases, compelling urges to self-disclose in counselling. That is, the participants came to counselling presuming and, to a greater or lesser extent, prepared to self-disclose given the social construction of counselling.

Example 1 – Participant P52

> I expected somebody to talk with you unconditionally about a lot of things that were on my mind and a lot of things that were under the surface that I didn't even know were on my mind but that I had a sense were probably things that I needed to work through.

Example 2 – Participant P54

> It was right at the start. It was quite painful for me to say this, [but] I had to say it. I didn't particularly have any trust built up with him, so I just did [said] it - this is it, this is what brings me.... It was hard for me to say, and I didn't know quite how he'd react to it, and so I just sort of blurted it out, very clumsily - and not with great emotion, it was quite neutral.... I really wanted to get the thing worked out and I felt like disclosing is the name of the game here.... I needed it and I had some hope that something good might come of it, and I think it did.

Example 3 – Participant P56

> Obviously I was there for a reason. I knew I was there for a reason. I asked to be there so I knew there was a problem.... I knew it was coming and it just seemed kind of natural, I guess, then. You know, talking about stuff, you know, it's hard for people but it just seemed to flow with the way things went.... Like I said before I knew it was coming - I knew what it was - I knew why I was there. It was just a matter of me actually coming out and saying what I wanted to say or what I wanted to do. So I knew it was going to happen. I just didn't know what day or when.

Category 13: Counsellor Genuineness

The participants provided two events for this category, representing three percent of the total number of aiding events. The participation rate was thirty-three percent for this category. Incidents in this category involved the counsellors acting, reacting, and interacting with the participants in straightforward, ordinary, and everyday ways. That is, the counsellors behaved sincerely, honestly, and plainly, and not aloofly, artificially, condescendingly, defensively, or patronisingly toward the participants. The effects of these events on the participants were increased senses of: (a) informality, naturalness, ease, comfortableness, and safety with respect to the situation and the counsellor; (b) respect for and trust in the counsellor; and (c) commonality and mutuality with the counsellor.

Example 1 – Participant P54

He didn't come out at me like a professional. I have a thing about professionals. I don't like people to be professional, and so it was like ordinary in the sense of non-professional.... Not that he was not a professional – he was not coming on as a professional. He didn't jargon me out, and we could make little jokes like people do and he'd laugh. I felt like he was genuine.

Example 2 – Participant P56

[He] didn't mess around and try to be nice to me in that phoney way that some people do.... [He] had a strong character, very straightforward, very honest - a good, genuine man - none of that politically correct, 'It's OK to feel that way', type of thing, you know. We were very honest with each other ... so I could tell what he's thinking.... I respect that and I trusted [him].

Category 14: Counsellor Using Metaphor for Counselling Process

The participants supplied two events in this category. These events represented three percent of the total number of aiding events, and the participation rate was thirty-three percent for this category. The events in this category addressed the counsellors' use of metaphors relating to the client – counsellor working alliance and the counselling process. These metaphors impacted the participants by increasing their senses of: (a) being understood and supported by the counsellor; (b) having togetherness, companionship, and fellowship with the counsellor; (c) having comradeship with the counsellor as an egalitarian team-mate and work-mate; (d) being cared about and loved by the counsellor; (e) having a concrete reference, anchor, and mnemonic for the client – counsellor relationship and the counselling process; (f) being already accustomed to processes, relationships, and courses of action like those in counselling; and (g) having respect for the integrity of the counselling process.

Example 1 – Participant P53

He gave a metaphor that guides his approach to counselling – basically, there's two holes in this plough. You know, we have to plough this field, and you put your head in one [hole] and I'll put my head in the other and we'll haul this thing along together. And that was enormously meaningful for me, very powerful, almost kind of liberating.... I felt a connectedness, and then I'll disclose. If I don't, then I won't.... That was like, I'm with you. Not only am I with you, I understand you.... It felt egalitarian. When I put that word on it, it doesn't seem to do it justice. I interpreted it as he's not being authoritarian with me, he's not being an expert with me. I think what he communicated was that he really loved me.... He communicated a lot through that metaphor.

Example 2 – Participant P56

> [He] talked about chippin' at that big cement block. That's the way [he] explained
> it one time and that's stuck with me.... It was just chippin' away at it and talking
> about things, so there wasn't any tricks [the counsellor] was playing or anything.
> We had to chip away at it, and it took a long time to actually say it.... That's how I
> interpret it and it works fine - it just made it easier.

Category 15: Environmental Factors

This category consisted of two events representing three percent of the total number of
events that aided the participants' self-disclosures. The participation rate for this category
was thirty-three percent. Counselling facilities and ambiences with which the participants
were comfortably familiar and liked were the themes of the incidents in this category. The
events affected the participants by increasing their senses of familiarity, comfortableness,
normality, safety, trust, and belonging regarding the counselling environment.

Example 1 – Participant P54

> [The office was in] a very comfortable area of the city. It's quiet, near [the water],
> the air smells good, there's not a lot of traffic, and [there's] a little bit of a view....
> Just the ordinariness of it.

Example 2 – Participant P56

> Where we went for our sessions ... was in [a familiar place to me] so it was
> comfortable there. [I had been to a number of events] there and I felt very
> comfortable with that.... It's a very trustworthy place where you feel comfortable.

Category 16: Perceived Counsellor Expertise

Participants provided two events for this category. These events represented three percent of the total number of aiding events, and the participation rate for this category was thirty-three percent. This category was comprised of events concerning the participants' favourable perceptions of their counsellors' abilities to help clients. The participants' levels of confidence in, trust in, and their expectations of being helped by their counsellors increased as a result of their counsellors' reputed experience, education, professional qualifications, and proficiency at helping clients.

Example 1 – Participant P53

I responded somewhat to this guy's professional background a little bit - the amount of education and experience he had. And it was obvious that he'd been successful at it - other clients were coming to him and calling him, and so I said, 'Boy, this guy is helpful - all these different people, you know, he probably can help me'.

Example 2 – Participant P55

I wanted a professional counsellor.... Someone who was reliable at helping people ... who I felt confident in his skills as a practitioner to recognise what I was going through.... [The counsellor] was worldly and he'd been through a lot [himself].

Category 17: Counsellor Use of Humour

The one event in this category represented one percent of the total number of events given by the participants as aiding self-disclosures. The participation rate for this category

was seventeen percent. The participant who provided this event stated that the counsellor's use of humour during sessions relaxed him, relieved his tension, and increased his feelings of acceptance and safety.

Example 1 – Participant P53

One thing that the counsellor used a lot was humour. He used a lot of humour and I think that was relaxing and relieved tension and probably helped me [to self-disclose] as well.

Categories Impeding Self-Disclosures.

The twenty-five events that impeded the participants' self-disclosures were arranged into Categories 18 to 26. These nine categories are described in this section. Examples of participant statements are included in the descriptions to further illustrate these categories. The categories are presented in order from greater frequency of events to lesser frequency of events. Categories with the same frequencies are presented in order from greater participation rate to lesser participation rate. Table 2 is a summary of the nine impeding categories and lists the frequency of events and the participation rate for each category.

Table 2: Categories, Frequencies, and Participation Rates for Events Impeding Self-Disclosures

#	Category	Frequency (Number of events in category and percentage of total events)	Participation Rate (Number and percentage of participants providing events for category)
18	Counsellor Not Putting Client at Centre of Relationship	8 (32%)	3 (50%)
19	Perceived Threats to Confidentiality	5 (20%)	2 (33%)
20	Counsellor Perceived as Biased/Agent for Other(s)	3 (12%)	3 (50%)
21	Counsellor Perceived as Disingenuous	3 (12%)	2 (33%)
22	Limited Session Time	2 (8%)	2 (33%)
23	Client Ethical Dilemma	1 (4%)	1 (17%)
24	Counsellor Perceived as Unlike Client in Important Ways	1 (4%)	1 (17%)
25	Cost of Counselling	1 (4%)	1 (17%)
26	Intermittent Sessions	1 (4%)	1 (17%)
	Total Number of Impeding Events	25 (100%)	

Category 18: Counsellor Not Putting Client at Centre of Relationship

The participants provided eight events for this category, comprising thirty-two percent of the total number of events impeding their self-disclosures. The participation rate for this category was fifty percent. The events in this category involved the counsellor (a) noticeably needing to refer to case notes before sessions, (b) asking the client to remind the counsellor of important material, (c) over-normalising client concerns to the point of dismissing them, (d) behaving angrily toward the client, (e) digressing from client concerns, (f) behaving in ways (e.g., very happily) that were inconsistent with the client's current experiential frame, (g) reacting very interestedly in and excitedly about the client's recent life changes, and (h) focusing more on third parties than on the client. These events resulted in the participants: (a) feeling not understood by, unimportant to, forgotten by, not valued by, and disrespected by the counsellor; (b) perceiving the counsellor as inattentive, absent, uncaring, and self-involved, and as lacking in empathy, expertise, and competence; (c) feeling diminished, minimised, dismissed, hurt, judged, and short-changed by the counsellor; (d) feeling unsafe with, distrusting of, disconnected with, disappointed with, and angry at the counsellor; (e) perceiving the client – counsellor relationship as damaged and limited; (f) feeling frustrated, confused, overwhelmed, disoriented, and anxious with the counselling relationship; (g) perceiving the counsellor as invasive of, violating the boundaries of, and obtaining fulfilment through the client; (h) becoming increasingly defensive and evasive and decreasingly interested and present in counselling; and (i) perceiving counselling as futile, even as contrary to their interests, and wanting to leave and terminate counselling.

Example 1 – Participant P51

[Another] thing that has hindered sometimes is when, like maybe before a session, you know, I see they have to sort of refer to their notes. It's kind of like they've forgotten.

Example 2 – Participant P51

> They'll say, 'Can you remind me of this', you know. And I know, like, to me it's a big deal, like we talked about it - being forgotten. Which, at a human level, I mean, I can understand. I don't expect them to remember every detail. But that kind of sets me back a little bit.

Example 3 – Participant P51

> It's a delicate line almost between normalising and dismissing something. You know, something feels really big to me, then they say, 'Oh, that's pretty normal', like that. So that feels good. But, if they kind of like, 'Oh, okay, so what's the big deal?' - like almost normalise it too much, kind of dismiss it - then that also has held me back sometimes. Or it felt like what was significant to me, probably to them in the big picture of maybe what they've heard, maybe wasn't that big of a deal, but it was a big deal for me.

Example 4 – Participant P53

> I see the person as my counsellor, so depending on what he's talking about, or where he's at, you know - we're talking about the basketball game or something like that - in the back of my mind I'm thinking I'd kind of like to talk about this other thing but I just don't feel that I should just bring it up - almost like there's a bit of a dual relationship there - like friendship slash counsellor, so I'm switching back and forth and it's, you know, two roles.

Example 5 – Participant P53

There has been a couple of times when he seemed to be more invested in what I had to offer [him], and I found that confusing, disorienting for me. He made me quite anxious. He became very excited about the fact that [I was beginning a certain change in my life] and he loved it when he [began the same change], and I found that very overwhelming. I felt this anxiety - he seemed so interested - and I wasn't comfortable with that and it seemed to change the relationship.... He was getting so excited about what I had to say that I guess that I then felt that he needed something from me and that just made me feel real anxious. It felt a little invasive.

Example 6 – Participant P55

I had trouble disclosing.... The counsellor asked questions about [the other person], but never asked the questions about me. [The counsellor] didn't really focus on the big picture - [the counsellor] didn't have a grasp of the overall picture.... I said to myself, 'How the hell does [the counsellor] know what I'm feeling?' [The counsellor] seemed to grasp [the other's] feelings well, but you know, [the counsellor] doesn't know what I'm feeling.... I felt the focus was more on [the other person] instead of me, and that's why I didn't continue. I wasn't there because of how [the other person] was feeling, I was there for my own self, and [the counsellor] seemed to identify more with [the other's] feelings than mine.... I chose not to go back.

Category 19: Perceived Threats to Confidentiality

The five events in this category represented twenty percent of the total number of impeding events. The participation rate was thirty-three percent for this category. Events in this category involved (a) the counsellor taking notes during sessions, (b) the counsellor using examples of others during sessions, (c) counsellors discussing others within earshot of the client, (d) noises and distractions from outside the counselling office, and (e) the potential for the client to encounter acquaintances near the counselling office. These events resulted in participant perceptions of: (a) impaired confidentiality, privacy, and anonymity; (b) diminished safety, control, and trust; and (c) insufficient counsellor attention to, caring about, presence with, and engagement with the client.

Example 1 – Participant P51

When the person's taking notes, forget it. I'm not saying nothing - period.... I don't want to be recorded. Who's gonna read it?

Example 2 – Participant P51

And I've had therapists that have used examples of other people with me. I wonder, you know, if they might say something about me and I could be identified. That could slow me down. That could hinder my disclosing.

Example 3 – Participant P51

I've heard them in a group talk about others. Not necessarily disclosing some real confidential piece, but that's kind of set me back a little bit. You know, they might say something about me into the group, you know, just inadvertently.

Example 4 – Participant P52

> Sometimes I would hear things outside of the office. There was an office very
> nearby and there was also a coffee area outside the office and you could hear
> people. People also came to the door and knocked, you know - there were people
> around. Sometimes [I had] a fear of if I was going to yell or shout or cry that my
> sound might be heard outside of his office. That probably held me back a little bit
> - a little bit of vulnerability, that the safety of the counselling room might be
> violated somehow.

Example 5 – Participant P52

> [He was] working in a big office where there were other people around that I
> knew and could possibly encounter.

Category 20: Counsellor Perceived as Biased/Agent for Others

This category consisted of three events, which comprised twelve percent of the total number of events impeding self-disclosures. The participation rate for this category was fifty percent. Incidents in this category involved counsellor actions, reactions, and interactions that were perceived by the participants as evidence that the counsellors were siding with or carrying out the agendas of third parties. As a result, the participants: (a) became suspicious of their counsellors' motives; (b) anticipated being judged, harmed, blamed, or shamed by their counsellors; (c) came to view their counsellors as opponents; (d) became defensive, evasive, and preoccupied with not giving away their positions or power; (e) felt under attack from, not understood by, not respected by, unsafe with, untrusting of, hurt by, angry with, and contemptuous of their counsellors; and (f) wanted to end their sessions and terminate counselling.

Example 1 – Participant P51

> I felt like the therapist was sort of siding with the other person and identifying with that person as opposed to identifying with me. If I disclose, it'd be like now they have more ammo to come after me with. I'd just like them to understand it first and try their best to understand where I'm coming from, and I didn't feel like that was happening. I feel like mostly they had an agenda, they'd identified with the other person, and they wanted to do something to me.... I just wanted to get out of there. I just wanted to end the session, but then I felt I would have been accused of quitting, or being shamed, or I would be blamed by the therapist. So I really felt actually under attack. I would think ahead - OK, I can't go here so how am I going to get out of this, and I would anticipate some form of harm, or blaming, or shaming, or judgement. I can't just stop, and yet how do I get through the rest of the session by faking it or talking about stuff that was irrelevant.

Example 2 – Participant P54

> I told him about, you know, what I felt was coming to me in this love relationship that I felt was essential to me. You know, I have these needs that are really important that are not being met. I said what I really felt, and he said, 'Well, you're just a jerk - do the right thing by this woman'. He didn't say, 'You're just a jerk', you know, but in effect he said that.... I was stunned. I never expected him to say that. I didn't think that people did say that.... I was just stunned. I thought, 'Oh my God, I didn't think that would happen'. I just sat there for a while and I thought, 'Well this guy really meant it - this man is a jerk. I don't want to be here anymore - this is not interesting'. That was the end of it - I left.

Example 3 – Participant P56

> When I met [the counsellor] I really didn't believe who he was - about him saying he was a psychologist. I think I told him to fuck off the first time I actually met him - not fuck off but in lesser words. I didn't believe him. I honestly thought he was a spy from the organisation to come and check up on me.

Category 21: Counsellor Perceived as Disingenuous

The participants provided three events for this category, comprising twelve percent of the total number of events that impeded self-disclosures. For this category, the participation rate was thirty-three percent. Participants' self-disclosures were hindered by their counsellors' (a) strict adherence to the basic empathy formula, (b) use of language not understood by the participants, and (c) emphasis on the participants' feelings. These events impacted the participants by: (a) increasing their scepticism of their counsellors' genuineness, sincerity, availability to engage with the client, and competence; (b) decreasing their senses of being understood by, connected with, and respected by their counsellors; (c) increasing their frustration, confusion, defensiveness, evasiveness, and distrust of their counsellors; and (d) decreasing their confidence in the counselling process and outcome and their interest in continuing with counselling.

Example 1 – Participant P55

> What kind of made me sceptical was when I felt the counsellor was getting into that 'you feel because' formula. It was a little too staged.... I think [the counsellor] has to be prepared to take risks to try to understand where the person's at.

