

2011

# Effects of an analogue counselor's religious or financial self-disclosure and observer characteristics on therapeutic processes

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Effects of an analogue counselor's religious or financial self-disclosure and observer characteristics on therapeutic processes

by

Scott P. Young

A dissertation submitted to the graduate faculty  
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

Major: Psychology (Counseling Psychology)

Program of Study Committee:  
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2011

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## ACKNOWLEDGEMENTS

At the end of this long and winding road, I feel the need to acknowledge with gratitude the contributions and support of the many people without whom I might still be detoured. Foremost, I wish to thank my major professor and mentor, Dr. Norman Scott, for his unceasing support of my interest in the line of research which gave life to this dissertation. Even when recovering from heart surgery, Dr. Scott did not forget to encourage my efforts on the project. His wisdom and guidance are evident on each page of this document, and in all aspects of the psychologist am I to become.

I must also praise the love and support I have received from so many of my dear family and friends. My parents have always fostered my love of learning and are very much responsible for this first-generation college student being able to claim the title "doctor". My dear friends ranging from those from elementary to those in my doctoral program also must be credited with helping provide support and suggestions which so enriched this project (and kept me alive while working on it!).

I also wish to thank the faculty members who served on my dissertation committee and provided their expertise on this project. To Dr. Douglas Bonett, I owe much appreciation for the many statistical consultations which not only helped me "crunch the numbers", but also provided me invaluable leads and insight into how to frame my discussion of the results. Drs. Nathaniel Wade and Patrick Armstrong each contributed their vast knowledge of psychology and religion, and process research, respectively. Finally, I also wish to heartily thank Dr. Brad Shrader for bringing the novelty of his unique outside perspective to the project, and tempering that perspective with such kindness.

As this dissertation builds on the video-stimuli created in my thesis, I must also recall the contributions provided by those five individuals who labored to help me create the clips. I thus acknowledge the fine acting provided by Laura Zishka, Ashley Buller, Ken Hiveley, and Matt Anthoney, whose efforts allowed the creation of the counseling simulation videos at the heart of this project. I also wish to thank Professor Sarah Zwick-Tapley, whose theatrical expertise on editing the scripts and providing directing suggestions increased the realism of my work many times over.

Finally, though this project is a work of science, it seems fitting to acknowledge the faith(s) that drove it. Because religion is so important in the worldviews of so many people, I concur with those who argue that competency in religious issues must be an ethical mandate of counseling psychologists. I must, however, also acknowledge that my own personal faith (in God or whatever higher sense of connectedness binds humanity and creation together) no doubt was strongly involved in my journey through this project. While this dissertation journey is over, I pray that I, and all psychologists, continue to be guided toward a more empathic and culturally-sensitive understanding of the spiritual and religious lives of those we serve.

## ABSTRACT

The literature on counselor self-disclosure does not adequately address the questions of what, when, why, how, and to whom counselors should disclose. Because various theoretical orientations have traditionally provided different perspectives on therapist self-disclosure, counselors lack both research-based guidelines for self-disclosing in the research literature, as well as consistent suggestions from theory. Likewise, the ethical implications of counselor self-disclosures punctuate the importance of addressing these questions in order to provide maximally effective treatment while respecting clients' worldviews.

Nowhere is the importance of providing counselors theoretically-consistent, research-based, and ethically-responsible guidance in self-disclosure more pronounced than in multicultural counseling. Whether of racial/ethnic, sexual, religious/spiritual, or other form of diversity, there exists considerable need for guidance in counselor cultural self-disclosures.

This two-part counseling analogue study built upon Young's (2007) investigation of the impact of therapist religious disclosures on ratings of therapeutic processes. Recruited from Iowa State and Bethel Universities, along with Google or Yahoo online groups, 673 participants were exposed to one of four, sex-specific video-stimuli which depicted the simulated counselor making one of the following: a content-congruent financial self-disclosure, a content-incongruent religious self-disclosure, a content-incongruent neutral control response, or a content-congruent religious self-disclosure.

When participants' responses were analyzed via planned comparisons in ANCOVA, the results revealed counselor disclosures were generally rated higher than the neutral control. Furthermore, the findings clarified that those disclosures congruent with client-



initiated content were viewed more positively than the neutral response and the incongruent religious disclosure. Planned comparisons revealed that the congruent religious disclosure fostered the highest level of working alliance when compared to the other conditions.

Additional findings included: Catholics rating the counselor's empathy higher than Protestants when religion was discussed, sex differences in working alliance scores, and support for the importance of considering client/participant levels of religiosity, spirituality, empathy, and previous counseling experiences when rating therapeutic processes.

The findings indicated that counselor self-disclosure can have a positive impact on ratings of the counselor and the therapeutic relationship. Implications for research, training, and counseling are discussed.

## CHAPTER 1: INTRODUCTION AND LITERATURE REVIEW

### Introduction

Though the multicultural movement in psychology has brought awareness of diversity to the forefront of both research and practice, elements of multiculturalism such as religion and spirituality have not received as intense a focus as have race/ethnicity and sexual identity. Studies examining the effects of counselor self-disclosure of racial/ethnic and sexual identity have provided tentative support for the effectiveness of these interventions in fostering the therapeutic relationship, but can these findings be generalized to other multicultural contexts? One area in particular, for which there is a paucity of literature, is whether it is beneficial for psychologists of a particular religious or spiritual background to ethically share this information with their clients to the benefit of the therapeutic relationship.

In order to explore the effect of selected counselor self-disclosures, the current study utilized an analogue design to examine college student and online group member volunteer participants' views of a simulated, video-presented client-counselor interaction with three manipulated conditions and one neutral control condition. In two of the conditions, the counselor self-discloses being religious, either in congruence with and following what the client has been sharing about his or her own religious beliefs, or spontaneously. In another condition, the counselor self-discloses a similar past financial struggle also congruent with client content of discussion. In the last condition, a neutral control, the client discusses religious beliefs and the counselor does not respond with a self-disclosure but rather with standard minimal encouragers.

Participants, research volunteers who are potential university counseling center clients, were randomly assigned to view one of the above four video-presented, simulated

client-counselor interaction conditions, then were asked to rate the counselor's level of empathy, transparency, working alliance, credibility, and professionalism. These five dependent variable-constructs were selected for their relevance to the manipulated video-stimuli and their pertinence to the purposes of the research.

For example, we might suspect that counselor sharing a common belief system with a client might be positively related to enhanced client ratings of understanding and empathy. We might also expect that a counselor who self-discloses would be seen as more transparent and open than one who does not. Likewise, matching client content in self-disclosure might be seen as positively enhancing both the bond component of the working alliance, as well as sharing in the goals and task of the therapy by agreeing to work together to explore common shared concerns. Conversely, self-disclosures of some sorts have been viewed by some professionals as contraindicated in several studies; however, it has been unclear to what degree non-clinician participants, potential clients, would differ from professionals in their assessment of the simulated counselors' credibility and professionalism.

A second goal of this study was to examine to what degree, if any, viewing one of the counselor self-disclosures would change how potential client's feel about the prospect of future counseling. To that end, participants were asked to provide pre and post video exposure manipulation ratings of their willingness to disclose personal information in counseling, their perceptions of stigma in seeking mental healthcare, and their willingness to seek psychological help. Additionally, five other post-test only questions examined the global attitudes about counselors and counseling.

This second study goal builds on recent research investigating media effects on perceptions of counselors and willingness to seek psychological help. Thus, it would be

useful for counselors to be aware of whether client expectations about the counselor's self-disclosure are factors in a given client's decision whether or not to seek help. The current study can help to clarify whether any changes in openness to counseling occurred from pre-test to post-test, as well as whether any changes varied by experimental condition.

A final and third aim of this study was to extend previous research into how participant characteristics might impact their views of the simulated therapeutic process. As Reynolds, Scott, and Jessiman (1999) reminded us, clients are not passive recipients of the counseling process but are rather, unique individuals with their own personality and life experiences. If the ultimate goal of multicultural counseling is to provide an environment sensitive to and supportive of diversity, is it not logical to measure some of the characteristics which might make participants diverse? Thus, the inclusion of various participant covariates was intended to further extend the work of Young and Scott (2008) to help illuminate these important personal and multicultural variables, such as religiosity.

### Religiosity and Spirituality within Psychotherapy

#### *A New Spirit*

Recently, within the specialty of counseling psychology, there has been increased emphasis upon awareness, sensitivity, and competency to address multicultural issues (Shafranske, 2000a). Indeed, training and expertise in dealing with cultural diversity has become an ethical expectation for all psychologists (Russell & Yarhouse, 2006).

Perhaps not coincidentally, there has been an increased interest, among both practitioners and researchers, in examining spirituality as a component of the therapeutic process (Bartoli, 2007; Watts, 2001; Worthington, Kuru, McCullough, & Sandage, 1996; Worthington & Sandage, 2001). Some scholars have suggested that spirituality may be a

“fifth force” in psychology which has followed developing interest in other multicultural variables (Standard, Sandhu, & Painter, 2000). This increased attention to religious and spiritual issues is fitting; for if counselors are to be competent in working with diverse clients, some guidance as to how to approach religious and spiritual issues in counseling is necessary.

### *Limitations in Training*

#### *Counseling and Clinical Doctoral Programs*

However, even with increased interest in religious and spiritual issues, it appears that counseling psychology lacks widespread or formalized training in these important, religious and spiritual, multicultural and diversity issues (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002; Hill & Pargament, 2008; Yarhouse & Fisher, 2002). For example, Schulte, Skinner, and Claibom (2002), in their examination of religious and spirituality training in counseling psychology programs, found that 82% of the programs surveyed offered no courses specifically focused on religious or spiritual issues in counseling. The authors also found that 91% of program directors did not expect knowledge of various religious and spiritual traditions to be an essential competency of counseling psychology faculty and 76% did not consider such knowledge an important supervisory expertise. Additionally, 87% of programs did not provide training to students in religious or spiritual development and 73% of programs did not address religious or spiritual aspects of psychopathology. Brawer et al. (2002) also noted a lack of formalized training in religious and spiritual issues in APA-accredited clinical psychology programs.

*Internship and Beyond*

Beyond graduate coursework and practicum training, Russell and Yarhouse (2006) found that religious and spiritual issues are mostly left unaddressed, even in APA-accredited internships, unless an intern has a specific client-related desire to explore the topic. To compound the dearth of training opportunities, few psychologists currently seek post-graduate training in religious or spiritual issues; moreover, there is a paucity of efforts to integrate relevant research in the literature with clinical work to provide psychologists guidance in working with religious or spiritual concerns (Bartoli, 2007; Richards & Bergin, 2000b).

*Limitations in the Literature**Defining Religiosity and Spirituality*

As the psychological study of religion and spirituality has evolved, there remains many complex issues to be examined. For example, in earlier work it was not uncommon to view religion and spirituality as interchangeable, yet there is a growing understanding that these represent separate constructs, though both share an overlapping relationship with physical and mental health (Hill & Pargament, 2003; Hill & Pargament, 2008; Standard et al., 2000). With this further differentiation comes increased complexity as the qualities and dimensions of each are explored. Indeed, religiosity and spirituality are complex constructs representing at least seventeen different variables, and while they are unique constructs, there is at least some overlap for some of these variables between religiosity and spirituality (Hill & Pargament, 2003; Standard et al., 2000).

Although there is no single definition of being either religious or spiritual, Post and Wade (2009) suggested the following. Religious was defined as affiliated with an organized

theological body, belief system, or doctrine. In contrast, spiritual was defined as connected to something transcendent, often beyond the confines of an organized religious institution.

*What is Known and Unknown in Session*

*To match or not to match.* While the above constructs are still being examined, research does exist on how the religious values of therapists impact their work (Worthington & Sandage, 2001). Further, while Worthington and Sandage (2001) suggested that there may be benefit to matching clients to therapists with similar religious beliefs or values, particularly when the therapy is not specifically religious-accommodative, those therapies in which the therapist acknowledges and incorporates elements of client-preferred religious beliefs, they were clear that the research on which this recommendation rested was confined to only a few studies with only two religious traditions. Thus, we are not only uncertain as to whether and how counselors are affected by their religious values, but we are uncertain as to how clients' religious values might also interact in the therapeutic process.

*Doubt about appropriate challenges.* This uncertainty was noted in a study of counselors' and clergy persons' beliefs about religiously-related depressive ideation (Holden & Watts, 1991). The authors found that clergy and counselors were both quite secure in the belief that clients' religious depressive ideations such as "God wants me to suffer", were maladaptive and distortions of traditional Judeo-Christian beliefs. There was a difference, however, between the levels of confidence each group possessed when asked how to approach these distortions. Unsurprisingly, the clergy felt very confident they knew how to challenge these depressive ideations while the counselors reported feeling fairly uncertain. Further, there was a significant difference in the level of willingness to consult with the other professional group with clinicians being significantly less willing to consult with clergy than

vice-versa. Thus, therapists not only felt less efficacious in challenging these maladaptive religious thoughts, they were less willing to seek help from those who did feel efficacious.

*Similarity in beliefs.* Perhaps because clients would feel more at ease and better able to communicate with a therapist of similar beliefs to themselves, some highly religious clients might prefer a psychologist who seemed to share their beliefs (Richards & Bergin, 2000a; Worthington et al., 1996; Worthington & Sandage, 2001). For example, clients who were devout Roman Catholics or Jews tended to prefer counselors of the same religious affiliation (Worthington et al., 1996). Richards and Bergin (2000b) also noted that highly religious Catholics, Evangelical or Fundamentalist Protestants, and Mormons all generally prefer therapists of their own faith. The authors noted that, even among Mainline Protestants and Jews, it is not uncommon for clients to be fearful of having their beliefs belittled. Furthermore, Denney, Aten, and Gingrich (2008) have suggested religious interventions in therapy may be heightened when counselor and client share the same faith.

These findings suggest that clients may be more likely to openly discuss the importance of religion and spirituality with their psychologist if they are aware of the psychologist's religious similarity and feel comfortable in discussing these issues in counseling. However, Richards and Bergin (2000b) cautioned that these research implications are tentative and only meant to be guidelines, as many members of these religious groups may feel differently.

### *Limitations in Religious Experience*

#### *Psychologists' Spirituality*

*Unique lived-experiences.* Even provided with the limited available research guidance, matching clients' religious preferences to a counselor may prove challenging.



Studies have consistently demonstrated that, while many psychologists may consider themselves spiritual, as a group psychologists are less likely than the general population to be religious and less likely to hold strong religious beliefs even if they do identify with a religious affiliation (Delaney, Miller, & Bisono, 2007; Yarhouse & Fisher, 2002).

Psychologists also seem to be more likely than the general population to have lost faith in God and to have left an organized religion (Delaney et al., 2007). Also, there seems to be less religious diversity among psychologists than the general population, with groups such as Catholics and non Judeo-Christians particularly underrepresented (Jensen & Bergin, 1988; Shafranske, 2000b).

*Differences in manifestation and function.* Smith and Orlinsky (2004) suggested that the seeming secularity of psychotherapists may not fully measure “covert religiosity”. In other words, the more explicit measures of religiosity based on behaviors such as ceremony attendance may be less applicable to psychologists than other, more private ways of measuring religiosity. Thus it may be that religiosity manifests differently or influences the lives of psychologists in unique ways compared to the general population.

Whereas Faiver, O’Brien, and Ingersoll (2000) and Brawer et al. (2002) suggested the seeming disparity in psychologist religiosity may be in part due to the historical separation, if not all-out animosity, between psychotherapy and religion, this explanation does nothing to address the limitations in psychologist experience and training. Indeed, the secular nature of psychology only heightens the importance of formal training in religious and spiritual matters if psychologists are to be culturally and religiously sensitive to their clients’ beliefs and culture.

*Limitations in Perspective*

*Harm to clients.* In contrast, some research has demonstrated that psychologists may not only fail to respond sensitively to religion, but may also pose a risk to clients by overpathologizing highly religious clients (O'Connor & Vandenberg, 2005; Watts, 2001). One example comes from a study by O'Connor and Vandenberg (2005), in which 110 therapists were exposed to a randomly assigned condition containing six vignettes depicting descriptions of a client's belief system. The experimenters varied whether the specific religious faith (Catholic, Mormon, or Muslim) was revealed in the vignette or whether the same belief system was left ambiguous.

An illustration provided in the vignette text described a client expressing how a "supernatural entity has given him a special strength to defend his new way of life" (O'Connor & Vandenberg, 2005 p. 612). In the ambiguous condition, no information was provided about the identity of that supernatural force while in the revealed condition, it was called the Holy Spirit, consistent with Catholic beliefs. O'Connor and Vandenberg (2005) determined that revelation of a specific client affiliation of Catholic or Mormon lowered clinicians' ratings of the simulated client's pathology compared to vignettes in which the client's religious background was not revealed; however, this effect was not present for Muslims. They also classified the therapist-raters as either religious or nonreligious, based on demographic information provided by the raters, and determined that there were no significant differences in ratings of pathology between the religious or nonreligious rater groups.

*An ethical obligation.* The above sections highlight the many limitations in personal experience, clinical competence, research guidance, and clinical training characterizing

psychologists' ability to work with religious and spiritual clients. These limitations fly in the face of the APA Ethics Code standard 2.01b which mandates that:

Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02. (APA, 2002 p. 5)

As is clearly demonstrated by O'Connor and Vandenberg (2005), many psychologists need additional training and experience working with diverse religious clients, in order to avoid causing harm by overpathologizing such clients.

### *Spirituality and Health*

#### *An Untapped Resource*

Lack of training in religious aspects of culture and the somewhat limited religious diversity among psychologist may be troubling in terms of multicultural sensitivity; however, this lack of experience with religious and spiritual considerations is also particularly unfortunate given the mounting evidence suggesting that religious or spiritual beliefs can be related to physical and psychological well-being (Hill & Pargament, 2003; Hill & Pargament, 2008; Richards & Bergin, 2000b; Sawatzky, Ratner & Chiu, 2005; Schnittker, 2001).

*Quality of life.* For example, one meta-analysis by Sawatzky et al. (2005) of 51 selected studies examining the relationship between spirituality and quality of life reported a

mean correlation of 0.34 (95% CI: 0.28–0.40). To select studies for the analysis, the authors used a definition of spirituality which focused on those existential pursuits which move toward the sacred and transcendent, as well as a definition of quality of life that measured the participants' direct subjective life satisfaction and various other combined measures of physical, emotional, and social health. They further limited the studies to those written in English, those considered independent (i.e., the same sample had not been used in multiple studies), and those which either reported effect sizes or from whom effect sizes could be calculated. With these definitions and stipulations, Sawatzky et al. (2005) selected 51 studies with 62 independent effect sizes for analyses to derive the mean, adjusted for measurement error correlation of 0.34. This result provided evidence that spirituality may be positively related to better quality of life.

*Worship as therapy.* Shuter (2006) has also argued that, for Catholics, participation in the Mass can be tied to various psychoanalytic processes which can result in psychological health. In one example provided by the author, an acknowledgement and reflection on guilt during the Penitential Rite is likened to the mediating processes of the ego. He also argues that the collective Liturgy of the Word may be reminiscent of the developmental process of resolving the Oedipal Complex to achieve a healthy and loving relationship with one's father, in this case God. Similarly, he acknowledges previous writings which might view the Host as a transitional object, an aid to the internal, symbolic representation of God. Shuter (2006) also argues that the oral gratification present in the Liturgy of the Eucharist may provide a functional means for Catholics to temporarily regress to a previous developmental state in times of struggle and sublimates more violent defenses through the act of welcoming the re-presented sacrifice of the Mass.

*Psychological symptom reduction.* In a study of 251 college students, Salsman and Carson (2005) also found evidence supporting a positive relationship between spirituality and psychological health. Using multiple measures of religiosity to better capture the complexity of the construct, the authors used regression analyses to examine the relationship between various aspects of religiosity and scores on the Symptom Checklist-90-Revised, a popular measure of mental health which features symptoms indicative of anxiety, depression, hostility, interpersonal oversensitivity, obsessive-compulsive disorder, paranoid ideation, phobias, psychoticism, somatization, and indices of general psychological distress. After controlling for other variables, Salsman and Carson (2005) found that a mature faith, one in which a participant was interested in her or his relationship with the transcendent, was negatively associated with overall psychological distress ( $\beta = -0.51$ ;  $t(172) = -3.73$ ;  $p < 0.001$ ).

Koenig, McCullough, and Larson (2001), in their handbook on health and religion, provide a wealth of theory and research supporting links between the two. In general, the authors noted that intrinsic religiosity tends to be protective against depressive and anxiety disorders, while participation in religious activities tends to be protective against substance abuse and delinquency. Individuals with higher religiosity and greater frequency of religious practices also tended to be less lonely, be at less risk for suicide, have greater marital satisfaction, and possibly lower risk of psychoses. The authors also found a general trend toward religious persons having greater optimism, hopefulness, happiness, life satisfaction, or other measures of psychological well-being. Finally, religiosity may serve as a buffer against the deleterious effects of stress on psychological and physical health.

*Physical health benefits.* Koenig et al. (2001) also found links between physical health and religiosity. For example, the authors dedicate an entire chapter to summarizing the literature on religion and mortality, finding a general theme that individuals with religious beliefs and practices have lower mortality. In another chapter devoted to hypertension, the authors concluded that religious beliefs and practices can be protective by increasing social support and self-esteem while directly lowering blood pressure (e.g., through meditation, prayer, etc.). Some preliminary research also suggests religious beliefs may be related to improved immune function, and some religious persons may successfully use religion to help themselves cope with illness. Evidence also exists that highly religious persons are more likely to engage in positive health behaviors (e.g., wearing seatbelts) and less likely to engage in high-risk health behaviors (e.g., smoking, sexual promiscuity, drug use, etc.).

Likewise, Powell, Shahabi, and Thoresen (2003), in their review of the health psychology literature, examined the relationship between physical health and religious or spiritual beliefs and practices. With regard to decreased risk of overall mortality, the authors found 6 of 9 studies in which an effect of church attendance on reduced mortality was present after adjusting for demographic and health-related variables such as SES, healthy lifestyle, social support, and depression. Powell et al. (2003) reported that the combined results of the studies suggested an approximate reduction of 25% in risk of death for those who more regularly attended religious services, apart from private religious practices. Given these conclusions, it seems reasonable for psychologists to make ethical use of these beliefs to help maximize treatment outcomes and foster coping for their clients (Richards & Bergin, 2000b).

*Religious-Accommodative Therapies*

Additionally, though there is little research at this time, the available literature has tended to support religion-accommodative therapies, those therapies which incorporate client-preferred elements or religious practices, such as praying, into the counseling, as at least or more effective than standard treatments (McCullough, 1999; Worthington & Sandage, 2001). McCullough (1999), in his review and meta-analysis of religion-accommodative therapies, suggested that the limited data available from five studies indicated that religion-accommodative cognitive-behavioral therapies were no more or less efficacious than standard therapy treatments such as manualized Beck Cognitive therapy or Rational Emotive Behavior Therapy for mild to moderate depression. McCullough calculated effect sizes for mean treatment group differences for each study, typically based on reduction in depression scores on the Beck Depression Inventory. Similar findings were reported by Worthington and Sandage (2001) in their review of religion and spirituality, though they also noted that the very few existing studies in this area have been limited to examinations of Christianity or examinations of Islam. Thus, Worthington and Sandage (2001) echoed McCullough's (1999) call for more research in this area to provide additional support for religion-accommodative therapies and to generalize them to other religious groups.

One of the more recent investigations to follow this call for further religious-accommodative therapy research was conducted by Wade, Worthington, and Vogel (2007). The authors, providing a brief review of the extant literature on Christian counseling, noted several themes.

First, the authors reported that there appears a tentative majority opinion, by both clients and counselors, that religious discussions and some religious interventions are appropriate for use in counseling. Second, the authors discussed research investigating client-counselor religious match, and suggested that while some evidence suggests matches in religious commitment may be helpful to clients, it may be more important for counselors to employ religious interventions that are congruent with clients' levels of religious commitment. Finally, the authors provocatively suggest that interventions, which are congruent with clients' religious beliefs, may be particularly useful in fostering common factors such as the therapeutic relationship. If so, it may be that religious interventions would be facilitative of treatment for that reason, rather than as a specific intervention factor.

In addition to their thoughtful summary of the literature on Christian counseling, Wade et al. (2007) also provided an empirical investigation intended to help clarify the above themes. In their study, the authors examined the responses of counselor and clients from actual therapeutic relationships at both secular and Christian agencies. The authors found that the vast majority of clients, ranging from 83% of the secular agency clients to 100% of clients from Christian counseling centers, perceived their counselors to be willing to discuss religious issues and many had been discussing such topics. Relatedly, the authors also examined the counselors' ratings of appropriateness for various religious interventions and, not surprisingly, found that counselors in Christian agencies found more of the interventions more appropriate and used them with greater frequency. Finally, the authors determined that Christian counseling was as effective as secular counseling, with comparable levels of closeness in the therapeutic relationship, and an association with symptom reduction for religious clients.



Based on their findings, the authors concluded that interventions which are congruent with clients' worldviews (e.g., religious beliefs) may be facilitative of both the therapeutic relationship and therapy outcome. The authors also noted that, in the absence of a direct disclosure of therapist religious beliefs, clients may make attributions about how religious and/or accepting of religious beliefs are their counselors based on the interventions the counselor chooses. Thus, use of religious-congruent interventions may positively impact clients' perceptions of how religious or religiously accepting is the therapist, benefiting the therapeutic relationship and treatment outcomes.

As supported by the above research literature, religion-accommodative therapies seem to work as well as conventional therapies. Since these therapy approaches would likely appeal to religious clients, it becomes important for psychologists to have some familiarity with them. As Wade et al. (2007) astutely noted, the possible relationship-enhancing qualities of religious or spiritual interventions with clients from those worldviews could be applied regardless of therapists' religious views.

#### *Obligation to Use Spirituality in Therapy*

However, application of such interventions requires that psychologists have training and familiarity with them, prerequisites which the current literature calls into question. Since many psychologists apparently will not be as personally familiar with diverse religious and spiritual belief systems as are their clients (Delaney et al., 2007; Yarhouse & Fisher, 2002), training on such cultural facets becomes necessary. Unfortunately, as Schulte et al. (2002) found, counseling psychologists are unlikely to receive much, if any, formal training during graduate school. The same apparently applies for the internship year (Russell & Yarhouse, 2006).

Clearly additional research, training, and supervision are needed to address some of these deficits in order to adequately prepare counselors to work with religious clients, to maximize the healing effects of spirituality and religiosity, and to behave in an ethically-aware fashion with regard to psychologists' own value and belief systems (Bartoli, 2007; Hawking & Bullock, 1995). In addition to helping protect some religious clients from being overpathologized, more programmatic treatment guidelines might also increase counselors' confidence in working with religious issues (Holden & Watts, 1991; O'Connor & Vandenberg, 2005; Watts, 2001). Counseling psychologists would be well served by the creation of "best practices" for working with religious and spiritual clients, in order to help psychologists choose whether and how to broach the subject of any religious and spiritual similarities or differences between counselor and client in an empathic and open manner. Before such guidelines can be created and disseminated, however, more research into the therapeutic-relationship implications of such discussions is needed.

Based on the findings of Norcross (2002), it is reasonable to believe that one of the central ingredients of an effective multicultural therapy, such as religious accommodative therapies, is empathy. As Wade et al. (2007) posited, there may be a reciprocal relationship between the therapeutic relationship (i.e., empathy, working alliance, transparency, etc.) and therapists' willingness to demonstrate knowledge and sensitivity to religious and spiritual diversity. If psychologists received further training in sensitivity toward the religious and spiritual aspects of the therapeutic relationship, the efficacy of religious accommodative therapies might be enhanced beyond the effectiveness those therapies have already tentatively displayed by feeding into that reciprocal process.

## Empathy and the Therapeutic Relationship/Alliance

### *Religious and Spiritual Links to Empathy*

#### *Religiosity and Empathy*

Social psychology and personality researchers interested in understanding characteristics that contribute to prosocial behaviors, such as helping, have also taken an interest in empathy and extended the significance of this construct beyond therapy (Hill & Pargament, 2008). Moreover, some such as Koss-Chioino (2006) have sought to draw conceptual links between religiosity and empathy, as there has been an intuitive appeal about both constructs contributing to helping and other prosocial behaviors. That is, since many world religions advocate caring and helping others, perhaps those who are religious might also be more compassionate, empathic, and motivated to help others. Thus, it seems reasonable that if a person is able to empathize and understand another's plight, helping might be more likely to occur. Indeed, several researchers in social psychology including Batson (1997), would argue that empirical support has been found for the links between empathy and altruistic helping (Batson, Sager, Garst, Kang, Rubchinsky, & Dawson, 1997; Cialdini, Schaller, Houlihan, Arps, Fultz, & Beaman, 1987; Dovidio, Allen, & Schroeder, 1990; Graziano, Habashi, Sheese, & Tobin, 2007; Sturmer, Snyder, & Omoto, 2005).

There exists some research which, not only supported this intuitive link between religiosity and empathy, but has also clarified under what conditions religiosity may be related to empathy. One such study of 180 male and female undergraduates was conducted by Watson, Hood, Morris, and Hall (1984), and identified a link between intrinsic religiosity, which has been defined as the tendency to value religious faith for its own innate worth, and empathy. The authors reported correlations of 0.26 between the intrinsic religiosity scale of

the Allport and Ross Religious Orientation Scale and the Mehrabian and Epstein Empathy Scale (MEES), a measure of emotional empathy, and 0.36 between intrinsic religiosity and the Smith Empathic Personality Questionnaire, which measures the tendency to assume similarity with others. The authors also determined that extrinsic religiosity, the tendency to utilize religion for the supportive benefits it can provide, was negatively correlated with the MEES ( $r = -0.22$ ); however, both relationships were seemingly apart from the effect of social desirability as measured by the Marlowe-Crowne Social Desirability Scale. The differing directions of the MEES correlations are consistent with the notion that intrinsic and extrinsic religiosities are unique facets of the religiosity construct, and underscore the important of examining religiosity in a multidimensional manner.

### *Spirituality and Empathy*

Much like religiosity, there seems to be a conceptual link between spirituality and empathy, as both feature aspects of being connected to others. Hill and Paragment (2008) suggested that spirituality features a transcendent quality seeking to form a relationship between the individual and some divine force. When their comments about the social nature of religion are included, it becomes clear how the striving to understand and connect to the transcendent, both in the form of some divinity and other people, in spirituality could parallel the movement toward connection and understanding in empathy. Both empathy and spirituality feature qualities of relationship and inclusion, transcending differences.

Indeed, some have theorized that the transcendent qualities of both empathy and spirituality are related to the curative effects of both Buddhist-related psychotherapies and the healing rituals of indigenous religions (Andersen, 2005; Jacobs, 2002; Koss-Chioino, 2006). Connecting two beings together through mutual understanding, or connecting one

wounded soul to the divine, sound very much like common goals and tasks which takes place within the context of the therapeutic alliance in counseling. The common goals and tasks that occur in the context of a therapeutic alliance, connecting two beings together through mutual understanding, appears similar to connecting one wounded soul to the divine.

### *Empathy and the Therapeutic Alliance*

#### *Early Origins*

*Founding fathers.* Interest in the therapeutic relationship, is not new within the field of counseling. In fact Freud noted early on the importance of the relationship between the analyst and the client (Hovarth, 2001). However, the therapeutic relationship took center stage due mostly to the work of two contemporaries at the University of Chicago, Carl Rogers and Heinz Kohut (Kahn & Rachman, 2000). Though these two men did not know each other personally or collaborate in their work, their mutual interest in the therapeutic quality of empathy each had a profound effect on humanistic and psychodynamic thought, respectively (Kahn & Rachman, 2000).

*The humanistic movement.* Though Freud had acknowledged the existence and value of the therapeutic relationship, it was not until the humanistic movement of the 1950s that therapeutic relationship and its subcomponent, empathy, truly took center stage (Barone, Hutchings, Kimmel, Traub, Cooper, & Marshall, 2005; Kozart, 2002; Summers & Barber, 2003). Rogers (1951; 1957) like Saul Rosenzweig (1936; see also Grace, 1994) before him, believed that some general factors common to effective counseling relationships, rather than the specific therapeutic technique employed by the counselor, were most responsible for therapeutic change. Rogers (1951; 1957) denoted these as common, necessary, and sufficient relationship factors: congruence, unconditional positive regard, and accurate empathic

understanding. These qualities, Rogers believed, would allow for the client and therapist to establish a supportive and, ultimately curative, bond.

### *Definitions of Empathy*

At the same time Rogers (1940) was first espousing his person-centered therapy, Kohut was radically challenging the psychodynamic landscape by suggesting that empathy might be curative for pathological narcissism. Kohut defined empathy as “the capacity to think and feel oneself into the inner life of another person” (p. 82, as cited in MacIsaac, 1997).