Example 2 – Participant P55

> [The counsellor] said things like, 'But before you ask the question, you need to know the parameters of the answer'.... I said to myself, 'What the hell does [the counsellor] mean by the parameters of the answer?' Jesus Christ, I'm not a psychology major. What the hell does [the counsellor] want? Talk English. So that was frustrating.

Example 3 – Participant P56

> [He] seemed quite, not manly or anything, but he didn't seem genuine.... It just seemed wishy-washy and too soft, like all touchy-feely - 'Oh yeah, tell me your feelings' - that didn't jive [sic] with me. I don't like that, you know. You don't have to be like that to be a counsellor, and a guy like me don't fuckin' like it. Automatically then I lost interest and I didn't trust him very soon.

Category 22: Limited Session Time

The two events that were provided by the participants for this category represented eight percent of the total number of impeding events. The participation rate for this category was thirty-three percent. The fifty-minute time limit on a counselling session hindered participants' self-disclosures as they simply could not disclose everything they wanted to in the allotted time or because they did not want to open an issue that they believed could not be adequately processed within the time remaining. The participants stated that (a) those sessions seemed incomplete, (b) they felt the weight of continuing to carry undisclosed material, and (c) they may not have accrued the same benefits when disclosing the material at a later session as compared to having disclosed it when it was more pressing.

Example 1 – Participant P51

>Sometimes things just come to me later in a session. You know, I got 5 or 10 minutes left, and I do have something that I kind of want to get out, but I don't want to just put it out there and kind of leave it hanging. So I've not said it and then sort of later on it may or may not have the same importance or impact. Well, I have to go home still carrying something that I'd like to have gotten off my chest.

Example 2 – Participant P55

>Counselling's limiting. You're under time constraints. I mean, you can sit with a friend and talk for two or three hours. You're with a counsellor [for] an hour. You can't really begin to talk about - you can't talk about everything you want to. The time doesn't permit [it].... I couldn't cover all the topics I would have liked to.

Category 23: Client Ethical Dilemma

The one event in this category comprised four percent of the total number of events that impeded self-disclosures. The participation rate for this category was seventeen percent. The incident involved an ethical dilemma for the participant in which a third party in the participant's would-be counselling story was also known to the counsellor. The event resulted in the participant feeling conflicted between the potential benefits to himself and the potential harms to the others of self-disclosing.

Example 1 – Participant P51

>The odd time another thing has prevented me is triangulation, where, you know, I want to talk about somebody that the therapist knows, and I don't want to put

them or myself or the other person in an awkward position, so I've held back a few times to avoid that kind of confusion.

Category 24: Counsellor Perceived as Unlike Client in Important Ways

This category consisted of one event comprising four percent of the total number of impeding events. The participation rate for this category was seventeen percent. The event concerned counselling settings and furnishings that were inconsonant with the participant's lifestyle. This event resulted in the participant feeling uncomfortable, out-of-place, not belonging, and unsafe, and becoming distrustful of and doubting the counsellor's qualifications, expertise, and ability to understand the participant.

Example 1 – Participant P55

I met with one counsellor in a shabby apartment. I thought, 'What kind of qualified professional would operate out of here?' ... On the flip side of the coin, another counsellor was in a huge, affluent house with bright lavish furnishings, and lavish this, and lavish that. And I'm saying to myself, you know, 'What kind of lifestyle is this?' ... You need to be comfortable if you're going to disclose. I mean, it's a lot harder to disclose when you're not comfortable.

Category 25: Cost of Counselling

This category consisted of one event representing four percent of the events impeding self-disclosures. The participation rate was seventeen percent for this category. The cost of counselling prohibited the participant from continuing in counselling which resulted in feelings of incomplete work, hanging issues, and carrying undisclosed material.

Example 1 – Participant P55

Cost is a big factor - huge factor.... I have a close friend, and I might talk to him. I mean, I can't pay for hours of counselling for a month.... So some things are shelved - other things I don't even begin to cover.

Category 26: Intermittent Sessions

The one event in this category comprised four percent of the total number of events that impeded participant self-disclosures. For this category, the participation rate was seventeen percent. The intermittent nature of the participant's counselling sessions resulted in the participant becoming confused about his counselling issues, losing cognitive and emotional awareness and focus, and needing additional time to reorient to counselling.

Example 1 – Participant P52

[There were] a few more issues I would have liked to explore with that counsellor. My counselling sessions were sort of intermittent. I was travelling and I would come back so there would be a lot of time in between sessions. It took me a while to gear up or get back into the swing of the sessions. It didn't take me too long because we had a good relationship, but I would go six or eight - ten months between sessions sometimes. I just had so many issues that I was trying to resolve - they were all mixed up - so I often had to sort through them.

Elements of the Self-Disclosures

In terms of the incidents that aided the participants' self-disclosures, the participants' responses indicated that sixty-six percent of the associated self-disclosures were of a verbal

nature only, and that thirty-four percent had both verbal and non-verbal (e.g., crying) elements. None of the associated self-disclosures were non-verbal only according to the participants. Concerning the impeding incidents, the responses indicated that eighty-four percent of the associated self-disclosures the participants said they were impeded from making would probably have been verbal only, and that sixteen percent would likely have had both verbal and non-verbal elements. The participants did not describe any of their conjectured self-disclosures as likely to have been non-verbal only.

No pattern of the self-reported cognitive, affective, and behavioural loadings of the self-disclosures was discernible across the categories of events. That is, all the aiding and impeding categories had more or less representative numbers of associated self-disclosures with cognitive, affective, and behavioural elements. Overall, the participants reported that ninety-four percent of their self-disclosures contained cognitive, sixty-eight percent included affective, and twenty-five percent had behavioural elements.

Self-Reported Risk Levels of the Self-Disclosures

As part of the data collection interviews, the participants were asked to rate the risk levels of the self-disclosures they made (in the case of the aiding events) or supposed they would have made (in the case of impeding events) on a scale from one (lowest risk) to ten (highest risk). Table 3 lists the self-reported risk levels of the participants' self-disclosures by the associated categories of aiding events. The self-reported risk levels of the participants' conjectured self-disclosures are listed by the associated categories of impeding events in Table 4. For ease of reading, the risk levels have been grouped and labelled as "low" for risk levels one to three, "moderate" for risk levels four to seven, and "high" for risk levels eight to ten in Tables 3 and 4.

As seen in Table 3, the risk levels of the self-disclosures related to the aiding events tended toward the high groupings. In total, seventy-two percent of the risk levels in Table 3

ranked as high, fourteen percent as moderate, and the remaining fourteen percent as low.

These observed proportions are significantly different than would be expected by chance (χ^2_2

= 51.923, p = 5.309 × 10^{-12}). In contrast, Table 4 shows that the risk levels of the conjectured

self-disclosures related to the impeding events tended to collect in the low groupings. Only

four percent of the risk levels in Table 4 ranked as high, with sixteen percent ranking as

moderate, and eighty percent ranking as low. These proportions are also significantly

different from what would be expected by chance (χ^2_2 = 24.925, p = 3.653 × 10^{-6}).

Table 3: Self-Reported Risk Levels of Self-Disclosures for Categories of Aiding Events

#	Category	High (Self-Disclosures rated as 8 to 10 out of 10)	Moderate (Self-Disclosures rated as 4 to 7 out of 10)	Low (Self-Disclosures rated as 1 to 3 out of 10)
1	Accepting Client	7	2	
2	Focusing Interest on Client as a Valued Person	9		
3	Challenging Client	5		3
4	Actively Engaging Client Non-Verbally	5	2	
5	Counsellor Probes	6		1
6	Counsellor Self-Disclosures	5		
7	Assurances of Confidentiality	2		3
8	Counsellor Perceived as Similar to Client in Important Ways	1	2	1
9	Counsellor Providing Focus and Direction	3		1
10	Counsellor Reliably Available	3		1
11	Normalising/Validating Client Experiences	2	2	
12	Client Expectation to Self-Disclose	2	1	
13	Counsellor Genuineness	1	1	
14	Counsellor Using Metaphor for Counselling Process	2		
15	Environmental Factors	1	1	
16	Perceived Counsellor Expertise	1		1
17	Counsellor Use of Humour	1		
	Total	56 (72%)	11 (14%)	11 (14%)

Table 4: Self-Reported Risk Levels of Self-Disclosures for Categories of Impeding Events

#	Category	High (Self-Disclosures rated as 8 to 10 out of 10)	Moderate (Self-Disclosures rated as 4 to 7 out of 10)	Low (Self-Disclosures rated as 1 to 3 out of 10)
18	Counsellor Not Putting Client at Centre of Relationship			8
19	Perceived Threats to Confidentiality		2	3
20	Counsellor Perceived as Biased/Agent for Other(s)			3
21	Counsellor Perceived as Disingenuous	1		2
22	Limited Session Time			2
23	Client Ethical Dilemma		1	
24	Counsellor Perceived as Unlike Client in Important Ways			1
25	Cost of Counselling			1
26	Intermittent Sessions		1	
	Total	1 (4%)	4 (16%)	20 (80%)

CHAPTER V

Discussion

The research interviews with the six adult male participants provided 103 critical incidents that aided or impeded the participants' self-disclosures in counselling. The seventy-eight critical incidents that aided the participants' self-disclosures were classified into seventeen categories, and the twenty-five critical incidents that impeded the participants' self-disclosures were placed into nine categories. The categories of incidents that aided the participants' self-disclosures are listed in Table 1 and the categories of impeding incidents in Table 2. The risk levels, as rated by the participants, of the self-disclosures associated with the incidents in each category are listed in Tables 3 and 4.

Three themes stood out in the categories that were formed from the incidents provided by the participants: (a) the quality of the therapeutic relationship, (b) counsellors challenging the participants, and (c) counsellors providing focus and direction. The quality of the therapeutic relationship was an imperative factor affecting the participants' self-disclosures in counselling. This theme was reflected in a high proportion of the categories formed in this study (e.g., "Category 1: Accepting Client", "Category 2: Focusing Interest on Client as a Valued Person", "Category 4: Actively Engaging the Client Non-Verbally", "Category 18: Counsellor Not Putting Client at Centre of Relationship"). Notably, the categories relating to the development of the therapeutic relationship containing incidents that aided the participants' self-disclosures tended much more to be associated with facilitating self-reported high-risk level self-disclosures. Those containing impeding events, however, tended to be much more associated with precluding even low-risk level self-disclosures.

Furthermore, the accounts provided by the participants of the incidents in those categories tended not, for the most part, to involve overt, explicit, at-length, or deep descriptions of the men's relationships with their counsellors. That is, the men in this study

seemed to speak more in the first and third persons singular than in the first person plural, more of the contents than of the processes of the conversations and interactions with their counsellors, and more in goal, task, and instrumental terms of solving problems than in connection terms of engaging with another person. These conversational aspects are consistent with Aries' (1998), Kunkel and Burleson's (1998), and Wasserman's (1994) assertions regarding masculine communication styles.

Nevertheless, the presence of well-developed therapeutic relationships, however implicit and couched in terms of goals and tasks, was a major theme in the categories of events that aided the self-disclosures of the men in this study. While the men tended to describe the focuses of their counselling sessions as more task-like and instrumental, it is apparent from the incidents they recounted that their self-disclosures were facilitated by solidly underpinning counselling processes, if only implied. That the therapeutic relationship was so fundamentally important for the self-disclosures of the men in this study serves as a counterexample to the implied bias in gender assumptions that men are less relationship, less process concerned than women are. Men may not speak as often, as long, or as deeply about processes and relationships as women do, but the counsellor – client relationships were outstandingly meaningful for the men in this study when it came to their self-disclosing.

And, while the theoretical orientations of and the interventions used by the participants' counsellors are largely unknown, it is also notable that on only one occasion did a participant mention any specific counselling technique as having facilitated his self-disclosures. (The participant responded to a counsellor-administered sentence completion exercise in a manner such that the event was included under "Category 5: Counsellor Probes".) This finding is consistent with Hubble, Duncan, and Miller's (1999) and Tallman and Bohart's (1999) contentions that the therapeutic relationship plays a much larger role than do specialised counselling models or techniques in mobilising the client's own change-promoting and self-healing resources, including, as examples, self-expression and self-disclosure. In supporting

that claim, Hubble et al. cited Lambert's (1992) estimates from his review of the literature that client/extra-therapeutic factors accounted for forty percent, the therapeutic relationship for thirty percent, model/technique factors for fifteen percent, and placebo, hope, and expectancy for fifteen percent of client change in psychotherapy.

The second theme from the categories of events that impacted the participants' self-disclosures was that of the counsellors' challenging the participants. As related by the participants, those counsellor challenges concerned the participants' incongruent verbal and non-verbal messages, their self-limiting beliefs, perspectives, and behaviours, their reluctance to engage in the counselling process, and their making explicit their implicit feelings, themes, and connections in the counselling. All of the incidents of counsellor challenges were reported as having aided the men's self-disclosures.

Aries (1998), Kunkel and Burleson (1998), Maccoby (1990), and Wasserman (1994) stated that orientations toward strength, toughness, action, striving, task accomplishment, and goal achievement are inherent in the masculine model. As such, the men in this study may have found the counsellors' challenges as being in line with their constructions and customary experiences of masculinity, and, therefore, as especially relevant for them. That is, challenges often entail identifying and clarifying problems, negotiating objectives, plans, and strategies, demonstrating strengths and perseverance, and implementing actions toward goals. These activities are often visible in men's ways of engaging in work, sports, and leisure, as examples.

No literature was found that discussed the merits of counsellor challenges in specific relation to client self-disclosures or to client gender. However, the participants remarked that the self-disclosures aided by their counsellors' challenges and the related insights, new perspectives, goals, and plans that came from them were highly valued outcomes of their counselling. Such statements lend support to Trevino's (1996) claim that while counsellor –

client congruency can enhance the therapeutic relationship, counsellor – client discrepancy in the form of respectful challenges can also advance therapeutic processes and outcomes.

A third theme that emerged from the categories formed in this study was that of the counsellors providing focus and direction in the counselling sessions. The participants' statements regarding that focus and direction seemed to reflect their senses of going forward in counselling versus going backward, going around in circles, or going nowhere (cf. Laing, 1962). The incidents of counsellor provided focus and direction were all reported as having been based on the participants' agendas and goals and as having facilitated their self-disclosures. Participants recounted that such focus and direction sometimes came from the counsellors being straightforward, direct, and to the point in sessions. At other times it resulted from the counsellors specifically and purposefully focusing on and staying with the immediate topics and goals of the counselling. On yet other occasions, the focus and direction was provided by the counsellors' session summaries given during or at the beginnings of counselling sessions.

All incidents of counsellor provided focus and direction reported by the participants related to male counsellors. Interestingly, the participants' accounts of those events were often reminiscent of Bly's (1990), Hollis' (1994), and R.A. Johnson's (1989) writings regarding men's mentoring relationships. Each of those authors wrote of men's desires and needs for wise and trusted teachers and guides concerning the tasks and processes of transitioning to a satisfying, meaningful, vital, self-chosen, and committed adult masculinity. Bly wrote metaphorically of the "Wild Man" as a Zen-like shaman who guided the youthful male protagonist through the stages of growth to a vigorous and emotionally centred masculinity. R.A. Johnson's "Gournamond" mentored the "innocent fool" Parsifal through similar stages to the meaning and work of an independently thinking and acting man who behaves responsibly for himself and to others and society. And, Hollis wrote of men's "father hunger" and their longing for male leaders in and models for the development of masculine

identity, intimacy, and integrity. Examples in these vanes from the participants' interviews include the counsellor and participant (P53) "having some work to do" together, the counsellor taking the participant (P55) "logically through" the steps, and the counsellor having already "gone through a journey" upon which the participant (P51) wants to embark. These incidents were also associated with participants' coming to feel increased respect for, trust in, and connection with their counsellors.

The implications of the results of this research are discussed in greater detail in the following sections. The implications for theory section includes a discussion of each of the more typical categories (i.e., the aiding and impeding categories with at least five incidents or participation rates of at least fifty percent) that were formed in this study. The less typical categories are considered as subjects for further research. A discussion of the consequences realised by the participants of self-disclosing and of not self-disclosing in counselling is also included in the implications for theory section. As well, the mapping developed of the correspondence between the stages of Omarzu's (2000) Disclosure Decision Model and the categories of events formed in this research is reviewed as an implication for theory. The implications for counselling research, practice, and training are discussed in subsequent sections.

Implications for Theory

Aiding and Impeding Categories

Category 1: Accepting Client

This category, with the greatest frequency and participation rates of the categories aiding self-disclosures, echoes Rogers' (1961) unconditional positive regard for the client as a cardinal factor in the development of the therapeutic relationship. While the men in this study tended not to elaborate in emotional or relational terminology when reflecting on the events in their counselling, they did, nonetheless, give special emphasis to the acceptance

they felt from their counsellors. That is, the participants specifically highlighted their senses of being warmly accepted, respected, cared about, and deeply understood by their counsellors as prime facilitators of their self-disclosures.