There have been many definitions, both narrow and broad, of empathy (Eagle & Wolitzky, 1997; Hatcher, Favorite, Hardy, Goode, Deshetler, & Thomas, 2005). These definitions of empathy vary between psychotherapy theories and orientations with humanistic-experiential and psychodynamic therapists more likely to associate empathy with feelings and communications (Carlozzi, Bull, Stein, Ray, & Barnes, 2002). Conversely, behavioral therapists are most likely to view it as a learnable skill. Rogerian and psychodynamic therapists seem to have the most similar definitions and ratings of importance in their work. Given the central importance of empathy in the work of both Rogers and Kohut, this comes as little surprise.

### *Beyond Empathy*

Elvins and Green (2008) continued to trace the evolution of the therapeutic relationship beyond empathy, and noted that several other therapeutic relationship constructs have subsequently been developed. Grouped under the broad category of what the authors call the treatment alliance, researchers sought to explicate the various facets of the evolution of therapeutic relationships. They have posited constructs and terms such as the helping

alliance, the therapeutic alliance, the psychotherapy alliance, the working alliance, and the real relationship (Elvins & Green, 2008; Gelso, Kelly, Fuertes, Marmarosh, Holmes, Costa, 2005; Horvath, 2001). Each of these constructs has been measured in various ways by various instruments, but perhaps the construct which has most interested researchers has been the inclusive therapeutic alliance (Elvins & Green, 2008; Horvath, 2001).

*Current understanding of the therapeutic relationship.* As noted above, there have been many unique therapeutic relationship variables, other than empathy, that have been developed and studied (Elvins & Green, 2008; Gelso et al., 2005; Horvath, 2001; Horvath & Luborsky, 1993; Horvath & Symonds, 1991; Rogers, 1951). Some examples of these relationship variables include transference, countertransference, the real relationship, the alliance, and the core conditions. With so many components of the therapeutic relationship, concepts and studies of relationship processes have grown to include an interactive understanding of the processes which take place between counselor and client.

*Current understanding of empathy.* Therapeutic empathy, for example, is now understood as a complex and dynamic cognitive-affective process which Barrett-Lennard (1981) has refined into a 5-step model consisting of the following sequence of steps: the empathic set step in which the engaged person experiences their own thoughts and feelings, the empathic resonance stage in which the responding individual receives the communicated experience of the engaged person, the empathy expression step in which the responding individual effectively communicates their understanding of the engaged individual's cognitive-affective experience, the receiving step in which the engaged individual who is the source of the cognitive-affective experience acknowledges the understanding of the responding individual and communicates that receipt, and finally the cyclical step in which

feedback continues the process and initiates a repeat (Barrett-Lennard, 1981). This model, perhaps taking a cue from the collaborative nature of the working alliance, features involvement in the process for both counselor and client. Though Rogers (1957, 1975) believed empathy was a complex exchange, Barrett-Lennard's (1981) work on the empathy cycle was still more complex, just as Toris' (1994) new model is even more complex than that of Barret-Lennard (1981).

Toris (1994) recently illustrated a complex and interactive model of empathy based on negotiation. According to Toris (1994) empathy has been considered in the following ways: as a decoding process in which one person makes sense of the experience of another through cognitive and/or affective understanding; as an interactive process, during which “doctor and patient continually exchange roles as sender and receiver, and both contribute to the success or failure of an empathic communicative act” p. 2); and finally as a negotiation process, in which the client and counselor attempt to be successful enough in understanding and communicating each other to result in a sort of “empathic equilibrium” (p. 4).

*Current understanding of the alliance.* In much the same way various models have sought to clarify what constitutes empathy, the alliance has been defined in various ways (Gaston, 1990). One of the most widely used definitions of the alliance is the global, pan-theoretical model espoused by Bordin and measured by the Working Alliance Inventory (Martin, Garske, & Davis, 2000). This pan-theoretical model features three aspects of the alliance: the affective bond between the counselor and client, the degree to which the counselor and client agree on the goals of the therapy, and the collaboration between counselor and client in carrying out the tasks of the therapy. Together with empathic



understanding, the preceding three pan-theoretical aspects of the alliance comprised the most commonly used dimensions of the alliance found in Gaston's (1990) review.

Though the therapeutic relationship is complicated and in need of further clarification, currently it is almost universally accepted that the therapeutic relationship is one of the primary sources of therapeutic outcome (Messer & Wampold, 2002; Norcross, 2002; Wampold, 2001). It is also widely acknowledged that the common factors, empathy and the alliance, are two of the main components of that therapeutic relationship (Gaston, 1990; Norcross, 2002).

*Current state of research.* The alliance has emerged as a leading component of the therapeutic relationship and enjoys a strong research backing (Horvath, 2001; Horvath & Bedi, 2002; Horvath & Symonds, 1991). In his report to the Division 29 taskforce for empirically supported therapeutic relationships, Horvath (2001) reported an average correlation of 0.24 based on 100 effect sizes taken from 60 studies using a number of validated therapy measures including the Helping Alliance Inventory, the Vanderbilt Alliance measures, the Therapeutic Alliance Rating Scale, California Psychotherapy Alliance Scale, and the Working Alliance Inventory. This report is comparable in its findings to an earlier meta-analysis by Horvath and Symonds (1991), and Horvath's (2001) results indicated that approximately 6% of the variance in therapy outcome was attributed to the alliance.

Horvath and Luborsky (1993), in their review of the therapeutic alliance literature, noted that the alliance has been associated with therapeutic empathy on both statistical and conceptual levels. Additionally, both therapeutic empathy and the relationship are complex constructs with many multiple measures and no single, unified definition or model (Elvins & Green, 2008; Toris, 1994). Despite this lack of clarity, the available research supports both

the importance of global common relationship factors, and empathy specifically, as important to client change (Ackerman, Benjamin, Beutler, Gelso, Goldfried, Hill, et al., 2001).

Therapeutic empathy now stands as an empirically supported component of the therapeutic relationship (Ackerman et al., 2001; Bohart, Elliott, Greenberg, & Watson, 2002; Greenberg, Elliot, Watson, & Bohart, 2001; Kirshenbaum & Jourdan, 2005). In the recent meta-analysis provided to the Division 29 taskforce for empirically supported therapeutic relationships, Greenberg, et al. (2001) examined 190 empathy-outcome association tests taken from 47 studies and 3,026 clients. The authors provided a weighted, unbiased effect size of  $r = 0.32$  and indicated that the Barrett-Lennard Empathic Understanding Scale or the Truax-Carkhuff scales were most commonly used. Greenberg, et al. (2001) reported that this moderate effect is as large, or larger, than many estimates of the effect of the working alliance and accounts for more variance than do specific effects in recent meta-analyses (Martin et al., 2000; Wampold, 2001).

The importance of empathy within the therapeutic relationship has now been supported by a substantial body of research and has been tied to positive therapy outcomes (Burkard & Knox, 2004; Hall, Davis, & Connelly, 2000; Greenberg, Elliot, Watson, & Bohart, 2001; Heck & Davis, 1973; Kim, Li, & Liang, 2002; Lafferty, Beutler, & Crago, 1989; Reynolds & Scott, 1999; Rogers, 1975). Recent research has even provided causal evidence, suggesting that therapeutic empathy resulted in a large treatment effect for depression with cognitive-behavioral treatment, above and beyond that which was contributed by homework (Burns & Nolen-Hoeksema, 1992). Further, as delineated below, it has been suggested that empathy may be an especially important process for the success of multicultural counseling (Burkard & Knox, 2004). Though the importance of

communicating empathy has been established, the means by which empathy is communicated remain less clear (Barrett-Lennard, 1981; Hill & Nakayama, 2000).

*Forms of therapeutic empathy.* One technique of possible efficacy in transmitting empathy was discussed by Bachelor (1988) in a qualitative study on clients' perceptions of empathy they received from their therapists. Based on the responses of 27 current therapy clients and 25 non-client participants, Bachelor identified four distinct forms of received counselor empathy: affective, cognitive, sharing, and nurturant. The third form, counselor sharing empathy, related directed to therapist self-disclosure and is described in greater detail below.

Therapist sharing empathy was defined as the form displayed "when readily disclosing to the client personal opinions or experiences bearing on the client's ongoing communication" (Bachelor, 1988 p. 230). This form of empathy, which represented 18% of client-reported empathy, was viewed as particularly facilitative in several regards. Clients reported they felt validated and supported knowing their counselor shared similar experiences and feelings; they also felt less need to describe ancillary details because they believed their therapist really understood the deeper emotional quality of the experience. More so than the other three types of empathy identified, sharing empathy was also characterized by a sense of connection, of not being alone.

I was discussing my need...to give and receive gestures of simple affection... much more than my social environment is ready to share... Without hesitation, he talked a little about his own experience in this regard and of his perceptions. He talked to me about the little occasions one could take advantage of...ranging from a simple handshake to abandoning oneself in someone's arms... I felt that I possibly had a

point in common with him and that I didn't have to explain a lot what I experienced for it to be understood and that, moreover, I now had some tips to help me out... I felt that I had touched what he himself experienced. (Bachelor, 1988 p. 233)

Certainly, the above quote from one of the clients interviewed in the study illustrates the importance of counselor sharing and self-disclosure in the empathic exchange.

### Self-Disclosure

In the age of evidence-based therapies, few interventions are as debated and fraught with complex issues as counselor self-disclosure (Hill & Knox, 2001; Knox, Hess, Peterson, & Hill, 1997). Of particular controversy has been the role and impact of self-disclosure on the therapeutic relationship; some have supported and some have opposed the use of therapist self-disclosure to enhance the relationship (Bachelor, 1988; Barrett & Berman, 2001). While some have suggested that self-disclosure may have undesirable effects by confusing and altering the focus of the therapeutic alliance, some have conversely argued that counselor self-disclosure can have a connecting impact on the relationship (Cozby, 1973; Knight, 2009). Indeed, Knight (2009), arguing for a relational psychoanalytic perspective, shared clinical experiences in which clients gratefully expressed how therapist self-disclosures strongly conveyed empathic understanding toward them.

Though therapists of various theoretical perspectives differentially emphasize counselor self-disclosure, researchers have made efforts to study the effects of counselor self-disclosure. Despite Knight's (2009) compelling arguments, there remain many unanswered research questions about how and when counselor self-disclosure might be appropriate and helpful to clients (Knox & Hill, 2003). Indeed, there is not even any strong

consensus among various theoretical perspectives as to whether counselor self-disclosure has therapeutic and ethical utility at all (Denney et al., 2008).

### *Theoretical Perspectives on Self-disclosure*

#### *Traditional Theoretical Views*

Various theories have held differing positions on the therapeutic usefulness and ethics of counselor self-disclosure, with some theories historically endorsing it as a valuable intervention and others restricting its use (Edwards & Murdock, 1994; Lazarus, 1985; Nyman & Daugherty, 2001; Simi & Mahalik, 1997; Stiles, Shapiro, & Elliot, 1986). As one might expect, there appear to be differences in the frequency with which therapists of various theories use self-disclosures (Brunink & Schroeder, 1979). Examples of the polarity of theories might include feminist therapy on one side and traditional psychoanalytic therapy on the other (Myers & Hayes, 2006; Simi & Mahalik, 1997).

*Feminist therapy.* Examining the most supportive pole, feminist therapists typically value counselor self-disclosure and often consider it a necessary way to balance the power of the therapeutic relationship (Remer & Oakley, 2005). Feminist counselors have also been known to use self-disclosure to facilitate client decision-making about whether a given counselor can provide unbiased support if controversial issues arise (Goldfried, Burckell, & Eubanks-Carter, 2003). Indeed, an open discussion about values and world-view is seen as a key component of equality in the feminist therapeutic relationship (Brown & Walker, 1990).

In their review of counselor self-disclosure in feminist therapy, Brown and Walker (1990) detailed the historic, philosophic, and therapeutic aspects of feminist self-disclosure. They noted that self-disclosure, as a method of balancing therapeutic power, has always been seen as a key and useful intervention in feminist therapy. They also suggested that

counselors' disclosures of training experiences, such as degrees or theoretical training, help to clarify feminist theoretical orientation and how that shapes the therapeutic process. This orientation disclosure not only helps to open a dialogue about values and biases, it can also serve as an important validation of the unique perspectives and struggles of women living under an androcentric society. By openly sharing these similar and different experiences, feminist therapists believe they can more fully bond with clients in a real, human manner.

Simi and Mahlik, in their 1997 study on feminist therapist self-disclosures, noted power equalization, role-modeling, and creating feelings of solidarity were primary motivations for feminist therapists' self-revelations. Indeed, the authors have argued that the emphasis on counselor self-disclosure is one of the hallmarks which contrasts feminist therapy from other theoretical approaches.

To empirically test whether self-disclosure is used more by feminist counselors, Simi and Mahlik (1997) constructed a scale designed to measure feminist theory's conceptualization and uses of counselor self-disclosure. True to the values noted above, feminist therapists were found to self-disclose significantly more than either psychoanalytic/dynamic therapists or therapists with other theoretical orientations. These differences were especially pronounced in the amount of personal background (e.g., political affiliation, religious beliefs, sexual orientation, etc.) disclosed by feminist therapists compared to the other groups. The authors suggested the items which most differentiated between counselors who identified with a feminist approach and others included questions related to the values underlying feminist theory (e.g., disclosures of sexual orientation, role-modeling disclosures, and those self-revelations designed to promote equality in the therapeutic relationship).

*Cognitive-behavioral therapy.* Like feminist therapists, cognitive-behavioral therapists may value therapist self-disclosure as a means of modeling to the client (Goldfried et al., 2003). Indeed, it seems logical that the simple act of a counselor talking about her/himself could serve as a model for clients to use therapy to disclose themselves. The authors, in their review of self-disclosure in cognitive-behavioral therapy, suggested that disclosure of past struggles and how the therapist coped with them are very congruent with CBT, providing clients' chances to adopt new and more adaptive coping strategies. This type of vicarious learning experience is often a hallmark of cognitive-behavioral therapy, an observation shared by Dik and Steger (2008).

Additionally, Goldfried and colleagues (2003) suggest that counselor self-disclosure allows the clinician to combat secondary negative self-talk, such as a depressed client commenting that s/he has no right to be depressed, by sharing a similar experience. This fits well with the views expressed by Judith Beck (2007). Beck shared her successful experiences self-disclosing her own positive self-talk routines with low self-esteem clients as a common example of how she uses self-disclosure. She closed by sharing the following:

I don't use self-disclosure with every patient but I do with most. Self-disclosure often gives them a different way of thinking about their problems. And it goes a long way in strengthening our relationship when patients recognize that I am a human being who is willing to share something of herself to help them. (Beck, 2007 ¶, 2)

The Becks' version of CBT is not the only one which embraces counselor self-disclosure (Farber, 2006). Dryden (1990) details the use of therapist self-disclosure in rational emotive therapy or RET. Dryden shared two ways in which a RET counselor will use self-disclosure to facilitate client growth including educating the client about the RET

method through sharing her or his experiences, as well as serving as a role-model for overcoming a problem similar to the client's presenting concern. By sharing how the therapist came to understand his or her problem through the RET framework, then sharing how she or he used RET to combat their irrational beliefs and overcame their problem, the RET therapist uses her or his humanity as an example of how to better cope with life problems. This shared humanity allows clients to also learn greater self-disclosure from their counselor's self-disclosures (Farber, 2006).

Though self-disclosure has not always been seen as an appropriate cognitive-behavioral technique (cf. Wolpe, 1984), Lazarus (1985) argued, "selective self-disclosure often enhances the therapeutic relationship and proves valuable when using modeling and behavior rehearsal techniques" (p. 1419). Further it has been suggested that the high degree of counselor self-disclosure present in dialectical behavior therapy, a later generation cognitive-behavioral therapy, may be a unique and efficacious part of the treatment process (Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006). For the above reasons, it seems consistent that counselor self-disclosure can be viewed as an important and acceptable tactic within cognitive-behavioral therapy.

*Humanistic-existential therapy.* Humanistic-existential therapists, who tend to value transparency and genuineness in the therapeutic relationship, also seem open to counselor self-disclosures. Moreover, Jourard's work on self-disclosure was based, in part, on the idea that self-disclosure was a mark of the ability to grow and self-actualize (Cozby, 1973). For this reason, humanistic theorists and clinicians have long held that mutual self-disclosure is an important component of the therapeutic relationship.



Brunink and Schroeder (1979) examined the frequency with which expert therapists of various theoretical orientations engaged in diverse verbal responses, including self-disclosure, during short-term therapy. The authors determined that gestalt therapists self-disclosed significantly more than did either behaviorists or psychoanalysts. Indeed, gestalt therapists used self-disclosure over four times as frequently as did other types of therapists studied.

Carl Rogers (1957) in his client-centered therapy, promoted a therapist style characterized by genuineness and congruence. Indeed, some have argued, based on analysis of Rogers' "Gloria" video, that Rogers frequently engaged in self-disclosive and self-revealing interventions (Essig, & Rusell, 1990). This example, no doubt, helped to shape Rogers' emerging client-centered therapy.

Though Rogers did not explicitly encourage counselors to disclose, subsequent Rogerians have seen self-disclosure as an effective means of displaying transparency and congruence in the therapeutic relationship (Klien, Kolden, Michels, & Chisholm-Stockard, 2001). Furthermore, the importance of mutual transparency in client and counselor self-disclosures was investigated by Traux and Carkhuff (1965), two disciples of Rogers, who found correlations ranging between 0.43 and 0.79 for the relationship between counselor and client self-disclosures. It is important to note that despite the value client-centered therapists see in transparent and congruent therapist self-disclosures, there can still be a conflict between balancing the counselor's desire to self-disclose and following where the client leads (Goldfried et al., 2003).

Spinelli (2005), in his article detailing his evolving understanding of therapist self-disclosure, shared various theoretical views of self-disclosure he had himself experienced.

Spinelli, a noted existential therapist, indicated that while existential counselors are comfortable using self-disclosure, they attempt to examine the "realm of encounter" in which they are operating to guide whether to disclose or not. These realms of encounter, I, you, and we, have to do with the perspective the client employs to examine her or his relationship to the counselor. Spinelli argues the client's focus on the "we-realm of encounter" is most appropriate for therapist disclosures of personal experiences while the you-realm is most useful for immediacy and the I-realm is the least appropriate for any counselor self-disclosure. Thus, Spinelli has suggested that existential therapists, and indeed all therapists, should accept that self-disclosure is somewhat inevitable while refocusing their awareness on when and why counselors might disclose.

*Psychoanalytic therapy.* Conversely, classical psychoanalysts traditionally have discouraged the use of therapist self-disclosure from the belief that it will distort the transference process (Knox & Hill, 2003; Peterson, 2002). It is widely accepted that Freud rejected the concept of self-disclosure in favor of making the analyst a "mirror" for clients' transference (Farber, 2006; Knight, 2009). Thus, many traditional factions in psychoanalysis have argued against therapist self-disclosures of any kind.

In addition to concerns about the antithetical nature of self-disclosure's impact on the "blank screen", some psychoanalysts have also expressed several other concerns. In a recent psychoanalytic paper on self-disclosure, Kuchuck (2009) suggested that the personality of therapist is centrally reflected in the choice of which type of therapy to apply with those choosing psychoanalysis doing so for reasons related to their comfort with intimacy. Kuchuck goes on to suggest that each counselor's own narcissism may be related to the

choice to sit silently in an almost voyeuristic fashion or to self-disclose in an almost exhibitionist manner.

Likewise, Spinelli (2005) shared his insights about self-disclosure from his own aborted training as a psychoanalyst. The author shared how, after becoming disenchanted with what he perceived as the reckless use of counselor self-disclosure in his client-centered therapy experiences, he began training as a classic psychoanalyst; he reasoned that psychoanalysis would avoid the self-disclosure conflicts he had experienced previously. During that training, he recalled being repeatedly discouraged to employ self-disclosure in order to avoid intruding on his patients' transference processes. Despite his instructors' prohibitions, Spinelli vividly recalled a contrary experience in his own therapy; his analyst shared some deeply personal disclosure and disregarded everything Spinelli believed psychoanalysts held about that contraindicated intervention.

#### *Contemporary Theoretical Views*

*Recent intersubjective and integrative views.* Perhaps as evidenced by Spinelli's (2005) account, arguments have recently been made to frame psychoanalysis in a post-modern, relational light in which analyst transparency and self-disclosure may be desirable for co-building the analytic relationship (Knight, 2009). Knight (2009) has even suggested that the choice not to self-disclose may serve as an unintentional self-disclosure about the analyst and her or his desires to be known or unknown. In such light, it may be more therapeutic to intentionally disclose under certain circumstances than to futilely attempt to maintain an imperfect neutrality.

Cohen and Schermer (2001), writing about a theoretical convergence of intersubjectivity and self psychology in group therapy, suggested that therapist self-

disclosure may be an effective means of achieving empathic attunement while providing clients with a "twinship self-object". According to the authors, the traditional notion of a transference object need not be totally abandoned in order to accept the use of therapist self-disclosure. Rather, the therapist may allow the development of clients' transference for a time before disclosing to encourage the creation of a more accurate self-object concept of the therapist. Furthermore, such a therapist disclosure of similarity to clients' conveys empathy and a sense of sameness which Cohen and Schermer (2001) argue can be very affirming and transformative for clients.

Grounded in existential and interpersonal process (group) therapies, Irving Yalom (2009) has championed therapist self-disclosure as an important part of his process. Yalom argued that his self-disclosures not only demonstrate the humanistic-existential value transparency, but also encourage clients to make further disclosures of their own. Furthermore, Yalom and Leszcz (2005) suggested the common concern, that a therapist who self-disclosed once will be driven to disclose again and again, is baseless and counter-therapeutic. Rather, Yalom and Leszcz believed authentic self-disclosures by counselors foster the therapeutic relationship, support and normalize client disclosures, and deepen clients' exploration and experiencing.

*Racial-ethnic multicultural disclosures.* Despite the variation among theories as to the value of therapist self-disclosure, the issue of counselor self-disclosure has been recently met with renewed interest in multicultural counseling (Burkard & Knox, 2004; Burkard, Knox, Groen, Perez, & Hess, 2006; Kim, Hill, Gelso, Goates, Asay, & Harbin, 2003). This may be, in part, due to recent findings about client preferences for greater therapist self-

disclosure when the counselor is of a different racial-ethnic group than the client (Cashwell, Shcherbakova, & Cashwell, 2003).

Sue (1990) suggested a conceptual framework for working with racial-ethnic minority clients. The author noted that many counselors believe racial-ethnic minority clients desire greater counselor self-disclosure than do European American clients; a belief Sue suggested may be true. Sue noted:

The culturally different client is likely to approach the counselor with trepidation:

"What makes you any different from all the Whites out there who have oppressed

me?" "What makes you immune from inheriting the racial biases of your

forbearers?" "Before I open up to you, I want to know where you are coming from."

"How open and honest are you about your own racism, and will it interfere with our

relationship?" "Can you really understand what it is like to be Asian, Black,

Hispanic, American Indian, or of any other race?" In other words, a culturally

different client may not *self-disclose* until the counselor self-discloses first. (p. 430)

Despite Sue's (1990) suggestions, Kim et al. (2003) failed to find any effects of therapist self-disclosure on session outcome with Asian American clients. Descriptively, however, the authors found an increased rate of self-disclosure by European American therapists to their Asian American clients, a similar finding to Burkard et al. (2006). Kim et al. (2003) speculated this might be due to the counselors' desire to strengthen the therapeutic relationship with their clients. Thus, it is possible that therapists are responding, on some level, to the desire of their multicultural clients for the counselor to be more disclosure.

Both Burkard et al. (2006) and Kim et al. (2003) found increased prevalence of counselor self-disclosure in mixed-ethnic dyads, consistent with Sue's (1990) framework

above. However, unlike Kim et al. (2003), Burkard et al. (2006) also found that the minority clients and counselors both found these self-disclosures to be helpful. This finding fits with that of Burkard and Knox (2004), who found that counselors with more awareness of racial issues are perceived as more empathic by clients of color. Again, it seems possible that when therapists are aware of multicultural difference between themselves and their client, one strategy is to display their empathy through sharing similar life experiences and feelings.

Cherbosque (1987) also investigated cross-cultural perceptions of therapist self-disclosure in a study of Americans and native Mexicans. The author compared each sample's perceptions of an analogue counselor's responses, which included neutral summarization, past personal disclosure, present personal disclosure, or an immediacy response. For the Mexican sample, summarization was rated as most expert and trustworthy, while the American sample only viewed present personal disclosure negatively and the other responses were viewed as comparable in terms of expertness and trustworthiness.

While the above findings have been mixed, this preliminary evidence suggests that well-intentioned counselor self-disclosure about ethnic issues can positively impact the therapeutic relationship. If these findings were supported and extended by other research, it could provide counselors with some useful guidance about when to decide to use self-disclosure in ethnic/racial multicultural counseling.

*Sexual orientation multicultural disclosures.* In an early study conducted by Atkinson, Brady, and Casas (1981), the impact of counselor self-disclosure of sexual orientation was examined. Eight-four males who identified as homosexual were exposed to one of three audio recordings of a simulated counseling session; the conditions of the three recordings included: counselor disclosure of a homosexual identity, counselor disclosure of

a heterosexual identity, or a nondisclosive redirection. The authors determined that the counselor who disclosed a homosexual identity was viewed as more attractive, trustworthy, and expert than either alternative condition. In an additional important finding, the authors also determined that participants rated counselors who self-disclosed similar attitudes about advocacy as most attractive.

Several newer studies have also examined self-disclosing behaviors for counselors who work with LGBT populations (Burckell & Goldfried, 2006; Israel, Gorcheva, Walther, Sulzner, & Cohen, 2008). Burckell and Goldfried (2006) noted that therapist disclosure of either having worked with LGBT populations or understanding the LGBT experience has been helpful to LGBT clients. Nearly 36% of therapists polled by Israel et al. (2008) reported finding self-disclosure useful when working with LGBT clients; the authors noted it can be helpful in fostering empathy and the alliance.

*Religious and spiritual multicultural disclosures.* Perhaps as a function of the emergence of multicultural counseling as an important component of therapy, and the continued evolution and integration of theories, the attitudes toward counselor self-disclosure have become more positive in recent years (Stricker, 2003). There has been greater use of counselor self-disclosure (Bridges, 2001). For example, studies of psychologists and psychiatrists indicated that approximately 16% engaged in personal religious self-disclosure (Shafranske 2000a, 2001; as cited in Richards & Bergin, 2005). Likewise, a study of counselor self-disclosure between clinical social workers and marriage and family therapists (MFTs) suggested that, not only do MFTs tend to self-disclosure more, but 68% of those sampled self-disclose about their own religious beliefs compared to 63% of clinical social workers (Jeffrey & Austin, 2007).

Relatedly, a recent qualitative study examined expert therapists' use of self-disclosure to convey their own values (Williams & Levitt, 2007). Grounded theory analysis of 14 therapists' interview data revealed a number of interesting details about their use of disclosure. For instance, constructivist and CBT therapists reported using disclosure of their own values to challenge absolute and/or maladaptive religious beliefs in their clients, whereas therapists of other orientations seemed more hesitant for fear of imposing their own values on clients. This concern with imposing values was a repeated theme for many of the therapists who detailed their cognitive and emotional struggle to determine whether to disclose their values to clients.

Additionally, when these therapists did decide to disclose their own values, there was an effort to convey a humble and direct interest in hearing clients' responses to the disclosure (Williams & Levitt, 2007). Further, the clinicians all expected the subsequent discussions of each person's values to lead to a consensus about whether or not that dyad were a good therapeutic match. Frank discussions about whether clients wished to continue with the therapist following the disclosure of values would then serve as a therapeutic intervention or to help plan for termination and referral.

#### *Theoretical Perspectives on Self-Disclosure Summarized*

The above noted attention to counselor self-disclosure from increasingly integrative theoretical perspectives, suggests that therapist self-disclosure may be gaining clinical acceptance. Further, the value of counselor self-disclosures in multicultural counseling is still being explored, though some evidence suggests both a positive effect and increased use of therapist self-disclosure with minorities of race/ethnicity, sexual identity, and spirituality.



With new interest in, and use of, therapist self-disclosure comes new questions about how to employ counselor self-disclosure ethically.

### *Ethical Issues in Counselor Self-Disclosure*

#### *Questions and Concerns*

In addition to the theoretical and clinical aspects of counselor self-disclosure, there are also salient ethical issues involved (Peterson, 2002). For example, is it more or less multiculturally sensitive for a counselor to self-disclose about her or his experience? Under what circumstances would withholding a self-disclosure be unethical? Consider the counselor who is a highly religious and conservative Christian and holds strong beliefs about the morality or immorality of homosexuality. What is appropriate for that counselor to reveal to a client who presents with depression but eventually reveals questions about his or her sexual identity? In order to provide the client with fully informed consent, how much should the counselor self-disclose to the prospective or actual client? It is not surprising that these questions remain unanswerable when there are so many ethical questions surrounding counselor self-disclosure and when so many psychologists receive little training in this intervention and even less in how to use it competently with multicultural issues (Burkard et al., 2006). Despite these limitations and questions, some estimates suggest that therapist self-disclosure is a near universally used technique (Pope, Tabachnick, & Keith-Spiegel, 1987).

The issues of whether therapists should disclose in order to provide clients with fully informed consent is a contentious one, with little consensus even within a given mental health profession. An example of such a debate took place among clinical social workers Raines (1996; 1997) and Streaan (1997). Raines, in suggesting guidelines for answering client's direct questions through self-disclosure, argued that client's have the right to know

about the counselor's professional training, fees, theoretical orientation, and even personal identity. Raines went on to share examples of times he had disclosed information such as religious and sexual identity to clients.

In response, Strean (1997) articulated the psychoanalytic concern that answering these sorts of questions is, rather than an ethical responsibility, simply setting clients up for disappointment and harm. Strean suggested that these sorts of questions are not so much a matter of informed consent, as an anxious defense which therapists should empathically redirect. Strean went on to argue that his experience suggests that clients are harmed when therapists fail to redirect; clients grow increasingly distrustful and disappointed as the clinician eventually ceases to answer their "encore" questions. Strean closed by sharing his observations that the therapists who answer such questions as suggested by Raines are reacting fearfully and preemptively blocking the developing therapeutic alliance.

From the discussion of Raines (1996; 1997) and Strean (1997), it is possible to see the ethical complexity of therapist self-disclosures. Additionally, the interrelationship between theoretical orientation and clinical ethics can also be highlighted; clearly the interpretation of what constitutes an ethical obligation or harm varies depending on how one views self-disclosure. As Raines and Strean display, the conflict between respect for autonomy and protection from harm can come from the decision to self-disclose or to remain undisclosed.

Croarkin, Berg, and Spira (2003) have likewise found some ambivalence about counselor self-disclosure in the informed consent process. The authors set out to study informed consent beliefs of psychiatrists, psychologists, and other mental health professionals. The findings indicated that while psychiatrists were less interested and focused on providing fully informed consent than any other mental health profession, no profession

was particularly enthusiastic about informed consent. This was especially true with regard to self-disclosing.

The overall group was somewhat reluctant to self-disclose as part of that informed consent process (Croarkin et al., 2003). Indeed, only 7.6% of respondents "Agreed" or "Strongly Agreed" that clients would benefit from receiving personal information (sexual orientation, marital status, age, etc.) and only 9.2% "Agreed" or "Strongly Agreed" that information about the therapist's religion, morals, and character would be of benefit to clients. The authors, like Hendrick (1988) below, acknowledged that therapists' willingness to disclose personal information as part of the informed consent process, appears considerably lower than clients' interest in that information

*Clients' interest in counselor self-disclosure.* In line with respecting clients' autonomy and right to fully informed consent, Hendrick (1988) examined the responses of 104 undergraduate students to her scale designed to measure how much potential clients' would value knowing information about their counselor. The results of this study indicated that the students wished to have information about potential counselors in each of the six subscale dimensions (i.e., Personal Feelings, Interpersonal Relationships, Sexual Issues, Professional Issues, Attitudes, and Successes/Failures). These results were somewhat replicated in a subsequent study of 24 actual counseling clients, though clients appeared less interested in knowing their counselor's sexual issues and personal attitudes than were the student development sample. (Hendrick, 1988; Hendrick, 1990).

### *Suggestions and Guidelines*

While some efforts to answer these questions have been made, though like most ethical decisions, when to self-disclose continues to rest with the judgment of the counselor

(Hawkins & Bullock, 1995; Peterson, 2002). Barglow (2005) noted that, particularly within the psychoanalytic community, counselor self-disclosures which are “inappropriate” or “excessive” constitute boundary violations and are considered unethical. Conversely, and unsurprisingly, feminist therapists often view self-disclosure as an ethical obligation in order to provide fully informed consent to clients about the lifestyle, beliefs, and background of their therapist (Simi & Mahalik, 1997). Indeed, the feminist therapy ethics code denotes the circumstances under which counselor self-disclosure is ethical, and even necessary (Brown & Walker, 1990).

To help specify under what circumstances a self-disclosure would be permissible, Knox and Hill (2003) suggested that counselors should begin by being aware of various types of self-disclosures they might make. The authors identified seven types of self-disclosure which included: disclosure of facts, disclosure of feelings, disclosure of insight, disclosure of strategy, disclosure of reassurance or support, disclosure of challenge, and disclosure of immediacy.

The prior list of suggestions illustrate that not all self-disclosures are the same, nor do they carry the same risks. A self-disclosure in which a therapist reveals the fact that she or he has been in practice for eight years may be more straightforward than revealing his or her religious affiliation. Nevertheless, some have argued that both of the preceding examples are pieces of information a client may deserve to have in order to have informed consent to work with a given counselor (Knox & Hill, 2003).

*Religious and spiritual counselor disclosures.* McMinn, Ruiz, Marx, Wright, and Gilbert (2006) in particular, advised religious psychologists to make their religious or spiritual values explicit in an informed consent document prior to beginning work with a

client. This might be especially important if, as Worthington et al. (1996) noted, clients actively attempt to draw conclusions about their counselor's religious beliefs based on the therapeutic environment. However, viable ethical arguments could also be made to the contrary, particularly if the counselor had reason to believe such disclosure might impair her or himself or harm the client in some way (Peterson, 2002).

In their paper on spiritual self-disclosures in therapy, Denney et al. (2008) delineated 7 suggestions for determining the ethical and therapeutic implications of such self-disclosures; these suggestions also appear fairly generalizable to any therapist self-disclosure. The first suggestion made by the authors is for counselors to consult their profession's ethics code, an ethical decision-making model, and colleagues. Second, disclosure should be made for clinically indicated reasons. Therapists should abstain from making disclosures when clinically contraindicated, such as when working with psychotic or personality disordered clients.

The third suggestion reminded clinicians to use multicultural sensitivity when disclosing or discussing spirituality with any client (Denney et al., 2008). In particular, the authors recommended that counselors be cautious about revealing their religious or spiritual identities when the client is not spiritual or religious. Fourth, counselors are argued to be cautious about revealing their spirituality to clients who are hostile toward spirituality. Fifth, therapists are encouraged to be thoughtful, seek consultation, or journal about their own values related to immediacy disclosures. In order to clarify why they might disclose, the sixth recommendation suggests therapists ask themselves: what they are attempting to accomplish, to what extent is the disclosure about their own needs, how might the client personalize what is disclosed, and how can the focus be returned to the client following the

disclosure. Finally, clinicians are urged to be mindful how unintentional, nonverbal disclosures might occur from their own reactions and the items in the counseling environment.

*Intentionality.* Much like Denney et al. (2008,) Knox and Hill (2003) encourage counselors to also be intentional in use of disclosures. In addition to being mindful of the type of disclosure, the authors remind counselors to be thoughtful about how intimate the revelation may be, what the purpose of the disclosure is, how often they have disclosed, and how the disclosure might fit the client. Both Peterson (2002) and Knox and Hill (2003) direct the counselor to focus the disclosure-decision in the context of the evolving relationship and the likely impact and goals the counselor sees in making the disclosure. This direction resonates with Hendrick's (1988) admonition to therapists that just because clients might want their counselors to disclose does not mean that therapists should always do so.

Some studies have attempted to address Knox's and Hill's (2003) recommendation that therapists reflect on the purpose of self-disclosures. In one such example, Simon (1988) studied expert therapists and generated from them, a list of common motivations for counselor self-disclosure which were viewed as appropriate. Simon noted the intention to model coping skills, openness, problem-solving, assertiveness, and self-acceptance was the most commonly noted motivation for self-disclosure, regardless of theoretical orientation. Following modeling, the next most common motivation for therapist self-disclosure involved strengthening the therapeutic alliance. Indeed Simon (1988) stated, "Understanding and empathy were viewed as facets of the working alliance and these therapists disclosed personal experiences to communicate understanding" (p. 408). To a lesser degree,

counselors were also motivated to self-disclose in order to validate clients' perceptions of reality and to encourage clients' feelings of autonomy. In all cases, the expert therapists noted that while self-awareness was a requirement for self-disclosure, challenges in being sure of the impact of being "real" in self-disclosures were less straightforward.

#### *Process Effects of Counselor Self-Disclosure*

Inherent in the suggestion to ethically evaluate the likely impact self-disclosure is the assumption that a counselor knows what the effect will be. Indeed, Hendrick (1988), Peterson (2002), and Knox and Hill (2003) all base their recommendations on the premise that therapists can assess how helpful a counselor self-disclosure is likely to be to clients. Conversely, Simon (1988) acknowledged that such assessments are not always so easily (or accurately) conducted. Perhaps because counselor self-disclosure is so controversial and so complex, there have been a number of studies and reviews which have sought to clarify what effects, if any, such revelations have on the processes of therapy (Knox et al., 1997).

Some of the earliest studies on therapist self-disclosure, conducted by Jourard, Jaffe, and their colleagues, set the stage for considerable debate even as those studies were published (cf. Bloch & Goodstein, 1971; Jourard & Jaffe, 1971). Indeed, responding to criticisms of their studies' findings, Jourard and Jaffe made the following statement: "Disclosure invites, elicits, or reinforces disclosure in a variety of contexts (1971 p. 598). This echoed a previous suggestion that therapists be mindful that "if one wishes to invite disclosure from another person, an effective means of doing so is to engage in the activity oneself" (Jourard & Jaffe, 1970 p.256).

Such direct and provocative statements unsurprisingly were met by strong reactions; Bloch and Goodstein stated they found Jourard's and Jaffe's findings and suggestions

"troublesome, even potentially dangerous" (1971 p. 596). Subsequently, counselors and researchers of diverse theoretical orientations have propagated numerous research studies and theoretical papers intended to support or discredit the notion that counselor self-disclosure begets client self-disclosure.

*Research on Counselor Self-Disclosure and the Therapeutic Relationship*

*Participants'/clients' perceptions.* In one such quasi-analogue study, Hoffman-Graff (1977) randomly assigned 72 introductory psychology student-clients in order to examine the effect of two types of counselor self-disclosure during a 20 minute interview on procrastination. In the study, the counselor either disclosed having struggled with procrastination and time-management as an undergraduate, or disclosed strategies they had used to avoid having those struggles. The results indicated that participants rated counselors who disclosed the past struggles as more empathic, credible, and having greater regard than those who did not disclose.

Hill, Mahalik, and Thompson (1989) noted variable results of studies investigating counselor self-disclosure and self-involving disclosures in their summary of the literature. With only one study having found a clear benefit to counselor self-disclosure (Hoffman-Graff, 1977 as cited in Hill et al., 1989), the authors set out to examine self-disclosing and self-involving disclosures by counselors (Hill et al., 1989). The authors trained undergraduate student-raters to evaluate videotaped sessions of brief counseling relationships, which were typically between 12 and 20 sessions in length, with 8 adult, female depressed or anxious clients (Hill et al., 1989). The raters coded counselor verbal responses and identified 89 instances of counselor self-disclosure. The counselor and client dyads also separately reviewed the videotaped sessions and rated the helpfulness of each of



the interventions. Using all sets of ratings, the authors analyzed the 89 counselor self-disclosures and found that both clients and counselors rated reassuring self-disclosures by the counselor as both helpful and as facilitating greater client-experiencing across the course of therapy. Hill and colleagues also echoed Simi's and Mahlik's (1997 p. 480) call for more case-specific research into counselor self-disclosures to clarify "how often, what context, by whom, and when" self-disclosure is most helpful.

VandeCreek and Angstadt (1985) conducted an interesting study designed to help clarify "by whom" counselor self-disclosures might be preferred. The authors measured 120 female undergraduate participants' levels of preference for therapist self-disclosure, as well as those participants' expectations for how much they thought a counselor would likely disclose. The participants watched videos simulating counseling sessions, in which the amount of counselor disclosure was varied. In contrast to expectations, the authors found that all participants viewed the counselor as more attractive, trustworthy, and expert on the Counselor Rating Form, regardless of previous preference and/or expectations. That is, even those participants who expressed little desire for counselor self-disclosure, along with expectations that counselors do not disclose, rated the highly disclosing therapist most credibly.

Counselor sex, experience level, and disclosiveness were examined in an analogue study conducted by Merluzzi, Banikiotes, and Missbach (1978). Though limited by the written script treatment, the authors found several interesting results with regard to therapist credibility, likeability, and preference for referral. The results suggested that counselors who disclosure to a higher degree we viewed as more attractive, more likable, and were more likely to receive a referral from the participants; however, the same high disclosing counselor

was seen as less expert and less trustworthy than was the low disclosing counselor described. Thus, the disclosive counselor gained an advantage in attractiveness and likeability while losing trustworthiness and expertness, a mixed result distinct from that of VandeCreek and Angstadt (1985).

Dowd and Boroto (1982) examined the effect of various counselor session-ending verbal responses to determine 217 undergraduate participants' preferences for seeing a counselor who made a congruent past self-disclosure, a congruent present self-disclosure, an immediacy response, a psychodynamic interpretation, or a summarization. Participants were also asked to rate each counselor in terms of credibility on the Counselor Rating Form.

The results found by Dowd and Boroto (1982), along with these from Merluzzi et al. (1978) demonstrated the complexity of responses to therapist self-disclosure. The authors determined that participants were most willing to see the counselor who ended the session by making a psychodynamic interpretation, followed by a congruent disclosure of past experience, then a present self-disclosure, then an immediacy reaction, with a summarization viewed least favorably. When the authors examined the CRF results; however, they found a different pattern for counselor attractiveness. Participants' responses indicated they found the counselor making self-disclosures most attractive (present, past, immediacy), followed by the summarizing counselor, then the counselor making a psychodynamic interpretation. Though self-disclosures past and present ranked in the top three for each dependent variable, the differences found between counselor attractiveness and willingness to see that counselor highlighted the difficulty of establishing general guidance for use of therapist self-disclosure; counselor self-disclosures may impact different therapeutic processes differently.

In addition, some evidence exists that various therapeutic processes may interact to impact the effects of counselor self-disclosure. Myers and Hayes (2006) conducted a quasi-analogue study in which the counselors affected two sets of independent variables, quality of the working alliance and verbal responses of counselor empathic self-disclosures, countertransference disclosures, or empathic control responses. The authors found that, when the working alliance was high, therapist empathic, general disclosures were perceived as most attractive, trust-inspiring, and expert. However, when the alliance was low the results were more variable.

Simonson (1976) also found that the effects of therapist self-disclosure were impacted by other therapeutic qualities. In an analogue study of 90 female undergraduates, the author varied both counselor self-disclosure (i.e., none, demographic information, or a personal disclosure) and therapist warmth (i.e., cool personal style or warmth). While the results indicated that the demographic level of self-disclosure uniformly resulted in greater participant disclosure, the addition of counselor warmth substantially increased the impact of the self-disclosure. Simonson (1976) speculated that the maximal effect of therapist self-disclosure might be dependent on an optimal level of intimacy in counselor self-disclosure, coupled with personal warmth.

In another study of mixed counselor self-disclosure effects, Cash and Salzbach (1978) used audio recordings and photographs to simulate various levels of therapist self-disclosure and physical attractiveness. The authors found that the self-disclosing counselors were perceived as more empathic, trustworthy, expert, socially attractive, and offering greater positive regard; however, this finding was only true when the pictures of the counselor displayed a physically unattractive counselor. In cases where either a physically attractive

counselor or no picture was shown, the disclosive counselor was seen only as more genuine or congruent than in the nondisclosive condition. Disclosing counselors were also seen as more likely to be helpful; however, they did not foster participants' willingness to return for counseling.

As demonstrated by Peca-Baker and Friedlander (1989), results of counselor self-disclosure can also vary by whether they are measured quantitatively or qualitatively. The authors, in another quasi-analogue study involving 60 female undergraduates, sought to investigate whether the positive effects noted in the literature were due from the act of counselors sharing information about themselves, or about clients receiving the content of that information. To accomplish this, participants were assigned to one of four conditions: having personal, and congruent information disclosed by the counselor; having personal, congruent information about the counselor shared by investigators prior to the interview; having personal, incongruent information disclosed by the counselor; or receiving no information or counselor disclosure.

Peca-Baker and Friedlander (1989) conducted MANCOVA analyses examining the effect of condition on perceptions of therapist expertness, attractiveness, trustworthiness, level of regard, unconditionality of regard, congruence, and empathy; they covaried a measure of how well participants could empathize with the topic of the counseling interview. Though the authors reported null findings quantitatively, subsequent qualitative interviews revealed that participants had appreciated both kinds of counselor disclosure, compared to those receiving the information from researchers or being given no disclosure. Participants noted they felt more relaxed and comfortable following the disclosures; they also noted feeling more willing to disclose to the counselor, felt they were being understood by the

counselor, and felt the counselor entrusted them with meaningful information. Though examination of the means between treatment groups reveals that the congruent self-disclosure treatment group had the highest scores on all dependent measures, suggesting a lack of statistical power due to washed out effects, the qualitative data highlights the value of seeking participant feedback as another source of information which might be missed by traditional quantitative methods.

Nyman and Daugherty (2001), in another study involving the CRF, examined a small sample of undergraduates' perceptions of two written scripts involving counselor self-disclosure. In this study, each script depicted the therapist making a self-disclosure involving use of prayer; however, the disclosure was congruent to statements made by the simulated client in only one condition. After reading the randomly assigned script, participants completed the CRS followed by a measure of religious coping. Results revealed that participants found the congruent self-disclosing counselor to be more credible overall, more attractive, and more appealing as a potential future therapist. Religious coping was not included as a covariate in the study; however, the sample size was small enough that it is likely only large correlations would be statistically significant.

Another quasi-analogue study which involved some self-disclosures of religious similarity was conducted by Murphy and Strong (1972). Though the primary purpose of the study was to investigate the impact of various frequencies (0, 2, 4, 8) of congruent therapist self-disclosure in an interview, some of the self-disclosures generated by the counselors included those of similar religious upbringing. The authors found that increased self-disclosure resulted in the counselors being viewed as more willing to be known from the Barrett-Lennard (1962) scale of the same name. The authors also noted that increased self-

disclosure was associated with the counselor being seen as more warm, positive, empathic, friendly, enjoyable to talk to, and less embarrassing with whom to talk. Based on these findings, the authors argued that congruent, positive counselor disclosures may be useful in increasing interpersonal attractiveness and sense of empathy in therapeutic relationships.

In a similar study, Mann and Murphy (1975) examined the impact of varying both frequency of disclosure (0, 4, or 12 times during the 40 minute interview) and timing of disclosure (either immediately before a client disclosure or immediately after). The authors also allowed the interviewer to "randomize" whether the disclosures were similar or dissimilar to the participant depending on what was congruent with the counselor's actual experience. Results of the study demonstrated that a moderate number of disclosures (i.e., 4) was optimal for generating the highest levels of level of regard, congruence, and empathy; unconditionality of regard also showed a similar pattern but failed to reach significance.

Additionally, four counselor disclosures also proved best for eliciting participant disclosures (Mann & Murphy, 1975). Though the authors did not report conducting this analysis, an examination of the mean frequency of participant disclosures seems to show a trend toward the superiority of modeling disclosures, that is the counselor self-disclosing four times before the participant. While the authors determined there was no effect of timing, the mean number of disclosures is variable for the 0 and 12 instance conditions, whereas the 4 disclosure condition shows the participant disclosed over twice as often when the counselor disclosures took place first. This finding might be of import as it suggests a partial answer to Simi's and Mahlik's (1997) "when" question, just as the remainder of the study results provide guidance on the "how often" question.

A non-confirmatory finding was reported by Curtis (1982a). The author exposed 57 participants to one of three written scripts featuring no counselor self-disclosure, a global moderate therapist self-disclosure, or a personal high-level disclosure by the simulated counselor. Curtis found that the participants, who were ongoing therapy clients, perceived the counselor in the control condition who made no disclosure as the most empathic, trustworthy, and expert. In other words, the greater the disclosure by therapists the weaker the alliance.

Examination of Curtis' (1982a) method may explain the discrepant finding from Murphy and Strong (1972) and from Mann and Murphy (1975). First, while Curtis used actual therapy clients, they were exposed to a written script rather than a live interaction with a counselor as was the procedure in Murphy and Strong (1972) and Mann and Murphy (1975). Second, the scripts used by Curtis (1982a) depicted therapist disclosures that may be considered negative and/or inappropriate; the high-level disclosure was that the counselor also experienced depression like the client. Such a disclosure could easily have been perceived by participants as an attempt to redirect the focus from the client to the counselor's self, or possibly to engender care and concern for the therapist from the client. As Murphy and Strong (1972) note, the content of the therapist disclosure may be critical in determining the clinical impact. Finally, Curtis displayed a misunderstanding of the dependent variables he measured; he believed the Barrett-Lennard (1962) unconditionality scale was a measure of therapeutic trust when in fact it measures positive regard or acceptance. It is also worthy of note that later that same year, Curtis (1982b) wrote a paper extolling the psychodynamic virtues of non-disclosure.

Young and Scott (2008) conducted another study intended to examine the counselor self-disclosure link to empathy/alliance. The authors exposed 189 undergraduate participants to one of four videos depicting a neutral counselor response to a client-initiated religious discussion, a content congruent religious counselor disclosure, a content incongruent religious counselor disclosure in response to a client-initiated financial concern discussion, or a congruent financial disclosure by the counselor. After removing the effect of participants' levels of the Big Five personality traits emotional stability and conscientiousness, there was a significant effect of counselor self-disclosure over the neutral control for therapeutic empathy and the working alliance. Although the authors expected religiosity to be a significant covariate, the measure of religious commitment was not. The authors also reported an unanticipated effect of participant sex in which males viewed the counselor more positively, regardless of condition.

As noted in Knox et al. (1997) and Hill et al. (1989), research into counselor self-disclosure has frequently been limited to examination of the immediate effects of self-disclosure in analogue or quasi-analogue designs, many of which were limited to written scripts. In their qualitative study of counselor self-disclosure, Knox and colleagues (1997) examined data from 13 actual long-term therapy, European American clients and found the clients perceived the self-disclosures as helpful overall; though several clients viewed the disclosures negatively. They noted, however, that there was no control or limitations on the types of disclosures the counselors made. Thus there is no way to gage how a more intimate or “risky” self-disclosures might have impacted the clients. It also remains unclear from the small sample what the clients were specifically reacting to within the self-disclosure (e.g.,



believing the counselor was trying to normalize their experience, believing the counselor could understand them better, believing the counselor was more human, etc.).

In an interesting twist on examining the impact of counselor self-disclosures on the therapy process, Graff (1970) examined 41 graduate student counselors trait self-disclosiveness using the Jourard Self-Disclosure Inventory. After establishing how likely the counselors were to self-disclose in their daily lives, Graff had the counselors' supervisors and clients rate the counselors' effective behaviors.

Graff (1970) reported that counselor self-disclosure scores were significantly correlated with client perceptions of the counseling climate ( $r = 0.49$ ), counselor comfort ( $r = 0.46$ ), and client satisfaction ( $r = 0.57$ ). Supervisor ratings of: overall competence ( $r = 0.50$ ), degree of exploration ( $r = 0.48$ ), focus on clients' perspective ( $r = 0.48$ ), effective counselor responses ( $r = 0.37$ ), quality of interpretations ( $r = 0.40$ ), ability to handle the unexpected ( $r = 0.45$ ), professional objectivity ( $r = 0.42$ ), and response to supervision ( $r = 0.53$ ) were also significantly related to counselor self-disclosiveness in daily life. Graff (1970) suggested that there may be some personality quality of self-disclosing therapists that may partially explain the benefits of self-disclosure on therapeutic processes. The unique feature of having counselors' perceptions rated by both clients and the counselor supervisors provided some information about each perspective that many studies have lacked, namely, the view of counselor self-disclosure by professionals.

*Counselors' perceptions.* Also investigating therapist views of counselor self-disclosure, Goodyear and Shumate (1997) exposed one hundred twenty licensed mental health professionals to an audiotape which simulated a portion of a counseling session during which the role-enacted client expressed sexual feelings for the counselor. In the two

conditions, the counselor either normalized the client's feelings and reasserted the professional boundary or also admitted sexual feelings for the client and then reasserted the professional boundary.

Results of the study indicated that professional counselors viewed the disclosive therapist as less credible and as less therapeutic than the nondisclosive counselor (Goodyear & Shumate, 1997). Consistent with Merluzzi et al. (1978), however, the disclosive counselor was viewed as more attractive than the nondisclosive counselor and female counselor was viewed as more expert regardless of condition. Whether these results suggest a unique quality to disclosure of sexual feelings or are an indicator of therapists' values about self-disclosure is unclear from this study.

*Literature reviews.* In an early review of self-disclosure, Cozby (1973) largely focused on the impact of self-disclosures in non-therapy relationships. When Cozby did focus on therapeutic aspects and applications, his review of the available literature centered on client self-disclosures. The available research on counselor self-disclosure already displayed mixed results, Cozby noted, with most humanistic researchers such as Jourard, Rogers, Truax, and Carkhuff supporting its use and most others expressing concerns. Cozby also reported the early research findings about the relationship-enhancing qualities of therapist/experimenter disclosure.

In their review of therapist behaviors leading to ruptures in the alliance, Ackerman and Hilsenroth (2001) concluded that "inappropriate" counselor self-disclosures impaired the development or maintenance of the alliance. This conclusion was based on a review of two studies in which the counselor reportedly disclosed personal emotional conflicts; however, it should be noted that Ackerman and Hilsenroth based this conclusion on only two studies.

Additionally, they did not specify what constitutes an “inappropriate” self-disclosure, perhaps due to the limited number of studies examining various types of counselor self-disclosure.

Conversely, Ackerman and Hilsenroth (2003) noted only a few years later that a counselor sharing mutual experiences with the client can have positive effects of the alliance. They noted that the counselor’s ability to empathically understand, and to express that understanding, might be related to the counselor’s use of self-disclosure to help foster the alliance. It makes sense that if a counselor and client have shared an experience that the client might feel closer to the counselor having heard that self-disclosure.

Hill and Knox (2001, 2002) conducted a recent review of therapist self-disclosure, examining 18 analogue studies along with several others. The authors found that 14 of the 18 analogue studies found positive effects of counselor self-disclosure, while 3 found negative and 1 found mixed results. Hill and Knox (2001) further note that most of those studies investigated the immediate impact of counselor self-disclosures on process variables such as the therapeutic relationship, while very limited information is available on the effect of therapist self-disclosure on overall treatment outcomes.

Based on the reviews by Hill and Knox (2001, 2002), the Division 29 task force for empirically supported therapeutic relationships concluded that the quantity, quality, and consistency of the available research was insufficient to classify counselor self-disclosure as a component of an empirically supported therapeutic relationship (Ackerman et al., 2001). Rather, the committee classified counselor self-disclosure as a promising and probably effective component of the therapeutic relationship and called for additional research to clarify the effects of self-disclosure (Ackerman et al., 2001; Norcross, 2002).

The most recent literature review focused on therapist self-disclosure was generated by Henretty and Levitt (2010). This detailed, but not comprehensive, review examined studies investigating variables related to the frequency or initiation of counselor self-disclosure, the relationship between therapist self-disclosure and various dependent variables, and examination of studies comparing different types of counselor self-disclosures or disclosure to non-disclosure. As this review was quite detailed, I confined my summary to general themes of those aspects most applicable to the current study including the relationship between counselor self-disclosures and dependent variables, as well as various types of therapist disclosures.

With regard to the effect of therapist self-disclosures on dependent variables, Henretty and Levitt (2010) found a clear relationship for only two counselor ratings, warmth and likeability. That is, counselors who self-disclosed were found to consistently be rated as more interpersonally warm and likeable than those who did not disclose. A trend may have been present for disclosing therapists' ratings of attractiveness and expertness; however, these trends were not clear. If there was a trend, disclosure may make counselors seem more attractive, but may also render them less expert to clients. Ratings of therapists who self-disclose for trustworthiness, level of regard, empathy, congruence, unconditional regard, and the therapeutic alliance were all inconclusive.

Henretty and Levitt (2010) also concluded that the preponderance of the research supported the use of counselor self-disclosure as positive over non-disclosure. Of the 30 studies reviewed, 20 reportedly demonstrated positive results from therapist self-disclosure (e.g., most times clients would disclose more to a disclosive therapist than to one who did not disclose). The authors found the 5:1 ratio of positive to negative effects of counselor self-

disclosure sufficiently compelling to encourage training programs to help students learn to examine: to whom they self-disclose, what they disclose, why they disclose, when they disclose, and how they disclose. This bears a strong resemblance to similar calls by Hill et al. (1989) and Simi and Mahlik (1997); it also suggests a considerable need for further counselor self-disclosure research and training guidelines informed by that research. In particular, Henretty and Levitt (2010) urge researchers to examine client qualities and characteristics, which may impact their perceptions of therapist self-disclosures.

One of the final conclusions drawn by Henretty and Levitt (2010) was that the available research base is beset with problems. The authors note that counselor self-disclosure has been operationally defined inconsistently, inconsistently measured, and assumed to have a linear effect in terms of frequency. Additionally, the majority of the available literature has relied on relatively unrealistic analogue methods (e.g., written scripts) and has failed to examine the context, therapist factors, and client factors related to the disclosive interaction. Finally, the authors note that the corpus of research on therapist self-disclosure has largely been atheoretical; in those studies when theory has been applied, no single theoretical position has been dominant. To complicate this further, the various psychotherapy theories which have been considered all have divergent perspectives and understanding of therapist self-disclosure.

#### *Explaining the Impact of Counselor Self-Disclosures*

In response to Henretty and Levitt (2010) concerns about the limited application of theory to counselor self-disclosure research, I have examined several theories which posit explanations for how therapist self-disclosure might influence therapeutic processes. Each of the below theories was selected because the theory provides a possible, positive connection

to the therapeutic relationship, which is in turn connected to both the purpose of this study and therapeutic outcomes.

*Humanistic theory.* A historic humanistic therapy researcher and theorist, Sidney Jourard, posited an explanation of how therapist self-disclosure might positively impact the therapeutic process. Based on his research, Jourard (1958; 1959) noted the presence of what has subsequently been named the "dyadic effect", or the principle that what "one person is willing to disclose to another appears to be an index of the 'closeness' of the relationship, and of the affection, love, or trust that prevails between the two people" (1959 p. 428). Jourard (1959) and his colleagues went on to suggest that the humanistic value, transparency, was at work when two people disclose to each other. Jourard argued that by being willing to transparently share of her or himself, the counselor invites similarly transparent disclosures from clients and advances the therapeutic relationship.

*Social identity theory.* Nyman and Daugherty (2001) have suggested the social psychology theory, social identity theory, may also explain the beneficial impact of counselor self-disclosure. The authors note that according to social identity theory, individuals who are perceived to be similar, or are members of an "in group", are typically seen more positively. Nyman and Daugherty (2001) describe congruent therapist self-disclosure as a method of creating such an "in group" by helping clients to see their counselors as more similar and attractive to themselves.

According to Moghaddam (2008), social identity theory acknowledges a natural ambivalence between the desire for a personal, unique identity and the desire for the belonging of being part of an "in group". The author argues that this tension is especially

prevalent in 21<sup>st</sup> century, where conflicts between multicultural sensitivity and one's own group identity are often at odds.

Based on this concept, I would suggest that social identity theory may help explain, not only the positive association between counselor self-disclosure and therapeutic benefits described by Nyman and Daugherty (2001), but also those negative findings in the literature. By considering the ambivalence between uniqueness and belonging experienced by clients, it would be logical that congruent counselor self-disclosures would be viewed positively when the need for belonging is strongest, whereas those same disclosures might be viewed negatively when the need for uniqueness is most salient. Likewise, there could be variability in the effects of therapist multicultural self-disclosures, depending on whether the disclosures are congruent and depending on the state of the client's need for belonging versus uniqueness.

*Interpersonal influence theory.* Another theory attempting to explain the effects of counselor self-disclosure was advanced by Stanley Strong (1968). Strong's interpersonal or social influence theory, which was related to the development of the Counselor Rating Scale described below, explained counseling as a two-stage process. In the first stage, the therapist attempts to increase his or her credibility (i.e., expertness, trustworthiness, and attractiveness) in order to influence clients' motivation to engage in the counseling process. The second stage involves the counselor using the influence she or he has acquired, along with the client's involvement, to direct adaptive changes in the client.

Within the interpersonal influence framework, therapist self-disclosure can be a technique employed by counselors in the first stage (Strong, 1968). By self-disclosing to clients, a counselor may theoretically be seen as more trustworthy to clients; sharing of him

or herself reassures the client that the therapist can be trusted. Further, and consistent with VandeCreek's and Angstadt's (1985) counseling analogue results, the theory suggests that therapist self-disclosure will increase how attractive (i.e., likeable, similar, and compatible) the counselor is perceived by clients.

### *Counselor Self-Disclosure and Therapeutic Outcomes*

As discussed above, the bulk of research and clinical lore focused on therapist self-disclosure has targeted its impact on the process of therapy (e.g., strengthening the therapeutic relationship, increasing client self-disclosure, etc.). Of the handful of studies which have examined the impact of counselor self-disclosures on more proximal outcomes (i.e., therapy outcome, symptom reduction, etc.), most were plagued by methodological problems and found no relationship (Hill & Knox, 2001; Kelly & Rodriguez, 2007). One other study found a negative association, though it too had variability in the definition and measurement of self-disclosure.

Two notable exceptions exist in the literature. Unfortunately, these two studies have contradictory findings. The first study conducted by Barrett and Berman (2001) experimentally varied the levels of therapist self-disclosure among trainees at a psychology department training clinic. In their work with actual, ongoing therapy clients, each counselor was randomly assigned two clients. Each therapist was instructed to focus on increasing their level of self-disclosure with one client and to decrease their normal self-disclosures with the other; the conditions were counterbalanced among the 18 therapists. Client symptom levels were measured throughout the study and the authors found that clients assigned to the high therapist disclosure condition experienced greater symptom improvement than did those in the low disclosure condition, even after controlling for several covariates.



While Barrett's and Berman's (2001) results provide strong causal evidence for the beneficial impact of counselor self-disclosure on client symptoms, the correlational results of Kelly and Rodriguez (2007) were not consistent. Kelly and Rodriguez (2007) found no significant relationship between therapist self-disclosure and working alliance score, or between therapist self-disclosure and client symptom outcomes. The authors concluded that there likely is no relationship between counselor self-disclosure and treatment outcomes; however, examination of the reported results displays a nonsignificant correlation of -0.27 between client symptoms and counselor self-disclosure. It is also worthy of note that the analysis of the relationship between counselor self-disclosure and client symptoms lacked many of the participants' data present in the other analyses, analyses which detected smaller correlations than 0.27.

Given the state of research, it does not appear possible to make conclusive statements about what, if any, impact therapist self-disclosure may have on overall treatment outcomes. Nevertheless, Barrett's and Berman's (2001) experimental results are supportive and Kelly's and Rodriguez's (2007) null finding may have been due to lack of power, rather than the lack of a relationship. Future research should continue to explore, not only what process effects may arise from counselor self-disclosure, but also whether there exist any outcome effects.

#### *Overall Conclusions from the Counselor Self-Disclosure Literature*

Based on the above theoretical papers and book chapters, research articles, and several literature reviews, the following themes emerge. First, there have been historical differences between various theories' views and use of counselor self-disclosure, differences which are diminishing but still remain quite salient. Indeed, these differences have appeared in and shaped much of the available literature on how much various therapists will employ

self-disclosure, along with how some researchers design studies and interpret the results of those studies.

In general, therapists who identify as of feminist or humanistic-existential/experiential orientations appear to most favor and be most likely to use counselor self-disclosure with the intention of creating a more balanced, human interaction in the therapeutic relationship. Likewise, counselors working with minority clients under multicultural theories and relationally-focused psychodynamic therapists also tend to use moderate self-disclosures within the therapeutic frame. Those who identify with cognitive-behavioral theories tend to utilize counselor self-disclosures for modeling and social-learning purposes, though the value of self-disclosing for alliance purposes has become an important secondary consideration. In contrast, classical psychoanalytic therapists tend to avoid and disapprove of therapist self-disclosures; psychiatrists and clinical social workers tend also to share these characteristics, while marriage and family therapists, counselors, and psychologists tend to be more supportive.