Notably, for seven of the nine incidents in this category the self-reported risk levels of the associated self-disclosures were in the "high" range of eight to ten out of ten. Two of the associated self-disclosures were in the "moderate" range of four to seven out of ten, and none were in the "low" range of one to three out of ten. The overall high-risk levels of the self-disclosures related to this category lend support to Rogers' (1961) claim that unqualified acceptance is a necessary condition for feeling fully free to express oneself.

The counsellors' acceptance also led some of the participants to a liking, or an increased liking, for their counsellors. That consequence may have further facilitated those participants' self-disclosures in light of Collins and Miller's (1994) finding that liking for another leads to self-disclosing to that other. As well, some participants reported that as a result of their counsellors' acceptance they felt less fearful of exposure, less vulnerable, less concerned with being judged or rejected by, and safer with, more trusting of, and more comfortable with their counsellors. These too may have favourably mediated the participants' self-disclosures given Guerrero and Afifi's (1995) and Steel's (1991) literature on the necessity of personal security as a prerequisite for self-disclosing.

Category 2: Focusing Interest on Client as a Valued Person

Farrell (1993) argued that the social constructions of masculinity and the demands of industrialisation and free market politics require most men to risk their physical health, psychological well-being, or both, even to the point of being treated as disposable, in their jobs, the military, and leisure activities, as examples (cf. B.K. Alexander, 1990). Consequently, many men have come to feel invisible, unappreciated, and exploited. These

men, then, are simply not used to others, and are indeed starved for others, especially other men, taking a deep, sincere, and non-exploitative interest in them as valued persons. Perhaps not surprisingly then, the self-reported risk levels for the self-disclosures related to all nine of the events in this category were in the high range of eight to ten out of ten.

Clearly conveying one's interest in the client as a respected and valued person is, according to Egan (1998), fundamental to the development of the therapeutic relationship. Egan suggested that such interest is demonstrated through behaviours that show that the counsellor is "for" the client, that communicate that working with the client is a worthwhile experience for the counsellor, and that focus on the client's agenda, needs, and frame of reference. The participants in this study clearly confirmed the value of such counsellor behaviours in their descriptions of the corresponding events that facilitated their self-disclosures. The participants also reported that counsellor behaviours connoting interest in them increased their senses of companionship, teamwork, and camaraderie with their counsellors. Hence, while many men may be unaccustomed to others taking interest in them, and may, at least initially, discount or dismiss such efforts (cf. Farrell, 1993), counsellor behaviours that signify to male clients that they are valuable persons and worthy of interest are likely to be very important aids to their self-disclosures.

As in the previously discussed category ("Category 1: Accepting Client"), some of the participants reported that their counsellors' interest in them as valued persons contributed to their liking for their counsellors and to feelings of being safer with and more trusting of their counsellors. Again, those participant statements are in accord with Collins and Miller's (1994) literature on liking and self-disclosure, and with Guerrero and Afifi's (1995) and Steel's (1991) findings on personal security and self-disclosure.

Category 3: Challenging Client

The participants self-rated five of the eight incidents in this category as aiding high-risk level self-disclosures and the other three as aiding low-risk level self-disclosures. The counsellors' challenges were reported by the participants as having helped them to become aware of and disclose blind spots, inauthenticities, dishonesties, and other self-limiting cognitions, perspectives, and behaviours. The challenges also impelled participants to search for and spell out specific means for getting out of their problem-saturated stories instead of remaining stuck in them or spinning around in extended haphazard efforts. Participants also reported that the counsellor challenges helped them to connect their related self-disclosures to goals for themselves and to actions toward attaining those goals.

When it comes to counsellor challenges, Rational Emotive Behavior Therapy (Ellis, 1999) is renowned for challenging clients to disclose their irrational beliefs and distorted cognitions and to replace those with more effective thinking patterns. Counsellor challenges can be viewed more generally, however, as a type of disequilibration (cf. Piaget, 1972), or "shaking up", of the client's constructs of, theories of, or ways of experiencing him or herself and the world. In this view, the challenges by the counsellor represent a "reality test" for the client of his or her well-known and often problem-saturated counselling story. That is, counsellor challenges can serve to point out or emphasise discrepancies, some of which the client may not even be aware, in the client's theories of him or herself and the world.

Counsellor challenges may, therefore, bring aspects of the client's story that are so well-rehearsed, automatic, or procedurally encoded as to be outside the client's awareness into the client's consciousness where they become available for disclosure to the counsellor. In fact, participants in this study specifically mentioned that the counsellors' challenges had increased their awareness on several levels (e.g., congruence, alternative perspectives, self-limiting beliefs). In circumstances where the client is already aware of but has not yet disclosed the material, the counsellor's challenges can, figuratively speaking, put that

material directly on the table for the client. In bringing the material to the foreground, the counsellor's challenges may open a window for or may appeal to the client's integrity for self-disclosure of that material. Some participants in this study remarked that their counsellors' challenges had indeed made them more cognisant of the levels of their integrity as precursors to self-disclosing.

Category 4: Actively Engaging Client Non-Verbally

On the occasions when the men in this study did speak more overtly and intensely of perceiving empathetic understanding from, emotional engagement with, and belief by their counsellors as aids to their self-disclosures, those occurrences were often in reference to their counsellors' non-verbal rather than verbal behaviours. Examples given by the participants of such non-verbal behaviours concerned their counsellors' tones of voice, silences, and expressions in their eyes, faces, hands, and body postures that acted to heighten the emotional intensity and tighten the interpersonal engagement with their counsellors. That the participants self-rated five of the seven incidents in this category as having facilitated high-risk level and the other two as having facilitated moderate-risk level self-disclosures is another indication that the counsellors' actively engaging non-verbal behaviours were significant aids to the participants' self-disclosures.

No study was found in the literature specific to counselling situations on the relative divisions of meanings inferred from verbal and non-verbal channels. However, in their meta-analysis of studies of "everyday conversations", Ambady and Rosenthal (1992) found that at least sixty-five percent of the meaning level of a conversation is conveyed through non-verbal messages and less than thirty-five percent through verbal messages. Granted, counselling conversations are not everyday conversations. Nevertheless, the men in this study

seemed to have been especially impacted at the emotional and relational levels by their counsellors' actively engaging them with their non-verbal behaviours.

Ambady and Rosenthal (1992) also found that non-verbal messages were more reliable than verbal messages in everyday conversations in terms of the speaker's attentiveness, credibility, interest, liking, and acceptance. Certainly, each of those aspects was mentioned by participants in this study in one or more categories of events that aided their self-disclosures. And, when verbal and non-verbal messages contradict one another, Ambady and Rosenthal asserted that the listener tends to believe the message that is more difficult to counterfeit. As more often than not it is the non-verbal message that is harder to fabricate, it is that message to which the listener gives more credence when verbal and non-verbal messages are discordant. Hence, Ambady and Rosenthal concluded that it is when the verbal and non-verbal messages are congruent or complementary that the speaker is most effective in communicating his or her meaning. Given the participants' attention to their counsellors' non-verbals, Ambady and Rosenthal's conclusion would seem to imply that congruence between counsellor verbal and non-verbal messages would be an important factor in male clients' self-disclosures despite no participant in this study having specifically mentioned that.

Ambady and Rosenthal (1992) did not find any gender effects in their meta-analysis of verbal and non-verbal messages in everyday conversations. And in this study, any of the counsellors' verbal messages that may have been paired with their non-verbal messages are not known. Yet one could speculate that perhaps men infer greater measures of emotional and relational meanings in counselling situations through non-verbal compared to verbal channels than women do. This seems tenable given the claims of Shay (1996) that men's language is not of emotions or relationships, of Clulow (1998) that the feminine language of counselling is discordant with men's language, and of Ipsaro (1986) that the male gender role eschews emotional and relational language. As well, D.W. Johnson (1997) asserted that non-verbal

communications are more continuous and are interpreted less consciously than verbal communications are. Furthermore, the participants' statements seemed more emotionally and relationally loaded (e.g., "cared for", "empathy", "loved", "engagement") when reporting on the impacts of the incidents in this category compared to other categories.

Category 5: Counsellor Probes

"If you don't know what is going on in a person's mind, ask him;

he may tell you" (Kelly, 1958, p. 330).

The category of counsellor probes was the fifth most typical class of events identified as aiding the participants' self-disclosures. As rated by the participants, six of the seven incidents in this category aided high-risk level self-disclosures with the remaining incident aiding a low-risk level self-disclosure.

In addition to probes being a standard means of eliciting information, the judicious use of probes may have distinct benefits when counselling with male clients. In contrast to Clulow's (1998) observation that the structure and language of counselling are process, relationship, and emotion oriented, Shay (1996) noted that many men have restricted emotional, process, and relationship language. Furthermore, Ipsaro (1986) asserted that the male gender role requires men to be competitive, strong, and self-reliant. But counselling involves the male client revealing himself, including his frailties and vulnerabilities, and perhaps even his motives (Levant, 1990). From a competitive, winner – loser, masculine worldview, a male client may construe counselling, then, as obliging him to relinquish his power. As consequences of all these, some men may not know what would be helpful to reveal or how to express it, they may feel out of place, suspicious, or threatened, or they may be reticent in counselling.

In those circumstances, counsellor probes that are respectful, non-aggressive, direct, and intuitive and that are also stimulating, provocative, expression promoting, and come from a stance of "not-knowing" (Anderson & Goolishian, 1992) may be helpful in evoking men's self-disclosures. As examples, such probes may help some men in terms of the content and expression of their self-disclosures. They may reduce some men's suspicions of or reticence in counselling by increasing the transparency of the process and by affording a more egalitarian situation. As well, probes that move the process along can give the counselling a more dynamic, active, and progressive quality that is consistent with men's more instrumental, task, action, and goal orientations. Indeed, the men in this study found their counsellors' probes facilitated their self-disclosures in several ways. The probes helped participants to deepen their experiences, to raise possibilities not previously examined, and to make connections between formerly disparate experiences. They also helped make implicit thoughts and feelings explicit, specific, and concrete, and they promoted explorations of and commitments to goals, priorities, plans, and strategies.

Category 6: Counsellor Self-Disclosures

The critical incidents in this category are compatible with Jourard's (1971) claim that "Disclosure begets disclosure" (p. 66) and Dindia and Allen's (1995, as reported in Dindia, 2002) conclusion from their meta-analytic study that self-disclosure tends to be reciprocal. Furthermore, all five of the incidents in this category were rated by the participants as aiding high-risk level self-disclosures.

The effects on the participants of their counsellors' self-disclosures corresponded to some of Simone et al.'s (1998) findings, as reviewed in Chapter II, regarding counsellors' rationales for self-disclosing to clients. In particular, participants in this study reported that their counsellors' self-disclosures contributed to increased senses of universality and

normalisation of their experiences, and to improved rapport and therapeutic alliances with their counsellors. These effects match two of the major rationales for counsellor self-disclosure reported by Simone et al. However, the participants in this study did not specifically mention that their counsellors' self-disclosures instilled hope, modelled strategies for coping, or provided alternative perspectives for them, which were three additional rationales for counsellor self-disclosure found by Simone et al. Notably, participants in this study also reported that their counsellors' self-disclosures provided models for their own self-disclosures. Yet only thirty-one of the 120 counsellors in Simone et al. cited modelling of self-disclosure as a reason for self-disclosing.

As also reviewed in Chapter II, Knox et al. (1997) investigated client perceptions of the effects of helpful therapist self-disclosures. The participants in Knox et al. reported that their therapists' self-disclosures provided insights and new perspectives, improved therapeutic relationships, normalised their experiences, and modelled and encouraged their own self-disclosures. With the exception of providing insights and new perspectives, each of those effects was also reported by the participants in this study. Both the participants in Knox et al. and the participants in this study specifically recounted the effect of modelling and encouraging self-disclosures. However, the counsellors in Simone et al. (1998) did not list such an effect as a major reason for their self-disclosures. And, while the counsellors in Simone et al. imparted instilling hope and modelling strategies for coping as rationales for self-disclosing, neither the participants in Knox et al. nor the participants in this study reported those as consequences of their counsellors' self-disclosures. Notwithstanding the small number of participants in Knox et al.'s and in this study, those contrasts stand as exemplars to the importance of gaining clients' perspectives in counselling research.

Given men's tendency to lesser self-disclosure than women (Dindia & Allen, 1992) and the self-reliance and competitiveness inherent in the construction of masculinity (Ipsaro, 1986), modelling by counsellors of appropriate self-disclosures may be especially useful in

facilitating male client self-disclosures. Indeed, participants in this study stated that their counsellors' self-disclosures increased their feelings of safety with, trust of, and respect for their counsellors, and decreased their senses of counsellor suspicion and judgement of them. Hence, male client self-disclosure may sometimes be akin to a card game where "I'll show you some of my cards if you show me some of yours first."

Category 7: Assurances of Confidentiality

Several authors (e.g., Jourard, 1971; Petronio et al., 1984; Schutz, 1973; Yalom, 1995, 2002) have written that a sense of personal security (e.g., confidentiality, privacy, safety, trust) is a critical prerequisite for self-disclosure. Indeed, conditions or fears of recrimination, retribution, or retaliation (Baxter & Wilmot, 1985), abandonment (Hatfield, 1984), or embarrassment, shame, or loss of face, privacy, or autonomy (Guerrero & Afifi, 1995) were found to severely limit self-disclosures. As well, Guerrero and Afifi (1995) found in their study of friendships that non-disclosures due to fears of retribution or relationship termination were more frequent for men than for women.

In the context of counselling one would expect, therefore, that assurances of confidentiality would be extremely important for male clients' self-disclosures. After all, the intimacy and vulnerability involved in counselling can in themselves lead to perceptions of personal weakness (Scher, 1990) or feelings of embarrassment or shame (Richman, 1982) for many men. But, if the content of the counselling or even the fact that the male client participated in counselling became known by important others, the male client's position, status, power, self-esteem, and perhaps his very identity could be seriously undermined in the competitive, self-reliant, goal-achieving, task-performing, and outcome-valuing masculine world (Meth et al., 1990; Scher, 1990; Wasserman, 1994). Indeed, Derlega and Chaikin (1976) found that protection of one's public identity regarding having attended

psychotherapy was likely to be a greater concern for male than for female clients. Thus, the male client may feel that the counsellor's knowledge of his attendance at and the content of the counselling places the counsellor in a position of some, perhaps considerable, power. Assurances of confidentiality, however, helped to dispel concerns of counselling information becoming public, level the counsellor – client hierarchy, and facilitate the self-disclosures of the men in this study.

Given the importance, then, that confidentiality would seem to have for male clients' self-disclosures, perhaps this category was not better represented because some of the participants simply assumed from their understandings of the social institution of counselling that confidentiality would apply to their counselling situation and material. Or, perhaps some of the participants' counsellors neglected to discuss confidentiality and its limits in counselling and, therefore, did not specifically bring those issues to the attention of those participants.

Assurances of confidentiality did seem a rather basic condition for some of the participants' self-disclosures since three of the five incidents in this category were reported as having facilitated low-risk level self-disclosures. The remaining two incidents were related by the participants to high-risk level self-disclosures. One of incidents associated with a high-risk level self-disclosure was reminiscent of Goodstein and Reinecker's (1974) "stranger on the train phenomenon" wherein some people will disclose surprisingly intimate information to a complete stranger due to the relative freedom they perceive from adverse ramifications. As the participant (P54) said, "... he was better than a friend because he was a stranger. It's just because he would keep it in confidence and I knew I wasn't going to be embarrassed when I saw him everyday in the future [as I would a friend]." This statement is also indicative of the importance with respect to client self-disclosures of not having dual relationships in counselling.

Category 8: Counsellor Perceived as Similar to Client in Important Ways

Two of the four incidents in this category were self-reported as aiding moderate-risk level self-disclosures, one as aiding a high-risk level self-disclosure, and the other a low-risk level self-disclosure. Examples of the important similarities to the counsellors that were reported by the participants as having facilitated their self-disclosures include the counsellors' gender (i.e., male) and the counsellors' lifestyles (e.g., locations and types of offices or housing). The incidents in this category could be construed as forms of counsellor self-disclosures. However, the incidents in this category represent a distinct class of events since they appeared to be largely unintentional disclosures whereas the incidents in "Category 6: Counsellor Self-Disclosures" seemed more intentional in nature.

As Clulow (1998) and Ipsaro (1986) stated, many men may feel out of place in or threatened by counselling due to the contrasts between the construction of masculinity and the generally more feminine approaches of most counselling. However, the similarities noted by the participants to their counsellors may have helped to reduce any such discomforts that the participants felt. For example, Byrne (1991) found that one's feelings of anxiety and uncertainty can be decreased, even in very upsetting and novel situations, if the situation occurs with others who are similar in important ways to oneself (e.g., age, gender, ethnicity, socio-economic status). Indeed, participants in this study reported that the events in this category increased their senses of safety and trust in counselling as well as with their counsellors.