Second, and somewhat related to theoretical stance, the concept of counselor self-disclosure evokes many questions of ethical responsibility and utility. From issues of informed consent to those of beneficence and nonmaleficence, the implications of counselor self-disclosure are far from clear. With so many theoretical positions on therapist self-disclosure, there is little consensus at present about the ethics involved in making such disclosures.

Third, despite many studies investigating therapist self-disclosure, there are few clear results about either the process or the outcome effects of counselors making self-disclosures. The tentative findings that exist are largely drawn from simple analogue designs, many of

which were presented using scripts or audio recordings rather than videos or in vivo quasi-analogue designs. Despite these limitations, there may be a positive trend in the process and outcome literature, particularly with regard to improving the therapeutic relationship and client exploration through increased self-disclosures. Though these findings are very tentative trends, there seems less reason to suspect harm from counselors self-disclosing in good faith. That is, when counselors self-disclose to share something of themselves with clients for therapeutic and ethical reasons, these self-disclosures appear low-risk.

Finally, further studies are needed to clarify the many questions left unanswered or incompletely addressed in the available literature. Emphasis should be given to studies that include elements of client characteristics, especially those of multicultural consideration. In particular, there is a need for more sophisticated study designs that can combine elements of naturalistic complexity with analogue experimental control.

#### Use of Analogue Designs in Counseling Process Research

##### *Form and Function*

Analogue designs, experimenter-constructed simulations of therapy, have a long history in counseling psychology process research and have been used by researchers examining therapy since the late 1940s (Heller, 1971; Johnson, Pierce, Baldwin, Harris, & Brondmo, 1996). Traditionally used by researchers either to explicate mechanisms of factors already considered to be of therapeutic importance and/or to clarify the communication patterns which take place in therapy between counselor and client, these experimental studies have used audio/visual, audio-only, written transcript, and written transcript with a head-shoulders photograph presentation methods as constructed, independent variable manipulations (Heller, 1971; Helms, 1976; Heppner, Kivlighan, & Wampold, 1999; Johnson,

et al., 1996). Analogue studies may also feature different levels of participant involvement ranging from simply reading a simulated counseling session script to quasi-analogue studies in which the participant is in the role of the client; each design has its own unique features and results (McKittrick, 1981).

### *Between a Rock and a Hard Place*

Analogue studies by definition contain experimental control, typically featuring good internal validity and are intended to allow the study of specific interventions which would otherwise be methodologically or ethically challenging for naturalistic studies (Heppner et al., 1999). These strengths, however, do not make analogue studies a panacea for researchers interested in counseling processes, and can be limited with regard to external validity and spontaneity (Hill et al., 1989; Munley, 1974). Because of questions about how generalizable analogue results are, these designs must remain one of many useful yet flawed tools of researchers who then must utilize multiple methods and designs to study therapeutic relationship and not only the findings of a single study (Heppner et al., 1999).

### Rationale for the Present Study

As noted above, there exists a corpus of diverse findings about religiosity and spirituality, the therapeutic relationship, and counselor self-disclosure. There is distinctly less information available; however, as to the ways in which counselors can and should integrate religious and spiritual self-disclosures into the therapeutic relationship. One notable exception was the recently published analogue study conducted by Gregory, Pomerantz, Pettibone, and Segrist (2008).

Gregory et al. (2008) exposed 178 undergraduates to one randomly assigned written description vignette depicting a self-description by a psychologist who revealed being of a

religious affiliation (i.e., Christian, Jewish, Muslim), being an atheist, or with no religious status information. While the authors found differences between the ratings of high or low religiosity participants and between some of the experimental conditions, their dependent measure was not specifically a measure of the therapeutic relationship. Rather, they measured the degree to which participants would be willing to work with the described psychologist.

Certainly the therapeutic relationship cannot be formed unless the client is willing to work with a given counselor, and early expectations of hope can be a very important common factor, but other factors likely come into play once the therapy has begun. This seems especially true for points in the therapy in which the counselor does something which serves as a break or rupture in the relationship (Ackerman & Hilsenroth, 2001). If, as Hill (2005) argues, misunderstandings and breaks in the relationship are common for counseling, then it becomes even more critical to examine whether counselor revelations of a personal religious nature are likely to repair or damage the therapeutic relationship.

Additionally, it seemed important to clarify how religious self-disclosures by counselors are perceived by clients in terms of ethicality and professionalism. Should, as McMinn et al. (2006) argue, religious counselors always disclose their beliefs to their clients regardless of the client's religious or spiritual belief? What impact might such regular disclosures have on how competent or expert the counselor appears to be? Blanket self-disclosure also seemed to fly in the face of Knox and Hill's (2003) recommendation that the disclosure fit the client. Further, does religious self-disclosure by the counselor provide informed consent at the expense of some of the positive expectations which can be so important to therapy outcomes (Wampold, 2001)?

### *Purpose of the Present Study*

The present study was intended to help clarify some of these important questions by collecting relevant belief-specific information, such as level of spirituality or religiosity, from participants via online survey methods as a component of a counseling analogue study. As Young and Scott (2008) noted, participant variables are often related to their perceptions of simulated counseling analogues. By inquiring about participant experiences in counseling, participant demographic information, and participant characteristics including religious and spiritual beliefs, this study hoped to further extend the work of Young and Scott (2008) by being mindful of the important characteristics clients bring to counseling. After all, the importance and effect of a counselor religious self-disclosure for a highly religious client might be very different than for one who is more secular. By clarifying under what circumstances a counselor self-disclosure of religious similarity is helpful and beneficial to various therapeutic relationship variables, the current study hoped to inform psychologists in their intentional and ethical use of this intervention.

### *Research Questions of the Current Study*

The present study also seeks to replicate and clarify several preliminary results of Young and Scott (unpublished data, 2008) in which a trend toward Catholic participants viewing the simulated counselor more positively, regardless of condition, was noted. This trend, along with the trend for males to rate the working alliance higher overall, was not expected. Thus, efforts were made to replicate and examine these areas to determine if the trend again occurs or was likely a statistical anomaly.

This study also sought to examine whether there are differential treatment effects on different types of dependent variables. As several researchers have noted, therapeutic

empathy and the alliance may be related and often correlate in participant responses (Gaston, 1990; Horvath & Greenberg, 1989; Young, 2007). Though these two relationship variables may tend to correlate, it is unclear to what degree others may vary. For example, do participants rate the self-disclosive counselor high in empathy and working alliance but low in credibility?

### *Research Hypotheses*

Based on the above literature and relevant research questions, this study examined the following five general hypotheses:

- I hypothesized that participants would view the simulated disclosive counselor more positively in terms of empathy, alliance, and transparency compared to the control.
- I also hypothesized that participants would view the self-disclosing counselor, regardless of condition, as more credible than the control condition in which the counselor does not disclose.
- I hypothesized, based on previous studies which have demonstrated some participant preferences for counselors who have something in common with their clients, that participant-observers who viewed videos depicting the client-congruent, simulated counselor self-disclosures would view the counselor more positively in terms of empathy and the working alliance, and would be more willing to see and talk to that counselor than participants who viewed the noncongruent conditions, regardless of other factors.
- I hypothesized that, consistent with prior research, participants who are either highly religious or spiritual would view the simulated counselor who makes a religious disclosure more positively in terms of empathy and working alliance, and would be

more willing to see and talk to that counselor than participants who view either the neutral nondisclosive control condition or the congruent financial disclosure condition.

- I also hypothesized that participants who scored higher in either, empathy themselves, or higher in religiosity or spirituality, would perceive the simulated counselor as more empathic and facilitating a higher degree of working alliance regardless of condition, though I expected they would see the simulated congruent counselor religious self-disclosure as most empathic of all.

In addition to the prior general hypotheses, the following exploratory questions and associated exploratory hypotheses were also examined:

- To address the question of whether there might be differences in ratings between participants of different religious affiliations and/or degrees of religious traditionalism I used ratings of religious traditionalism as potential covariate of interest to examine any effect of this demographic variable.
- To address the question of whether there might be sex differences in ratings of counselor ratings, examinations of sex were included along with treatment in various analyses.
- To address the question of whether a noncongruent religious self-disclosure by the simulated counselor would result in participant ratings of that simulated counselor as less ethical and less credible than in the other conditions, the comparisons between the noncongruent religious self-disclosure and the other conditions were also examined. While this seemingly inappropriate self-disclosure would seem intuitively



to be less professional, it was unclear as to the sensitivity of participants to these issues in contrast to professional ratings.

- I also intended to explore if, as I would expect, participants who have not had positive counseling experiences and/or who perceive greater stigma associated with psychological services might view the simulated counselor more negatively, regardless of condition.
- To examine if there are any effects of treatment on participant willingness to seek help or disclose problems to a counselor, pre-test versus post-test comparisons were also made. As there has been recent research examining the effects of watching simulated counseling, I expected that participants would be more willing to seek help and/or disclose personal problems to a counselor after viewing the videos. In other words, there would be an increase in willingness to seek help and disclose and a decrease in stigma ratings post-intervention compared to prior to viewing the video.

## CHAPTER 2: METHODS AND MATERIALS

## Methods

*Participants**Samples*

Participants for this two-part counseling analogue study, administered online, were recruited from three sources: from the undergraduate psychology department participant pool at Iowa State University (ISU), from Bethel University and Seminary in Minneapolis, Minnesota, and from select (as described below) online topic membership groups. All of the Iowa State undergraduate psychology participants signed up to voluntarily participate through use of the psychology department's online research enrollment and credit according system (SONA System), and they received research credit in select psychology courses for their participation. The study was subdivided on the sign up screen, listing one "study" for females and one "study" for males (see Appendices<sup>1</sup> E and F). As elaborated upon below, persons from Bethel University and Seminary, as well as those from online groups were made aware of possible participation in this study via e-mail communications (see Appendices G through I).

A total of 1,285 cases<sup>2</sup> were collected from all samples (i.e., the ISU psychology participant pool, the Bethel University and Seminary students, and the online groups). This number included participants who only completed part 1, participants who began/completed any part of the study multiple times, and participants who completed any part of the study for

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<sup>1</sup> The appendices listed at the end of this document are in the order viewed by participants, except those of the IRB approval documents which were gained before the study but not shown to participants.

<sup>2</sup> The term "cases" is used to denote that there were participants who completed the study, in part or in entirety, multiple times. The Survey Monkey system counted individuals who entered their name twice, for example, as distinct cases. Thus, many of these cases were not independent, unique participants.

the wrong sex (i.e., they completed a study for one sex and reported the other sex in the demographic questionnaire). Of those 1,285 cases, 1,268 were from ISU and 17 were from either the online groups or Bethel.

### *Demographic Characteristics*

*Sex and racial/ethnic status.* Participants were primarily European American of both sexes, though efforts were made to recruit participants from a range of ethnic/racial groups. Despite efforts to recruit participants of a variety of religious and spiritual traditions, most of the participants were from various Christian denominations. With regard to sex, the sample was quite balanced with 336 female and 337 male participants. Participant ethnicity/race was as follows: European American = 72.1% ( $n = 493$ ), African American = 2.0% ( $n = 14$ ), Asian American = 2.9% ( $n = 20$ ), Latino/a American = 1.6% ( $n = 11$ ), Native American/Inuit = 0.4% ( $n = 3$ ), Pacific Islander = 0.1% ( $n = 1$ ), multiracial = 1.5% ( $n = 10$ ), international = 5.4% ( $n = 37$ ), other = 9.8% ( $n = 67$ ), and unknown = 4.1% ( $n = 28$ ).

*Religion, relationship status, and education.* In terms of other demographic information, participants reported religious affiliations of Buddhist = 2.6% ( $n = 18$ ), Catholic = 34.1% ( $n = 233$ ), Hindu = 0.1% ( $n = 1$ ), Jewish = 0.9% ( $n = 6$ ), Mormon = 0.3% ( $n = 2$ ), Muslim = 0.4% ( $n = 3$ ), Orthodox = 0.1% ( $n = 1$ ), Protestant Christian = 32.7% ( $n = 224$ ), Agnostic = 7.9% ( $n = 54$ ), Atheist = 4.7% ( $n = 32$ ), other = 14.5% ( $n = 99$ ), and unknown = 1.6% ( $n = 11$ ). Thirteen percent ( $n = 89$ ) had been in counselor or psychotherapy since age 18, while 84.4% ( $n = 577$ ) had not and 2.6% ( $n = 18$ ) did not respond. Forty-nine point six percent ( $n = 339$ ) of respondents indicated they were single, 37.0% ( $n = 253$ ) reported they were in a dating relationship, 11.4% ( $n = 78$ ) reported being in a committed partnership or marriage, 0.3% ( $n = 2$ ) indicated they were divorced or separated, 0.1% ( $n = 1$ ) reported

being widowed, while 1.6% ( $n = 11$ ) did not respond with their romantic relationship status. Finally, 30.7% ( $n = 210$ ) indicated their education level was at the high school or GED level, 31.1% ( $n = 213$ ) reported their highest level of education was one year of college, and 35.7% ( $n = 244$ ) reported having two or more years of college education.

### *Participant Recruitment Procedures*

#### *General Voluntary Participation - IRB Reviews and Approval*

All elements of this study were reviewed and approved by the Institutional Review Boards (IRB) of Iowa State University and Bethel University/Seminary. Please see Appendices A through D for the most recent IRB approval documents (ISU IRB Project Number 09-209, original approval date of 5/28/09, most recent approval date of 5/28/10; Bethel IRB approval letter of 9/11/09).

All study participants at Iowa State university and Bethel University were student research volunteers who agreed to participation following presentation and reading of an informed consent specific to their institution. See Appendices J and K for the respective copies of these informed consent documents. Likewise, all online group participants were also presented with an IRB-approved informed consent document prior to completing the study (see Appendices L1 and L2).

#### *Sample-Specific Recruitment Procedures*

*Iowa State University participants.* For participants who completed part 1 of the study, an e-mail invitation was sent to their preferred address 1 to 3 days after the close of the study slot; the e-mail contained a link to the randomly assigned condition's online survey (see Appendix V for an example). Unique surveys were created for each condition, sex, and participant group, resulting in the eight separate study surveys for the Iowa State University

students. Embedded in each survey was the video stimulus for that condition and participants were required to watch the video before they could progress to the second part questionnaires; participants were also required to state that they had indeed viewed the video.

If the Iowa State psychology student participants did not complete the second part of the study, they were sent at least one reminder e-mail and granted the second credit if they completed. Though these follow up communications were intended to increase retention, many students did not respond to the reminder e-mails. Due to differences in the compensation systems for the Bethel students and online group participants, these participants were not sent reminder e-mails after the initial contact.

*Bethel University and Seminary Participants.* Dr. Steven Sandage, a counseling psychologist and faculty member at Bethel University and Seminary was contacted to assist with data collection and graciously agreed to do so. Dr. Sandage agreed to forward an e-mail invitation to his colleagues and his students, offering them up to 25 extra credit points toward their course grade. See Appendix G for a copy of the e-mail invitation sent to the Bethel students. From this 3-month recruitment effort, six Bethel students from a variety of graduate and undergraduate programs completed both parts of the study and were retained following application of the above data retention criteria.

*Online Group Participants.* Selected online groups (Google, Yahoo), those most likely to encompass individuals with diverse religious and spiritual perspectives, were initially contacted through each group's moderator and asked about members likely interest in a research project involving religious self-disclosure in counseling. In order to encourage participation from group members, the groups were offered limited access to some of the anonymous responses collected from among their group's members per the recommendations

received from Joseph Hammer (personal communications, September 23-24, 2008), a graduate student with experience in online sampling. See Appendix H for the e-mail contact letter sent to online group moderators.

For the first round of online recruitment, 23 large groups, ranging in size from 170 to 5,195 members, were contacted and asked to allow solicitation of their pooled 32,865 members as potential participants. These 23 groups were selected as groups representing diverse religious and spiritual perspectives (Atheists, Agnostics, Buddhists, Christians, Hindus, Jews, Mormons, Muslims, Pagans, Taoists, Unitarians) or for their professional affiliations as counselors. For example, one of the professional groups was a national counseling psychology graduate student group and another was a group for pastoral counselors.

These groups were located through a combination of searching using search terms such as “religion”, “spirituality”, “counseling”, and the names of specific religious denominations or by browsing within the “religion” and “spirituality” sections of Google Groups or Yahoo Groups. The groups were selected from among several hundred examined, based on the above criteria along with group membership size and for their primarily U.S. membership. See Appendix II for a complete listing of groups.

The initial process of recruiting group members as participants resulted in only two participants who completed both parts of the study. Examination of this trend revealed that a combination of challenges was involved in this extremely low participation rate. In addition to attrition from the first part to the second, it appeared that communication problems also contributed; many groups were not able to access the original e-mail communication.

To remedy these difficulties and increase participation, a number of steps were taken.

First, another round of e-mails was sent to the 28 groups; the e-mails were sent to each groups' main e-mail account as well as the group moderator. When this step resulted in additional participants for part 1 but none for part 2, a secondary e-mail strategy was employed. The research team proceeded to randomly send individual e-mail invitations to 335 members of a Christian and atheist discussion group, the largest group, resulting in only an additional 3 participants.

To attempt to further address the limited participation, additional modifications were made to the online survey strategy in an effort to increase participation. The existing data were examined in order to determine what scales might be cut to shorten the study length; 10 scales and subscales were cut from the two parts of the study. In addition, the decision was made to offer new participants the chance to win one of 8, \$25 online gift certificates. This modification was IRB reviewed and approved (see Appendix B). See Appendix L2 for a copy of the modified informed consent used with these participants. Furthermore, research team members joined 4 of the groups to post the research invitation on the groups' discussion boards and answer questions about the study. Six participants subsequently completed both parts of the study and were retained following the specified data retention criteria denoted immediately below. Thus, after removal of 3 participants who did not complete the entire study, a total of 8 online group participants were retained.

#### *Retention Criteria*

Participants had to have completed both parts of the study, completed the studies for their reported sex, and have completed at least 75% of all scales to be retained. For those participants who had begun/completed any part of the study multiple times, only the first complete data set was retained. Additionally, the subscale and scale level standard

deviations were computed and examined for each participant and outlier participants, those who scored more than one standard deviation on any of the dependent variables, were closely examined to determine if they appeared to have deviated substantially in multiple scales. Participants who repeatedly were more than 2 standard deviations from the mean were deleted unless there was a conceptual reason to explain the deviations (e.g., multiple very high religiosity scores for Bethel seminary students).

The examination of the standard deviations for each participant, for each scale also allowed an ready method of determining if a participant responded in either a random or singular response pattern. This augmented the visual inspection of the numeric values of the data for examination of the same concerns in which participants were deleted if any apparent patterns of repeated responses, such as systematically marking the same response (e.g., *Somewhat Agree*) for all items in a scale, were noted in more than a single scale.

From these steps, 619 cases<sup>3</sup>, of the total 1,292 cases from all samples, were deleted from the data set. Thus, 673 participants were retained for the final analyses, following deletions based on these aforementioned multiple data retention criteria. Of these persons, 656 were recruited from Iowa State University, 6 from Bethel University and Seminary, and 11 from the various online groups.

A power and sample size analysis suggested a sample size of approximately one hundred participants per group would be needed to detect the small effects of the interventions which were anticipated. As a result, sustained and focused efforts were made to provide a sufficient sample size collapsed across sex. The resulting aggregated data

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<sup>3</sup> Again, the term "cases" is used because many of the cases were not independent, unique participants but rather repeat participants.



collection generated approximately 160 participants for each of the four conditions.

### Instruments

As described above in the review of literature, the counselor self-disclosure literature comprises diverse measures intended to provide some approximation of the therapeutic processes which might be impacted by such disclosures. Likewise, the importance of understanding whether seeing a counselor self-disclose impacts perceptions about how open to counseling someone is could also prove an important consideration in counseling processes. To include all the possible measures of counselor rating or openness to counseling would be impossible, thus, those that were most common in the literature (e.g., counselor credibility, working alliance, or attitudes toward seeking help) seemed most appropriate for this study. Additional considerations such as psychometric properties, construct coverage (e.g., humanistic and CBT perceptions of empathy), and known associations between variables were also used to select the following dependent variable measures: the Accurate Empathy Scale (AES, see Appendix Z), Working Alliance Inventory (WAI, see Appendix AA), Burns Empathy Scale (BES, see Appendix BB), Willingness to be Known Scale (WTBK, see Appendix CC), and Counselor Rating Form Short (CRFS, see Appendix DD). Additionally, three more adjectives (see Appendix EE) added to the CRFS, were intended to provide further information about perceptions of the counselor and the three openness to counseling scales (i.e., the DES, see Appendix FF; SSOSHS, see Appendix GG; and ATSSPPHS, see Appendix HH) were used to provide a general sense of that component along with five questions specific to the videos in this study (see Appendix II).

As noted above, two measures of therapist empathy, the Accurate Empathy Scale (AES; Truax & Carkhuff, 1967) and the Burns Empathy Scale (ES; Burns & Auerbach,

1996) were used in this study. These were chosen to more fully capture various aspects of the empathy construct from both a humanistic and cognitive-behavioral perspective. Since the available literature indicated that both CBT and humanistic therapists use self-disclosure, it seemed important to determine if there were any theoretical differences in how self-disclosures might impact each theory's view of empathy.

It also was deemed useful to include as a dependent variable, working alliance, due to its established relationship to humanistic concepts of empathy, counselor credibility, as well as treatment outcome (Horvath & Greenberg, 1989). Thus, the most commonly used measure of alliance (Horvath, 2001), the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989), was selected for the present study. Because of its brevity and the quality of psychometric properties noted below, the short-revised form of the WAI was chosen and used in this study.

Another humanistic construct, transparency, was also included due to its importance in the humanistic conceptualization of the therapeutic relationship. Likewise, such transparency is used to justify humanistic therapists' tendency to employ self-disclosures; it seemed reasonable to investigate whether such disclosures do foster greater perceptions of transparency, especially when compared to other therapeutic processes.

Additionally, as counselor credibility and social influence could conceivably be impacted by therapist self-disclosure, the popular measure the Counselor Rating Form Short (CRFS; Corrigan & Schmidt, 1983). As summarized in the review of literature, this scale has been in numerous studies of counselor self-disclosure and could be used to provide a starting point for hypotheses about those scales which have not been as frequently used in therapist self-disclosure studies (e.g., the WAI to which the CRFS has published correlations).

Finally, curiosity about how participants would rate the disclosures in terms of counselor professionalism, ethicality, and morality prompted the inclusion of those three adjectives along with the CRFS.

Each of these scales will be described in detail below, arranged in two conceptual aggregate groups: ratings of the counselor and openness to counseling. Those measures which seemed focused on the counselor's behaviors, manner, or capacities (such as the ability to foster working alliance) were grouped together while those that focused on stigma, expectations about disclosing to a counselor, or attitudes about counseling were so aggregated. The conceptual scheme guiding these aggregate groupings was also supported via the patterns of interscale correlations noted in greater detail in the results section and in Appendices MM and NN.

Table 1.  
*Measured Variables and Corresponding Scales*

Variable	Measure	Appendix Location
<b>Dependent Variables</b>		
<u>Counselor Ratings</u>		
Counselor Empathy	Accurate Empathy Scale – 28 items	Appendix Z
	Burns Empathy Scale – 10 items	Appendix BB
Working Alliance	Working Alliance Inventory – 12 items	Appendix AA
Counselor Transparency	Willingness to be Known Questionnaire – 16 items	Appendix CC
Counselor Credibility	Counselor Rating Form – 12 items	Appendix DD
	Counselor Ethicality Questions – 3 items	Appendix EE
<u>Openness to Counseling</u>		
	Disclosure Expectation Scale – 8 items	Appendix FF
	Self-Stigma of Seeking Help Scale – 10 items	Appendix GG
	Attitudes Toward Seeking Professional Psychological Help Scale – 10 items	Appendix HH
	Treatment Effect on Openness to Counseling – 5 items	Appendix II
<b>Participant Characteristics</b>		
Demographic Variables	Demographic Questionnaire – 23 items	Appendix M
Spirituality	Spiritual Transcendence Index – 8 items	Appendix N
	Intrinsic Spirituality Scale – 6 items	Appendix O
Religiosity	New Indices of Religious Orientation Short Form – 18 items	Appendix P
	Religious Pressures Scale – 10 items	Appendix Q
	Pleading for Direct Intercession – 5 items	Appendix R
Five-Factor Personality	Mini IPIP Scale (A, C, N) – 12 items	Appendix S
Empathy	Empathy Quotient – 22 items	Appendix T
	Scale of Spiritual Empathy – 31 items	Appendix U
Social Desirability	Balanced Inventory of Desired Responding Short Form – 20 items	Appendix V
<b>Independent Variables</b>		
	Condition 1 - Congruent Financial Disclosure	Appendix Y1
	Condition 2 - Incongruent Religious Disclosure	Appendix Y2
	Condition 3 - Incongruent Control Nondisclosure	Appendix Y3
	Condition 4 - Congruent Religious Disclosure	Appendix Y4

### *Dependent Variable Measures*

#### *Counselor Empathy*

As noted above, the definitions of empathy are most unique between humanistic and cognitive-behavioral theories (Carlozzi et al., 2002). To help better capture these perspectives, two measures of therapeutic empathy were employed in this study. The first measure was the Accurate Empathy Scale of Truax-Carkhuff Relationship Questionnaire (AES; Truax & Carkhuff, 1967; see Appendix Z).

*Accurate Empathy Scale.* The original AES was a 46-item *true/false* survey instrument designed to translate the popular trained empathy ratings scale into a similar form to the popular Empathic Understanding Scale by Barrett-Lennard (EUS; 1962). Despite being based on the well-researched objective rating scale, the AES questionnaire was originally without its own independent psychometric properties, though it remained a popular measure among researchers never-the-less (Farber & Lane, 2001).

Lin (1973) examined the psychometric properties of the AES questionnaire and, through factor analysis, developed a shorter, revised form of this questionnaire with its own indices of validity and reliability. The 28-item short form featured an alpha of 0.89, which was actually an improvement over the full 46-item form. This is comparable to the 0.92 value reported by Young (2007). The internal consistency for the current study was also quite similar at 0.91.

Validity data on the popular AES rating scale exists and, to some degree, may also be applicable to the AES questionnaire. Additionally, Lin (1973) reported a strong relationship ( $r^2 = 0.99$ ) between the full 46-item AES questionnaire and the short 28-item form. Lin also reported a correlation of 0.81 between the 28-item AES questionnaire and the Barrett-

Lennard EUS, one of the most valid measures of empathy as defined by humanistic therapists (Hollinger-Samson & Pearson, 2000; Mitchell, Bozarth, & Krauft, 1977).

The AES questionnaire was selected for use in this study over the EUS for several reasons, despite the popularity of the EUS. As noted above and by Young (2007) the EUS and AES share variance in the neighborhood of 66 to 74%. Additionally, as the authors of both measures were students of Carl Rogers, they are both strongly and exclusively measuring a definition of empathy based on the work of Rogers. While these facts indicate considerable overlap between the two measures, Young (2007) found stronger internal consistency for the AES which also appeared to be somewhat more sensitive to the experimental manipulation of counselor self-disclosure. Also, the AES had stronger relationships with relevant participant covariates. For all these reasons the AES was selected over the EUS as the measure of humanistic empathy for the current study.

*Burns Empathy Scale.* The other measure of counselor empathy selected for the current study was the measure of cognitive-behavioral empathy used in the work of Burns and Nolen-Hoeksema (1992) as well as Burns and Auerbach (1996). The Burns Empathy Scale (BES; Burns & Auerbach, 1996; see Appendix BB) is a 10-item measure of empathy. Each of the ten items is rated in level of agreement from 0 (*Not at All*) to 3 (*A Lot*) with the first five indicating a positive contribution to the relationship and the second five being subtracted from the sum of the first five items, resulting in a range of scores from -15 to 15.

Burns and Nolen-Hoeksema (1992) provided an alpha of 0.76 for the ES. The authors, in their examination of the causal effects of empathy on 12 weeks of depression treatment, concluded that approximately 67% of the change in depression scores was directly attributable to the effect of counselor empathy (Burns & Auerbach, 1996). Additional

reliability data from Hill, Roffman, Stahl, Friedman, Hummel, and Wallace (2008) suggests a comparable level of internal consistency ( $\alpha = 0.74$ ), while alphas for a study conducted by Constantino, Marnell, Haile, Kanther-Sista, Wolman, Zappert, et al. (2008) were somewhat higher (0.81 to 0.89). The internal consistency estimate for this study was 0.86. Additionally, the BES correlated 0.48 with a single item measure of therapeutic empathy, “To what extent did you feel that the therapist understood you and realized how you felt?” (Hoffart, Versland, & Sexton, 2002).

### *Working Alliance*

*Working Alliance Inventory.* Another important relationship variable examined in this study, the working alliance, was measured by the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989; see Appendix AA). Constructed specifically to measure Bordin’s pan-theoretical conceptualization of the therapeutic alliance, the original WAI was a 36-item inventory with three subscale factors: bonds, goals, and tasks. Item responses are in a likert type format from 1 (*Not at all True*) to 7 (*Very True*), with 14 negatively worded and 22 positively worded items (Hatcher, & Gillapsy, 2006).

There is considerable psychometric data available for the WAI with coefficients alpha of 0.93 for the full scale, 0.85 for the bonds subscale, 0.88 for the goals subscale, and 0.88 for the tasks subscale (Horvath & Greenberg, 1989). There is also extensive evidence of the WAI’s validity available, with detailed information about the careful construction procedures provided by the authors. For example, reported correlations with the Empathic Understanding Scale of the Barrett-Lennard Relationship Inventory were between 0.63 for both tasks as well as goals, and 0.83 for the client-therapist bond. The authors also reported correlation among the subscale of the WAI and the Counselor Rating Form, a measure of

counselor credibility, ranging from 0.05 to 0.39.

In part because of relatively high interscale correlations between the subscales, several examination of the factor structure of the WAI have occurred, two of which have resulted in short forms of the WAI. The more recent and author-preferred short, revised form of the WAI was developed by Hatcher and Gillapsy (WAI-SR; 2006), who also supported previous findings that the WAI featured a single, general working alliance factor, as well as the three, subscale-specific factors tasks, goals, and bonds (Busseri & Tyler, 2003; Tracey & Kokotovic, 1989). Thus, Hatcher and Gillapsy (2006) devised a 12-item short form of the WAI with an alpha of 0.92 for the total scale and alphas between 0.85 and 0.90 for the subscales; the full scale alpha coefficient for this study was 0.91. Additionally, the WAI-SR demonstrates high correlations with the original WAI, ranging from 0.95 for the full scale to 0.83 between the task scales. Furthermore, the WAI-SR total score was correlated at 0.80 with the total score of the California Psychotherapy Alliance Scale and at 0.74 with the total score of the Penn Helping Alliance Questionnaire.

### *Counselor Transparency*

*Willingness to be Known.* In addition to their interest in empathy, Rogerian psychologists have also examined the level of transparency demonstrated by the counselor as a therapeutic factor. Specifically, the original Relationship Inventory created by Barrett-Lennard (BLRI; 1962) featured a subscale “Willingness to be Known” (WTBN; see Appendix CC), which was designed to measure the degree to which the counselor was open to sharing genuine and congruent information about her or himself. This 16-item scale has a reported split-half reliability of 0.82, was correlated at 0.36 with therapeutic improvement, and was able to distinguish between expert and novice therapists. The internal consistency



estimate for the current study was 0.80. Items on the WTBK are measured on a 6-point agreement scale from -3 (*I strongly feel that it is not true*) to +3 (*I strongly feel that it is true*), with 11 of the 16 items being reversed scored to reduce response bias.

### *Counselor Credibility*

*Counselor Rating Form.* As was noted above, another therapeutic variable which has been related to the relationship is counselor credibility, which is based on the social-influence work of Strong (1968 as cited in Epperson & Pecnik, 1985). Like the WAI, the Counselor Rating Form (CRF; see Appendix DD) has been recently used in examination of counselor-client similarity in therapeutic processes (Lakey, Cohen, & Neely, 2008). The popular 36-item Counselor Rating Form was shortened by Corrigan and Schmidt (1983) to a 12-item scale with four items for each subscale: Attractiveness, Expertness, and Trustworthiness. Each of the 12 adjective-items is rated by participants describing the counselor on a scale from 1 (*not very*) to 7 (*very*) with subscale scores ranging from 4 to 28.

Psychometrically, the short Counselor Rating Form (CRF-S) demonstrates fair internal consistency with alphas for the attractiveness subscale around 0.85, 0.87 for the expertness subscale, and between 0.76 and 0.90 for the trustworthiness subscale (Corrigan & Schmidt, 1983; Epperson & Pecnik, 1985). Somewhat higher internal consistency estimates were found by Tracey, Glidden, and Kokotovic (1988) with attractiveness, expertness, trustworthiness, and total scale alphas at 0.93, 0.92, 0.92, and 0.95, respectively. Alphas for this study were similar, with values at 0.87 for trustworthiness, 0.92 for expertness, 0.94 for attractiveness, and 0.95 for the total score. Factor analyses have also provided validity evidence for the 3 subscales within the CRF-S. In addition, as noted above, the CRF has demonstrated small to moderate correlations with other counselor rating measures suggesting

discriminant validity.

*Counselor Ethicality Questions.* In addition to the CRF-S, three other adjectives (see Appendix EE) was used to examine counselor credibility. As the CRF-S does not measure how ethically participants rate the counselor, participants were asked to rate the counselor on the adjectives “Professional”, “Ethical”, and “Moral” using the same format as the CRF-S. These three adjectives were added in the hopes of clarifying how participants view counselor self-disclosure in terms of their professional value implications, something which seems to have been previously limited to ethical ratings by other professionals (Goodyear & Shumate, 1997).

#### *Openness to Counseling*

Another potential area of interest, both before and after viewing the experimental stimuli, might be the participants’ attitudes toward counseling. It makes intuitive sense that participants who hold more positive attitudes toward counseling initially, might tend to view the counselor more positively regardless of the condition to which they were assigned. Thus, measuring the relationship between a participant’s feelings/attitudes about counseling and the effect of treatment would be logically important to examine.

To that effect, the current study will include three measures of a participant’s openness to counseling. These measures will be given to the participants during both parts of the study to allow for examinations of the relationship of their existing openness to counseling to the effects of treatment, as well as to investigate any potential effects of treatment on those attitudes.

*Disclosure Expectation Scale.* A measure of openness to counseling which seems closely tied to participant’s views of counselor self-disclosure and is indeed a measure of

expectations about disclosure in psychotherapy, is the Disclosure Expectation Scale (DES; Vogel & Wester, 2003; see Appendix FF). As how disclosive a participant is seems intuitively important to consider in their evaluations of the disclosiveness of a counselor, this measure will allow for use of disclosure expectation as a covariate and will also allow for comparisons in self-ratings of willingness to disclose following treatment. As increased disclosure has been related to a number of helpful processes and outcomes, both in and outside of the therapeutic relationship, any increase in the participant's willingness to disclose might have repercussions for their future therapeutic outcomes (Farber & Sohn, 2007; Hill, Gelso, & Mohr, 2000; Khan, Achter, & Shambaugh, 2001)

The DES is an 8-item, 2-subscale questionnaire which measures the perceived benefits and risks of disclosing to a counselor (Vogel & Wester, 2003). The eight items are rated from 1 (*Not at all*) to 5 (*Very*) and there exists evidence of internal consistency for both the Anticipated Risk subscale ( $\alpha = 0.74$ ) and the Anticipated Utility subscale ( $\alpha = 0.83$ ). The authors also provided support for the construct validity of the DES, citing a  $-0.17$  correlation between Anticipated Risk and self-disclosure, as well as a  $0.26$  correlation with self-concealment. Additionally, they provided a  $0.24$  correlation between Anticipated Utility and self-disclosure and a negative correlation with self-concealment ( $r = -0.12$ ).

*Self-Stigma of Seeking Help.* The second of these measures will be the Self-Stigma of Seeking Help (SSOSH) scale (see Appendix GG), a 10-item scale with reported coefficients alpha of  $0.86$  to  $0.90$  (SSOSH; Vogel, Wade, & Haake, 2006). The scale also has a 2-month test-retest reliability correlation of  $0.72$ . The ten items of the SSOSH are rated from 1 (*strongly disagree*) to 5 (*strongly agree*). The SSOHS was developed using factor analysis, was reportedly negatively related ( $r = -0.53$  to  $-0.63$ ) to the Attitudes Toward Seeking

Professional Psychological Help Scale – Short Form (ATSPPHS-SF; Fischer & Farina, 1995; see Appendix GG), a measure of how positively participants see help-seeking and the second of the current measures of openness to counseling. The SSOSHS was also correlated between 0.30 and 0.47 with the Disclosure Expectations Scale Perceived Risk scale (DES; Vogel & Wester, 2003) and between -0.32 to -0.45. with the Disclosure Expectations Scale Perceived Utility scale, which comprise the third measure of openness to counseling used in this study.

*Attitudes Toward Seeking Professional Psychological Help Scale – Short Form.* As noted above, the ATSPPHS-SF is a 10-item revised and shortened form of the original 29-item form and is designed to measure how positively participants rate the prospect of seeking psychological help (Fischer & Farina, 1995; Fischer & Turner, 1970). Each of the items is rated on a likert type scale from 0 (*Disagree*) to 3 (*Agree*) and internal consistency estimates from the literature have been around 0.84; the current study found an alpha of 0.84. A one-month test-retest correlation of 0.80 has also been reported. Evidence of validity also exists with a 0.87 correlation between the short form and the original 29-item form and a 0.39 correlation between the ATSPPHS-SF and previous professional help-seeking (Komiya, Good, & Sherrod, 2000; Vogel, Gentile, & Kaplan, 2008).

*Treatment Effect on Openness to Counseling.* In addition to the above measures, five additional items (see Appendix II) were used to examine attitudes toward counseling to help clarify additional aspects of openness to counseling as covariates and dependant variables. The five items are as follows: “Watching this video has made me feel counselors are more human.”, “Watching this video has made me feel counselors are safe to trust.”, “Watching this video has helped me see that counseling is not only for serious problems or ‘crazy

people’.”, “Watching this video has made me feel interested in going to counseling myself.”, “Watching this video has helped me feel more open to talking about my own concerns (such as religious problems, financial stress, etc.) with a counselor.”

### *Participant Characteristic Measures*

#### *Spirituality*

*The Spiritual Transcendence Index.* The Spiritual Transcendence Index (STI; Seidlitz, Abernethy, Duberstein, Evinger, Chang, & Lewis, 2002; see Appendix N) is a brief 8-item measure of the psychological qualities of spirituality. It contains two factor-derived subscales, one measuring spiritual transcendence from a relationship with a higher power, the other measuring a broader concept of spirituality apart from a “God” concept. Each item is scored from 1 (*strongly disagree*) to 6 (*strongly agree*) with full scale scores ranging from 8 to 48.

Seidlitz et al. (2002) provided detailed information about the extensive development process and psychometrics associated with the STI. They reported that items were generated by discussion among the authors which were then exposed to focus groups of religious and spiritual individuals (clergy, nuns, hospice workers, etc.), as well as panels of professionals who provided feedback on the items. Efforts were made at each stage of revision to include religious and racial/ethnic diversity.

New items were added based on feedback and analysis of the item pools took place during each iteration prior to exposing new samples of focus groups and professionals to the new item pools. Following this, a total of 400 Rochester-area residents were randomly selected from the phone book during two rounds, and were surveyed about their impressions of items. This resulted in 109 total responses, after which statistical analyses were conducted

to identify factor loadings and inter-item correlations for the two dimensions selected.

In a subsequent study to refine the scale, another 400 Rochester-area residents were randomly selected from the phone book resulting in 116 responses. These data were then evaluated along with data from 95 clergy and 142 seminary students prior to the start of a third study in which 226 participants, aged 19 to 96, completed the measure and subsequent revisions again took place. This resulted in the final 8-item scale which Seidlitz et al. (2002) reported features an alpha of 0.97 for the combined total scale, an alpha of 0.97 for the “God subscale”, and an alpha of 0.96 for the “Spirit subscale”. The current study also resulted in 0.97 for the combined total scale.

For validity information, the authors reported that each item loaded on its respective factor in excess of .86. The total scale also correlated 0.87 with the Duke Religious Index, 0.86 with the Self-Regulation Questionnaire—Religiousness Motivation scale, and at least 0.44 with one of three single-item measure of spirituality. A series of multiple regression analyses examining the relationship between the STI and various emotional states were also conducted, revealing positive associations between the STI and positive emotions and negative associations with negative emotions. The authors also noted that construct and criterion validity had also been examined with various other measures in prior revisions of the scale.

The STI was chosen for the current study because of several strengths. It is a brief measure of spirituality apart from behavioral measures which features aspects of both theistic and more general spirituality. Also, the care taken in the STI’s development, as evidenced by the above, suggests a high quality measure with applicability for a wide range of spiritual individuals of various religious and racial/ethnic backgrounds.

*Intrinsic Spirituality Scale.* To provide a broader assessment of spirituality, a second measure was chosen. This second measure used for the current study was the 6-item Intrinsic Spirituality Scale (see Appendix O) which was developed by Hodge (ISS; 2003) as a means of assessing a broader version of the intrinsic religiosity construct. The ISS was developed by modifying items from the intrinsic religiosity subscale of Allport and Ross's religious orientation measure, removing any terms making reference to religion or God. The scale also uses a unique scoring form which asks participants to complete a given statement by choosing a numeric value on an 11-point response key, reflecting the single dimension of the statement.

Hodge (2003) reported the ISS is scored from 0 to 10 points and features an alpha of 0.96. The ISS is negatively correlated with alcohol use at -0.49, with binge drinking at -0.46, and with tobacco use at -0.38. The ISS is also negatively correlated with avoidant attachment at -0.17 and -0.21 with avoidant attachment. Conversely, the ISS is correlated 0.22 with secure attachment and is strongly correlated with the Allport and Ross measure of intrinsic religiosity at 0.91.

The ISS was also chosen for three primary reasons. Like the STI, the ISS is a brief but reliable measure of spirituality; the alpha coefficient for this study was 0.96. Unlike the STI and most other measures of spirituality, however, the ISS does not make use of the word "God" in the scale items and may be more appropriate for both a range of religious perspectives, as well as spiritual atheists. This latter category captures the identity of a participant from my thesis who provided many useful qualitative statements about how his belief system is not captured by traditional measures which refer to faith or God. Finally, the ISS was chosen for its strong correlation with the Allport and Ross measure of intrinsic

religiosity as the ISS may provide a broader comparison with the next scale listed below.

### *Religiosity*

*New Indices of Religious Orientation.* As one of three measures of religiosity chosen for the current study, the short form of the New Indices of Religious Orientation (NIRO-S; Francis, 2007; see Appendix P) is an 18-item measure of religious orientation based on the earlier work of Allport and Ross, as well as Batson and Ventis. The NIRO measures each of the three classifications of religious orientation suggested by previous researchers: intrinsic, extrinsic, and quest. Additionally, the NIRO breaks each of these dimensions down into three, 2-item subscales with many of the items derived from previously validated scales. Each item is rated on a 5-point likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*).

Francis (2007) provided the following information about the psychometric properties of the NIRO. Each of the three scales has adequate internal consistency with alphas of 0.81, 0.89, and 0.81 for the extrinsic, intrinsic, and quest orientations reported by Francis (2007) and 0.77, 0.92, and 0.85 in this study. The current study alpha coefficient for the total scale score was 0.90. Exploratory factor analysis provided evidence of the validity of the three scales, as do several correlations with single-item measures of religiosity including church attendance. Additionally, as many of the items of the NIRO are derivations of previous scale items, we would expect the NIRO to share in those psychometric properties.

*Religious Pressures Scale.* The second measure of religiosity selected for this study was the Religious Pressures Scale (RPS; Altemeyer, 1988 as cited in Hunsberger, 1999; see Appendix Q). Selected for its fit with the conflicted religious belief theme of one of the video conditions, this 10-item scale features an alpha of 0.90 to 0.92. With each item rated from 0 (*None at All*) to 5 (*A Great Deal*), the total score for the RPS ranges from 0 to 50.



The current alpha coefficient was a bit higher at 0.94.

Validity information provides some support for the RPS (Altemeyer, 1988 as cited in Hunsberger, 1999). The RPS is reportedly correlated at 0.50 with right-wing authoritarianism, correlated with a religious upbringing in the home at 0.59, correlated 0.69 with a measure of Christian orthodoxy, correlated at 0.60 with church attendance, and is correlated with an intrinsic religious orientation ( $r = 0.69$ ). Conversely, the RPS is negatively correlated with a measure of religious doubts ( $r = -0.36$ ) and with an extrinsic religious orientation ( $r = -0.30$ ).

*Pleading for Direct Intercession Subscale.* The third and final religiosity measure for this study was the Pleading for Direct Intercession subscale (see Appendix R) of the new, more comprehensive scale of Religious Coping (RCOPE; Pargament, Koenig, Perez, 2000). One of the 21 subscales within the new RCOPE, the Pleading subscale consists of 5 items rated from 0 (*Not at All*) to 3 (*A Great Deal*) and was selected due to its seemingly relevance to one of the experimental video conditions. The authors reported an alpha of 0.84 for the Pleading subscale and validity data for the RCOPE was supported by factor analysis, as well as by correlations with physical health and positive religious outcomes. The alpha for this study was 0.88.

### *Personality*

Young and Scott (2008) found that aspects of Five-Factor personality were significant covariates for measures of both counselor empathy and working alliance. It is for this reason that participant personality was measured by the 20-item Mini-IPIP scale (Donnellan, Oswald, Baird, & Lucas, 2006; see Appendix S). Developed from the International Personality Item Pool Five-Factor scales, the Mini-IPIP agreeableness, conscientiousness,

and neuroticism scales were selected as a brief personality measure for length considerations.

The above scales were selected based on Young's and Scott's (2008) finding that those three personality dimensions were most useful as covariates for working alliance and empathy measures. Donnellan et al. (2006) provided reliability and validity estimates from the development sample of 2,992 undergraduate students. The authors reported the following correlations with the 50-item IPIP scales: 0.89 to 0.91 for Agreeableness, 0.90 for Conscientiousness, and 0.92 to 0.93 for Neuroticism. Additionally, the authors confirmed the factor structure corresponded to the Five-Factor model and calculated a discrimination score, which was used assist in item reduction.

In a second study, Donnellan et al. (2006) conducted additional examinations of validity by comparing the Mini-IPIP with the 120-item IPIP-NEO, the Ten-Item Personality Inventory (TIPI), and the Big Five Inventory (BFI). Correlations between the IPIP-NEO and the Mini-IPIP were 0.52 for Agreeableness, 0.63 for Conscientiousness, and 0.73 for Neuroticism. The authors reported correlations between the Mini-IPIP and the TIPI ( $r = 0.33, 0.63, 0.73$  for Agreeableness, Conscientiousness, and Neuroticism, respectively) and between the Mini-IPIP and the BFI ( $r = 0.49, 0.66, \text{ and } 0.80$  for Agreeableness, Conscientiousness, and Neuroticism, respectively). Finally, the authors also reported a number of relevant correlations between the Mini-IPIP and various theoretically related variables such as trait anxiety and self-esteem.

With regard to reliability estimates, Donnellan et al. (2006) reported short and longer-term test-retest reliability correlations; the longer-term, 6 to 9 month test-retest correlations for Agreeableness, Conscientiousness, and Neuroticism were 0.68, 0.77, 0.82, respectively. The authors also reported internal consistency estimates of 0.70 to 0.75 for Agreeableness,

0.69 to 0.75 for Conscientiousness, and 0.68 to 0.70 for Neuroticism. These values were similar to those reported by Cooper, Smillie, and Corr (2010), who conducted additional psychometric examinations on the Mini-IPIP. The alpha coefficients for the current study were 0.63 for Agreeableness, 0.59 for Conscientiousness, and 0.57 for Neuroticism.

### *Participant Empathy*

In addition to Five-Factor personality, participant levels of empathy were also related to perceptions of counselor empathy (Young & Scott, 2008). Additionally, as there is a relationship between empathy and religiosity, two measures of participant empathy will be included in the current study.

*Empathy Quotient.* The first measure of participant empathy in this proposed study is the Empathy Quotient (EQ; Baron-Cohen, & Wheelwright, 2004; see Appendix T), originally a 60-item scale with 20 filler items rated on 4-point likert-type scale from 1 (*Strongly Agree*) to 4 (*Strongly Disagree*). Designed to be a clinically and scientifically useful measure, exclusively of the cognitive and affective aspects of empathy, the EQ a 12-month, test-retest reliability ( $r = 0.97$ ) and an alpha of 0.92 (Baron-Cohen & Wheelwright, 2004).

Additionally, the full EQ demonstrated evidence of validity with the EQ's factor "emotional reactivity" correlated at 0.58 with the IRI's "empathic concern" and 0.44 with "perspective taking" subscales (Lawrence, Shaw, Baker, Baron-Cohen & David, 2004). Additionally, the EQ's "social skills" subscale negatively correlated with Beck depression score ( $r = -0.35$ ).

Recently, the EQ has been examined in a number of studies (Muncer & Ling, 2006; Wakabayashi, Baron-Cohen, Wheelwright, Goldenfeld, Delaney, Fine, Smith, et al., 2006; Wheelwright, Baron-Cohen, Goldenfeld, Deleny, Fine, Smith, et al., 2006). Indeed, two revised short forms of the EQ have recently been developed (Muncer & Ling, 2006;

Wakabayashi et al., 2006). The longer of these two short forms, the 22-item EQ-S developed by Wakabayashi et al. (2006), was selected for this study for several reasons.

One of the reasons for the selection of this short form over the even shorter 15-item scale developed by Muncer and Ling (2006) is the stronger internal consistency of the 22-item EQ-S ( $\alpha = 0.90$ ), which was higher than even the full scale value found in Wakabayashi et al. (2006) and is nearly as high as the value published in Baron-Cohen and Wheelwright (2004). Additionally, the EQ-S was found to correlate highly with the original EQ ( $r = 0.93$ ) and was judged valid by the authors, including two of the authors of the original EQ (Wakabayashi et al., 2006). Finally, though both studies employed factor analysis to guide the item selection process, Wakabayashi et al. (2006) deleted items for the EQ-S only based on the factor analysis while Muncer and Ling (2006) deleted several items to balance the subscale number of items, which may have resulted in poorer psychometric qualities than demonstrated by the EQ-S. The EQ-S resulted in an alpha of 0.86 for the present study.

*Scale of Spiritual Empathy.* The second measure of participant empathy to be used in this study was a version of the Scale of Ethnocultural Empathy (SEE; Wang, Davidson, Yakushko, Savoy, Tan, & Bleier, 2003; see Appendix U) modified to measure participant ratings of empathy toward other spiritual and religious groups. In much the same way Hodge (2003) suspected that intrinsic religious orientation might be a narrow measure of the broader intrinsic spirituality orientation, I have suggested that the SEE might be largely measuring a single aspect of a broader empathy toward other demographic groups construct. If this assumption is the case, then a measure of empathy toward other religious groups could easily be derived from the SEE by substituting the word “religion” for the word “race”, for example.

To that effect, the 31 items of the SEE were modified to better fit religion and spirituality. Most of the items remained almost identical to the original SEE items except for substituting the word “religion” for the word “race” or “spiritual” for “ethnic”. The major exception to this was the changes made to the 5 items of the “Acceptance of Cultural Differences” subscale, which focused on obvious cultural differences centered on language and clothing. For this subscale, the items were modified to reflect differences in beliefs, rather than language, for example.

The original SEE featured the following characteristics. Twelve of the 31 items are reverse-scored and all items are rated on a 6-point likert type scale (1 = *strongly disagree that it describes me* to 6 = *strongly agree that it describes me*). The total scale has a high internal consistency ( $\alpha = 0.91$ ) with acceptable coefficients alpha for the four subscales ranging from 0.67 to 0.90 (Cundiff & Komarraju, 2008; Wang et al., 2003); alpha coefficients for this study were 0.72 for Acceptance of Spiritual Differences, 0.66 for Empathic Perspective Taking, 0.87 for Empathic Feeling and Expression, 0.70 for Empathic Awareness, 0.88 for the total scale. Wang and colleagues also reported a 2-week test-retest correlation of 0.76. Additionally, the 4-factor structure of the SEE was established by exploratory and confirmatory factor analyses as well as examination of the interscale correlations which suggested four related by distinct factors (Wang et al., 2003).

Additionally, the authors provided information about the validity of the SEE (Wang et al., 2003). The SEE total scale was correlated at 0.048 and 0.42 with the Empathic Concern and Perspective Taking subscale of the Interpersonal Reactivity Index, a widely used measure of empathy also related to the EQ. The authors also reported a fairly high correlation ( $r = 0.70$ ) between the SEE and the Miville–Guzman Universality–Diversity

Scale, a scale intended to measure acceptance of differences and similarities. Additionally, the total SEE score was found to be correlated at 0.42 with a measure of acceptance of women in positions of authority (Cundiff & Komarraju, 2008). With regards to discriminant validity, only one of the subscales significantly correlated ( $r = 0.17$ ) with the Balanced Inventory of Desired Responding, a measure of social desirability.

### *Social Desirability*

The final participant characteristic to be measured as a potential covariate was social desirability, which may be a concern for an online, self-report survey such as the current study. With measures of religiosity, spirituality, personality, and empathy, there may also be a risk of these variables being associated with social desirability (Lawrence et al., 2004). If this risk is realized, then it becomes important to account for the error variance due to social desirability in order to strengthen the experimental design. By including a measure of social desirability, it becomes testable as to whether social desirability is related to any of the variables in the study and, if necessary, possible to remove that error variance.

*Balanced Inventory of Desired Responding.* The measure of social desirability selected for the current study was the Balanced Inventory of Desired Responding (BIDR; Paulhus, 1991; see Appendix V). The BIDR contains a total of 40 items with two, 20-item subscales. Responses are in a likert type format from 1 (*Not True*) to 7 (*Very True*) and half of the items for each subscale are reverse-scored. Responses of “6” or “7” are given 1 point; all others receive a “0” and scores for both subscales range from 0 to 20.

Recent examinations have provided additional information about reliability and validity for the BIDR. According to a recent review, the Self Deceptive Enhancement (SDE) scale and the Impression Management (IM) scale, feature mean alpha coefficients of 0.68

and 0.74, respectively (Li & Bagger, 2007). The mean alpha for the total BIDR was 0.80. In terms of concurrent validity, the BIDR subscales have been shown to be correlated with the Marlowe-Crowne, an established measure of social desirability (Pauls & Crost, 2004). The correlations were 0.37 and 0.46 for the SDE and IM subscales, respectively. Additionally, the BIDR scales have been found to correlate with measures of excessive virtue between 0.46 and 0.63 (Lanyon & Carle, 2007).

Though the full form was initially selected for use in this study, a short form was selected to reduce the item number. Leite and Beretvas (2005) developed this 20-item short form of the BIDR as part of the factor analysis examining the validity of the full BIDR; there were 10 items for each subscale rather than 20. In this study the alpha internal consistency values were 0.63 for the short SDE scale, 0.67 for short IM scale, and 0.71 for the short total BIDR score.

### *Independent Variable Manipulations*

#### *Stimulus Materials*

*Scripts.* Four scripts depicting simulated client-counselor interactions (see Appendices Y1, Y2, Y3, and Y4) were developed by this author as described by Young (2007). The scripts were evaluated by a professor of theatre for purposes of refining their content to make the scripts believable. The scripts featured a number of Midwest colloquialisms and were judged by the theatre professor to be very plausible and realistic. Additionally, the scripts were designed to be as similar as possible with similar number of words, ranging from 676 to 683 words, and using as much of the exact same wording as possible. The theatre professor also provided constructive feedback about how to engage actors in creating as similar a performance as possible, to further minimize the non-

experimental differences between conditions.

*Video-stimuli.* The eight videos constructed from the four scripts featured one female pair and one male pair of actors who had prior experience in theatre and felt comfortable portraying the scripts in a consistent manner. The actors were asked to memorize the scripts and to minimize variation between the conditions by acting in the same way for each video, a suggestion made by the professor of theatre. Thus, the only two substantial differences present among the videos derived from the scripts were the experimental manipulation of content of discussion as well as the type of response by the counselor and the sex of the actors portraying the roles as delineated in the prior research design section presented in the introduction and literature search section of this document. The resulting videos, which were recorded in a split screen format using the video equipment in the psychology department's counseling clinic, were thus identical except for the experimental manipulation (the two client-initiated contents of discussion and the therapist responses). Thus, the four video conditions were:

- Condition 1 - A financial discussion with a congruent financial disclosure,
- Condition 2 - A financial discussion with an incongruent religious disclosure,
- Condition 3 - A religious discussion with an incongruent neutral control response,
- Condition 4 - A religious discussion with a congruent religious disclosure.

Additionally, the videos were combined from separate clips and the transitions between the segments were made explicit, which gave the appearance of pieces of a larger counseling session being combined together; this was supported by qualitative comments made by several participants in this study who noted the clip seemed a combination of brief chunks of a longer session. Many of the videos were nearly identical in length ranging from



3 minutes 43 seconds for conditions 1 and 2 to 4 minutes and 2 seconds for condition 4 in the male videos. The female videos had a somewhat wider range from 3 minutes 55 seconds for conditions 1 and 2 to 4 minutes 45 seconds for conditions 3 and 4.

After the videos were digitized, they were loaded onto the internet via *Google Video*, a free service that uploads and hosts videos on the internet. Each video was uploaded and received a non-searchable URL to serve as the constructed online-independent variable stimuli for the study. As detailed in the succeeding procedures section, the videos were then linked to the randomly assigned study for each condition and sex.

As noted above, more detailed information about the development and characteristics of the video-stimuli are available (Young & Scott, 2008; Young, 2007). However, it is important to note that the development process utilized a careful evaluation process at each stage of development, beginning with the professor of theatre and continuing with several rounds of pilot testing with graduate and undergraduate students. At each stage of development, the stimuli were judged to be credible and conveyed the intended similarity and experimental manipulation differences.

Specifically, data from a pilot study ( $n = 39$ ), using raters who were either counseling psychology graduate students ( $n = 10$ ) or undergraduate students in an academic learning and study strategies course ( $n = 29$ ), indicated rating data as follows. When asked about how believable they perceived each video condition to be, male participants ranged from 2.44 to 2.79 while female participants ranged from 2.63 to 2.89, on a 4-point scale (1 = Not at all realistic or believable, 4 = Very realistic or believable), all indicating at least a moderate degree of realism (Young, 2007). Responses to another 4-point question (1 = Not similar at all, 4 = Very similar) regarding similarity of each dyad resulted in a range of 2.51 to 2.87 for

males and between 2.54 and 2.80 for females. Participants likewise made qualitative comments such as "I couldn't tell much of a difference between the first and the second clip of each pair", indicating a great deal of similarity among the clips apart from the client-initiated content difference between pairs (i.e., clips 1 and 2 were about finances while 3 and 4 were about religion).

Participants were also able to qualitatively identify the experimental differences with a high degree of accuracy, further supporting the stimuli. For example, participants correctly noted the presence of the intended counselor self-disclosures in all but the control condition, in which there was no disclosure. Furthermore, participants consistently and accurately noted the content of the disclosures (i.e., a financial or religious counselor disclosure) and were able to distinguish the congruent counselor self-disclosures from the incongruent one, along with that of the control. For example, one participant stated, "The main differences between the clips seemed to be the sex of the dyads, whether or not the counselors self-disclosed, whether they self-disclosed about financial situations and/or religion, and whether the client's presenting problem was financial concerns or religious discrepancy in his/her relationship." Based on both the quantitative and qualitative data, there appears to be sufficient evidence of validity for the experimental manipulation within the video-stimuli.

### Study Design

In this counseling analogue study, participants were randomly assigned to one of four conditions specific and congruent to their sex (see Table 2), the constructed video clips. The conditions were as follows: client financial content with a matched financial self-disclosure by counselor, client financial content with a mismatched religious self-disclosure by counselor, client religious content with a mismatched neutral response by counselor, and

client religious content with a matched religious self-disclosure by counselor. The dependent variables, noted above, were analyzed separately in a factorial design by a series of successive, separate analyses of covariance (ANCOVAs). Each ANCOVA examined the possible effects of various covariates on the dependent variables and removed those effects which were significant.

Table 2.

*Experimental Condition for the Video Stimuli*

Content	Sex of Participants			
	Males		Females	
	Disclosure Match			
	Match	Mismatch	Match	Mismatch
Religious	Rel <sub>(match disclosure)</sub>	Rel <sub>(neutral response)</sub>	Rel <sub>(match disclosure)</sub>	Rel <sub>(neutral response)</sub>
Financial	Fin <sub>(match disclosure)</sub>	Fin <sub>(mismatch disclosure)</sub>	Fin <sub>(match disclosure)</sub>	Fin <sub>(mismatch disclosure)</sub>

Note <sup>a</sup>: Rel = Religious, Fin = Financial

Note <sup>b</sup>: Materials with in parentheses denote whether the counselor response matched the content of discussion with an appropriate disclosure or neutral response.

## Procedures

*Pre-study Pilot Investigation*

A trial pilot study was conducted with 2 undergraduate students to determine completion time for the study, and to establish that the procedures delineated below went as planned. The two undergraduate research assistants completed both segments of the study and determined that the full study could reasonably be completed in less than 100 minutes, the SONA and departmental criterion for awarding 2 experimental research credits at Iowa State University. In addition to establishing that the study could be successfully completed in the estimated time without technical problems, the pilot participants also provided

feedback about the arrangement of the survey (e.g., suggestions to break up a questionnaire over more pages, highlighting instructions in a large bold font, etc.) which was incorporated in the final survey presentation to participants.

### *Main Study Procedures*

Participants from Iowa State University signed up for the study via the SONA, online system and were provided informed consent and the associated credit for completion through this, consistent with IRB and departmental procedures. They were then directed to the online survey, Survey Monkey, through which they completed the first part of the study. For participants from outside , the invitation to complete the study was sent via e-mail to a contact person, Dr. Steven Sandage at Bethel Seminary and to the moderator of the specific online group, who distributed the relevant information to the interested participants.

Efforts to survey participants from Bethel University and the online groups were intended to improve the diversity of the sample (with regard to age, race/ethnicity, religion/spirituality, region, etc.) in order to better generalize to non-student populations outside the Midwest. It was also thought that drawing from a larger participant pool would also help to improve the variability of the data and create a more representative sample of the population. As noted above, these efforts were relatively unsuccessful and the sample remained largely comprised of students from the Midwest.

This two-part, online analogue study collected the following sequence of information from participants in the first part of the study: demographic information (in particular, whether there is a specific religious group with whom they strongly identify and to what degree they feel their beliefs are traditional or contemporary; see Appendix M), information about past counseling experiences (in particular, the degree to which they found counseling

helpful and to what degree their counselor revealed information about her or himself; see Appendix M), ratings of participant spirituality (see Appendices N and O), ratings of participant religiosity (see Appendices P, Q, and R), ratings of participant personality (see Appendix S), ratings of participant empathy (in particular with regard to other religious groups; see Appendices T and U), a rating of willingness to disclose to a mental health professional (see Appendix FF), a rating of perceived stigma associated with psychological help (see Appendix GG), a rating of willingness to seek help (see Appendix HH), and ratings of participant social desirability (see Appendix V).

As noted above, this study also collected much more specific demographic information about participants' religious or spiritual affiliations and beliefs. As has been noted by Lynch (2001), Mockabee, Monson, and Grant (2001), as well as Park, Cohen, and Herb (1990), there are sufficient differences even among various Christian denominations, such as between Catholic and Protestant Christians, to provide measurable variance in results. Likewise, differences may exist between members of the same religious affiliation who see themselves as adhering to more traditional beliefs versus those who feel their beliefs are more contemporary (Mockabee et al., 2001). For these reasons, this study asked specifically about participants' identified affiliation and their ratings of how traditional or contemporary are their beliefs.

Participants completed the first part of the study and waited for a 1 to 3 day interval, intended to minimize the salience of reacting to measures of religiosity and spirituality, before proceeding to the second part of the study. The participants were sent an e-mail inviting them to complete the second part of the study. This invitation specified the procedures for part 2 and asked them to pay special attention to the counselor's verbal

responses in the simulated video. See Appendix X for a screen-shot of the instructions given to participants. For those receiving compensation, the invitation also reminded them that they could be compensated for their willing completion of the entire study. For those participants who elected to complete the second part, they were reminded of the informed consent document and were asked to provide their e-mail address as a means of connecting the two parts of the study together.

Following consent to the second part of the study, participants were directed to a page which reiterated the instructions to attend closely to the simulated therapist's verbal responses and to put themselves into the position of the client (see Appendix X). After reading this information, participants were free to watch the randomly assigned video embedded in their study. To provide every opportunity for participants to watch the video, the video was embedded directly into the survey (participants only needed to click play), was linked for viewing outside the survey, and was downloadable to participants' computers. Participants were also encouraged to watch the clip as many times as they wished. Finally, participants were asked whether they had watched the video and were unable to advance in the study until they agreed that they had watched the clip (see Appendix X). Thus, with every reasonable precaution taken, we can be relatively certain that participants viewed their assigned video prior to completing the second part survey questions.