Also, some participants spoke of expecting that their male counsellors would be more likely to understand and accept their experiences, language, and feelings than female counsellors could because of similarities in experiences, attitudes, and values that they assumed of their male counsellors based simply on their gender. Perceived similarities to another's beliefs, attitudes, values, and even physical characteristics are known in the

literature to promote expectations of understanding and acceptance by the other and to promote liking for the other (Deutch, Sullivan, Sage, & Basile, 1991). While increased liking for the counsellors was not specifically mentioned by the participants as an effect of the incidents in this category, the implications of perceived acceptance and understanding from and of increased liking for the counsellors were previously discussed under "Category 1: Accepting Client".

Category 9: Counsellor Providing Focus and Direction

Of the incidents in this category, three were rated by the participants as facilitating high-risk level self-disclosures and the remaining one as facilitating a low-risk level self-disclosure. One participant (P53) spoke of his counsellor as being "quite directive". From the context of the interview, however, it seemed that the participant's counsellor could more accurately be described as being direct, as providing direction and focus, and not as manipulating or setting the client's agenda or goals for him.

As previously stated, some men may have apprehensions or doubts about participating and self-disclosing in counselling given the mismatches between the attributes of the male gender role and the generally more feminine characteristics of counselling (e.g., Clulow, 1998). But by counsellors providing focus and direction, which are likely to complement the masculine role's more agentic, instrumental, and task orientations, some men's misgivings, scepticism, or hesitancy about attending and self-disclosing in counselling may thereby be reduced. This was certainly the case as expressed by two of the participants in particular in this study (i.e., participants P55 and P56). As participant P55 stated, "He was able to summarise about my not making decisions and what happens next.... He took me through logically how things affect me.... [It] appeals to my analytical skills and it helped me disclose more." And as participant P56 said, "He wasn't wishy-washy, he was straight to the

point ... and I respect him for that. So I felt comfortable and I trusted him.... No messing around, no hemming and hawing."

Furthermore, having focus and direction implies a purpose to, a goal for, work to be done in, and that there is, or at least the potential for, forward movement in counselling. These in turn suggest plans, strategies, actions, and the division of tasks into smaller, more manageable steps along a more perceptible, tangible path. Counsellor provided focus and direction may, therefore, also act as a stimulant for forward progress, decisiveness, resolve, and change. All of these are familiar concepts in the construction of masculinity (e.g., Ipsaro, 1986; Meth et al., 1990). Hence, counsellor provided focus and direction may enhance the male client's senses of familiarity, comfortableness, confidence, and potency in the counselling setting, and that his counselling goals are being met effectively, efficiently, and with dispatch. Besides aiding men's self-disclosures, the presence of these more masculine characteristics in counselling may also reduce men's tendencies to lesser participation in and greater delay in seeking counselling (cf. Vessey & Howard, 1993) and their more frequent premature terminations of counselling (cf. Williams & Myer, 1992) as compared to women's.

Category 10: Counsellor Reliably Available

Three of the four incidents in this category were rated by the participants as having facilitated high-risk level self-disclosures and the remaining incident as having facilitated a low-risk level self-disclosure. The counsellors' behaviours of accommodating the participants' schedules, making time for them as needed, and staying with them for the longer term were perceived by the participants as additional translations into actions of the counsellors' respect for, valuing of, and caring about them. The participants inferred from those events that the counsellors were, and would continue to be, "there" for them, that the

time spent with the participants was valued by the counsellors, and that the counsellors were solid, dependable, and would not abandon them.

These aspects are consonant with Afifi and Guerrero's (1998) and Hatfield's (1984) discussions regarding self-disclosures and fears of relationship termination and abandonment. They are also consistent with Wasserman's (1994) claim that men's preference for teammates is based on individuals' demonstrated abilities to contribute to goal achievement. As a result of the counsellors' being reliably available, the participants also felt increased trust in, faith in, comfortableness with, connectedness with, acceptance from, and liking for the counsellors. As discussed under previous categories, these effects are in line with Schutz' (1973) and Yalom's (1995, 2002) writings on safety, control, trust, and belongingness and with Collins and Miller's (1994) findings on liking and self-disclosure.

Category 11: Normalising/Validating Client Experiences

The counsellors' normalisations and validations of the participants' feelings and experiences, as were sometimes expressed through the participants' more tentative self-disclosures, accounted for two incidents that facilitated high-risk level and two incidents that facilitated moderate-risk level self-disclosures. Yalom (1995) wrote that many individuals feel unique in, isolated by, and miserable in the unacceptability of their feelings. But learning from others that they too know similar feelings and experiences can serve to normalise those for the person, discharge the sham of uniqueness and isolation, and validate the individual as an acceptable member of the human fold. Indeed, the participants in this study reported that their counsellors' normalisations and validations acted to disconfirm their senses of shame, embarrassment, and singular contemptibility.

Normalisations and validations may be especially useful in aiding the self-disclosures of male clients. Brooks (1998) wrote that the difficulties in living up to the edicts of the male

gender role in terms of always having to be strong, in control, capable, competent, and independent, as examples, have led to pervasive feelings of incompetence, unworthiness, anger, bitterness, homophobia, grief, guilt, and shame among men. As the participants in this study stated, the counsellors' normalisations and validations resulted in relief knowing that other men shared similar experiences and issues, which, in turn, furthered their self-disclosures.

Category 12: Client Expectation to Self-Disclose

The participants' expectations to self-disclose in counselling were associated with two high-risk level self-disclosures and one moderate-risk level self-disclosure as rated by the participants. Notwithstanding the literature that men are reluctant to use counselling services (e.g., Kogan, 2000) and tend to be less self-disclosing than women are (e.g., Dindia & Allen, 1992), one-half of the participants in this study specifically indicated anticipating, even wanting, to self-disclose in counselling. Granted, the participants in this study were not mandated clients but had attended counselling voluntarily and on their own initiatives.

Given that client self-disclosure is fundamental in the social construction of counselling (e.g., Allen, 1973; Paulson et al., 1999), it is likely then that the participants in this study understood that their parts in the implicit social contract for counselling included self-disclosing to their counsellors. Indeed, that the other participants did not mention expecting to self-disclose may have been due to client self-disclosure being such a basic assumption regarding the social institution of counselling.

Category 18: Counsellor Not Putting Client at Centre of Relationship

That this category was the most populated of impeding categories and that all eight of its events hindered self-rated low-risk level self-disclosures demonstrates just how important being the focus of the counselling relationship was for the men in this study. Despite the construction of masculinity as being self-reliant, autonomous, independent, externally focused, and less relationship concerned compared to women (e.g., Shay, 1996), the participants in this study were keenly aware of occasions when their counsellors' behaviours resulted in their feeling unimportant to, uninteresting to, forgotten by, or peripheral to their counsellors.

Examples from this category include the counsellor dismissing or digressing from client concerns, having to ask the client or having to refer to counselling notes in the client's presence in order to be reminded of important material, and being inattentive to, dishonouring of, and out of phase with the client's experiential frame. That those incidents precluded participants' self-disclosures is consistent with Afifi and Guerrero's (1998) findings that self-disclosure is hindered by the presumed unresponsiveness or unhelpfulness of the target of the would-be self-disclosure and by the presumed futility of the situation. Indeed, many of the counsellor behaviours cited in this category left participants feeling unattended to, marginal, discounted, not cared about, not valued, and that their time and efforts in counselling were futile.

Afifi and Guerrero (1998) also concluded that men self-disclose more for problem-solving (presumed target helpfulness) purposes and women more for connection (presumed target responsiveness) purposes. Yet the men in this study recounted equally many incidents in this category of perceived counsellor unresponsiveness as they did of unhelpfulness. It needs to be stated, however, that Afifi and Guerrero's study was of self-disclosures among family members and friends while this study was of self-disclosures by male clients in counselling. Nevertheless, the results of this study indicate that counsellor unresponsiveness

was as much of a hindrance as was counsellor unhelpfulness to the male participants' self-disclosures. That is, male clients may expect by the very nature of counselling situations at least as much responsiveness as helpfulness from their counsellors when it comes to self-disclosing.

Other examples in this category involved a counsellor taking an inordinate interest in a participant's outside life and another counsellor behaving angrily toward a participant rather than, for example, expressing impacts and feelings through the use of immediacy. As a result of those events, the participants felt disregarded by, unsafe with, untrusting of, and violated by their counsellors. Given, as examples, Jourard's (1971), Schutz' (1973), Steel's (1991), and Yalom's (1995) writings on the necessity of personal security as a condition for self-disclosure, it is not surprising that those counsellor behaviours thwarted the participants' self-disclosures.

The participants' accounts of those recently mentioned incidents also bring forward points regarding ethical principles and standards in counselling practice (e.g., American Psychological Association, 1992). Granted, the precise behaviours, circumstances, and contexts around those events are not known. Based on participants' statements in this and other categories, however, violations of respect for client rights and dignity, of concern for client welfare, of avoidance of client harm, of boundaries of counsellor competence, of avoidance of multiple relationships, and of counsellor integrity would all seem likely to impair client self-disclosures. Hence, while practising in accordance with ethical principles and standards cannot assure the promotion of client self-disclosures, the participants' reports showed that not adhering to ethical practice would almost certainly preclude their self-disclosures. Furthermore, there appears to be no reason to assume that ethical infringements would be limited to hindering the self-disclosures of male clients alone.

This category of impeding events is yet another demonstration of the prime importance of well-developed therapeutic relationships in the facilitation of male client self-disclosures.

Rogers (1961) stated that feeling regarded and prised by another is a necessary condition for fully disclosing to the other. Indeed, the participants' accounts showed that they very much wanted and required their counsellors' presence, attention, interest, regard, responsiveness, esteem, and focus. The incidents in this category demonstrate the corollary that not putting the male client plainly at the centre of the counselling relationship is a sufficient condition for his not disclosing.

Category 19: Perceived Threats to Confidentiality

This category represents the converse of "Category 7: Assurances of Confidentiality". Just as for that category where assurances of confidentiality surfaced as important aids to the participants' self-disclosures, incidents in this category of lapses in confidentiality emerged as significant impediments to the participants' self-disclosures.

Of the five events in this category, three were associated by the participants as hindering low-risk level self-disclosures and two as hindering moderate-risk level self-disclosures. As examples of those events, counsellors taking notes during sessions, overhearing counsellors discussing other clients, and hearing others from areas outside the counselling offices all resulted in the confidentiality, privacy, and anonymity of the counselling situations becoming suspect for the participants. Furthermore, the participants reported that the events in this category decreased their senses of safety, control, and trust.

As discussed under "Category 7: Assurances of Confidentiality", Guerrero and Afifi (1995), Jourard (1971), and Yalom (1995) all emphasised that confidentiality, privacy, safety, and trust are essential conditions for self-disclosure. Indeed, the participants' statements regarding the incidents in this category demonstrated that their perceptions of potential breaches of confidentiality precluded even low-risk level self-disclosures. Some of the incidents in this category were also suggestive of possible ethical contraventions.

Observations regarding potential obstructions to client self-disclosures due to counsellor deviations from ethical principles and standards of practice were included under "Category 18: Counsellor Not Putting Client at Centre of Relationship".

As reviewed in Chapter II, Petronio et al. (1984) concluded from their pencil and paper study that females considered it more important than males did that the targets of their self-disclosures be discreet and trustworthy. Still, the men in this study showed in both "Category 7: Assurances of Confidentiality" and in this category that topics regarding confidentiality were extremely important factors in their decisions of whether or not to self-disclose in counselling. As well, perceived threats to confidentiality may carry additional weight in male clients' self-disclosure decisions as discussed under "Category 7: Assurance of Confidentiality". That is, failures in confidentiality hold the potential for loss of status, power, self-esteem, or identity for male clients in light of the competitiveness, instrumentality, self-reliance, and independence inherent in the construction of masculinity (e.g., Scher, 1990).

Participants' opinions that their counsellors had failed to provide the safeguards they expected regarding confidentiality also resulted in perceptions that their counsellors were not sufficiently attentive to, caring about, and present with them. Impediments to participant self-disclosures due to perceptions of insufficient counsellor interest and regard were previously discussed under "Category 18: Counsellor Not Putting Client at Centre of Relationship".

Category 20: Counsellor Perceived as Biased/Agent for Other(s)

The three impeding events provided by the participants for this category are in opposition to the aiding events provided for "Category 2: Focusing Interest on Client as a Valued Person". The facilitating events in that category resulted in participant beliefs that their counsellors were "for them", valued and cared about them, were their teammates, and

that the participants were safe with their counsellors. But in this category, the counsellors'

behaviours of focusing on others' interests, needs, or agendas to the neglect of the

participants' brought about directly contrasting effects. These incidents led to participant

beliefs that their counsellors were biased "for others", were relatively indifferent to the

participants, were their opponents, and that the participants were being (or were liable to be)

betrayed, manipulated, exploited, or otherwise harmed by their counsellors. Thus, these

events resulted in or greatened participant defensiveness, evasiveness, suspiciousness, and

concealment.

Participant perceptions that their counsellors were surreptitiously acting as agents on

behalf of others also precluded the participants' self-disclosures. Jourard (1971) wrote that

for a client to disclose his or her experience, the client must see the counsellor as "a

trustworthy person of good will" (p. 65). The client must not fear that his or her revelations

will be met with sanctions. Dissemblance, according to Jourard, is virtually guaranteed when

the counsellor incarnates as an informant, spy, or "commissar" reporting back to the

authorities what the client has said so that they can then take "corrective" or punitive steps.

Others wrote similarly about the impeding effects on self-disclosures of perceived bias and

the potential for gossip under the more general topic of personal security. As discussed under

"Category 7: Assurances of Confidentiality", Baxter and Wilmot (1985) enumerated fears of

retaliation, retribution, and recrimination; Hatfield (1984) of abandonment; and Guerrero and

Afifi (1995) of shame, embarrassment, and loss of face as barriers to self-disclosing.

Perceptions that one's counsellor is biased or is acting as an agent for another may

especially obstruct male clients' self-disclosures given the competitiveness and aversion to

vulnerability, as examples, intrinsic in the construction of masculinity. This idea is similar to

those previously discussed under "Category 7: Assurances of Confidentiality" and "Category

19: Perceived Threats to Confidentiality". The incidents supplied by the participants in this

category also present considerations regarding ethical principles and standards of practice

similar to those discussed under "Category 18: Counsellor Not Putting Client at Centre of Relationship". Altogether, it is not surprising that in contrast to the nine aiding incidents in "Category 2: Focusing Interest on Client as a Valued Person" which were all associated with self-rated high-risk level self-disclosures, the three impeding incidents in this category were all associated with self-rated low-risk level self-disclosures.

Consequences for Participants of Self-Disclosing and Not Self-Disclosing

Since self-disclosing often entails exposure to vulnerability, it is understandable that many of the men in this study reported that it often felt extremely risky to make the self-disclosures that they did in counselling. This was particularly the case when the disclosures were affectively loaded and concerned behaviours or experiences involving feelings of shame, guilt, embarrassment, inadequacy, unacceptability, contemptibility, and reproachableness. Yet the participants also said that they received several benefits as a result of having self-disclosed. The advantages that the participants reported are in agreement with many of the propositions that were outlined in Chapters I and II regarding the effects of disclosing very distressing or upsetting material.

Consistent with Pennebaker (1997), the participants' disclosures of unpleasant events and emotions resulted in almost all participants feeling quite distressed, sometimes even worse than before disclosing, for the immediate and short terms. However, those participants also reported subsequently feeling much better than they did prior to their disclosures and usually within a few days of having disclosed. One participant even spoke of reduced physiological symptoms of anxiety, fewer stomach-aches, and less bodily tension and pain as a result of his self-disclosing, just as Jourard (1971) and Pennebaker had proposed.

Several participants spoke of some of their self-disclosures as having provided a cathartic-like emotional relief from their long-standing unpleasantness (cf. Freud, 1904/1954; M. Fisher, 1990). Their revelations of inhibited, secretive, and believed-to-be shameful

aspects of themselves and the accompanying affective manifestations of their disclosures culminated in feelings of alleviation, release, unburdening, and freedom from that distress.

Through self-disclosures of combined affective and cognitive natures, participants reported that they gained new understandings, distinctions, or perspectives regarding themselves and their relations to others and the world. Frequently those participant accounts were reminiscent of Gestalt-like transformations of "ground" to "figure". That is, self-disclosing appeared to spur private compartmentalised thoughts, meanings, events, and emotions from the background of participant awareness into the foreground of shared awareness. Those self-disclosures made the "inside" (internal implicit) ground become "outside" (external explicit) figures where they were available not just for solitary reflection, but for mutual observation, examination, and reshaping. Participants were then able to integrate that now jointly worked and more reality- and truth-tested information into more balanced and coherent representations of themselves, others, and the world. Apart from the mutuality involved, these effects have similarities with Pennebaker's (1997) assertion that disclosure of one's thoughts and feelings regarding critical experiences requires the formation of linguistic representations and expressions which in turn promote reframing, reorganisation, understanding, and resolution of those experiences.