After participants had watched the video, they completed a series of dependent variables based on their reactions from imagining themselves as the client in the simulated counseling interaction. The scales were presented in the following order: AES, WAI-S, BES (these three were combined to distract from questions asking only about empathy or the working alliance), WTBN, CRF-S, Professional, Ethical, Moral, DES (second part),

SSOSHS (second part), ATSPPHS (second part), and the five questions related to the impact of the video on participant openness to counseling developed for the current study.

Following the quantitative scales, participants were invited to submit any qualitative comments they wished and were taken to the debriefing information which provided information about finding counseling resources and articles for further reading.

### Data Analysis

All data were analyzed via SPSS 14 and 15 to provide both descriptive and inferential statistics, consistent with the advice of statistician Dr. Douglas Bonett and the procedures suggested by Pallant (2007). Descriptive statistics included measures of central tendency (mean, median, mode) and standard deviations, and also included examination of the distributions and normality of data. Upon the advice of Dr. Bonett, both conventional correlation matrix tables for all variables, as well as a table of residual correlations for the dependent variables were constructed to more easily convey the interrelationship between variables.

Inferential statistics involved a series of ANOVAs and ANCOVAs. These ANCOVAs were intended to examine any effects of religious affiliation, sex, or treatment/congruence. They also provided a means of statistically controlling for any effects of the various covariates on the therapeutic relationship dependent variables counselor empathy, working alliance, counselor transparency, and counselor credibility. Additionally, ANCOVAs of the three established measures of openness to counseling were conducted to determine if any pretest-posttest changes due to the experimental treatment occurred.

In order to more precisely examine treatment pairs of interest, the select cases function in SPSS was utilized to identify those conditions of interest for purposes of

conducting the subsequent planned comparison analyses. This approach allowed for examination of the planned comparisons while still controlling for the covariate effects of interest. This function also made a more conservative assumption regarding of homogeneity of variances between the chosen conditions, rather than making the assumption of equal variance for all conditions.



## CHAPTER 3: RESULTS

To guide the analyses, a conceptual framework and plan were developed. In accordance with this plan, preliminary analyses were undertaken to examine the data. The data was examined for normality, measures of central tendency were computed, internal consistency estimates were investigated, interscale correlations were generated, and a conceptual framework for organizing the analyses of dependent variables was formulated. This conceptual framework, which placed the dependent variables into two aggregate groupings, was also supported by correlational data as noted below and as delineated in Appendix MM. The two aggregate groups consisted of those dependent variables which measured counselor ratings and those which measured openness to counseling.

## Preliminary and Descriptive Analyses

*Data Normality*

In order to determine if the assumption of analysis of variance/analysis of covariance (ANOVA/ANCOVA) could be met, various preliminary analyses were undertaken. For example, skewness and kurtosis statistics were computed for the study data to evaluate normality. Skewness and kurtosis statistics were examined for the overall dependent measures, and also broken down by treatment group. As noted in Table 3, which summarizes the overall skewness and kurtosis statistics for all dependent measures, none of the variables exhibited signs of substantial skewness or kurtosis.

Table 3.

*Overall skewness and kurtosis values for all dependent variables*

Variable	Skew	S.E.	Kurtosis	S.E.
Counselor-Rating Dependent Variables				
AES-28	-0.31	0.09	-0.18	0.19
WAI-Tasks	-0.08	0.09	-0.61	0.19
WAI-Goals	-0.14	0.10	-0.58	0.19
WAI-Bonds	-0.28	0.10	-0.38	0.19
WAI-Total	-0.18	0.10	-0.38	0.19
BES	-0.23	0.10	-0.60	0.19
WTBK	0.10	0.10	-0.18	0.19
CRFS-Trustworthiness	-0.58	0.10	-0.03	0.19
CRFS-Expertness	-0.37	0.10	-0.52	0.19
CRFS-Attractiveness	-0.45	0.09	-0.41	0.19
CRFS-Total	-0.44	0.10	-0.20	0.19
EthicPlus	-0.87	0.10	0.65	0.19
CRFS-TotalPlus	-0.47	0.10	-0.01	0.19
Openness to Counseling Dependent Variables				
DES-PR	-0.30	0.10	-0.44	0.19
DES-PU	-0.43	0.10	-0.08	0.19
SSOSHS	0.13	0.10	-0.36	0.19
ATSPPHS	0.19	0.10	-0.16	0.19
VidQuest	-0.27	0.10	-0.31	0.19

Note: Accurate Empathy Scale-Short Form (AES-28), Working Alliance Inventory Short Revised-Agreement on Tasks Subscale (WAI-Tasks), Working Alliance Inventory Short Revised-Agreement on Goals Subscale (WAI-Goals), Working Inventory Short Revised-Bonds Subscale (WAI-Bonds), Inventory Short Revised-Total Scale (WAI-Total), Burns Empathy Scale (BES), Willingness to be Known Scale (WTBK), Counselor Ratings Form Short-Trustworthiness Subscale (CRFS-Trustworthiness), Counselor Ratings Form Short-Expertness Subscale (CRFS-Expertness), Counselor Ratings Form Short-Attractiveness Subscale (CRFS-Attractiveness), Counselor Ratings Form Short-Total Score (CRFS-Total), Additional Adjectives: Professional, Ethical, & Moral (EthicPlus), Counselor Ratings Form Short-Total Score Plus Additional Adjectives (CRFS-TotalPlus), Disclosure Expectation Scale-Perceived Risk (DES-PR), Disclosure Expectation Scale-Perceived Utility (DES-PU), Self-Stigma of Seeking Help Scale (SSOSHS), Attitude Toward Seeking Professional Psychological Help Scale (ATSPPHS), Video-based Questions (VidQuest).  $n = 647 - 669$ .

*Plots of Normality*

In addition to skewness and kurtosis statistics, histograms, stem and leaf plots, Normal Q-Q plots, and Detrended Q-Q plots were also generated. Histograms and stem and leaf plots all appeared to approximate a normal curve, while the Normal Q-Q plots demonstrated roughly linear shapes, and the Detrended Q-Q plots showed no unusual clusters of data points. As all the visual data inspections paralleled the skewness and kurtosis statistics results, a third level of data examination was undertaken.

*Normality Statistics Tests*

To provide additional support for data normality, Shapiro-Wilk's W test and the Kolmogorov-Smirnov D test were examined. All variables except one were significant, where significance indicates a potential violation of the normality assumption. However, Pallant (2007) noted that such results are very common in large samples sizes such as in this study. Pallant also noted that the above steps provide sufficient evidence of normality in large samples. Additionally, the large sample sizes in each condition make it unlikely that the distributions are sufficiently nonparametric to interfere with standard statistical analyses. From the overall trend among these examinations, it was determined that there seemed little concern about excessive outliers and that the data appeared suitably normal for analyses without transformation.

*Measures of Central Tendency*

Measures of central tendency, along with standard deviations, were also generated for each scale. The mean values for each condition and sex for dependent variables measured in the second session are available in Appendix LL. All fell within expected ranges and were consistent with scores reported in the literature.

*Inferential Participation Date Analyses*

Additionally, the data were examined to determine if there were any significant differences depending on participation date. Because data were collected throughout parts of two semesters, and because some of the data was collected at the very end of the semester, it was deemed important to ascertain whether there were any detectable differences depending on when participation took place. For those reasons, each dependent variable was examined; no significant differences emerged based on date of participation.

*Scale Psychometric Properties**Reliability*

Cronbach's Alpha internal consistency coefficients were also computed for each of the 26 scales. For the 684 participants who participated in both parts of the study, these alpha coefficients are presented along the diagonal of Appendix MM, a matrix of all correlations from the measures collected in the two segments of the study. Most of the coefficients alpha were acceptably high, ranging from 0.70 to 0.97. However, three of the scales (IPIP-S Agreeableness, IPIP-S Conscientiousness, and IPIP-S Neuroticism) and several of the subscale alphas were of only moderate consistency with values between 0.59 and 0.70. These alpha coefficients were taken into consideration when decisions about covariate selection were made.

*Interscale Correlations*

Pearson correlation coefficients were calculated to provide estimates of the relationships between variables, and to guide the selection of covariates in the main analyses. Of the 1,049 correlations, summarized in AppendixMM, 493 (47%) were significant. The significant correlations ranged from  $+0.08$  to  $+0.97$ . There were also 71 correlations of 0.50

or greater. Indeed, most correlations between counselor-related dependent variables were above 0.30 and many were above 0.50.

*Residual Correlation Matrix and the Aggregate Grouping Scheme*

Per the recommendation of statistician Dr. Bonett, a matrix of residual correlations was generated for all dependent variables via a multivariate analysis of variance (MANOVA). This matrix was examined to determine if the conceptual framework for the creation of two groupings of dependent variables, counselor ratings and openness to counseling, was supported by the data. An examination and comparison of the pattern of relationships between the dependent measures in each aggregate grouping was contrasted with those of the other aggregate group, the within-group correlations compared with the between group relationships. Thus, a correlational table that was divided into four quadrants (see Appendix NN) was constructed to allow for ease of comparison between these two aggregate groups.

The pattern of correlations within each aggregate group was consistent with the conceptual framework. Correlations within the counselor rating aggregate group were all positive and generally high, ranging from 0.229 to 0.940. Both the mean and the median correlations of the counselor rating aggregate group were 0.560.

For the openness to counseling aggregate group, the direction of the correlation followed the expected patterns (i.e., those expected to be negative were while those expected to be positively associated also were so) and the correlations also were moderately high. The correlations for the openness to counseling aggregate group ranged from -0.137 to 0.658. The mean of this aggregate group's correlations was 0.420, while the median was 0.451.

While each group's within-group aggregate correlations appeared high and consistent, it was also necessary to compare the correlations for scales between aggregate groups. The correlations between aggregate groups ranged from -0.043 to 0.496. The resulting mean correlation between the aggregate groups was 0.234; the median was 0.222. Both of these indices represent associations less than the respective within-group mean and median correlations.

From these patterns, it was determined that the conceptual scheme for organizing the dependent variables into two aggregate groups was generally supported. While there were some moderately high correlations between the aggregate groups (e.g., 0.496), the overall patterns of both means and medians clearly show a greater amount of association within each conceptual aggregate group than between them. Thus, the following results will be organized in accordance with the conceptual and correlational aggregate group scheme.

### Main Analyses

#### *Effect of Treatment on Counselor Relationship Rating Measures*

In addition to the exploratory research question investigating differences among dependent variables, examined by the following analyses, it was specifically hypothesized that disclosive counselors would be rated higher on empathy, alliance, transparency, and credibility when compared to the control. It was further hypothesized that the congruent disclosures would be viewed more positively than the incongruent disclosure; the neutral control response being viewed as least favorable. To examine these hypotheses, the following analyses were undertaken.

### *Therapeutic Empathy*

Due to the small effect of sex in the Accurate Empathy Scale (AES) from a separate analysis of covariance (ANCOVA), a 2 (congruence) X 2 (sex) ANCOVA examined the effect of congruent or incongruent conditions and sex with the following significant covariates removed: previous positive counseling experience, participant general empathy, acceptance of spiritual differences, perception of risk in self-disclosing to a counselor, and self-stigma of seeking help. The results revealed a significant effect of congruence ( $F_{(1, 656)} = 4.02, p = 0.045, \eta^2 = 0.006$ ) but no significant effect of sex ( $F_{(1, 656)} = 0.43, p = 0.515, \eta^2 = 0.001$ ) or an interaction between congruence and sex ( $F_{(1, 656)} = 2.96, p = 0.086, \eta^2 = 0.004$ ). The participants in the congruent conditions (1 and 4) ( $M = 82.52, SD = 12.40$ ) rated the counselor as possessing greater accurate empathy than those participants in the incongruent conditions (2 and 3) ( $M = 81.38, SD = 12.84$ ).

A subsequent 2 condition, one-way ANCOVA also determined that participants viewed the religiously congruent self-disclosure (condition 4) ( $M = 82.75, SD = 12.01$ ) as significantly more empathic than the religiously incongruent disclosure (condition 2) ( $M = 80.85, SD = 12.85$ ) when the significant effects of general empathy, acceptance of spiritual differences, and attitudes toward seeking help were removed ( $F_{(1, 320)} = 4.00, p = 0.046, \eta^2 = 0.012$ ).

### *Working Alliance*

*Overall working alliance.* Working Alliance Inventory - Short Revised Form (WAI-SR) scores for conditions two (financial with religious incongruent self-disclosure) and four (religious congruent self-disclosure) were compared by a 2 (condition) X 12 (religious affiliation) ANCOVA using the select case function. After the significant effects of intrinsic

spirituality, spiritual transcendence, and perception of risk in self-disclosing were removed, a significant difference was detected in which participants in the religious congruent disclosure condition ( $M = 31.20$ ,  $SD = 7.22$ ) rated the counselor higher in working alliance ( $F_{(1, 291)} = 4.03$ ,  $p = 0.046$ ,  $\eta^2 = 0.014$ ) than those in the religious incongruent disclosure condition ( $M = 30.38$ ,  $SD = 7.21$ ).

Likewise, another 2 (condition) X 3 (education level) ANCOVA was performed to compare conditions 4 and 3. The religious congruent disclosure condition (4) ( $M = 31.23$ ,  $SD = 7.20$ ) was found to be significantly higher on the WAI-SR than the control in which the counselor made no disclosure in a religious discussion (3) ( $M = 30.22$ ,  $SD = 7.48$ ) when the significant effects of religious orientation (intrinsic, extrinsic, and quest), intrinsic spirituality, acceptance of spiritual differences, perception of risk in self-disclosing to a counselor, and previous positive counseling experience were removed ( $F_{(1, 321)} = 4.39$ ,  $p = 0.037$ ,  $\eta^2 = 0.013$ ). This analysis also revealed a significant interaction between the conditions and level of participant education for those participants who had 2 or more years of college ( $F_{(1, 321)} = 4.33$ ,  $p = 0.014$ ,  $\eta^2 = 0.026$ ).

In a final WAI-SR 2 (condition) X 12 (religious affiliation) planned comparison conducted through the ANCOVA select case function, the significant effects of religious orientation (intrinsic, extrinsic, and quest), intrinsic spirituality, spiritual empathic awareness, and attitudes toward seeking help were removed and a significant difference was found. Participants in the religious congruent self-disclosure condition (4) ( $M = 31.23$ ,  $SD = 7.20$ ) perceived the counselor as engendering greater working alliance on the WAI-SR than those in the financial congruent self-disclosure condition (1) ( $M = 30.43$ ,  $SD = 6.88$ ) ( $F_{(1, 297)} = 8.28$ ,  $p = 0.004$ ,  $\eta^2 = 0.027$ ).



*Working alliance bond.* An additional one-way ANCOVA removing the significant effects of perception of risk in self-disclosing to a counselor, religious orientation (intrinsic, extrinsic, and quest), and spiritual empathy was conducted on the WAI-B, a subscale of the previously examined full scale WAI. The results demonstrated that participants rated congruent counselor self-disclosure responses ( $M = 11.58, SD = 2.41$ ) higher in alliance bond than incongruent neutral or inappropriate self-disclosures ( $M = 11.27, SD = 2.46$ ) ( $F_{(1, 643)} = 5.05, p = 0.025, \eta^2 = 0.008$ ). Social desirability was not a significant covariate and was excluded from the analysis.

#### *Counselor Transparency*

A pair of 2 condition, one-way ANCOVAs examining the Willingness to be Known (WTBK) scale produced significant results. In the first, the significant effect of intrinsic spirituality was removed, resulting in a significant difference ( $F_{(1, 336)} = 4.33, p = 0.038, \eta^2 = 0.014$ ) between the incongruent religious self-disclosure group (2) ( $M = 64.33, SD = 10.00$ ) and the control (3) ( $M = 62.14, SD = 9.84$ ). Thus, the participants who viewed the self-disclosure viewed the counselor as being more appropriately transparent, despite the incongruence of the disclosure.

The second 2 condition, one-way ANCOVA removed the significant effect of previous positive counseling experience to detect a significant difference ( $F_{(1, 334)} = 4.03, p = 0.046, \eta^2 = 0.012$ ) favoring the congruent religious disclosure condition (4) ( $M = 64.14, SD = 9.85$ ) over the control (3) ( $M = 61.99, SD = 9.90$ ). This again demonstrates that the disclosure was viewed as more transparent than the nondisclosure control.

### *Counselor Credibility*

*Overall counselor credibility.* To examine the hypothesis that any of the disclosing counselor conditions would be perceived as more credible than the nondisclosive control, a series of ANCOVAs were conducted. These ANCOVAs examined the total Counselor Rating Form (CRFS) as well as all subscale scores.

Two, one-way ANCOVAs comparing the two incongruent condition (2 and 3) to the congruent ones (1 and 4) were conducted on the overall CRFS score. The first adjusted for the significant effects previous positive counseling experience, spiritual empathy, religious orientation (intrinsic, extrinsic, and quest), and perceptions of risk in self-disclosing to a counselor. The results indicated that participants found the congruent disclosing counselors ( $M = 56.89$ ,  $SD = 14.28$ ) to be more credible (trustworthy, expert, and attractive) than the simulated counselors who did not disclose or disclosed incongruently disclosure ( $M = 54.84$ ,  $SD = 15.39$ ) ( $F_{(1, 463)} = 4.86$ ,  $p = 0.028$ ,  $\eta^2 = 0.007$ ).

The second 2 condition (condition 3 vs. 4), one-way ANCOVA removed the significant effects of previous positive counseling experience, spiritual empathy, and perceptions of risk in self-disclosing to a counselor. The results indicated a significant difference between the credibility rating of the religiously congruent counselor disclosure (condition 4) ( $M = 56.99$ ,  $SD = 14.14$ ) and that of the neutral control condition (3) ( $M = 53.91$ ,  $SD = 15.95$ ), favoring the congruent disclosure condition ( $F_{(1, 321)} = 5.89$ ,  $p = 0.016$ ,  $\eta^2 = 0.018$ ). There was no significant effect of social desirability in the analysis, and none of the other condition comparisons were significant for the overall CRFS. Thus, the subscales were next examined.

*Counselor credibility - trustworthiness.* After removing the significant effects of perception of risk in self-disclosing to a counselor, religious orientation (intrinsic, extrinsic, and quest), and spiritual empathy a one-way ANCOVA was conducted for all four conditions on the CRFS-T. A significant effect of treatment was detected ( $F_{(1, 642)} = 3.12, p = 0.025, \eta^2 = 0.014$ ). A secondary one-way ANCOVA examining the effect of treatment congruence vs. incongruence was then undertaken and the results revealed that participants viewed the simulated counselor as engendering more trust when responding with congruent disclosures ( $M = 19.95, SD = 4.78$ ) than incongruent responses ( $M = 19.11, SD = 5.02$ ) ( $F_{(1, 644)} = 6.68, p = 0.010, \eta^2 = 0.010$ ).

*Counselor credibility - attractiveness.* The effect of treatment was also examined for the CRFS-A through a series of ANCOVAs. The first 4 condition, one-way ANCOVA removed the significant effects of perception of risk in self-disclosing to a counselor and spiritual empathy, and resulted in a significant effect of treatment ( $F_{(1, 644)} = 3.46, p = 0.016, \eta^2 = 0.016$ ). To clarify which conditions varied from each other, a series of four additional one-way ANCOVA comparisons were conducted using the select case function in SPSS to choose a single pair of conditions for each comparison.

The first 2 condition, one-way ANCOVA comparison was intended to establish that the three disclosure conditions had means that did not significantly differ and, therefore, was conducted between condition 1 (financial congruent financial disclosure) and condition 4 (religious congruent religious disclosure) as these two had the most disparate descriptive means. After the only significant covariate, effect of spiritual empathy, was removed the results did not indicate a significant difference in means ( $F_{(1, 313)} = 0.35, p = 0.552, \eta^2 =$

0.001). While this does not demonstrate equivalence of means, it provided sufficient information to determine that only the next three comparisons might be of interest.

The remaining three 2 condition, one-way ANCOVAs were intended to compare each of the treatment groups to the control on attractiveness. The first two analyses revealed no meaningful covariates and so were run as 2 condition, one-way analyses of variance (ANOVAs). For the comparison between condition 1 ( $M = 19.21, SD = 5.56$ ) to the control (condition 3) ( $M = 17.26, SD = 6.03$ ), the results indicated that participants rated the congruent financial disclosure as more attractive than a neutral, nondisclosive response ( $F_{(1, 340)} = 9.59, p = 0.002, \eta^2 = 0.027$ ). Likewise, the second 2 condition, one-way ANOVA found that the counselor making a content-incongruent religious self-disclosure (condition 2) ( $M = 18.86, SD = 5.55$ ) was rated as more attractive than the counselor in the control (condition 3) ( $M = 17.26, SD = 6.03$ ) ( $F_{(1, 342)} = 6.51, p = 0.011, \eta^2 = 0.019$ ). The last CRFS-A 2 condition, one-way ANCOVA removed the significant effects of perception of risk in self-disclosing to a counselor and spiritual empathy, and revealed a significant difference favoring the content-congruent religious counselor self-disclosure (condition 4) ( $M = 18.72, SD = 6.03$ ) over the control (condition 3) ( $M = 17.42, SD = 5.96$ ) ( $F_{(1, 322)} = 6.43, p = 0.012, \eta^2 = 0.020$ ).

#### *Treatment Effects on Openness Toward Counseling Rating Measures*

The second aggregate grouping of dependent variables were also examined via a one-way ANCOVA with all 4 conditions as well as by a one-way, treatment congruence vs. incongruence ANCOVA procedure to evaluate any effects of treatment. Each of the first four variables was measured in both part 1 and part 2 of the study to allow for ANCOVA

pre-intervention/post-intervention analysis. There were no significant effects of treatment on any of the openness toward counseling measures.

#### *Significant Covariates Included in the Main Analyses*

As noted in the description of each analysis, a number of significant covariates were included to remove the effect of these variables. By removing the effect of these combinations of covariates, the power of each ANCOVA was increased to better detect any differences between groups. The effect sizes for each covariate used in the primary analyses (see Appendices NN1 to NN9) also allowed an estimate of the relationship between the covariate and the dependent variable, which was used in addressing the hypotheses about potential covariate relationships of interest. These covariates were grouped into social desirability and the remaining significant covariates of conceptual interest.

#### *Social Desirability*

As self-report methods can be vulnerable to desired responding, and an online survey might be particularly at risk, the effect of social desirability was examined with *a priori* selected covariates for each analysis. To more accurately evaluate the impact of social desirability within in each analysis, the BIDR was included as a covariate along with the selected significant covariates. Appendix NN1 lists the BIDR total social desirability values taken from each analysis. As is noted in Appendix NN1 social desirability was only a significant covariate in three of the analyses and was removed to control for that effect.

#### *Significant Conceptual Covariates*

In addition to examining the impact of the BIDR, several other significant covariates were also employed to increase the power of the main analyses and examine the associations between covariates of interest and the dependent variables. Appendices NN2 to NN9 display

the significance level and partial eta squared values for each of the other significant covariates included in the analyses. These significant covariates included the PPCE, the STI, the ISS, the NIRO, the EQ, the SSE, the DES I, the SSOSHS I, and the ATSPPHS I. Thus, there was one demographic question related to previous counseling experiences, two spirituality measures, one religiosity measure, two empathy measures, and three pre-treatment measures of openness to counseling.

Of the above nine covariates of interest, the three most commonly selected covariates included a measure of religiosity (the NIRO), a measure of spiritual empathy (the SSE), and a measure of expectations about disclosure to a counselor (the DES). The partial eta-squared values for the NIRO ranged from 0.006 to 0.060, indicating that between about a half a percent to about 6 percent of the variance in the selected analyses could be explained by the NIRO. Similarly, the partial eta-squared values ranged from 0.007 to 0.042 for the SSE, and from 0.006 to 0.039 for the DES.

As noted in Appendices NN5 to NN7, the hypotheses that ratings of the dependent variables would be related to participant level of religiosity, spirituality, or empathy were largely supported. Contrary to expectation, however, the degree to which participants' religious beliefs were traditional or contemporary was not meaningfully related to scores on the dependent variables.

### *Research Questions from the Thesis*

#### *Differences in Religious Denomination Ratings*

One of the aims of this study was to clarify two unexpected findings from Young and Scott (unpublished data, 2008). The first unexpected finding was that Catholic participants rated the simulated counselor higher in empathy than did those participants who identified

with a Protestant Christian religious affiliation. With regard to this finding, the current study provided partial support for the previous finding.

As the numbers of Catholic and Protestant Christian participants were similar (179 and 163, respectively) a 3 (condition) X 2 (religious affiliation) ANCOVA was conducted on the Accurate Empathy Scale (AES). After adjusting for the significant impact of previous positive counseling experience, religious orientation (intrinsic, extrinsic, and quest), and perceptions of risk in self-disclosing to a counselor, a significant difference was detected between Catholic and Protestant participants' Accurate Empathy Scale (AES) ratings ( $F_{(1, 333)} = 4.87, p = 0.028, \eta^2 = 0.014$ ) for the three conditions which included some religious element (conditions 2, 3, and 4). Examination of the group means revealed that participants who identified as Catholic rated the counselor in the above three conditions higher in empathy ( $M = 83.20, SD = 12.26$ ) than those participants with a Protestant Christian religious affiliation empathy ( $M = 80.81, SD = 13.54$ ). Social desirability was not a significant covariate and was thus excluded from the subsequent analysis. The reverse pattern was found in a 2 religion, one-way ANOVA for condition 1, which featured a congruent financial self-disclosure by the counselor, though this effect was not significant ( $F_{(1, 108)} = 1.64, p = 0.203, \eta^2 = 0.015$ ) and none of the planned covariates would increase the significance level.

Another 3 (condition) X 2 (religious affiliation) ANCOVA was conducted for the Burns Empathy Scale (BES), the second therapist empathy measure in this study. After adjusting for the impact of spiritual empathy, perceptions of risk in self-disclosing to a counselor, and religious orientation (intrinsic, extrinsic, and quest) another significant difference was detected between Catholic and Protestant participants' BES ratings ( $F_{(1, 324)} = 5.40, p = 0.021, \eta^2 = 0.016$ ) for conditions 2, 3, and 4 in which religion was present. As with

the AES, participants who identified with a Catholic religious affiliation ( $M = 30.81$ ,  $SD = 5.06$ ) rated the counselor as more empathic than those who identified with a Protestant Christian religious affiliation ( $M = 29.66$ ,  $SD = 6.00$ ). Again, social desirability was not included in the analysis after determination that it was not a significant covariate. Much as for the AES, Protestant participants rated the counselor higher in empathy on the BES in condition 1 in a 2 religion, one-way ANOVA; however, this effect was not significant alone or with any covariates ( $F_{(1, 108)} = 0.90$ ,  $p = 0.346$ ,  $\eta^2 = 0.008$ ).

When spiritual empathy was removed via 2 religion, one-way ANCOVA, a similar result was found on the WAI-SR total score only for the congruent religious self-disclosure condition (4) ( $F_{(1, 100)} = 6.44$ ,  $p = 0.013$ ,  $\eta^2 = 0.060$ ); Catholic participants rated the counselor higher in working alliance ( $M = 33.39$ ,  $SD = 7.07$ ) than did Protestant Christian participants ( $M = 29.91$ ,  $SD = 7.59$ ). None of the measures of spirituality or religiosity were significant covariates and were excluded from analysis. Again, a non-significant, reverse result was found for conditions 1, 2, and 3. In a similar 3 (condition) X 2 (religious affiliation) ANCOVA removing spiritual empathy, Protestant participants rated the counselor higher in working alliance in these conditions ( $F_{(1, 334)} = 0.14$ ,  $p = 0.706$ ,  $\eta^2 < 0.001$ ), though this effect was again non-significant.

#### *Sex Differences in Working Alliance Ratings*

A second exploratory research question based on Young's and Scott's (2008) finding that males rated the working alliance higher regardless of condition was also examined in this study. Consistent with the finding of Young and Scott (2008), the full scale score on the WAI-SR in the present study also demonstrated a significant main effect of sex in a 4 (condition) X 2 (sex) ANCOVA, when the impacts of perception of utility in self-disclosing



to a counselor, religious orientation (intrinsic, extrinsic, and quest), spiritual empathy were removed ( $F_{(1, 632)} = 5.23, p = 0.022, \eta^2 = 0.008$ ). In this case, the results indicate that males ( $M = 30.87, SD = 6.59$ ) viewed the overall working alliance more positively than females ( $M = 30.36, SD = 7.83$ ) across conditions. Social desirability was again not a significant covariate. The subscale scores of the WAI-SR were then examined to determine if the sex difference was consistent throughout the scale.

Results of a 4 (condition) X 2 (sex) ANCOVA removing the effects of perceptions of risk in self-disclosing to a counselor, perception of utility in self-disclosing to a counselor, religious orientation (intrinsic, extrinsic, and quest), and social desirability revealed a main effect of sex ( $F_{(1, 652)} = 10.64, p = 0.001, \eta^2 = 0.016$ ) and an interaction effect between sex and condition ( $F_{(1, 652)} = 2.87, p = 0.036, \eta^2 = 0.013$ ) on the Agreement on Tasks subscale of the WAI (WAI-T). These results indicated that males rated the simulated counselor higher on agreement on tasks collapsed across conditions ( $M = 9.78, SD = 2.70$ ) than females ( $M = 9.21, SD = 3.5$ ); however, examination of the individual conditions revealed that only in conditions 1, 2, and 3 did males ( $M = 9.79, SD = 2.70$ ) rate the counselor higher than females ( $M = 8.98, SD = 3.10$ ). The interaction effect was most pronounced for conditions 2 and 3.

A similar 4 (condition) X 2 (sex) ANCOVA was performed on the Agreement on Goals subscale of the WAI (WAI-G). When the effects of perception of utility in self-disclosing to a counselor, religious orientation (intrinsic, extrinsic, and quest), and social desirability were removed a significant main effect of sex emerged with males ( $M = 9.86, SD = 2.67$ ) viewing the counselor higher than females ( $M = 9.40, SD = 3.16$ ) across conditions ( $F_{(1, 650)} = 6.47, p = 0.011, \eta^2 = 0.010$ ).

Another 4 (condition) X 2 (sex) ANCOVA was performed on the Bonds subscale of the WAI (WAI-B). When the effects of perception of risk in self-disclosing to a counselor was removed a significant main effect of sex emerged with females ( $M = 11.60$ ,  $SD = 2.57$ ) rating the counselor as fostering a higher bond across conditions ( $F_{(1, 650)} = 6.67$ ,  $p = 0.010$ ,  $\eta^2 = 0.010$ ) than males ( $M = 11.21$ ,  $SD = 2.30$ ). As noted above, social desirability was not a significant covariate and was excluded from the subsequent analysis.

#### *Additional Sex Effects*

Because sex effects were noted in the above analyses conducted in response to the unexpected findings of Young and Scott (2008), several other variables were examined for possible sex differences. Of the remaining 14 dependent variable scales and subscales, four displayed significant differences in participant sex.

*Sex differences in accurate empathy.* A small sex difference on the AES was also noted among participants assigned to the congruent conditions. With the effect of social desirability removed, a 2 (congruence) X 2 (sex) ANCOVA revealed that female ( $M = 84.22$ ,  $SD = 12.04$ ) participants in either condition 1 or condition 4 rated the counselor as more empathic than did males ( $M = 81.01$ ,  $SD = 12.57$ ) ( $F_{(1, 320)} = 5.65$ ,  $p = 0.018$ ,  $\eta^2 = 0.017$ ).

*Sex differences in openness to counseling ratings.* The next dependent measure to demonstrate an effect of sex was the SSOSHS. The initial 4 (condition) X 2 (sex) ANOVA revealed a significant effect of sex, in which males ( $M = 27.91$ ,  $SD = 8.19$ ) demonstrated significantly greater self-stigma than females ( $M = 25.41$ ,  $SD = 8.52$ ) ( $F_{(1, 657)} = 14.33$ ,  $p < 0.001$ ,  $\eta^2 = 0.021$ ). Subsequently an 4 (condition) X 2 (sex) ANCOVA removing the effect of time 1 SSOSHS score was performed and the effect of sex was no longer significant ( $F_{(1, 652)} < 0.001$ ,  $p = 0.988$ ,  $\eta^2 < 0.001$ ).