Still other self-disclosures (mostly of more cognitive characters for the participants in this study) seemed to act as corrective emotional experiences (cf. F. Alexander, 1963). That is, participants' fears of catastrophic responses to their disclosures were belied by their counsellors' warmth, understanding, normalisations, and acceptance. These falsifying responses to the participants' dire expectations of disaster resulted in participants feeling less fearful and more confident, efficacious, proud, happy, and forgiving and accepting of themselves.

And lastly, one participant mentioned effects of increased self-honesty, openness, and connectedness with others, especially in reference to his affective self-disclosures. These are

accordant with Jourard's (1971) contention that self-disclosure results in greater authenticity and transparency for oneself and to others.

Those consequences of the participants' self-disclosures were often not mutually exclusive of one another, however. The participants' accounts revealed that most of the men in this study experienced multiple effects from self-disclosing (e.g., initial distress, catharsis, integration, corrective emotional experience). Extracts from participant interviews illustrating those separate and joint consequences of their disclosures appear below.

Participant P51:

> At the time it was unpleasant. The impact it had on me at the time was guilt, regret, very physiologically sick to my stomach feeling, wanting to crawl in a hole and not be seen.... I think that [I was] just not mentally present afterwards.... I think that just sort of getting that out ... just saying it was relieving.... So now it feels [like] a big burden relief.

Participant P52:

> Often times I would sense a lessening of tension in my body and in my level of anxiety ... stomach-aches, tension and pain in my shoulders would sometimes subside.... I wasn't used to keeping honest with my own feelings much.... Sometimes things came up in sessions that I didn't know were there.... But there was often afterwards a sense of relief at having been able to say those things.... I think I routinely ended up taking better care of myself after those times.... As a result [of self-disclosing], I'm much more willing ... I'm more comfortable being open with people.

Participant P53:

> It was a big risk, and a feeling of embarrassment about disclosing.... I had the opportunity to say, you know, what the guilt was really about.... It was a way to unload, to air. It felt good to be able to get it off my chest.... And then I could separate [the guilt] from my behaviour and make a distinction there.... So I felt a little more confident in myself, that I was handling the situation well and could handle it, and some reduction in fear.

Participant P54:

> Well, [initially it was like] I had crossed a bridge 'cause I couldn't take it back.... But from that point on I felt good. The whole experience was important for me and precisely because I did reveal something that I hadn't revealed before. It helped me to understand it, put it in perspective.... I felt better – I was very happy that it was out. I could think about it in a different way than I had been able to previously because it had been aired.... I guess I would call it reconciling, or coming to terms, or being at peace with something that was a problem for a long time.... I felt relieved.

Participant P55:

> The feelings I would have later were often feelings of self-confidence, [being] upbeat, and a burst of energy.... They [the self-disclosures] gave me a big lift.

Participant P56:

> Right after it was a lot of emptiness – it felt really empty.... You know, it hurts to take the Band-Aid off, but after a little while the pain goes away. But now I feel good about it – I can leave that behind – move on.... Empty like drained –

physically drained – absolutely – mentally drained – emotionally – just like a drained I never felt before. It was probably a couple of days before I started getting, you know, back to normal.... I didn't think there's any more feeling you can have once you're absolutely drained like that.... A couple of days later I felt a lot of relief actually, and, you know, a little bit more forgiving.... I felt relieved ... I had to deal with it ... and talk about it and that type of relief. And relief that I knew I could do it, you know ... a bit of pride. [Then] also starting to feel real good. Forgiveness ... acceptance of myself – I can go out and have more confidence.... It feels good – I felt happy ... I felt great. I felt like a new man.

When participants were obstructed from making their wanted self-disclosures, the reported consequences ranged from confusion to disappointment to frustration to anger. Indeed, several of the participants stated feeling so upset by not being able to self-disclose that they either wanted to or actually did end their counselling with those counsellors. Participant statements reflecting these effects are given below.

Participant P51:

It was frustrating. I just wanted to get out of there. I just wanted to end the session. So I would think ... so how am I going to get out of this?

Participant P52:

I'd leave a little disappointed – I hadn't really been able to get to that deep place.

Participant P54:

I got angry, turned off, and that was the end of it - I left.

Participant P55:

>You're left wondering 'When is this going to proceed and carry on?' ... I didn't
>
>continue – I didn't go back.

The Disclosure Decision Model (Omarzu, 2000) and the Categories of Events

Omarzu's (2000) Disclosure Decision Model (DDM), as reviewed in Chapter II, is a high-level, situation-general, and stage-wise representation of the self-disclosure decision process. Presented by Omarzu in a general and abstract form, the DDM and its stages do not contain specificity, concreteness, or detail regarding self-disclosure decisions in any particular social context. As seen in Figure 1, however, the categories developed in this research can be mapped well onto the stages, especially the later stages, of the DDM. The category mapping serves to elaborate the corresponding stages of the DDM regarding self-disclosure decisions for the specific situation of male clients in counselling. The mapping also shows how the categories that aided and impeded the male participants' self-disclosures appear from the perspective of the discloser's decision-making process as conceptualised in the various stages of the DDM.

Figure 1: Correspondence Between Omarzu's (2000) Disclosure Decision Model (DDM) and Categories of Events

DDM

Categories

Accessibility of Goal in Social Situation
- Cat 15: Environmental Factors
- Cat 16: Perceived Counsellor Expertise
- Cat 22: Limited Session Time
- Cat 25: Cost of Counselling
- Cat 26: Intermittent Sessions

Appropriateness of Self-Disclosure as Strategy to Attain Goal
- Cat 12: Client Expectation to Self-Disclose

Target Appropriateness
- Cat 1: Accepting Client
- Cat 2: Focusing Interest on Client...
- Cat 4: Actively Engaging Client N-V...
- Cat 6: Counsellor Self-Disclosures
- Cat 8: Co Perceived as Similar to Cl...
- Cat 10: Counsellor reliably Available
- Cat 11: Normalising/Validating Client...
- Cat 13: Counsellor Genuineness
- Cat 14: Counsellor Using Metaphor...
- Cat 17: Counsellor Use of Humour
- Cat 18: Co Not Putting Cl at Centre...
- Cat 21: Co Perceived as Disingenuous
- Cat 23: Client Ethical Dilemma
- Cat 24: Co Perceived as Unlike Cl...

Subjective Utility of of Potential Rewards
- Cat 3: Challenging Client
- Cat 5: Counsellor Probes
- Cat 9: Co Providing Focus and Direction

Subjective Risk
- Cat 7: Assurances of Confidentiality
- Cat 19: Perceived Threats to Confidentiality
- Cat 20: Co Perceived as Biased/Agent ...

To describe the mapping in Figure 1 further, the first step in the DDM (Omarzu, 2000) is where the individual (i.e., the male client) initially weighs the likelihood of the accessibility of a goal in a given social situation. As stated in Chapter I, counselling has become a socially sanctioned institution in Western cultures for the attainment of certain goals of individuals. A common goal at this entry point in the DDM for the social situation of counselling would be relief from distress. Several categories from this research correspond to this stage of the DDM. As examples, the events in "Category 16: Perceived Counsellor Expertise" strengthened participants' initial beliefs of the accessibility of their counselling goals. On the other hand, the events in "Category 25: Cost of Counselling" and "Category 26: Intermittent Sessions" weakened participants' beliefs that their goals were attainable through counselling.

In the second stage of the DDM (Omarzu, 2000), the individual considers whether self-disclosure is a suitable strategy for achieving the goal. As discussed in previous chapters, client self-disclosure is a fundamental tenet with respect to both processes and goals in the social construction of counselling. As such, "Category 12: Client Expectation to Self-Disclose" directly corresponds to this step in the DDM.

Next in the DDM (Omarzu, 2000), the individual assesses the appropriateness of the target (i.e., the counsellor) for the self-disclosure. Target appropriateness refers, as examples, to the target's trustworthiness, acceptance of and rapport with the discloser, and perceived ability to offer new insights regarding the self-disclosure. Many of the categories from this research map very well onto the characteristics of target appropriateness in the DDM. As examples, "Category 1: Accepting Client", "Category 2: Focusing Interest on Client as a Valued Person", and "Category 11: Normalising/Validating Client Experiences" each correspond with aspects of target appropriateness. Conversely, the events in "Category 18: Counsellor Not Putting Client at Centre of Relationship" and "Category 21: Counsellor

Perceived as Disingenuous" stand as examples of target inappropriateness. These impeding categories, therefore, can also be mapped onto this level of the DDM.

The final stage of the DDM (Omarzu, 2000) involves the person's subjective assessments of the utility of the potential rewards of self-disclosing and of the risks of self-disclosing. The DDM posits that as subjective utility increases, the depths and durations of self-disclosures increase. And, in a converse manner, as subjective risk increases, the depths and durations of self-disclosures decrease. The results of this research support those propositions with respect to the social situation of male clients in counselling. That is, the events in the categories that map as having increased the participants' subjective utility or as having decreased their subjective risk assessments were associated with facilitating many more high-risk than moderate- or low-risk level self-disclosures. But, the events in the categories that correspond to increased participant assessments of subjective risk were associated with precluding many more low-risk level self-disclosures than moderate- or high-risk level self-disclosures.

In particular, the participants' reports regarding the effects of the events in "Category 3: Challenging Client", "Category 5: Counsellor Probes", and "Category 9: Counsellor Providing Focus and Direction" indicate perceived increases in the utility of the potential rewards of their self-disclosures. As examples, participants spoke of increased awareness of self-limiting beliefs and behaviours, possible alternative perspectives and ways of being, options for movement, possibilities for action, and increased senses of direction, productivity, and progress regarding the events in those categories. At the same time, the events in "Category 7: Assurances of Confidentiality" correspond to decreased subjective risk assessments with respect to self-disclosing. As a result of the events in that category, the participants noted increased senses of safety and control along with decreased concerns and fears regarding potential exposure, embarrassment, and retribution, as examples. And, the participants associated twice the number of events in the mentioned categories (i.e., sixteen)

as having facilitated high-risk self-disclosures as they did events (i.e., eight) that facilitated moderate- or low-risk self-disclosures.

However, the events in "Category 19: Perceived Threats to Confidentiality" and "Category 20: Counsellor Perceived as Biased/Agent for Other(s)" easily map as having increased participants' subjective risk assessments. Participants spoke of impaired confidentiality, diminished safety, suspiciousness of their counsellors, and anticipations of being harmed, blamed, or shamed as consequences of the events in those categories. Not surprisingly then, the participants cited three times the number of events in those categories (i.e., six) as having precluded low-risk level self-disclosures as they did events in those categories (i.e., two) that precluded other risk level self-disclosures.

As shown in Figure 1 each category formed in this study can be mapped onto one of Omarzu's (2000) steps in the DDM. Thus, the categories developed in this research provide support for the construct validity of the stages of the DDM with respect to the self-disclosure decisions of male counselling clients. The mapping also elaborates the high-level, general stages of the DDM regarding the events in counselling that affect the self-disclosure decisions of male clients. Hence, the DDM with the enhancements furnished by this research can also serve as a framework when considering self-disclosure decisions and the factors therein from the perspectives of male clients of counselling. As previously demonstrated, those statements especially apply to the later steps in the DDM.

Still, several limitations of the DDM (Omarzu, 2000) became apparent in this research. The DDM portrays the self-disclosure decision process as following an ordered, stage-wise, and linear path. However, from the participants' accounts their self-disclosure decisions seemed to be based on a more iterative, recursive, spontaneous, and summative process. That is, the participants seemed not to stay within one DDM stage until satisfied to proceed to the next, but to move back and forth between stages, and even to skip forward and backward across the stages, tallying the pros and cons of self-disclosing as they did.

As well, some aspects of the participants' decision processes appeared to be more heavily weighted, and in some cases much more heavily weighted, than were others. For example, the impeding events seemed to have been generally more hindering, event for event, than the aiding events were facilitating. In fact, sometimes a single impeding incident alone, especially from "Category 18: Counsellor Not Putting Client at Centre of Relationship" or "Category 20: Counsellor Perceived as Biased/Agent for Other(s)", irretrievably teetered the balance of the decision to the "not disclose" end of the scale for a few of the participants. In those regards, the DDM (Omarzu, 2000) would have better represented the participants' self-disclosure decision processes had it included the notion of weightings and had it stated that it is when *both* subjective utility is high *and* subjective risk is low that depth and duration of self-disclosures are increased.

Furthermore, the DDM (Omarzu, 2000) may assume in its entry stage that the discloser knows more about the specific goal and the content of the self-disclosure than may actually be the case in counselling contexts. It seemed from the interviews that sometimes the participants were initially not clear on their goals (apart from the general goal of relief from distress) and, therefore, on the specific content of their self-disclosures that would be helpful in achieving those goals. As one participant (P52) said, "... a lot of things were on my mind and a lot of things ... were under the surface that I didn't even know were on my mind...."

Nonetheless, the stages in Omarzu's (2000) DDM, especially as enriched by the mapping developed in this research, are useful rubrics and heuristics regarding male counselling clients' self-disclosure decision processes. And, there is no apparent reason why the stages of the DDM could not be explored and elaborated in a manner similar to that in this research with respect to the self-disclosures of other populations of counselling clients.

Implications for Research

All of the participants in this study were Caucasian, North American-born-and-raised adult males. Additional areas of research, then, concern the events in counselling that other client populations (e.g., women, individuals of other cultures, adolescents) find facilitating and hindering to their self-disclosures. From a comparative approach thereafter, questions of whether certain categories of events are common to all or are unique to specific client populations can be investigated. As examples, do particular client populations place greater or lesser importance on incidents of counsellor provided focus and direction, challenging, probing, and those in other categories than did the men in this study? How are the categories of events (e.g., counsellor acceptance, counsellor challenges, counsellor provided focus and direction) framed similarly and differently across the various client groups? Do the events and their categories carry the same valence (i.e., aiding or impeding) across the client populations? Do additional categories emerge and are some categories not represented at all for some client groups?

The participants in this study spoke almost exclusively of their experiences with male counsellors. Only two of the men reported having participated in counselling with female counsellors at any time, and those participants also had had male counsellors. So extremely little was said by those participants about their counselling with the female counsellors that it is not possible to state that the results of this research directly apply to the self-disclosures of male clients with female counsellors. Investigations into and comparisons of the similarities and differences of the categories of events aiding and impeding the self-disclosures of various client populations (e.g., by gender, by developmental level, by culture) with male and with female counsellors are, therefore, other possible avenues for research.

Participant gender was based simply on biological sex in this research. As Foubert and Sholley (1996) reported however, the tendency to self-disclose is associated not only with the discloser's biological sex but with his or her psychological masculine and feminine

dimensions as well. Hence, another opportunity for research involves investigating the similarities and differences in the categories of events facilitating and hindering the self-disclosures of clients relative to their varying degrees of psychological masculinity and femininity.

The less typical categories formed in this study may also be amenable to additional research. As examples, what types of counsellor humour, when delivered, to whom, and how much result in aiding client self-disclosures? Are there limits, and if so, what are those limits beyond which counsellor humour impedes client self-disclosures? What aspects of counsellor expertise, used in which contexts, and with which client populations promote or preclude client self-disclosures?

Similar types of research questions exist with respect to several other considerations. Firstly, the theoretical and clinical approaches of the participants' counsellors were not known in this study. Do, as examples, client-centred versus cognitive-behavioural versus other approaches make differences in the incidents that clients report as helpful and hindering to their self-disclosures? The men in this study spoke of their experiences in individual counselling. In what ways are the events that research participants report as having affected their self-disclosures different for other modes of counselling (e.g., couple, family, group, psychodrama based)? All of the participants in this research seemed willing and motivated in their counselling and attended at their own initiatives. How are the events that aid and impede self-disclosures different for clients that are relatively disinclined toward, uninterested in, or mandated to attend counselling? The reasons for the participants seeking counselling and the topics of their self-disclosures were not known in this study. Do clients with different counselling or self-disclosure topics or content areas (e.g., trauma, depression, shame, guilt, violence, sexual issues, grief, loss, identity issues) respond differently with respect to the categories produced in this study? It appeared that the men in this study particularly attended to their counsellors' non-verbal communications. Do male counselling clients really infer

greater degrees of emotional and relational meanings through non-verbal than verbal channels compared to female clients? Which means of non-verbal communication are especially relevant in these regards for male clients? And lastly, the researcher was also a Caucasian male born and raised in North America. Hence, the results of this study were necessarily influenced by the culture of the researcher as well. In what ways would the assumptions in this research, questions posed to the participants, and resulting categories be similar and different for researchers of other cultures?

Certainly it may be that some, perhaps even many, of the categories developed in this research apply to different counselling approaches, cultural contexts, self-disclosure topics, and modes of counselling. But in those different circumstances, the categories may be populated in different proportions, they may have opposite valences, and the category set itself may not be stable. Therefore, investigations into the similarities and differences of the categories of events affecting client self-disclosures in all those other contexts are other research possibilities.

Other research methods may also add to the results found in this study. The data in this research were collected through the participants' retrospective self-reports. While the method used in this study gave "voice" to the participants' accounts, it leaves open the questions of the accuracy and completeness of the participants' statements regarding the natures and extents of the incidents they described. This may be particularly pertinent to disclosures that were outside participant awareness, such as some non-verbal disclosures. As well, further research may benefit from involving greater numbers of participants and confirming the results of the research with the participants.

Implications for Practice

The most general implication for counselling practice from this research is that counsellors need to attend to *both* the categories of events that aided *and* the categories of

events that impeded the participants' self-disclosures. Otherwise, there will most likely be no meaningful disclosures in counselling on the parts of male clients. That is, incidents in the categories impeding self-disclosures precluded even low-risk level self-disclosures. Obviously then, the presence of any conditions or counsellor behaviours that were included in those categories will most likely seriously limit male client self-disclosures. For male clients to risk higher-level self-disclosures, those that are likely to be more beneficial in counselling, counsellors need to attend to creating the conditions and implementing the behaviours that were revealed in the categories of aiding events. Without client self-disclosure, especially disclosures of greater risk-taking natures, there can be no effective counselling. The more specific implications for practice evident from this research are detailed in the following pages.

Practice Ethically

Many of the participants' statements regarding the events that aided and impeded their self-disclosures in counselling reflect the importance of ethical counselling practice. That is, their counsellors' active incorporation of such American Psychological Association (APA, 1992) ethical principles as beneficence, nonmaleficence, and justice, as examples, served to facilitate the self-disclosures of the men in this study. Examples given by participants of events that aided their self-disclosures relating to those principles generally involved counsellor acceptance of, valuing of, interest in, and non-judgement of the client. A more specific example concerned a counsellor's gentle refusal of an invitation from a participant to an event that may have given rise to a dual relationship situation. Conversely, events that led to participant perceptions of what would amount to infringements or breaches of those ethical principles precluded even low-risk level self-disclosures. For example, counsellor behaviours that led to perceptions that the counsellor was acting as an agent for or was biased for another virtually quashed participant self-disclosure. Male client self-disclosures are best served,

then, when ethical principles and standards are not just high-order, extra-session ideals, but are actively lived in the counsellor's practice in each action toward, reaction to, and interaction with the client. While this research focused on adult male clients only, that statement is likely applicable to all client populations.

Ensure Confidentiality and the Perception of Confidentially

When participants spoke of incidents related to ethical practice, those incidents were often concerned with issues specific to confidentiality. While explicit discussions and negotiations regarding assurances of confidentiality aided the self-disclosures of the men in this study, even implicit threats to confidentiality severely impeded their self-disclosures. As discussed earlier, many men may be particularly sensitive to issues around confidentiality in counselling. Hence, counsellors are well advised to be vigilant from the outset of counselling in explicitly informing male clients of and discussing with them the extents and the limits of confidentiality in counselling.

Furthermore, confidentiality must not be seen by male clients to be endangered through any aspect of the counselling situation. In this regard, counsellors should maintain and be prepared to discuss the confidentiality of not only verbal information, but of recorded material as well. For example, before taking session notes counsellors should discuss with male clients the purpose, confidentiality, and disposition of the session notes and gain their permission to take such notes. And, some participant statements reinforced the tenet that counselling begins when the client enters (or even first contacts) the counselling facility. For instance, overhearing counsellors discussing other clients impaired the sense of confidentiality and, therefore, the self-disclosures of one of the men in this study. Clearly, then, counsellors should also maintain office environments that evince confidentiality, and more generally ethicality, in order for them to be conducive to the self-disclosures of their male clients.

Establish a Sound Therapeutic Working Alliance

A large number of the categories of events that aided and impeded the self-disclosures of the men in this study pertain to the development of the therapeutic relationship. Gelso and Carter (1994) wrote of the therapeutic relationship as the client's and counsellor's feelings and attitudes toward each other and the ways in which they express those. In Gelso and Carter's conceptualisation, indications of a positive therapeutic relationship include a climate of safety and trust established through attentive listening, caring, acceptance, empathetic understanding, respect, affirmation, valuing, interest, and constancy. Certainly, many of the events provided by the participants, especially those in "Category 1: Accepting Client", "Category 2: Focusing Interest on Client as a Valued Person", and "Category 4: Actively Engaging the Client Non-Verbally", reflect those aspects of positive therapeutic relationships.

Yet almost all of the incidents supplied by the men in this study were in reference to their experiences with male counsellors. And when the participants spoke of their relationships with their male counsellors, they more often than not framed them in terms of collaborative partnerships in the tasks and goals of counselling aimed at defeating the problems that brought the men to counselling in the first place. This is consistent with Sherrod's (1987) assertion that men structure relationships with other men not around intimacy, but around activities and doing those activities together. Likewise, Wasserman (1994) claimed that men value teammates for their abilities to perform the tasks necessary to successfully attain the goals rather than for their abilities to engage in a process en route to an outcome. Thus, framing counselling (and speaking about counselling) with male clients in terms of a "working alliance" rather than a "relationship" is likely to be more accommodating to men's instrumental, task, goal, and teammate preferences. Doing so may enhance male

clients' self-disclosures and at the same time increase their commitments to and enjoyment of the counselling process, perhaps leading to improved outcomes.

In this respect, Bordin's (1994) therapeutic working alliance seems a more pragmatical construct with respect to men's self-disclosures in counselling than does Gelso and Carter's (1994) notion of the therapeutic relationship. Bordin characterised the therapeutic working alliance as including not only the client and counsellor's interpersonal connections, but also their agreement on the goals of counselling and their collaboration on the therapeutic tasks. Note, however, that Bordin's therapeutic working alliance does not emphasise agreement and collaboration on the goals and tasks of counselling over the development of the interpersonal connections. Because, as was demonstrated by the participants in this research, men's relationships with their counsellors are key for their self-disclosures, counsellors will be ambushing processes and outcomes with male clients if they concentrate on the goal and task aspects of counselling to the neglect of the client – counsellor interpersonal connections.

Furthermore, the quality of the client – counsellor relationship appears to be set early in the course of counselling, even within the first few sessions (Lambert, 1992). It seems prudent, therefore, to attend closely to confirming the male client's impressions of the counselling and to establishing a well-functioning relationship at the outset of the counselling.

Offer Empathy in Tolerable Doses

In discussing the development of interpersonal connections with male clients, Shay and Maltas (1998) reiterated that many men come to counselling with anti-alliance stances in hand. That is, men are often distrusting of "feminine", care-based interactions that involve exposure, vulnerability, and care-related "soft" words, and suspect the counsellor as an agent for emotionality, "feminisation", and shaming. Building a successful alliance with those men therefore requires cultivating an environment that operates against shame, humiliation, and

premature exposure and vulnerability. And, since men are typically reluctant to acknowledge difficulties and are uncomfortable with intimacy and emotional expression, it is prudent for the counsellor to maintain a non-pressuring climate that respects their reluctance and enables them to keep their pride in non-superficial discussions.

To those ends, Shay and Maltas (1998) proposed that empathy be offered in tolerable doses. Many men are not accustomed to or comfortable with receiving supportive and sensitive empathetic statements. Welcoming such comments would be equivalent to acknowledging the need for them, which is contrary to the independence and toughness dictates of the construction of masculinity. Indeed, many participants in this study stated aversions to overt and frequent empathetic responses.

Validate the Client's Masculine Strengths

In place of the usual elaborate or frequent empathy, Shay and Maltas (1998) suggested validating the man's strengths. Common examples of such strengths are a willingness to withstand hardship and pain to provide for and protect loved ones, expressing care and love by doing things for others, perseverance in the face of difficulties, loyalty to commitments, taking risks, and integrity. Many such validations can also be turned to good use later in counselling in terms of building on and challenging those strengths. And, from the accounts of the participants in this study, validating not only the male client's strengths, but also his tentative, lesser-risk self-disclosures and his accumulated wisdoms and life-lessons would be valuable in relationship development and in subsequent challenges to the client.

Use a Dialect in Common With the Client's

Shay and Maltas (1998) also stated that if the counselling language is not credible to the client, then the counselling effort will not succeed. And, while women more often use language to provide understanding and support, connect with others emotionally, validate

experiences, and share and sort out problems, men more often use language to provide solutions, impress others with their abilities and accomplishments, and give and receive information. Problems are addressed more through action-oriented and instrumental behaviours than through talk by men. Thus, men's language is not the rhetoric of emotions, relationships, processes, inner experiences, secrets, and insights that has become the norm in counselling.

Shay and Maltas (1998) therefore advocated that the counsellor communicate with the male client in as common a dialect as possible. The counsellor will engage with the man much more if he or she finds within him or herself a comfortable dialect (e.g., business, sport, occupational) that has some commonality with the man's. Failing that, Shay and Maltas recommended that the counsellor's dialect at least communicate respect for the language gap that exists. One participant in this study specifically noted that his self-disclosures were aided by the acceptance he felt through being able to communicate with his counsellor in his own language.

While not specifically mentioned by Shay and Maltas (1998), it would also seem useful to use goal setting, task, and action oriented language that is in agreement with the language and activities of many men. For example, "You've been carrying a lot of heavy stuff around for a long time and you'd like to get rid of that weight." In reference to language gaps, it may also help to prepare the male client for and perhaps train him in some aspects of the language of counselling. As an example, "I'm going to be speaking from a different model, and may need to help train you in the language of that model."

Use Non-Verbal Communication to Convey Empathy and Connection

Neither did Shay and Maltas (1998) mention the use of non-verbal communications with male clients. Yet, based on the results of this research another implication for practice with male clients is to make good use of non-verbal language. While men may tend not to be

as proficient in or as receptive to verbalisations of emotional, relationship, and process language as women tend to be, the men in this study inferred considerable empathy and emotional connection through their counsellors' non-verbal communications. When in the research interviews the men did speak in emotional and relationship language and of having been affectively aware and emotionally moved in counselling, it was most often in reference to their counsellors' non-verbals. Thus, for male clients, counsellors' non-verbal expressions may be easier to receive and may communicate as much or more empathy, understanding, connection, and engagement as their words do.

The men in this study reported, in particular, the expressions in their counsellors' eyes, faces, hands, and bodies. They also mentioned the pauses and silences and the tones of voice that their counsellors used. Granted, all of the participants in this research were Caucasian men raised in North America. Counsellors need to be aware that the meanings of some non-verbal expressions are culturally dependent (e.g., head movements, hand gestures) while others, especially facial expressions of basic emotions (e.g., anger, disgust, happiness, sadness, surprise), seem to be more or less culturally universal (Shweder & Haidt, 2000). These conditions also apply, of course, to the client's non-verbal expressions and the meanings inferred from them by the counsellor. And, counsellors must remember that the male client is likely attending, if not seemingly to the counsellor's words, to the counsellor's non-verbal expressions, even his unintentional ones. Therefore, counsellors ideally need to be aware of all their inner experiences and associated non-verbal behaviours. As the eighteenth century French diplomat Tallyrand-Périgord is reputed to have said, "Speech was given to man to disguise his thoughts."

Work With, Not Against, Masculine Competition

In another discussion of developing the interpersonal bond between the male client and counsellor, Graff (1987) wrote of how he reframes and works in counselling with the

construct of male competition. Graff's is a more active formulation than Shay and Maltas' (1998) is, and is limited to use by male counsellors only. That is, Graff provided a model for how male counsellors can connect with male clients on a basis that is still masculine but is not competitive in the usual sense.

Instead of perceiving competition as a contest that results in a victor and a vanquished, Graff (1987) works with the male client to consider competition as two peers experiencing their strengths together and feeling closer to one another as a result. As emotional and relationship language are often limited in men, Graff claimed that his style of competition provides an alternate framework for each to learn how the two are alike. As told by the participants in this research (e.g., "Category 3: Challenging Client", "Category 8: Counsellor Perceived as Similar to Client in Important Ways", "Category 13: Counsellor Genuineness"), perceiving the counsellor's strengths, genuineness, and similarities to the participant, especially in terms of masculine virtues, aided participant self-disclosures.

Early in counselling, Graff (1987) engages the male client in a figurative arm wrestling match. For example, suppose Graff sensed that the male client would rather be anywhere than in the counselling session and at the slightest provocation would walk out. Graff might respond with a judicious self-disclosure of a time when he did not want to be where he was, and then respectfully challenge the client as to whether he was going to walk out of the session. Graff claimed that the ensuing tussling is often an exhilarating and revealing experience for the client and counsellor based on a typically masculine activity that helps the male client – male counsellor bond to form. That bond also lays the groundwork for resolving later differences between the client and counsellor.

Masculine competition is often tied to issues of inadequacy, and Graff (1987) attempts to address those issues through mutuality. For Graff, neither the male client nor the male counsellor can feel adequate if the other feels inadequate. They can only feel adequate together. For example, Graff stated that the male client is often surprised by how

overwhelmed or bewildered the male counsellor can feel during sessions. However, Graff claimed that that same client is also relieved to find that another man does not have all the answers for him.

Thus, by first identifying with and bonding with the male client on masculine levels, Graff (1987) initiates the male client – male counsellor alliance. From that point, Graff claimed, the counselling is able to move on to the necessary goals, tasks, and more standard processes of counselling.

As in evident in Graff's (1987) representation, male counsellors need to be confident in expressing their masculine strengths when working with male clients. This was confirmed by some participants in this study who specifically noted their counsellors' masculine genuineness and challenges as furthering their self-disclosures. Those same participants also mocked other male counsellors who appeared disingenuous, weak, and feminine to them by focusing almost exclusively on affect, attachment, and process from the outset of counselling.

But the male counsellor cannot be too "guy-like" either or no therapy will occur. For example, client self-disclosures must have higher risk levels to be therapeutic, and, as M. Fisher (1990), Jourard (1971), Pennebaker (1997), Yalom (1995), and others asserted, those self-disclosures must contain affective components. Therefore, once that masculine bond between the male counsellor and male client has been formed, the counsellor must venture to bring out and work with the more feminine aspects of affective communication, empathetic responding, attachment, and process. These were important factors, if not overtly and explicitly stated by the participants, in the development of the therapeutic relationships and consequent self-disclosures of the men in this research. Thus, when counselling male clients the male counsellor needs to embody that blend of the masculine and feminine, and call upon and utilise each in its own turn.

Use Appropriate Self-Disclosures

Much of Graff's (1987) masculine yet competition-reframed and mutuality-based approach seems to hinge on appropriate counsellor self-disclosures. The long-standing controversy over counsellor self-disclosure is, according to Knox et al. (1997), founded in differences between the psychoanalytic and humanistic traditions. Psychodynamically oriented counsellors often attempt to severely limit their self-disclosures to remain neutral, detached, passive, and anonymous blank screens in order to mirror the client in a manner that is free from counter-transference distortions. At the other end of the spectrum are humanistically oriented counsellors who tend to self-disclose more freely to clients. Their therapeutic philosophy is predicated on more open, real, authentic, and transparent client – counsellor relationships.

Regardless of those debates, the participants in this study reported that their counsellors' self-disclosures were significant in facilitating their own self-disclosures. The consequent implication for practice, then, is that counsellors should consider and not refrain from using appropriate self-disclosures as aids to their male clients' self-disclosures.

In terms of what constitutes appropriate counsellor self-disclosures, Knox et al.'s (1997) research revealed that clients perceived helpful therapist self-disclosures as those that the clients believed were intended by the therapist to normalise their experiences, to reassure them, or to encourage them to confront issues and make constructive changes. Furthermore, such therapist self-disclosures occurred when the clients were discussing important personal issues and consisted of personal, non-immediate information about the therapist (e.g., family, leisure, and experiences similar to those of the client). While not believed as intended to model their own self-disclosures, the participants in Knox et al. nevertheless stated that an effect of their therapists' self-disclosures was the facilitation of their own self-disclosures.

Many of Knox et al.'s (1997) aspects of helpful counsellor self-disclosures were reflected in the statements of the participants in this study. As examples, participant P51 said,

>Other things that helped me to disclose were my psychologist's self-disclosures. When he disclosed to me about his experience, that definitely not only served to normalise but also just made it feel safer.... The self-disclosures just around unrelated things in their personal life, like just what they've done on the weekend maybe ... I mean, he didn't get into real personal things....

Again, P51 stated that his counsellor's self-disclosures "were almost a step ahead of where I was going ... and I think that's what pushed me along...." Another participant (P52) said, "As he shared his feelings with me at times, in his experiences – after seeing a role model, as another strong male ... self-disclose – it was very helpful for my learning process and for my cathartic process." And as participant P54 stated, "... he told me, not very much, but he told me some little stories about himself that made it perfectly clear to me that he understood what I was talking about – he got it."

In another vane, Peterson (2002) wrote on appropriate counsellor self-disclosures from an ethics perspective. According to Peterson, the ethical principles most often related to counsellor self-disclosures are those of beneficence, nonmaleficence, justice, autonomy, and fidelity (APA, 1992). Peterson argued that if a counsellor's self-disclosure is therapeutically useful, then it satisfies the principle of beneficence. If, however, it impairs the therapeutic process or outcome, then it contravenes the principle of nonmaleficence. The principle of justice may be violated if the counsellor self-discloses with some clients but not others. That is, the counsellor must consider whether the same self-disclosure would be made to other clients under similar circumstances. And, not truthfully and fully informing the client regarding known information that may impact the client's counselling decisions (e.g., the counsellor's inability to complete the course of counselling) runs counter to the principles of fidelity and autonomy.