Similarly, a 4 (condition) X 2 (sex) ANOVA revealed a significant effect of sex with males displaying more negative views of seeking help than females ( $F_{(1, 452)} = 33.23, p < 0.001, \eta^2 = 0.048$ ). The ATSPPHS also was examined in a 4 (condition) X 2 (sex) ANCOVA by removing the effect of the time 1 score from the analysis. The results showed significantly less positive attitudes toward psychological help ( $F_{(1, 448)} = 3.74, p = 0.054, \eta^2 = 0.006$ ) for males ( $M = 25.35, SD = 5.55$ ) than females ( $M = 22.72, SD = 5.92$ ). Social desirability was not included after it was determined not to be a significant covariate.

*Sex differences on counselor humanity question.* A final difference in sex was examined for five questions related to openness to counseling based on the video each participant viewed. Of these questions, only the question "Watching this video has made me feel counselors are more human" demonstrated significance. With the effects of religious orientation (intrinsic, extrinsic, and quest) and attitudes toward seeking help removed in a 4 (condition) X 2 (sex) ANCOVA, a significant effect of both sex ( $F_{(1, 646)} = 5.70, p = 0.017, \eta^2 = 0.009$ ) as well as condition ( $F_{(1, 646)} = 3.78, p = 0.018, \eta^2 = 0.015$ ). The interaction effect was not significant ( $F_{(1, 646)} = 0.24, p = 0.867, \eta^2 = 0.001$ ). Because the interaction effect was not significant, a subsequent ANCOVA comparing the congruent conditions (1 and 4) to those which were incongruent (2 and 3) was undertaken and reported below.

To further examine this effect, a 2 (congruence) X 2 (sex) ANCOVA comparing the congruent conditions (1 and 4) to the incongruent conditions (2 and 3) was examined. Again, with the effects of religious orientation (intrinsic, extrinsic, and quest) and attitudes toward seeking help removed, a significant effect ( $F_{(1, 650)} = 5.81, p = 0.016, \eta^2 = 0.009$ ) of sex favoring males ( $M = 2.58, SD = 0.90$ ) over females ( $M = 2.49, SD = 0.95$ ). As before, the 2 (congruence) X 2 (sex) ANCOVA also revealed that participants in the congruent conditions

( $M = 2.63$ ,  $SD = 0.91$ ) endorsed the statement more so than those in the incongruent conditions ( $M = 2.45$ ,  $SD = 0.93$ ) ( $F_{(1, 650)} = 7.38$ ,  $p = 0.007$ ,  $\eta^2 = 0.011$ ) . The interaction effect was again not significant ( $F_{(1, 650)} = 0.87$ ,  $p = 0.769$ ,  $\eta^2 < 0.001$ ).

#### Summary of Main Analyses Results

Table 4 below provides test statistics for the significant overall scale scores in the primary analyses (effect of treatment).

Table 4.

*Summaries of main analyses effect sizes.*

Dependent variable - Analysis	$f$	$p$	$\eta^2$
AES - 2 (congruence) X 2 (sex)	4.02	0.045	0.006
AES - one-way (Cond. 4 Vs. 2)	4.00	0.046	0.012
WAI-SR - 2 (condition) X 12 (religion)	4.03	0.046	0.014
WAI-SR - 2 (condition) X 3 (education)	4.39	0.037	0.013
WAI-SR - 2 (condition) X 12 (religion)	8.28	0.004	0.027
WTBK- one-way (Cond. 2 Vs. 3)	4.33	0.038	0.014
WTBK- one-way (Cond. 4 Vs. 3)	4.03	0.046	0.012
CRFS - one-way (Congr. Vs. Incongr.)	4.86	0.028	0.007
CRFS - one-way (Cond. 4 Vs. 3)	5.89	0.016	0.018

Note: AES = Accurate Empathy Scale, WAI-SR = Working Alliance Inventory - Short Revised Form, WTBK = Willingness to be Known Scale, CRFS = Counselor Rating Form Short

As noted in the above results, a general theme supporting the use of counselor self-disclosure emerged. The above findings also suggest that while counselor self-disclosure was viewed more positively in a global sense, disclosures of a congruent nature were viewed as especially more positive. Likewise, the above analyses demonstrated that religious self-

disclosures, especially congruent ones, can have a positive impact on ratings of the therapeutic relationship and counselor. Such congruent counselor religious self-disclosures may be, as shown by the above results, even more beneficial to the working alliance than other congruent or incongruent disclosures.

## CHAPTER 4: DISCUSSION

In counseling psychology and other allied mental health fields, there has been a long-standing debate about the use of counselor self-disclosure. From various theoretical perspectives, many questions about when, why, what, by whom, to whom, and how counselors disclose have arisen. Indeed, though there is a greater movement toward consensus in this, such has not historically been the case. Indeed, there has not always been agreement even about whether therapists should ever self-disclose or should always withhold any personal revelations from their clients.

As discussed in detail in the literature review above, schools of psychotherapy and counseling can be conceptualized along a continuum with regard to their perspective on, training in, and use of counselor self-disclosures. Among those theories which most favor counselor self-disclosures are humanistic and feminist therapies, which see value in balancing power through openness to the counselor's genuine humanity. Cognitive-behavioral theory has not traditionally taken a stance on counselor self-disclosure; however, such disclosures can be interpreted to be consistent if used for modeling to encourage client disclosures. Conversely, classical Freudian psychoanalysis has tended to be most skeptical of counselor disclosures out of concern for distorting the development of transference.

The above long-standing questions and differing theoretical stances have taken on new importance in the context of multicultural counseling, which acknowledges the reality that no counseling is truly and completely value-free. While there exists some theory and research examining the role of therapist self-disclosures in diverse racial/ethnic and sexual identity dyads, much less is known about counselor personal disclosures of a religious or spiritual nature. Given developing research suggesting the importance and benefits of

religiosity and spirituality in the lives of clients, there would seem to be an ethical obligation for therapists to better understand how their own religious or spiritual worldviews may interact with those of clients in the therapeutic relationship.

Given the state of the literature in this areas, this study set out to accomplish two overarching goals: to provide further support for counselor self-disclosure in general, and to specifically clarify the impact of religious self-disclosures by a simulated counselor on various therapeutic processes. Each of the research questions/hypotheses underlying these goals will be discussed with the relevant finding(s) from this study, followed by discussion of the strengths and limitations of the current study, research implications and future directions, training suggestions, and clinical implications.

#### Exploration of Treatment Effects on Dependent Variables

A central question investigated by this study sought to determine if the various dependent variables were impacted by treatment. Two specific hypotheses were subsumed under this general question. The first of these hypotheses was that participants would view the simulated disclosive counselor more positively in terms of empathy, alliance, and transparency compared to the control. The second hypothesis, that participants would view the self-disclosing counselor, regardless of condition, as more credible than the control condition in which the counselor does not disclose was also examined.

The hypothesis that the disclosive counselor would be rated higher in empathy, alliance, and transparency was partially supported. The religiously congruent self-disclosure was rated higher than the control in working alliance and transparency but none of the individual empathy comparisons, nor any of the other working alliance comparisons, nor any of the openness to counseling measures reached significance. Interestingly, the other

religious self-disclosure, though incongruent, was also perceived to be more transparent than the control; this is interesting because the scale is designed to measure appropriate willingness to be known.

The hypothesis that counselor credibility would be higher for the disclosive counselor was also supported. Indeed, each of the disclosures was viewed with greater attractiveness credibility than the non-disclosive control. While this pattern is consistent with the general theme in the literature, namely that disclosive counselors are viewed as more attractive, it does not follow the results of Nyman and Daugherty (2001) who found that incongruent religious self-disclosures were viewed as less attractive. While it is possible that this difference was the result of the presentation of the stimuli, Nyman and Daugherty (2001) used two written scripts and this study used videos, this finding suggests that even incongruent religious self-disclosures by the counselor may be viewed as more positive than a neutral response.

#### Congruence Over Incongruence

It was also hypothesized that the congruent disclosure conditions (1 and 4) would be rated higher in working alliance, empathy, and openness to counseling than the incongruent religious disclosure and the incongruent nondisclosure (conditions 2 and 3, respectively). This hypothesis was also partially supported, in that there were no significant findings for the openness to counseling measures or for the overall Working Alliance Inventory. There was, however, a significant difference between congruent and incongruent responses for the Accurate Empathy Scale, as well as for the WAI bond subscale.

Though not included in the hypothesis, it is noteworthy that the congruent disclosing counselors were perceived as more credible than those in the incongruent response



conditions. This finding is largely consistent with both the available literature, as well as the dependent variables most directly focused on the perceived counseling emotional relationship. That these scales were most sensitive to the counselor disclosures may suggest support for humanistic and feminist perspectives on counselor self-disclosures as a bonding factor in therapy.

#### Effects of the Covariates: Empathy, Religiosity, and Spirituality

It was hypothesized that participants who were high in religiosity or spirituality would view the simulated counselor who makes a religious disclosure more positively in terms of empathy and working alliance, and would be more willing to see and talk to that counselor than participants who view either the neutral nondisclosive control condition or the congruent financial disclosure condition. Examination of the effect of each of the spirituality or religiosity covariates by condition did not support this hypothesis.

More globally, it was also hypothesized that participants who scored higher, in either empathy or in religiosity/spirituality themselves, would perceive the simulated counselor as more empathic and facilitating a higher degree of working alliance regardless of condition, with the congruent counselor religious self-disclosure as most empathic of all. This hypothesis was partially supported in that measures of participant empathy, religiosity, and spirituality were all significant covariates, positively related to the dependent counselor rating variables in the main analyses. Indeed, the various measures of empathy, religiosity, and spirituality each contributed between 1 and 6%, a very small amount, of the variance in the analyses of empathy and working alliance. This hypothesis was only partially supported because no significant differences favoring the congruent religious disclosure were detected for either of the empathy measures.

The final exploratory research question, whether or not religious traditionalism was a significant covariate, was not supported. What few correlations existed between the traditionalism question and the dependent variables were small and did not contribute meaningfully to any of the analyses. Thus, this study's findings do not support Mockabe et al.'s (2001) conclusion that degree of religious traditionalism should be measured to accurately assess religiosity. Whether this reflects a unique quality of the sample of university students or a counter to Mockabe et al. (2001) remains unclear at the present state of research.

#### Other Important Results

Based the results of Young (2007), no hypothesis was made about the possibility of the religious congruent self-disclosure condition being rated highest on the WAI. As noted above, the empathy measures did not demonstrate higher ratings in the religious congruent disclosure over the other conditions; however, the working alliance did demonstrate such a trend.

Planned comparisons in various ANCOVAs using the select case function revealed that the religiously congruent simulated counselor self-disclosure was seen as most facilitative of the working alliance when compared to the other three conditions. While these effects were small, in the range of 1 to 3% of the variance, the purpose of this study was to examine such small effects to determine if they could be detected at all. Thus, not only was the congruent religious disclosure rated higher in working alliance when compared to the incongruent conditions, it also demonstrated higher working alliance than in the congruent financial self-disclosure condition.

*Religious Affiliation and Sex Differences in Counselor Ratings*

In order to clarify the unanticipated differences between Catholic and Protestant participants, and the higher working alliance ratings by male participants found by Young (2007) and Young and Scott (2008), this study specifically examined these groups. Young and Scott (unpublished data, 2008) found a trend toward Catholic participants rating the counselor higher in empathy across conditions; this study provided partial support and clarification of that effect.

In this study, Catholic participants rated the counselor higher on both empathy measures (AES & BES); however, this effect was only present in the three conditions in which religion was mentioned. This effect was not explained by participant religiosity (i.e., religiosity was removed), and the stimuli used language that was not specific to Catholicism and was closer to common Protestant terminology (e.g., pastor rather than priest). Thus, it appears that there may have been some sort of generally positive reaction that Catholic participants experienced from the mention of religion that was not present for Protestant participants.

This finding, which is consistent with Young and Scott (unpublished data, 2008), remains unexplained by the present study. One hypothesis which may explain the results might relate to the historical status of Catholics in American society, in which Catholics were historically a marginalized group whose rights were sometimes limited by law (Jenkins, 2005). Specifically, it may be that Catholic participants perceive themselves as a minority group when compared to the aggregation of Protestant Christians in the U.S. If this is the case, Catholic participants may be sensitive to avoid drawing attention to their religious status in order to avoid perceived negative reactions; this might contribute to a sort of

repressed desire to be more transparent about her or his faith. Thus, Catholic participants might have reacted with a general sense of permission granting about discussing religious issues in counseling, a general positive reaction.

With regard to higher working alliance ratings for males, the current study also provided clarification and partial support for Young's (2007) finding. Male participants did rate the overall working alliance higher across conditions than did female participants; however, examination of the WAI-SR subscales revealed a sex split in preference. Males rated the counselor higher in working alliance on both agreement on tasks and agreement on goals, which likely resulted in the higher overall score. Conversely, females rated the counselor as engendering a greater alliance bond across conditions. This sex difference may be consistent with gender-roles; males focused more on what happens to "fix the problem" (i.e., the goals and tasks) while females focused more on the quality of the relationship.

#### Summary of the Overall Results

The overall results extend the work of Young (2007) and Young and Scott (2008) by providing further tentative support for counselor self-disclosure broadly, as well as religious self-disclosures specifically. The finding that disclosures were generally viewed favorably when the therapeutic relationship was measured in various ways provides some level of consistency, and gives some reason to believe these effects may be generalizable to broader conceptualizations of the therapeutic relationship. Likewise, the fact that congruent disclosures were more often viewed more positively than incongruent responses also provides useful information, suggesting that the commonality and/or the match of disclosure was appreciated by participants. Finally, it appears that congruent religious self-disclosures are, not only no worse than a neutral response to a religious discussion, but may also better

foster the working alliance than either a neutral response or other disclosures. Thus, appropriate self-disclosures of a religious nature by counselors may be considered a neutral to positive intervention.

### Strengths of the Present Study

The current study features a number of strengths of note. As an analogue experimental study, which also statistically adjusted for various covariates, the results of this study allow us to make causal conclusions without the possibility of the "halo effect" that is so often a concern when conducting research in actual therapeutic relationships (Ackerman & Hilsenroth, 2003). Thus, we can say that the very brief, single intervention difference depicted in the videos caused a small but measurable difference in several measures related to the therapeutic relationship, even after the effect of participant characteristics such as religiosity or empathy were removed.

Additionally, though this study was an analogue design, the large sample size and the use of online video stimuli in this study are also strengths compared with other similar studies. As was criticized by Henretty and Levitt (2010), Hill et al. (1989), and Knox et al. (1997), much of the literature on counselor self-disclosures has been conducted through such analogue methods as written scripts or audio recordings. While the present study still retains some of these limitations, use of the video format undoubtedly increased the realism of this design over older analogue methods.

Further, the samples used in many of these older analogue studies are relatively small, limiting both the power and generalizability of these studies' results. Thus, a large sample study, such as this, which uses more realistic stimuli (i.e., videos) may provide more meaningful and generalizable data than prior methods. Also, the online nature of the study

minimized researcher effects and may have helped reduced the impact of both forms of social desirability on the BIDR (Joinson, 1999).

Another strength of this study was the inclusion of various participant-related covariates to help clarify the effects potential clients' attributes might contribute. As both Henretty and Levitt (2010) and Reynolds et al. (1999) suggest, the value in accounting for participant variables as factors in therapeutic interactions is considerable for both research and clinical reasons. Thus, this study has added to the literature by supporting that client empathy is likely related to their perception of counselor empathy. Likewise, participant levels of spirituality and religiosity are important variables to include when examining religious and spiritual interventions.

An unintentional benefit of the study was reported qualitatively by numerous participants. A number of the participants offered voluntary comments at the end of each survey reflecting their appreciation for the study. Comments about the quality of the study (e.g., "Im very curious what this study is about, it went it a direction i didnt anticipate, and i had no idea what was going on with it. I believe, in my uneducated opinion, that thi study was so far designed very well" or "Probably the first survey that has no spelling errors..Good job!") were frequent; however, comments about the deeper meaning participants derived from the study were also fairly common. As examples, one participant said, "I felt that this was a very good questionnaire. I have never really looked at these certain things before until i did this assignment. I now get a better understand of myself and what i feel i need to do differently to make myself a better person." Another similarly stated, "This is a very good survey. It put my morals and values into perspective, and I now know what I would like to change about myself." While another replied, "This was a good survey; it includes some

heavy material. I think the growing trend of young people migrating towards general spirituality and away from congregational religion needs to be addressed to older generations. The lack of religiosity should not suggest a lack of a conscience. In every generation there will be "bad seeds" who commit crimes with no regard to the law or general ethics. Myself, along with many of my peers however, do not have a set religion. We have a (what we believe to be) unique set of beliefs based on respect to human rights and morality. Spirituality is not religiosity. Spirituality also is not entropy. There IS a force maintaining order and ethics within this amorphous spirituality that so many young people (secretly or publicly) live by today. Way to address this issue. Love it!" Thus, as these few examples illustrate, some participants found the process of completing the survey to be personally meaningful and insight-inspiring.

#### Limitations of the Present Study

As with any study, this current study also had various limitations which should be acknowledged. One central limitation to the study is that it is an analogue design with non-clinical samples. This type of research method has many useful qualities but has been frequently criticized for lack of generalizability to actual psychotherapy. This concern may be valid; however, a recent meta-analysis conducted by Priester (2003, August) has suggested it may not be so great a concern as has long been held.

Priester (2003, August) examined 57 studies, with a total sample of 5,061 participants, which investigated the very topic of this study, counselor self-disclosure. The author sought to answer whether results from studies using non-clinical subjects produce results similar to studies using clinical subjects, whether results from analogue studies are similar to studies that use a non-analogue design, and whether results from studies that

focused on early impressions of the impact of therapist self-disclosure are comparable to the results of studies that examined the effect of counselor disclosures later in the therapeutic relationship. Though the abstract of this poster provided only brief details, the results of the meta-analysis suggested no statistically significant differences between the effect sizes among any of the groups compared. Thus, the limitation that this study relied on an analogue design may be somewhat mitigated in the case of counselor self-disclosure studies.

Another limitation of this study is that, despite every effort, the sample of participants remained almost exclusively European American, Christian, Midwest, college students. Perhaps due to the length of the study and its two-part nature, only 17 non-Iowa State students were recruited to the study from the online groups and Bethel University and Seminary. These limitations in the sample are justification for limited generalizability, thus the results of this study should be applied only to Midwestern, state university students.

Another possible limitation might come from the online survey system. As there was no experimental control over the conditions under which participants completed either session of the study, it is equally likely that participants completed the study in a quiet, comfortable environment or completed the study in a crowded coffee shop. There is also no way to be absolutely certain the participants watched and were attentive to the video stimulus, despite the fact that participants were explicitly and repeatedly instructed to do so and also were directly asked if they had watched the video before proceeding with the survey.

A final limitation of the present study involved the numerous statistical analyses conducted during examinations of the various conditions for each dependent variable of interest. Researchers familiar with the issue of multiple comparisons will no doubt quickly



point out that conducting many statistical comparisons has traditionally been problematic due to concern about increasing Type I errors, that is, the increased probability that any differences found occurred due to chance. Logically, the more comparisons one conducts, the more likely one it to find a difference which may be spurious.

Though a number of methods have been employed to attempt to correct for this increased Type I error risk, none are without controversy. For example, the traditional method of conducting a multivariate test, in this case a multivariate analysis of covariance (MANCOVA), has been said to be protective if significant results are found. However, the underlying omnibus test conducted by MANCOVA is whether there exist any non-zero differences between the various group means, something which can be safely assumed. One then must conducted separate ANCOVAs to determine which groups for which dependent variables were then significantly different, resulting in the same concern about multiple comparisons.

Likewise, the Bonferroni correction method, in which a more conservative  $p$  value is generated by dividing 0.05 by the number of comparisons, is not without limitations. It has been argued that by protecting against making a spurious Type I error, researchers employing the Bonferroni correction must be increasing the risk of a Type II error by the very nature of the correction, determining that no differences exist when such differences truly do (Perneger, 1998). Thus, researchers may be artificially reducing the probability of finding true differences by employing a Bonferroni correction, especially when the dependent variables are highly correlated as in the present study. This concern makes the Bonferroni correction perhaps too conservative given the extremely small effects intentionally examined in the current study.

On a conceptual level, the relationships between the dependent variables is also supported by the fact that the results of the present study tended to cluster together. That is, the differences detected between groups for one dependent variable were similar to those detected between groups for another such D.V. Since the D.V.s were carefully chosen for the conceptual relationship to therapeutic constructs and demonstrated high inter-scale correlations, it is reasonable to view the large number of comparisons in that context.

#### Directions for Future Research

The current study provides a useful stepping-stone for future research examining counselor religious self-disclosures. As suggested by the patterns of results and the high inter-scale correlations between D.V.s, future research should consider the creation of a more complex, consolidated counseling process scale. Such a scale would capitalize on the high inter-scale correlations noted in this and other studies, and also allow for more complete measures of the therapeutic process while protecting against the above noted statistical issues with multiple comparisons and their problematic corrections.

Additionally, the findings of this study should be replicated with a larger and more diverse sample, specifically, a sample with greater diversity of religious/spiritual identities and ages. Another logical future direction would be to translate, with appropriate informed consent, this study into a quasi-analogue study with actual counseling clients and therapists. Such an extension would increase the external validity of these results and provide the opportunity for in-depth qualitative interviews of participants.

Such quasi-analogue studies with actual therapy clients could also examine the costs/benefits for various numbers of counselor religious/spiritual disclosures, as well as the client-perceived depth of those disclosures. The extant literature suggests that any benefits of

counselor self-disclosure likely occur in a curvilinear fashion with regard to number. Further research would help to provide valuable guidance about how often counselor religious or spiritual disclosures are helpful. Likewise, the depth of disclosure, say the difference between saying "I am a member of a local church" versus "I consider myself a devout Christian and attend services twice weekly", would also be fertile ground for exploration.

It may be that an interaction exists between somewhat less deep religious disclosures such as those in this study, and the frequency in which they can be employed. That is, it seems less plausible that a counselor would or should make numerous deep religious or spiritual disclosures with clients, whether the client initiates the discussion of religious matters or not. The above noted quasi-analogue design would allow researchers to examine whether there exists an optimal level of disclosure depth, as well as how depth might interact with the frequency of counselor religious or spiritual self-disclosures.

In addition to exploring the frequency and depth of counselor disclosures, future research should also continue to explore which possible covariates may be related to client/participant perceptions of such counselor disclosures within the context of the therapeutic relationship; participants' interest in counselor disclosures might be one example of continued interest. As this study again demonstrated, these participant/client characteristics may have an important role in how even single interventions are perceived by clients. By better understanding the factors which impact the manner in which clients perceive religious self-disclosure interventions, researchers may be better able to refine their fields of study to specific types of client/participants. Formulating and testing clinical training programs and research-informed guidelines/protocols on the use of therapist self-disclosures with religious clients of diverse characteristics would help to address

multicultural applications of this study's results, as well as provide clear clinical applications of the findings.

As such, a more process-focused approach might benefit future research. Specifically, focused examination of what client characteristics are related to preferring various types of self-disclosure by counselors may provide useful data. Such lines of research could assist clinicians in making assessments to gauge potential client preference for counselor disclosures, in preliminary paperwork prior to the first session for example. Information about how well a given counselor's disclosiveness style matches types of client characteristics would also allow for better informed client-counselor dyad matches in client disposition and assignment choices.

Another direction for research involves continuing the clarification of the religiosity and spirituality constructs, along with how they relate to each other. Despite efforts in this study to include measures of spirituality, broadly defined (i.e., apart from organized religious groups and/or with no deity), some participants still felt the questions asked exclusively about religion. This suggests that scales which purport to measure spirituality may not have sufficient face validity for recognition as such by participants, whether they are religious or spiritual themselves.

In addition to questions about the distinctiveness of current religiosity and spirituality scales, each construct features a wide range of operational definitions and facets throughout the available literature. In contrast to Young (2007), the present study did find an effect of religiosity as a covariate of interest, suggesting that the type of religiosity measure varies and does matter. The available research literature demonstrates the complexity of both religiosity and spirituality constructs, thus, greater precision of operation definitions and scale

measurement for each construct should be a goal for future studies. Researchers and experts in religiosity and spirituality should be advised to continue efforts toward a consensus in order to provide psychologists with clear, multidimensional definitions and measures of these constructs.

### Implications for Training

As denoted in the literature review, training on therapist religious or spiritual self-disclosures is essentially unavailable and training on religiosity and spirituality is also quite limited. There is even a dearth of research on trainees' use and beliefs about general self-disclosures (Farber, 2006). As Farber notes, clinical and supervisory experience suggests that beginning therapists will often go to one of two extremes, fearfully following perceived "rules" and disclosing nothing in order to avoid negative feedback from clients and supervisors, or overdisclosing due to discomfort with therapeutic power differences between themselves and their clients.

One possible training implication of this study might be permission-granting for the former anxious trainee. The results of this study failed to demonstrate any negative reactions to counselor religious self-disclosures, even when the disclosure was both unsolicited and content-incongruent. Indeed, such a disclosure was only slightly less fostering of the working alliance than congruent disclosures. Thus, these results suggest that well-intentioned disclosures to clients may be periodically appropriate; though this study cannot give license to frequent or ill-considered trainee disclosures. At a minimum, such reassurances may help reduce the anxiety felt by beginning counselors when confronted with the decision of whether they wish to make a self-disclosure or decide to withhold one. It would also be this study's hope that beginning counselors, relieved of some of their excessive

anxiety about making self-disclosures, will begin to thoughtfully develop their own understanding of, and approach to their own religious self-disclosures.

Another training implication is that therapist training programs should enhance counselor-trainees' awareness of their clients' religious and spiritual belief systems and prepare trainees to respond empathically, whether by disclosing or not. While disclosures of religious similarity to clients' are likely to be safe and possibly relationship-enhancing, training programs should encourage thoughtful discussion of the ethical, multicultural, theoretical, and therapeutic implications of making spiritual disclosures. By integrating such discussions into diverse coursework and practica, training programs can help trainees begin to develop research-informed judgments about making their own disclosures from within the context of various theoretical perspectives.

As Farber (2006) notes, the amount of anxiety beginning counselors experience around self-disclosures is quite high. Training programs will not serve their students by ignoring the proverbially elephant in the room. Rather, given the substantial percentage of the population with religious or spiritual identities, training programs would do well to encourage thoughtful discussions about counselor religious and spiritual self-disclosures to prepare future counseling psychologists for their inevitable encounters with religious clients. Such preparations will help beginning counseling psychologists to understand their own values, and to determine when, how, and why counseling psychologists might beneficially and ethically convey their religious and spiritual beliefs to their clients.

#### Implications for Counseling and Psychotherapy

Perhaps the most important implication for counseling and therapy from this study is, as noted above, that some religious self-disclosures by counselors can be used without harm

to the therapeutic alliance and may even enhance that relationship under certain circumstances. This finding is consistent with previous research on religious disclosures (Young, 2007; Young & Scott, 2008) and with the emerging multicultural counselor self-disclosure literature (Burkard et al., 2006). As concern about risks of rupturing the therapeutic alliance is a common motivation for non-disclosure, counselors may find these results useful in reframing their views on making religious or spiritual self-disclosures. Indeed, these findings not only highlight the conceptual freedom to make such disclosures, but also that there may be ethical, multiculturally-sensitive, and therapeutic reasons to do so.

Another possible implication for psychotherapy and counseling pertains to the relationship-enhancing effects of congruent, religious self-disclosures. This study set out to investigate admittedly small effects from a single, brief intervention. Thus, while it may be easy to agree with our finding that such disclosures are probably not harmful, it would be reasonable to question whether the small effects found are of any real clinical significance. The results of this study provides clarification for interpreting any effects a religious counselor self-disclosure might evoke.

As statistician Dr. Bonett suggested, a medical dosage study perspective and social psychology research on impression formation may provide frameworks to interpret the results of the current study. Though the effects examined in this study were quite small and would likely not have reached significance under the highly conservative Bonferroni correction, the results of the current study may be considered within the context of the importance and impact of an ongoing intervention introduced initially through early impressions of the counselor and therapeutic relationship during the initial counseling session.

*Impression Formation*

In a recent series of experiments on impression formation, social psychologists Vanhoomissen and Van Overwalle (2010) used a connectionist model to explain ingroup preferences over outgroups. The authors supposed that group members project their perceptions of their own favorable characteristics on the group to which they themselves belong, in order to facilitate a more positive self-image. This process, which the authors referred to as self-anchoring, allowed group members to implicitly agree to their own superiority based on the positive qualities about themselves they found reflected in their group-mates. What is more, group members formed their positive impressions of their group-mates quickly and reinforced them "by selective search and filtering of information about the ingroup and outgroup that confirm these initial group biases" (Vanhoomissen & Van Overwalle, 2010, p. 105). These findings suggest that when people perceive others as more similar to themselves, they tend to view the other person(s) more positively in order to protect their own sense of self-worth; this is a finding with obvious implications for counselors who disclose similarity to clients.

This perspective complements research conducted by Maurer and Tindall (1983) in which counselors who intentionally mirrored client's nonverbals (e.g., posture, leg position, etc.) were viewed more positively and as more empathic than counselors who did not demonstrate congruent nonverbals. By making her or himself appear, even in the most superficial way, more like the client, counselors may be able to capitalize on this impression formation bias to the benefit of the therapeutic relationship. While this might take place at any point in the therapy, at no point will that impression be most powerfully formative than in the initial session of counseling.



*First Session Importance*

Clinical wisdom and counseling research have long held that the first session is critical to the developing therapeutic relationship; it sets the stage for all future counseling sessions (Laungani, 2002). Indeed, there exists some research suggesting that clients form stable impressions of their counselor's level of empathy within the first 15 minutes of an interaction (Young, 1980). Furthermore, Young (1980) experimentally demonstrated that clients assigned to a counselor who began an alternating set of empathic and uninterested nonverbal behaviors with the empathic behaviors, perceived the counselor as overall much more empathic than did those participants in the reverse-order condition. Thus, even though there was objective equality in the number of empathic and uninterested behaviors between conditions, the sequence of those behaviors shaped the client's overall impressions of the counselor's empathy.

The findings of Young (1980) support the notion that clients will continue to perceive counselors based on their very quickly formed initial impressions. That is, even when confronted with behaviors which did not fit the initial impression, clients retained their initial perception of the counselor. Thus, the initial impression of a counselor formed during the beginning of the first session may serve as a filter for clients' subsequent perceptions of the counselor.

Leary and Wheeler (2003) also noted this trend in their discussion of impression formation in psychoanalytic therapy. The authors argued that, in the absence of information, clients will project familiarity onto therapists due to "availability heuristics". Clients then go to considerable lengths to interpret subsequent data in a way that is consistent with the initial impression.

Since this "availability heuristic" would be built upon familiar characteristics, such as traits of the client or the client's family and friends, clients are in some manner primed to perceive those traits in others. This might be especially true of ambiguous interactions, such as the beginning of a counseling relationship when the client knows little to nothing about her or his counselor. Thus, one contemporary way of viewing transference, the thoughts and emotions projected onto the therapist by the client, is that clients are making highly selective, yet accurate assessments of the bits and pieces of the therapist they glean early in the relationship.

Hill (2005) goes further with this idea and suggests that every technique used by therapists early in the therapeutic relationship will either strengthen that developing relationship or likely preempt further development. If this is true, than those very early interventions done in the very first session might have a multiplicative effect over the course of the therapeutic relationship. Given research that suggests that premature termination following a first session is best predicted by early session satisfaction by the client, along with the client's perception that the alliance is strong, the impact of those first interventions should not be underestimated (Kokotovic & Tracey, 1987). Likewise, some have argued that client-counselor matches on religion and/or other issues of diversity may be related to retention or mismatches related to premature termination, a fact of which Sleek (1995) encourages therapists to be mindful.

In a study of emotion-focused therapy for depression Pos, Greenberg, and Warwar (2009) noticed some startling implications of the initial session for the therapeutic process. The authors determined that high WAI scores after the first session were highly predictive of both all future working alliance ratings, as well as treatment outcome. That is to say that

when the alliance was good in the first session, it continued to grow exponentially in that direction. When the alliance was not good in the first session, it never recovered. Thus, the authors concluded that client's initial alliance ratings may reflect important early perceptions of counselor empathy and alliance fostering which carries over from that moment until termination.

When the social psychology literature on impression formation and endurance are coupled with the counseling psychology literature on initial session importance, one can easily come to see how a single intervention, which does have a measurable effect on the alliance and other therapeutic processes, could become very impactful if employed early in the therapeutic relationship. Thus, even the very small benefit of counselor religious self-disclosure noted in this study could have a multiplicative effect on the alliance at the end of the therapeutic process. By setting up an early positive impression of empathy, a disclosing counselor could capitalize greatly on the apparent carryover that follows for the remainder of the relationship. Likewise, since initial impressions tend to be self-confirming, future interventions by counseling psychologists who make appropriate self-disclosures may also be interpreted in an alliance-fostering manner.