Peterson (2002) proposed that counsellors consider four factors when assessing the ethicality of their intended self-disclosures. The first of Peterson's factors is the content of

the self-disclosure. Most often, counsellor self-disclosures concern the counsellor's (a) training, experience, and values regarding counselling; (b) personal life circumstances, experiences, and attitudes; (c) personal reactions to or feelings about the client; (d) or acknowledgements of mistakes in counselling (e.g., inappropriate or insensitive remarks to the client). The second factor pertains to the counsellor's reasons for the self-disclosure. These may include using the self-disclosure as a method for demonstrating empathy and understanding, establishing bonds of trust, normalising experiences, providing examples of ways to express emotions or handle difficult situations, or demonstrating boundaries. Valid reasons do not include the meeting of the counsellor's own needs through the client. The third factor, client characteristics, includes such diverse things as the client's past experiences, current situations, general outlook, age, gender, developmental level, tendency to focus on the needs of others rather than his or her own, boundary strengths, and degrees of impulsiveness and reality testing. Special circumstances, Peterson's fourth factor, concerns unusual conditions that could, for example, lead to an interruption in counselling services. Examples of such circumstances are counsellor illness or bereavement.

While there is no way to predict with certainty the benefits or harms of a counsellor's self-disclosure in a given situation, Peterson (2002) stated that the counsellor can increase the likelihood of the ethicality of the self-disclosure by including those four factors in his or her ethical assessment. In addition, Peterson offered several guiding questions in this regard:

> (a) Is this information necessary to protect the client's informed consent? (b) Is my purpose in disclosing this information to benefit the client or to benefit myself? (c) Will this particular client use this information in a way that is helpful? (d) Will disclosing this information interfere with our therapeutic progress? (p. 30).

Consider Preparing Some Men for Counselling Through a Men's Group

As Shay and Maltas (1998) stated, men's language tends not to be emotion, relationship, and process abundant. Yet male clients must be confident in and accepting of the language of counselling for the work to be successful. In Brooks (1998) view, many men may therefore benefit from preparation for counselling. Brooks argued like others did (e.g., Clulow, 1998; Ipsaro, 1986; Shay, 1996) that most counselling proceeds on a feminine model involving verbal expressiveness, especially of emotions. Yet men often do not self-disclose in counselling because they cannot articulate their issues, concerns, or emotions which, according to Brooks, makes counselling premature, ineffective, and sometimes detrimental for all involved. To attenuate those difficulties, Brooks advocated preparing men for counselling. This idea was previously discussed with respect to bridging language gaps between the counselling and male client dialects under the implication "Use a Dialect in Common With the Male Client's". However, Brooks has gone further in terms of preparing men for counselling by designing a men's group specifically for that purpose. After that preparation, Brooks claimed, men can more easily transition to counselling.

Brooks (1998) prescribed several objectives and related activities for the preparatory men's group. To lessen men's shame around counselling, Brooks offers noble ascriptions to their loyalty to the men's code in a fashion similar to Shay and Maltas' (1998) validations of men's strengths. Also in the manner of Shay and Maltas, Brooks accommodates to men's communication styles, often using metaphors from their work environments or favourite sports. These activities are aimed at building the members' senses of safety, trust, inclusion, and the member – member and counsellor – member bonds.

But Brooks (1998) goes beyond Shay and Maltas (1998) by examining group members' problems in a gender context and elaborating the ways in which rigid male role definitions contribute to those problems. An advantage of the group format is that one member's gender issues are often mirrored by other men in the group, thereby promoting universality of

experience and decreasing men's social isolation from one another. As well, members' testimonials often instil hope in other men in the group that they too may accrue something by participating in counselling. It seems that men frequently respond better to information from peers than from figures of authority like counsellors (Brooks & Silverstein, 1995; Levant, 1990).

In Brooks (1998) view, universality and hope often serve to evoke appropriate expressions of men's anger, frustration, bitterness, guilt, shame, and grief. As a result of their new awareness of the universality of men's distress, their hope for themselves, and the group's acceptance of, caring about, and interest in one another, men are often emboldened to disclose deeply private secrets according to Brooks. Interestingly, those same senses of being of interest to, accepted by, and cared about by another man were cited by the participants in this research in relation to their male counsellors as factors that facilitated their self-disclosures. And, even without the plurality of group members, the men in this study also noted their counsellors' normalisations and validations as elements that aided their self-disclosures.

According to Brooks (1998), by broadening their male circle of support, many men may also reduce their dependence on women for emotional reassurance and comfort. By having participated in the preparatory men's group, the men become aware of the covert social forces impinging on them as men. They are then encouraged to speculate on the perspectives of and the forces acting on friends, family members, and others in society and how each individual's actions are construed by and influence others. Brooks claimed that many men feel curious, confident, and ready enough to engage in counselling by having participated in the preparatory men's group.

Use Metaphors

Shay and Maltas (1998) and Brooks (1998) recommended using metaphors with male clients, particularly metaphors that tap into male clients' work and sport experiences. And, Graff's (1987) description of male counsellors engaging male clients on a masculine but non-competitive basis (i.e., figurative arm wrestling) is a metaphor in itself. In this research, "Category 14: Counsellor Using Metaphor for Counselling Process" was not a relatively well-represented category. Of course, this may have been due to the participants' counsellors not having used metaphors in their counselling. Nonetheless, given many men's restricted affective, relationship, and process language and their aversions to things they perceive as feminine, metaphors (and other tropes) may be particularly useful with male clients.

This would seem to be especially the case in the development of the male counsellor – male client alliance and in aiding male client self-disclosures. Metaphors that participants in this research recounted as having aided their self-disclosures evoked images of typically masculine collaboration and teamwork with their counsellors in activities directed toward achieving common goals. Those were of a counsellor and participant yoked together ploughing a field (participant P53) and of another counsellor and participant chipping away together at a big cement block (participant P56). And, it seemed those participants were more emotionally moved and felt more tightly allied with their counsellors through those metaphors than through the incidents they reported in other categories.

Several advantages and benefits of using metaphors with male clients are apparent. A metaphor can clarify and amplify the client's (and the counsellor's) understanding of the tenor, or subject, of the metaphor through deliberate and highly concentrated uses of image or action language with which the client is familiar and comfortable. That is, metaphors used in counselling with male clients can encapsulate in brief verbalisations an image that illustrates the nature of the subject (e.g., the working alliance) in terms of a more masculine vehicle, especially when that vehicle is framed in action language, (e.g., ploughing a field together).

Already, the very notions of "deliberate", "highly concentrated", "brief verbalisations", and "action language" connote masculinity. And, metaphors, such as those in the participant examples above, fuse the subject and vehicle by using rich images that require the client to provide personal content for the construction of meanings relevant for that client alone. The highly concentrated, brief wording, rich image, and personal content aspects also make metaphors ideal mnemonic devices. As participant P56 said of the metaphor his counsellor used, "That's the way he explained it to me one time, and that's stuck with me."

From the accounts of the participants (i.e., P53 and P56) that supplied the metaphors that aided their self-disclosures, it seemed that the metaphors' vehicles also placed the subjects of the metaphors at less threatening, more comfortable, but still accessible distances. That is, the metaphors enabled otherwise sensitive or aversive material that was hitherto not explicitly addressed in relationship, process, or emotional language to be introduced into and worked with in the counselling.

Furthermore, it appeared that those metaphors had both cognitive and affective impacts on those participants. From the cognitive impacts, it seemed the participants derived meanings in terms of *what* they needed to do to overcome the problems that brought them to counselling (i.e., P53: "*plough* this field"; P56: "*chippin'* at that big cement block"). The affective impacts related to the *twinship*, the side-by-side togetherness and camaraderie the participants felt with their counsellors, and to the *motivation* to persevere in surmounting those problems (i.e., P53: "*we have* to plough this field *together ... we'll haul* this thing *together*"; P56: "*we had* to chip away at it"). The metaphors also seemed to allow the participants to more accurately represent the feelings they had for the client – counsellor relationship that they could not otherwise express in words.

As well, the metaphors seemed to level the counsellor-client hierarchies (e.g., P53: "It felt egalitarian") and attenuate potential client impressions of the counsellors as authorities or experts (e.g., P53: "... he's not being authoritarian with me, he's not being an expert with

me"). Hence, the metaphors seemed to afford those participants the hope and belief that the problems that brought them to counselling *could* be solved, visions for *how* (at least partially) to solve them, the *impetus* to do so, and senses of *alliance* with their counsellors in working together at the solutions to those problems.

And lastly, those metaphors related by the participants seemed to incorporate implied challenges for change (e.g., P53: "we have to plough this field"; P56: "we had to chip away at it"). As was found in "Category 3: Challenging Client", many of the men in this research stated that their counsellors' challenges assisted their self-disclosures.

Challenge Male Clients

Another implication for practice, then, arises from those events that the participants provided for "Category 3: Challenging Client". The events in that category indicate that counsellors need not be afraid that appropriately challenging male clients will impede their self-disclosures. Contrary to such concerns, counsellor challenges to the men in this study regarding their incongruent verbal and non-verbal behaviours, their reluctance in the counselling process, their self-limiting cognitions and behaviours, and their need to make the implicit explicit were actually recounted as having aided their self-disclosures.

Most training models in counselling tend to emphasise empathetic reflection and understanding from the client's perspective (Freedman & McHenry, 1996). Hence, counsellors may actually have been trained into eluding or even eliding challenges to clients and may, as a consequence, be afraid of the responses they might receive from clients if they were to challenge them. But men are used to being challenged in their lives as men. Men are raised to take up challenges, to find solutions to them, and to work toward resolving those challenges. Meeting challenges is a way that men can exercise and demonstrate their strengths as men. Challenges can, therefore, validate men *as* men. As well, appropriate challenging is one of the ways in which the counsellor can show his or her strengths.

Otherwise, if the counsellor were seen as being too weak, the male client would likely be lost to the counselling. While respectfully challenging male clients is not the exclusive purview of male counsellors, it may be another avenue (cf. Graff, 1987) for male counsellors to relate to and connect with male clients on a masculine basis by using the competitiveness in the construction of masculinity to the advantage of the counselling.

Challenging can also make the counselling process more transparent. The act of challenging commits the challenger and can reveal the challenger's intentions and motives. In the counsellor doing so, the client knows where the counsellor stands, and the process may be seen as less furtive, opaque, or feminine. As a result, the male client may actually feel less vulnerable. Even if it comes to the client defending himself against the challenge, the client may in the process reveal to himself the irrationality of his beliefs, the self-limiting or harmful nature of his behaviours, or the inauthenticity of his way of being.

Appropriate, respectful challenges can range from mild reframes to harder-hitting confrontations. Each level of challenge, in suitably matching circumstances, can result in the client drawing conclusions other than the usual, automatic ones. For instance, some challenges can startle or even jar a client into reconsidering assumptions, perspectives, judgements, feelings, and behaviours, as examples. This was certainly the case for participant P55 who said, "Sometimes you have to face reality. Sometimes people need their bells rung…. Then some sort of challenge helps."

As well, clients are sometimes unaware of their resources and strengths, the means to accessing them, or the purposes to which they can be put. In those circumstances, challenges to client strengths and resources can call attention to such assets, reminding clients of the attributes they have demonstrated but are not, yet could be, using to good purpose. And, such counsellor challenges can encourage clients to try and to stick with positive changes for themselves. In undertaking those changes, clients may discover powers within themselves that they never before experienced or imagined. Challenges, then, can help clients to

transcend their beliefs regarding the limits of what is possible and what they are capable of accomplishing.

Of course, the client needs to have some sense of safety with, trust of, connection to, and the well-meaningness of the counsellor before being able to accommodate more exacting challenges in the spirit in which they were intended. And, the client needs to know that he or she will still be welcomed and accepted by the counsellor if the client does not take up or complete the challenge. Therefore, such challenges to the client are optimal only after a well-developed therapeutic alliance has been established. And, in modelling being challenged, the counsellor him or herself must be open to, non-defensive about, and accepting of challenges from the client.

While not writing in regard to male clients alone, Egan (1998) offered some comments on the characteristics of appropriate and respectful challenges. Egan stated that such challenges should come from the counsellor's genuineness and caring for the client and are best delivered in those manners. And, challenges that are most helpful, in Egan's view, are those that are designed to increase client self-responsibility and to move the counselling process forward. Egan also recommended that challenges be delivered tentatively, be specific, address unused strengths rather than weaknesses, respect client values, link new insights to solution-creating actions, and not overload the client.

As Heraclitus said, "War is the father of all things." Trevino (1996) put this idea in less belligerent terms when he wrote that discrepancy created through respectful challenges promotes change. From the accounts of the men in this study, they found their counsellors' challenges also promoted their self-disclosures. Counsellors, therefore, should not avoid or neglect appropriate challenges to male clients. The counselling situation must be different from the rest of the client's life or there is no point in the client not just going to a friend.

Use Probes

The men in this study also reported that they liked the probes that their counsellors used and that they found them to be useful aids to their self-disclosures. They spoke of counsellor probes that came from a stance of curiosity and wonder (cf. Anderson & Goolishian, 1992), delved deeper into the affective realm, were persistent, were intuitive, and focused on goals, priorities, and steps toward objectives. Hence, counsellors need not avoid the use of probes, even very direct probes, with male clients for fear of the responses they may receive or as a result of training emphases on the micro-skills of attending, listening, and understanding. After all, probes are a natural way of eliciting information needed to move any sort of process along. And, processes that are, as a consequence, more dynamic and progressive are likely to be better received, persisted at, and perhaps even endured given men's more instrumental, action, and goal preferences.

Effective probes can also get to the core of an issue quickly. Indeed, a client may already know what is wrong and may also know the solution. And, while open-ended probes can be used to elicit elaboration, closed-ended can be used to achieve brevity, clarity, and definitiveness. As such, closed-ended probes can punctuate counselling conversations with a more masculine stamp. Like challenges, probes can also make the process more transparent and egalitarian, and, as a consequence, decrease some men's suspicions of and feelings of vulnerability in counselling.

Given the construction of masculinity, many men may be more receptive to and gain greater benefits from probes that are framed in terms of actions, tasks, and goals and that generate possibilities toward solutions. Such probes can be used to identify and understand barriers to the goals and to link decisions, plans, steps, and actions toward mastering those obstacles and attaining those goals. Many men may, therefore, respond favourably to solution-focused approaches (e.g., de Shazer, 1985) and their related probes. Those approaches advocate briefer courses of counselling, which may make them more acceptable

to men with an aversion to counselling, especially longer-term and more femininely cast approaches to counselling. As well, solution-focused approaches emphasise understanding the problem but not dwelling on and becoming mired in the problem. They urge, instead, dwelling on the client's preferred situations and means to achieving those, particularly through the use of probes that concentrate on the goal of counselling, what it will take to get there, and how to get there. Examples of such goal, task, and action probes include "Where are we going, and how will we know we're there?" "What will tell you that we've pitched in together so you can get your goal?" "How will you know that you've achieved what you wanted to achieve?" "How will you know that your time and effort here have been useful? What will be different?" "What will it take to move a step closer to your goal? What will it take to do that?" Solution-focused scaling questions that imply focus, direction, and progress and that get at priorities and at concrete, realistic, verifiable, behavioural specifics may also be in line with many men's dynamic, action, and goal orientations. As examples, "On a scale of one to ten, with ten being the best, where would you rate things today?" "What specifically is happening that puts things at that number?" "Where would you like to be on that scale when you don't need to come here anymore?" "What will be different in your life to tell you that you're at that number?" "What will it take for things to go up a point or so on that scale?"

Certainly, probes should address all of the behavioural, cognitive, and affective aspects of the problems and solutions. But with male clients, it may take longer to reach the affective domain. Thus, the timing of more affectively oriented and other harder-hitting probes is likely to optimal once the therapeutic alliance with the male client has been sufficiently developed.

Provide Focus and Direction When Needed

The final major implication for practice from this research is that counsellors should ensure that the male client perceives the counselling activities and process as being focused on and directed toward the client's goals or preferred outcomes. And, counsellors need not refrain from supplying some or even a good part of that focus and direction should it not be forthcoming from the client himself. From the participants' interview statements, counsellor provided focus and direction aided rather than impeded the self-disclosures of the men in this study. The participants reported that they liked the focus and direction their counsellors provided, especially in regard to the activities and goals of the counselling and the counsellor supplied summaries. It would also seem from the participants' statements that a counsellor could reasonably trust a male client to redirect the counselling if the counsellor's attempt was off the mark.

That the men in this study liked having the focus and direction that their counsellors provided seems consistent with men's more action and goal orientations. Having focus and direction implies that the process is going somewhere and that progress toward the outcome is being made. It is as though map making is taking place to get the client out of the problematic cul-de-sac that brought him to counselling and onto (or back onto) the road to the rest of his travels. In contrast, many men may feel that the standard emphasis on process in counselling is too feminine for them. That is, processes that constantly defer to the client to set the pace, agenda, focus, and direction may appear to go round-and-round without getting anywhere in many men's views.

Providing focus and direction with male clients in counselling does not imply taking a directive approach. Counsellor supplied focus and direction is not about authoritative advice-giving, rigid control, authoritarian manipulation, or expert steering of the client onto a dominant or normative social path. That is, the work of the counselling must still be based on the client's agenda or vision, not the counsellor's or anyone else's. At the other extreme, the

process must not appear directionless, confused, overly accommodating, or wishy-washy to male clients. Hence, counsellors must be prepared to provide flexible focus and direction that keeps the process moving and on track toward the male client's goals. And, it would seem the better thought through the counsellor's philosophical, theoretical, and practical orientations are and the more replete his or her repertoire of skills, strategies, and interventions is, the more prepared the counsellor will be to provide such flexible and disclosure-aiding focus and direction with male clients.

One means of counsellor provided focus and direction some participants mentioned was that of summaries. Used at the beginnings, during, or at the ends of sessions, counsellor summaries imply that some notable things have happened in counselling. They describe in a logical flow important things that have occurred so far and, especially when the focus and direction seem to be waning, can prompt, even prod the client for the next step. Counsellor summaries that are characterised by decisiveness, firmness, and forward momentum not only keep the process on track toward the goals, they also bespeak of masculine attributes in the counselling process. Of course, counsellor provided summaries also model that skill for the client to use himself.

Counsellors can also make use of their awareness of insufficient focus and direction by voicing those process observations during sessions. If fitting, such remarks can be made through the use of immediacy. Indeed, counsellors should not be afraid to use immediacy with male clients when the session seems to lack direction or focus. Participants in this study liked moving forward, they liked the focus and direction provided by their counsellors, and they liked being challenged. These all speak to the counsellor being interested in the client's well-being as a valued person and having regard for the client's time, effort, money, and other investments in counselling. Immediacy in times of insufficient focus and direction is an acknowledgement that there is a piece of work to be done in counselling and that there is a purpose in the counsellor and client working together. And, such immediacy implies that the

counsellor has the desire and expertise to move the process forward and to go and get somewhere with the male client instead of spinning in circles.

Like in the case of counsellor challenges to male clients, counsellor provided focus and direction that is more insistent, forceful, and persistent would seem optimally effective once the therapeutic alliance has been sufficiently established. And as was stated regarding counsellor probes, many male clients may like the focus and direction that is inherent in solution-focused approaches to counselling (e.g., de Shazer, 1985).

Sundry Implications for Practice

Several miscellaneous implications for counselling practice appeared from this research, each of which will be discussed briefly. From some of the participants' interview accounts, it would seem advisable when counselling men not to use, or at least restrict the frequency of, interpretations or explanations for their behaviours or experiences. Using interpretations or explanations may induce a counsellor – client hierarchy, increase suspicions of or even scorn for counselling, result in the client feeling criticised, and, therefore, increase the male client's defensiveness and decrease his self-disclosures.

Formulaic empathy responses (i.e., "You feel _____ because _____") were specifically derided by some participants as being feminine, impersonal, and contrived. Briefer, even one word verbal responses, and especially non-verbal responses, indicating counsellor attending, listening, understanding, and empathy seemed more acceptable and helpful to the men in this study. And, rather than sighting and fixing on the affective domain, especially early in counselling, it would seem useful to mix in responses that convey understanding regarding cognitive and behavioural aspects with those at the affective level.

Some of the participants also seemed to expect that their male counsellors would naturally and fully understand their experiences simple because they too were men. Therefore, male counsellors may need to take extra attention in clarifying understandings in

those circumstances. Female counsellors may need to clarify with male clients whether converse biases exist regarding assumed incapabilities to understand men's experiences, and if so, address those biases up front.

Counsellors also need to be aware that after male clients have made high-risk level self-disclosures some of those clients may not be cognitively or affectively available for a period of time. As such, counsellors may need to follow those riskier self-disclosures with relationship-oriented actions, reactions, and interactions (like those involving acceptance, interest, normalisation, and validation) and with additional structure through the provision of focus and direction in the counselling. Do not expect during those times that those clients will be available to respond at their usual levels to probes or challenges.

And lastly, counsellors may find the steps in Omarzu's (2000) DDM, especially those regarding client assessments of target (i.e., counsellor) appropriateness, subjective utility, and subjective risk to be helpful as high-level mnemonics and heuristics when considering the factors aiding and impeding the self-disclosures of their male clients.

Implications for Training

The most general implication for training from this research is that students of counselling would benefit from education in gender development, constructions, communication styles, issues, and the like. Unfortunately, gender education in most academic and clinical counselling programs in North America is minimal, especially with regard to the male gender, according to Werner-Wilson, Zimmerman, Daniels, and Bowling (1999). But men, just as women, are gendered individuals. Men are the products of and are subject to social constructions, expectations, and constraints just as women are. Therefore, gender education needs to be integrated into the foundations of counsellor training programs or counsellors may fail to see the effects of gender on the client, on the client – counsellor interactions, and on the counselling process and outcomes.

As was discussed earlier, it is essential to consider, understand, and include the construction of masculinity when counselling male clients, especially with regard to establishing therapeutic alliances, providing focus and direction, challenging, and, most pertinently to this research, facilitating male client self-disclosures. A counsellor-in-training (or for that matter a counsellor) that is unaware of the impact of gender or is gender-biased will misunderstand the client, the issues, the process, and the goals, and will, therefore, deliver at best non-optimal and at worst harmful interventions. Clinical supervisors also need to reflect on their own awareness and biases regarding gender, consider gender constructs in the work they supervise, and encourage and model the same for their trainees.

A related implication for training stems from the situation that most counsellor training programs encourage the development of strengths that have traditionally been ascribed to women. As Freedman and McHenry (1996) reported, the most widely used approach to counsellor training in graduate schools emphasises the skills of attending, verbal following, reflection of affect and content, and Rogers' (1961) core conditions of empathy, genuineness, and unconditional positive regard. The results of this research, however, indicate that counsellors-in-training also need to be encouraged to develop strengths that have just as traditionally been attributed to men.

This is not to dispute that empathetic understanding, acceptance, interest, caring, emotional engagement, and the like were of fundamental importance in aiding the self-disclosures of the men in this study. But it was when the men did not perceive those aspects as being overt, explicit, or elaborate, and yet they firmly underlaid the therapeutic relationship, that the men's self-disclosures were optimally facilitated. It was when the participants saw the counselling processes as more direct, straightforward, candid, challenging, task-focused, and goal-oriented on top of those implicit yet solid client – counsellor interpersonal bonds that the men felt comfortable and trusting enough to disclose to their counsellors. And as Paulson et al. (1999) pointed out, clients' perceptions of

therapeutic relationships and the helpful events in counselling generally appear to be more relevant to counselling outcomes than do counsellors' perceptions. It would seem expedient, therefore, to ensure that those elements that male clients judge to be important in counselling are communicated to and perceived by them.

Thus, many of the items discussed as implications for practice also apply to counsellor training. In particular, counsellor training programs need to attend to the development of well-functioning therapeutic relationships with male clients. It appears preferable however, to employ the construct and elements of the therapeutic working alliance rather than the therapeutic relationship when the client is male. While the establishment of a close client – counsellor interpersonal bond is imperative, training counsellors to frame the counselling more in terms of teamwork in the tasks and goals of counselling is likely to make the counselling more appetitive, or at least less aversive, to many men. At the same time, it is likely to promote greater numbers of, deeper, and riskier self-disclosures by male clients.

Once the basic communication skills (e.g., the standard empathy formula, paraphrasing) have been mastered, training in more concise and otherwise masculine means of conveying empathy, understanding, and connection, preferably in the client's own dialect, would also seem valuable with respect to male clients. Particular effort in this regard should be devoted to the use of non-verbal methods, especially in terms of self-expression of affective understanding and communication of interpersonal connection. The results of this research also indicate that training in noticing, looking for, and validating the male client's strengths would be a useful adjunct. Training and practice in the use of metaphors, particularly those that capture the counsellor – client alliance, would also help prepare the counsellor-in-training for establishing more operative therapeutic working alliances with male clients.

Furthermore, training in empathetic reflection, understanding from the client's perspective, and other client-based skills cannot be at the expense of training in challenges to clients or in providing focus and direction in the counselling. Counsellors-in-training need to

equally develop, become comfortable with, and use those more direct skills once the working alliance has been adequately formed, particularly with male clients.

Lastly, student counsellors may also benefit from training that utilises Omarzu's (2000) DDM and the elaborations provided by this research with respect to male clients' self-disclosures. That is, counsellors-in-training may find the stages in the DDM to be helpful as high-level mnemonics and heuristics when considering factors in male client self-disclosures, especially when used in conjunction with the associated category mappings developed in this research.

Conclusion

Client self-disclosure is centrally important in counselling. It is related to the content of the issues at hand, to both the process and outcome of counselling, and can in itself provide several psychological and physical health benefits. Yet the empirical literature on the factors that promote and preclude client self-disclosure is extremely sparse. To this much-neglected area of counselling research, the adult male participants in this study provided a considerable amount of information regarding the events that aided and impeded their self-disclosures in counselling, particularly with male counsellors.

Many of the results of this study confirm existing counselling theory and generally accepted best counselling practices. However, counsellors must attend to all of the categories of events produced in this research if they want to facilitate counselling climates that do not interfere with and are conducive to male client self-disclosures. This study's findings suggest that male clients who perceive close, accepting, and safe, but not overt or explicit therapeutic relationships with their counsellors, and who see those relationships as collaborative partnerships in common counselling goals and tasks, are likely to more extensively disclose their concerns, issues, thoughts, feelings, and behaviours to their counsellors. Once such well-developed therapeutic alliances have been established, more active, direct, and

discrepancy-producing interventions as found in this research can be used to further facilitate male clients' self-disclosures. As examples, challenges, probes, and focus and direction from the counsellor aided rather than impeded the self-disclosures of the men in this study.

When counsellors (and most likely those in other helping professions too) utilise the categories produced in this study to ensure well-functioning working alliances, to frame counselling more in terms of goals and tasks than of processes, and to respectfully implement the more "masculine" tools of counselling, the male client is likely to feel that he is being taken seriously as an individual and as a man. As such, he may come to feel more successful in communicating with the counsellor, less suspicious of the counselling, and more open to self-disclosing in and changing through the counselling.

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Appendix B

Telephone Questions

1. Are you 25 to 65 years old?

2. Are you male?

3. Have you participated in at least three counselling sessions?

4. Are you willing to participate in a forty-five minute tape-recorded interview and to complete a five-minute demographic questionnaire?

5. Are you willing to respond to some interview questions about what things during counselling, and how those things, helped or hindered you to express in the ways you did the personal or private thoughts, feelings, behaviours, or experiences that you disclosed in counselling?

6. Do you believe that you will be able to respond to those types of questions without experiencing undue distress, like strong emotional reactions, for example?

7. Have you read the Information Sheet for Potential Participants on this study?

8. Are you able and willing to provide informed consent?

9. Do you have any questions about this study or your participation in this study?

10. If the answers to questions 1 through 7 are in the affirmative and if the potential participant is satisfied with the responses to question 7, then a mutually agreeable time will be made for the interview at this point. Otherwise, the individual will be thanked for his interest and will be excluded from participation.

Appendix C

Interview Orientation

Hello <participant's name>. Thank you very much for meeting with me today. As you read on the information sheet you received from your counsellor, the purpose of this study is to learn first-hand from men about the kinds of things in counselling that help men to self-disclose, or hinder men from self-disclosing, during counselling. By self-disclosing during counselling, I mean when you expressed in some way or ways (for example; verbally, emotionally) personal or private feelings, thoughts, behaviours, or experiences that you wouldn't usually reveal, or reveal in the ways you did, to just anyone outside of counselling. I'm meeting with you, and other men like you, so I can come up with some lists of things that you and the other men tell me helped or hindered in making those kinds of personal and private self-disclosures in counselling. Out of this research, counsellors may learn more about counselling with men, may become better counsellors with men, and men may get more out of counselling.

Some of the questions I'll be asking you today may seem similar to some of the questions your counsellor asked you during counselling. But, the questions I'll be asking you here are to gather information for research purposes, not for counselling purposes. And, I won't ask what the personal or private topics were that you disclosed in counselling. To complete my research I need your help, and I appreciate you being here today with me. It's important that I understand your perception of what happened in counselling, not only about what you said, but also about what you felt, experienced, or did. Do you have any questions or comments at this time?

Appendix E
Data Collection Interview Questions

1. When you first decided to go to counselling, what did you expect?

2. What was it about the first and second counselling sessions that compelled you to return?

3. In counselling, people tend to disclose some personal and private experiences, feelings, thoughts, or behaviours that are important to them; ones they wouldn't usually reveal, or reveal in the ways they did, to just anyone outside of counselling. As examples, people tend to tell their counsellors things that they don't normally tell to others. People sometimes express emotions in counselling that they wouldn't usually express, or express in the ways they did, outside of counselling. Is that how it was for you in counselling?

4. What did you notice in your counselling sessions that helped you to disclose? (For example; things the counsellor said or did, the room, the way the counsellor was (tone, manner)).

5. I'd like you to think of a specific time in counselling when you disclosed personal feelings, thoughts, experiences, or behaviours that you wouldn't usually reveal, or reveal in the ways you did, outside of counselling. As examples, perhaps you expressed emotions or expressed them in ways you usually wouldn't, or perhaps you told your counsellor something that you wouldn't normally tell to others. Take your time to think of a specific instance in as much detail as you can. When you have an instance in mind, just let me know.

6. In what ways did you disclose or express yourself in that instance? Tell me more about how you expressed that.

7. I'm going to take you back to just before you disclosed. What happened in counselling just before you disclosed?

8. What effects did the things you mentioned have on you? (For example, what feelings, meanings, insights, thoughts, changes in you, or the like were you aware of as a result of the things you noticed?)

9. How did that help you to disclose as you did?

10. How risky did that self-disclosure feel for you? Let's say on a scale of 1 to 10 where 1 is hardly any risk at all and 10 is a really major risk, how risky was that self-disclosure for you?

11. What were the impacts of your self-disclosure on you? (That is, what was it like for you after you disclosed?)

12. Return to Question 3 as time permits.

13. Were there other things in counselling that helped or made it easier for you to disclose the things you did or in the ways you did?

14. Did you disclose everything you wanted to, or needed to, in counselling?

15. <If "Yes" to Question 11> What was it about your time in counselling that you could disclose everything you wanted to?

16. <If "No" to Question 11> What did you notice about your time in counselling that made it difficult or stopped you from disclosing?

17. What would have helped or made it easier for you to disclose?

18. I'd like you to think of a specific time in counselling when you wanted or needed to disclose something to your counsellor but didn't, or when you didn't disclose in the way you wanted or needed to, because something in counselling hindered you from doing so. Take your time to think of a specific instance in as much detail as you can. When you have an instance in mind, just let me know.

19. In what ways did you want or need to disclose in that instance? (As examples, perhaps you wanted to express your feelings, do something, or use words.) Tell me more about how you would have liked to express that.

20. What did you notice in this specific instance that stopped you from disclosing as you would have liked to? In other words, what happened in counselling just before the shift from wanting to disclose to not disclosing as you would have liked to?

21. What effects did the things you mentioned have on you? (For example, what feelings, meanings, thoughts, changes in you, or the like were you aware of as a result of the things you noticed?)

22. How did that prevent you from disclosing, or from disclosing as you wanted to?

23. What level of risk did that disclosure that you were stopped from making carry for you? Let's say on a scale of 1 to 10 where 1 is hardly any risk at all and 10 is a really major risk, how risky did that disclosure that you were prevented from making feel for you?

24. What were the impacts on you of not disclosing or not disclosing as you wanted to? (That is, what was it like for you not disclosing as you wanted to?)

25. What did you do instead of disclosing as you would have liked to?

26. What would have helped you instead of hindered you in this instance to self-disclose as you would have liked to?

27. Return to Question #15 as time permits.

28. Were there any other things that you noticed in counselling that prevented you from disclosing as you would have liked to?

Thank you. That's the last interview question I have. It's been great for me to hear your responses, and I'd like to thank you for your candour. Do you have any questions or comments at this time?

Appendix F

Demographic Information Questionnaire

1. What is your age? _____

2. What is your occupation? _____

3. Where have you lived most of your life?

   _____

4. How long have you lived in the Greater Vancouver Area? _____

5. To which cultural groups do you consider yourself to belong?

   _____

6. In about how many counselling sessions have you participated as an adult?

   _____

7. What is the gender of your counsellor? (Male, Female) _____

Thank you for your participation in this study.