#### *Dosage Study Perspective*

Another important consideration in interpreting the clinical meaning of these findings comes from pharmaceutical research in which a new medication is tested at a low-dose for a given illness. In such designs, which are not intended to establish the optimal dosage or treatment frequency, researchers explore the effect of the medication on the given illness with the expectation that such effects will be small.

In the same way, this current study presents findings that are, by themselves, admittedly of limited clinical utility. The extremely small effects of counselor self-disclosures may, however, be considered as a low-dose treatment. For example, the overall working alliance score for the congruent counselor religious self-disclosure represented a 2% increase in working alliance over the control condition, a small increase to be sure but detectable. It seems reasonable to assume that if these small but measurable positive effects on the alliance occur from a single, very brief counselor disclosure, more frequent and/or in-depth discussions of counselor self-disclosures might provide stronger and more relationship-enhancing effects. As such and as noted above, it falls to future research to establish at what "dose" or how many self-disclosures of a religious nature counselors might beneficially make in their work with religious and spiritual clients.

#### *The First Low-Dose Disclosure*

By combining the two perspectives, the low-dose treatment and first-session multiplicative effect, the results of this study hold more clear clinical utility. If a counselor making a congruent religious self-disclosure increases the initial working alliance in the first few minutes of the session by a mere 2% that may not be meaningful. However, if that 2% increase remained salient for the remainder of the initial session due to a positive first-impression that intervention made for the client, then that 2% might grow exponentially as subsequent interventions take on a more positive light. The counselor then elaborates, in a client-congruent and appropriate manner, on her or his religious beliefs. This considered elaboration may further bolster the emerging therapeutic alliance, which then further supports and increases the impact of that positive impression formed initially. Likewise, since the quality of the therapeutic alliance predicts dropout (i.e., clients with more positive alliances

with their therapists are less likely to drop out of therapy), any alliance-enhancing effects of the counselor's initial session, intentional religious self-disclosure may also contribute to treatment engagement (Sharf, Primavera, & Diener, 2010).

### *Role of Counselor Theoretical Orientation*

The above literature review describes the various perspectives of different counseling theories with regard to counselor disclosures. While the above results from this study provide atheoretical support for counselors making the decision to disclose, the unique emphases and theoretical stances on counselor self-disclosure unquestionably impact how these results may be interpreted within a given theoretical framework. Likewise, diverse theories will certainly shape the implications for counselors employing religious disclosures such as those used in the current study.

For instance, humanistic or feminist counselors might view these results through the lens of their theoretical stance and find the results congruent with their beliefs. However, to many who have these theoretical orientations, the relationship-enhancing qualities of counselor self-disclosure may be considered self-evident. Such confirmation of their theory is validating, they might argue, but hardly transformative or likely to change what they already do in their clinical work.

Conversely, counselors who strongly identify with classical psychoanalysis may view the findings as, at best, irrelevant, and at worst, misguided. While humanistic or feminist counselors have the values of transparency and openness built into their frameworks, psychoanalysis tends to move in the opposite direction. A psychoanalyst, mindful of Freud's admonitions, may feel she or he lacks the luxury of giving clients what they want in terms of counselor disclosures. Rather, giving them what the theory dictates they need, namely an

ambiguous space for transference to develop and be interpreted, precludes the use of disclosures regardless of what this study might indicate.

*Theoretical Integration and Eclecticism*

While three of the above "purist" perspectives may strongly limit the utility of the current study's findings, the changing landscape of psychology today grows further and further removed from the importance and centrality of a single theory in a counselor's approach. Recent surveys have revealed that eclectic or integrative theoretical orientations represent the largest primary approach of psychologists today (Norcross, Karpiak, & Lister, 2005; Norcross, Karpiak, & Santoro, 2005) and is expected to continue growing as a primary theoretical orientation (Norcross, Hedges, & Prochaska, 2002). Likewise, some perspectives such as multiculturalism have been accepted across schools of psychotherapy and counseling, providing a transcendent framework for interpreting techniques such as counselor disclosures.

For these reasons, it seems likely that many counselors would not be constrained to the dictates of a single therapeutic approach. Thus, while a purely psychoanalytic counselor may feel compelled not to disclose religious similarity during an initial session for fear of disrupting the developing transference and a solely feminist counselor may feel obligated by her/his ethics code to balance the power by consistently doing so throughout therapy, those many counselors who draw from multiple theoretical perspectives and/or who incorporate multicultural principles into their primary theoretical orientation will have the freedom to use this study's findings to inform their work with clients.

Additionally, there has been a traditional trend toward greater integration and flexibility within various theoretical perspectives. Consider that self-psychology, which was

advanced by Kohut, extended traditional psychoanalysis by including a focus on an empathic counselor, a perspective typically associated with humanistic counseling. Even the common counseling mode, cognitive-behavioral therapy, may be considered a blending of earlier behaviorism with elements of social cognitive theory and cognitive psychology. Again, these trends suggest that traditionally “pure” therapies often evolve into more flexible stances. As these therapeutic approaches expand to include more elements, counselor guided by those modalities could likely be influenced by the findings on counselor religious disclosures reported in this study, possibly allowing them to choose to make such religious self-disclosures.

One notable integrative approach, Brooks-Harris’s (2008) Multitheoretical Psychotherapy, serves as a particularly good example of an integrative approach which could flexibly include counselor self-disclosures of a religious or spiritual nature. Multitheoretical Psychotherapy (MPT) is a second-generation integrative approach which blends technical eclecticism with full theoretical integration. It achieves this blending through five principles: intentionality, multidimensionality, multitheoreticity, strategy, and relationality.

To expound on each of the above principles of MPT is beyond the scope of the current study; however, the principles of intentionality, multitheoreticity, and strategy can be applied to explain why a counselor might choose to make a religious or spiritual self-disclosure. In MPT, a counselor intentionally selects the strategies which s/he believes will be most useful in reaching treatment goals. The strategies identified in MPT correspond to the underlying theoretical mechanisms for multiple theories and can be intentionally selected based on ideographic and empirical factors perceived by the counselor.

Thus, a counselor might be working with a religious client who is demonstrating maladaptive religious thoughts (e.g., "I am too sinful for God to love me and don't deserve to live."). That counselor might draw from the cognitive strategy of challenging such maladaptive beliefs, from the experiential strategy of empathy and positive regard, and from the multicultural strategy of facilitating the client's cultural (in this case religious) development. Based on these strategies, a counselor might then decide to make her or his congruent religious beliefs known to the client in order to convey empathy (i.e., understanding the client's worldview), which helps make the counselor credible to confront the maladaptive religious beliefs (i.e., "Because I share your religious faith, I know that your thoughts are not truly in line with our shared religious tradition's teachings."), and foster religious identity development by sharing the counselor's own faith journey in times of distress.

While the above example of why a MPT counselor might integratively choose to employ a religious self-disclosure based on several theories is but one illustration, it should be clear that any mode of integration could be informed by this study's findings. Since many, if not most, counselors will favor an eclectic or integrative approach of some sort, they could benefit from considering these results when determining a course of treatment with religious or spiritual clients. By thoughtfully integrating a practice of religious and spiritual self-disclosures into their existing therapeutic orientations/approaches, counselors may find a flexibility and utility they might not have otherwise retained.

### Conclusions

This study represents an early but important step in further counseling psychology's understanding of counselor religious and spiritual self-disclosures. While this study provides



preliminary empirical support for such interventions, further research may provide more detailed guidelines for future clinicians' use of such disclosures when working with religious and spiritual clients. As this literature base develops, both counseling theorists and practitioners may find innovative ways to understand the role of counselor disclosures within diverse counseling theoretical orientations.

In addition to research intended to guide what counselors do about self-disclosures, future research may also clarify which type of client characteristics result in positive reactions to counselor religious or spiritual disclosures. As this study supported, the level of religiosity and/or spirituality in the person who is receiving the counselor's disclosure does play a role in how that disclosure will be perceived. Continued examinations of client characteristics which lead to approval of counselor self-disclosures can help clinicians thoughtfully anticipate the helpfulness of their disclosures to clients.

In the interim, training programs are encouraged to provide beginning counselors with more focused training on self-disclosures, broadly, and multicultural (e.g., religious, ethnic, sexual identity, etc.) counselor self-disclosures, specifically. Also, counseling psychologists are urged to be attentive to religious and spiritual identities in their clients. Asking a client about his or her religious or spiritual identity may have two beneficial effects on the therapeutic process.

Such questions about clients' religious or spiritual identities will not only help counselors to know whether these issues are likely to arise as topics of import, but will also provide counselors an opportunity to selectively and appropriately share their own beliefs, rather than systematically choosing to ignore the obvious client question which likely follows their own; that is "What is your (my counselor) religious belief". Such voluntary responses

to explicit or implicit client questions about therapist religious beliefs may perhaps set the stage for a healthy working alliance, as suggested by the results of this study. Through multiculturally-sensitive attention to religious and spiritual identities and use of ethically-appropriate self-disclosure responses, counseling psychologists may be more able to successfully and empathically engage clients in the therapeutic relationship during that important first session, setting the stage for future work and diminishing the risk of premature termination.

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- Young, S. P. & Scott, N. A. (2008). [Examination of treatment differences among differing religious groups]. Unpublished raw data.

## APPENDIX A:

## Most Recent ISU IRB Approval Face Sheet

**IOWA STATE UNIVERSITY**  
OF SCIENCE AND TECHNOLOGY

Institutional Review Board  
Office for Responsible Research  
Vice President for Research  
1138 Pearson Hall  
Ames, Iowa 50011-2207  
515 294-4566  
FAX 515 294-4267

**Date:** 5/28/2010

**To:** Scott P Young  
W112 Lagomarcino

**CC:** Dr. Norman Scott  
W271 Lagomarcino Hall

**From:** Office for Responsible Research

**Title:** Counselor Responses and the Therapeutic Relationship

**IRB Num:** 09-201

**Approval Date:** 5/28/2010

**Continuing Review Date:** 6/7/2011

**Submission Type:** Continuing Review

**Review Type:** Expedited

The project referenced above has received approval from the Institutional Review Board (IRB) at Iowa State University. Please refer to the IRB ID number shown above in all correspondence regarding this study.

Based on the information you provided in Section II of the IRB application, we have coded this study in our database as being **permanently closed to the enrollment of new subjects, where all subjects have completed all research-related activities, and the study remains open only for data analysis.** To open enrollment or initiate research-related interaction with subjects, you must submit a modification and receive IRB approval prior to contacting subjects.

Even though enrollment of subjects has ended, federal regulations require continuing review of ongoing projects. Please **submit the Continuing Review and/or Modification form with sufficient time (i.e. three to four weeks) for the IRB to review and approve continuation** of the study, prior to the continuing review date. As a courtesy to you, we will send a reminder of the approaching review prior to this date.

Please be sure to **obtain IRB approval prior to implementing any changes to the study** by submitting the Continuing Review and/or Modification form.

You must **promptly report** any of the following to the IRB: (1) **all serious and/or unexpected adverse experiences** involving risks to subjects or others; and (2) **any other unanticipated problems** involving risks to

## APPENDIX B:

## ISU IRB Modification for Awarding Gift-cards to Online Groups

**IOWA STATE UNIVERSITY**  
OF SCIENCE AND TECHNOLOGY

Institutional Review Board  
Office for Responsible Research  
Vice President for Research  
1138 Pearson Hall  
Ames, Iowa 50011-2207  
515 294-4366  
FAX 515 294-4267

**Date:** 4/5/2010

**To:** Scott Young  
W112 Lagomarcino

**CC:** Dr. Norman Scott  
W271 Lagomarcino Hall

**From:** Office for Responsible Research

**Title:** Counselor Responses and the Therapeutic Relationship

**IRB Num:** 09-201

**Approval Date:** 4/2/2010

**Continuing Review Date:** 6/7/2010

**Submission Type:** Modification

**Review Type:** Expedited

The project referenced above has received approval from the Institutional Review Board (IRB) at Iowa State University. Please refer to the IRB ID number shown above in all correspondence regarding this study.

Your study has been approved according to the dates shown above. To ensure compliance with federal regulations (45 CFR 46 & 21 CFR 56), please be sure to:

- Use only the approved study materials in your research, including the recruitment materials and informed consent documents that have the IRB approval stamp.
- Obtain IRB approval prior to implementing any changes to the study by submitting the "Continuing Review and/or Modification" form.
- Immediately inform the IRB of (1) all serious and/or unexpected adverse experiences involving risks to subjects or others; and (2) any other unanticipated problems involving risks to subjects or others.
- Stop all research activity if IRB approval lapses, unless continuation is necessary to prevent harm to research participants. Research activity can resume once IRB approval is reestablished.
- Complete a new continuing review form at least three to four weeks prior to the date for continuing review as noted above to provide sufficient time for the IRB to review and approve continuation of the study. We will send a courtesy reminder as this date approaches.

Research investigators are expected to comply with the regulations of the Belmont Report, and state and federal regulations.



## APPENDIX C:

## Bethel University IRB Approval Letter

September 11, 2009

Scott Young  
W112 Lagomarcino Hall  
Ames, IA 50014

Re: Project FA-03-09 Counselor Responses and the Therapeutic Relationship

Dear Scott,

On September 10, 2009, members of the Bethel University Institutional Review Board approved the above referenced study with the following qualifications:

(1) Please clarify your intent of collecting data from Bethel University undergraduate and graduate students, and if intending to do so, please spell out the procedure for recruiting these participants. In sections B4, B5 and B6 of the Bethel Human Subjects Review Form, you seemed to indicate and spell out that Steve Sandage will recruit participants from his classes at the Seminary and perhaps other classes at the Seminary as well. What is the procedure for recruiting other members of the Bethel community, including the students in the undergraduate College of Arts and Sciences, and the Graduate School? You can send me your clarification via email ([p-jankowski@bethel.edu](mailto:p-jankowski@bethel.edu)). Please do not begin data collection until clarifying this aspect of your study.

(2) In the Consent Form, please clarify what is meant by the statement "You are being invited to participate in this study because you have been or may someday be in counseling." It seems to imply you have knowledge of research participants' involvement in counseling, which would mean access to information that should be confidential. It suggests to the participants that their involvement in counseling has been disclosed to you. A related concern consists of Appendices O and P which seem to necessitate that participants be in counseling. Elsewhere the study is described as an analogue study which suggests that participants are being asked to respond to the video clip and not their counseling experiences. It is also particularly unclear in places as to what is being asked of participants who have not been in counseling. Please send me your clarifications via email ([p-jankowski@bethel.edu](mailto:p-jankowski@bethel.edu)). Please do not begin data collection until clarifying these aspects of your study.

(3) The guidelines set forth by the Bethel University IRB (see <http://cas.bethel.edu/irb/Levelsofreview>) indicate that religion/spirituality constitutes a sensitive issue that needs to be identified as such and therefore poses a potential risk to participants. Please include a section in the Consent Form that notifies participants of the potential risk associated with some of the survey items and then an appropriate means of responding to that risk, for example, skipping any items that cause discomfort. Please submit a revised copy of the Consent Form before beginning data collection ([p-jankowski@bethel.edu](mailto:p-jankowski@bethel.edu)).

(4) Please provide a signed copy of the Bethel University Human Subjects Review Form. This can be accomplished by faxing (651-638-6001) or mailing a new copy of the signatures page

## APPENDIX D:

## E-mails to Bethel IRB Addressing Qualifications

Dr. Jankowski,

I appreciate your swift and detailed examination of my IRB proposal. Please see below, my clarifications as you requested.

1). "Please clarify your intent of collecting data from Bethel University undergraduate and graduate students, and if intending to do so, please spell out the procedure for recruiting these participants. In sections B4, B5 and B6 of the Bethel Human Subjects Review Form, you seemed to indicate and spell out that Steve Sandage will recruit participants from his classes at the Seminary and perhaps other classes at the Seminary as well. What is the procedure for recruiting other members of the Bethel community, including the students in the undergraduate College of Arts and Sciences, and the Graduate School?"

I believe Dr. Sandage and I had discussed that I would recruit students from any classes he or his colleagues were teaching while my study was going on, be those classes seminary, graduate, or undergraduate. I would be more than happy to include students from all programs of study and colleges; however, that may pose a challenge in granting extra credit. As I believe I noted, Dr. Sandage and his colleagues kindly offered to grant their students 15 points of extra credit toward the students' class grades. While I certainly could offer the chance to participate to any students at Bethel, provided I had the means to direct them to the online survey system (such as the ability to send out an e-mail to all students blindly), the means of granting them credit would seem more challenging and would perhaps necessitate contacting numerous faculty instructors in many departments.

If there are existing methods of surveying additional students and granting them credit that have worked efficiently for researchers at Bethel previously, please let me know and I would be glad to consider those options. If you require the names of Dr. Sandage's colleagues, I will have to contact him again to get those individuals' contact information for you.

Though certainly I wish to be as fair in offering credit to participants as possible, Dr. Sandage also suggested that seminary and/or graduate students might wish to participate in my study simply to gain additional experience with research. In those cases, I might again be able to sample participants from outside the courses of Dr. Sandage and his colleagues if there was a way of directing those participants to my survey.

2). "In the Consent Form, please clarify what is meant by the statement 'You are being invited to participate in this study because you have been or may someday be in counseling.' It seems to imply you have knowledge of research participants' involvement in counseling, which would mean access to information that should be confidential. It suggests to the participants that their involvement in counseling has been disclosed to you. A related concern consists of Appendices O and P which seem to necessitate that participants be in counseling. Elsewhere the study is described as an analogue study which suggests that participants are being asked to respond to the

video clip and not their counseling experiences. It is also particularly unclear in places as to what is being asked of participants who have not been in counseling.”

The statement “You are being invited to participate in this study because you have been or may someday be in counseling” was in no way meant to suggest knowledge of participants history of counseling experiences, if they have any. It simply follows a standard template used at Iowa State University reflecting the content of the study and how it might apply to participants currently, or possibly in the future. As you may have noted in the demographics questionnaire, there is no assumption that participants have been in counseling as children or as adults. If changing the wording to include “may have been or may someday be in counseling” would clarify this for the Bethel IRB and Bethel participants, please let me know and I believe I can readily make this change.

As for the content and purposes of Appendices O and P, they do not require the participants to have counseling experience. Indeed, Appendix N2 directs participants to “please watch carefully during this video-clip, you will notice some verbal responses from the counselor to the client. Please be sure to watch the brief video carefully before completing the second portion of the study as the questions all relate to the clip.” Thus, the participant will be directed to place her/himself in the role of the client and respond from that perspective. I understand that this might not have been clear by the generic instructions provided in the appendices; however, it will be made explicit to participants on the online survey. If additional details of how this will be made explicit to participate would be necessary or helpful to you and the Bethel IRB, please let me know.

3). “The guidelines set forth by the Bethel University IRB (see <http://cas.bethel.edu/irb/Levelsofreview>) indicate that religion/spirituality constitutes a sensitive issue that needs to be identified as such and therefore poses a potential risk to participants. Please include a section in the Consent Form that notifies participants of the potential risk associated with some of the survey items and then an appropriate means of responding to that risk, for example, skipping any items that cause discomfort.”

I will attach a modified consent document to this e-mail response. Please note that the existing document already includes the following statement, “You may skip any question that you do not wish to answer or that makes you feel uncomfortable.” I will make the requested changes to the Risks section and repeat the directive to skip questions that might cause the participant discomfort.

4). “Please provide a signed copy of the Bethel University Human Subjects Review Form. This can be accomplished by faxing (651-638-6001) or mailing a new copy of the signatures page from the Form.”

I will fax the requested, signed document to the requested number early next week (likely Tuesday).

Thank you for your attention to this matter and I look forward to hearing from you.

Scott.

APPEDIX D (CONT.):

E-mails to Bethel IRB Addressing Qualifications

Hi Scott,

Thanks for taking the time to address the Committee's concerns.

Please do change the wording in the Consent Form to include "may have been or may someday be in counseling." I was also glad to hear that the online instructions are more explicit about responding to the video clip and not previous counseling.

I wish you the best with your project, as you may now proceed with the data collection.

Peter Jankowski

## APPENDIX E:

## SONA Study Front Page for Females

Study Information	
<b>Study Name</b>	Counselor Responses and the Therapeutic Relationship # 09-201 (FEMALES ONLY) #334
<b>Abstract</b>	(FEMALES ONLY) - PLEASE NOTE: The deadline for participation as listed within the SONA system is for PART 1 ONLY! You can complete Part 2 at any time after you receive the e-mail invitation.
<b>Description</b>	In this two-part online study, participants will be asked to complete a series of questionnaires about themselves and their characteristics in the first part of the study. No more than 3 days later, participants will receive an e-mail invitation to complete the second part of the study which will involve watching a 5-minute simulated counseling interaction (also online) then completing a set of online questionnaires about participants' reactions to the video they had just watched. The video-clip focuses on particular counselor responses to the simulated client and the questionnaires in the second part are intended to measure aspects of the therapeutic relationship as rated by participants. The second part may occur at any time after you have received an e-mail invitation for the follow-up. The entire study should take 90 minutes or less to complete and you will receive two credits for completion of the study. You must be at least 18 years old to participate in this study. IRB # 09-201
<b>Web Study</b>	This is an online study. Participants are not given the study URL until after they sign up.
<b>Website</b>	<a href="#">[View Study Website]</a>
<b>Eligibility Requirements</b>	Limited to females at least 18 years old. Must be enrolled in at least one of the following courses: Psy 101, Psy 230, Psy 280, ComSt 101

<b>Course Restrictions</b>	<p>Participants must be in at least one of these courses:</p> <ul style="list-style-type: none"> <li>• Comst101</li> <li>• Psych101A</li> <li>• Psych101B</li> <li>• Psych230</li> <li>• Psych280</li> </ul>
<b>Duration</b>	90 minutes
<b>Preparation</b>	Watch linked video prior to beginning second part of the study!
<b>Credits</b>	2 Credits
<b>Researchers</b>	<p>Norm_Scott Lab  Email: <a href="mailto:scottras@iastate.edu">scottras@iastate.edu</a></p> <p>Scott Young  Office: W Lago 269  Phone: 294-0280  Email: <a href="mailto:spy18@iastate.edu">spy18@iastate.edu</a></p>
<b>Principal Investigator</b>	<u>Norman Scott</u>
<b>Participant Sign-Up Deadline</b>	0 hours before the study is to occur
<b>Study Status</b>	<p>Not visible to participants (not approved) -- [<a href="#">Send a Request</a>] to have this study approved</p> <p>Active study (does not appear on list of available studies -- must also be approved)</p> <p>Online (web) study administered outside the system</p>
<b>Automatic Credit Granting</b>	Credit will be automatically granted to participants where no action was taken, after the participation deadline (timeslot) is more than 72 hours old. Automatic credit grant is done once per day.
<b>IRB Approval Code</b>	09-201 (expires June 7, 2010)

## APPENDIX F:

## SONA Study Front Page for Males

Study Information	
<b>Study Name</b>	Counselor Responses and the Therapeutic Relationship # 09-201 (MALES ONLY) #333
<b>Abstract</b>	(MALES ONLY) - PLEASE NOTE: The deadline for participation as listed within the SONA system is for PART 1 ONLY! You can complete Part 2 at any time after you receive the e-mail invitation.
<b>Description</b>	In this two-part online study, participants will be asked to complete a series of questionnaires about themselves and their characteristics in the first part of the study. No more than 3 days later, participants will receive an e-mail invitation to complete the second part of the study which will involve watching a 5-minute simulated counseling interaction (also online) then completing a set of online questionnaires about participants' reactions to the video they had just watched. The video-clip focuses on particular counselor responses to the simulated client and the questionnaires in the second part are intended to measure aspects of the therapeutic relationship as rated by participants. The second part may occur at any time after you have received an e-mail invitation for the follow-up. The entire study should take 90 minutes or less to complete and you will receive two credits for completion of the study. You must be at least 18 years old to participate in this study. IRB # 09-201
<b>Web Study</b>	This is an online study. Participants are not given the study URL until after they sign up.
<b>Website</b>	<a href="#">[View Study Website]</a>
<b>Eligibility Requirements</b>	Limited to males at least 18 years old. Must be enrolled in at least one of the following courses: Psy 101, Psy 230, Psy 280, ComSt 101

<b>Course Restrictions</b>	Participants must be in at least one of these courses: <ul style="list-style-type: none"> <li>• Comst101</li> <li>• Psych101A</li> <li>• Psych101B</li> <li>• Psych230</li> <li>• Psych280</li> </ul>
<b>Duration</b>	90 minutes
<b>Preparation</b>	Watch linked video prior to beginning second part of the study!
<b>Credits</b>	2 Credits
<b>Researchers</b>	Norm_Scott Lab Email: <a href="mailto:scottras@iastate.edu">scottras@iastate.edu</a>  Scott Young Office: W Lago 269 Phone: 294-0280 Email: <a href="mailto:spy18@iastate.edu">spy18@iastate.edu</a>
<b>Principal Investigator</b>	<a href="#">Norman Scott</a>
<b>Participant Sign-Up Deadline</b>	0 hours before the study is to occur
<b>Study Status</b>	Not visible to participants (not approved) -- [ <a href="#">Send a Request</a> ] to have this study approved Active study (does not appear on list of available studies -- must also be approved) Online (web) study administered outside the system
<b>Automatic Credit Granting</b>	Credit will be automatically granted to participants where no action was taken, after the participation deadline (timeslot) is more than 72 hours old. Automatic credit grant is done once per day.
<b>IRB Approval Code</b>	09-201 (expires June 7, 2010)



## APPENDIX G:

## Bethel University and Seminary E-mail Invitation

Dear Bethel Student:

My name is Scott Young, and I am a graduate student in counseling psychology at Iowa State University. I am contacting you about an online, counseling analogue study I am conducting which may be of interest to you. This study examines the effect of personal characteristics on perceptions of counselor verbal responses and the therapeutic relationship.

As someone who may be interested in topics related to spirituality and counseling, your willing participation in this study would be invaluable. If you or any member of your class/program would be interested in participating in this study, I would greatly appreciate it!

Participation in the study would entail completion of a series of questionnaires about yourself in the first part of the study. Following this, you will be provided with a link to a short (approximately 5 minutes) video-clip of a portion of a simulated counseling session. If you would please watch carefully during this video-clip, you will notice some verbal responses from the counselor to the client. Based on your perceptions of this video-clip, I would then ask you to complete the second part of the study which involves a series of questionnaires about your perceptions of the video. The total time commitment for the study should be approximately 90 minutes or less, spread over two sessions.

You will not have any costs from participating in this study. You may receive no compensation for your participation in this study; however, your instructor may offer credit for participation. If your instructor has offered extra credit for participation, please contact her/him to arrange credit. If you are willing to participate in the study, or would like more information from the informed consent document, please see the following link:

<https://www.surveymonkey.com/s/DHNX8LK>

If you would like to inquire about the study and its aims, please feel free to contact me at [scottras@iastate.edu](mailto:scottras@iastate.edu) or [spy18@iastate.edu](mailto:spy18@iastate.edu).

Thank you for your consideration!

Scott Patrick Young, M.S.  
Doctoral Candidate in Counseling Psychology  
Graduate Assistant, Department of Psychology  
W269 Lagomarcino Hall  
Iowa State University  
Ames, IA 50011  
515-294-0280  
[spy18@iastate.edu](mailto:spy18@iastate.edu)

## APPENDIX H:

## Google and Yahoo Online Groups E-mail Request for Permission to Survey

To (Online Group Name)

My name is Scott Young, and I am a graduate student in counseling psychology at Iowa State University. I am contacting you about an online, counseling analogue study I am conducting which may be of interest to you. This study examines the effect of personal characteristics on perceptions of counselor verbal responses and the therapeutic relationship. I am contacting you to request permission to survey from among your group membership for their valuable responses on this study.

In exchange for your willing participation, you may receive some information about the way members of your group as a whole responded to certain questions of interest. This sort of information can be interesting for group members and can stimulate valuable discussion among your members.

If you are willing to allow me to survey from among your group members, I will follow up with a second e-mail to your group providing additional information about the study and including a link to complete the study online. The total time investment for the study should be less than 90 minutes and is split up into two parts of the study.

I would appreciate your consideration of my request and invite any questions about the study that your group may have.

Sincerely,

Scott Patrick Young, M.S.  
Doctoral Candidate in Counseling Psychology  
Graduate Assistant, Department of Psychology  
W269 Lagomarcino Hall  
Iowa State University  
Ames, IA 50011  
515-294-0280  
spy18@iastate.edu

## APPENDIX I:

## Google and Yahoo Online Groups E-mail Invitation

My name is Scott Young, and I am the graduate student in counseling psychology who contacted your group in December seeking preliminary permission to survey your members for a research study I am conducting at Iowa State University under the supervision of Dr. Norman Scott, Ph.D. I am now following up with you about that online, counseling analogue study I am conducting which may be of interest to you. You may have seen this message as a post to the group but I wanted to make sure members all got the chance to see it and not miss the message among the group's many postings. Please forgive the mass e-mail.

This study examines the effect of personal characteristics on perceptions of counselor verbal responses and the therapeutic relationship. As someone who may be interested in topics related to spirituality and counseling, your willing participation in this study would be invaluable. If you or any member of your group would be interested in participating in this study, I would greatly appreciate it!

Participation in the study would entail completion of a series of questionnaires about yourself in the first part of the study. Following this, you will be provided with a link to a short (approximately 5 minutes) video-clip of a portion of a simulated counseling session. If you would please watch carefully during this video-clip, you will notice some verbal responses from the counselor to the client. Based on your perceptions of this video-clip, I would then ask you to complete the second part of the study which involves a series of questionnaires about your perceptions of the video. The total time commitment for the study should be less than 90 minutes spread over two sessions.

You will not have any costs from participating in this study. You will receive no direct compensation for your participation in this study. However, select anonymous-group responses may be provided to inform your online group. You may receive some information about the way members of your group as a whole responded to certain questions of interest. This sort of information can be interesting for group members and can stimulate valuable discussion among your members. Thus, participation in this study may help you learn more about your group members. \*PLEASE NOTE: No identifying information will be released, thus each participant's responses will remain anonymous and confidential, only group averages may be released to your group.

If you are willing to participate in the study, or would like more information from the informed consent document, please see the following link:

<https://www.surveymonkey.com/s/DHTM83T>

If you would like to inquire about the study and its aims, please feel free to contact me at [spy18@iastate.edu](mailto:spy18@iastate.edu) or our research team at [scottras@iastate.edu](mailto:scottras@iastate.edu)

Thank you for your consideration!

Scott Patrick Young, M.S.  
Doctoral Candidate in Counseling Psychology  
Graduate Assistant, Department of Psychology  
W269 Lagomarcino Hall  
Iowa State University  
Ames, IA 50011  
515-294-0280  
[spy18@iastate.edu](mailto:spy18@iastate.edu)

## APPENDIX J:

## ISU Informed Consent Document

**INFORMED CONSENT DOCUMENT**

**Title of Study:** Counselor Responses and the Therapeutic Relationship

**Investigators:** Scott Young, M.S., Norman Scott, Ph.D., Asale Hubbard, B.S., Paul Ascheman, B.S., Zachary Batchelder, B.S., Amy Divine, Andrea Herrick, Noa Adams, Nick Thelen, Chellee Gomez.

This is a research study. Please take your time in deciding if you would like to participate. Please feel free to e-mail investigators with questions at any time.

**INTRODUCTION**

The purpose of this study is to explore former and potential future clients' perceptions of a counselor's responses in a simulated therapy session segment. This study also seeks to clarify the role of participant characteristics such as religiosity and spirituality in the process of counseling. You are being invited to participate in this study because you are a student who has been or may someday be in counseling. You must be 18 years old or older to participate in this study.

**DESCRIPTION OF PROCEDURES**

If you agree to participate in this study, your participation will last for approximately 2 hours for the completion of both parts of the study. During the study you may expect the following study procedures to be followed. In the first part of the study, you will be asked to complete a series of online questionnaires and to provide some demographic information about yourself. After one to three days you will receive an invitation to complete the second portion of the study. You will then be directed to a website containing a video clip of a segment of a simulated therapy session lasting approximately 5 minutes. After you have watched the clip, you will be asked to fill out a series of questionnaires related to the clip. You will not be asked to share about the nature or content of any counseling experiences you may have had, only about the processes you observed in working with your counselor. You may skip any question that you do not wish to answer or that makes you feel uncomfortable. For the information to be useful to us, we encourage you to complete all the items as best as you can.

**RISKS**

While participating in this study you may experience the following risks:  
There is no reason to expect any risks to you from participation in this study.

**BENEFITS**

If you decide to participate in this study there may be no direct benefit to you. It is hoped that the information gained in this study will benefit society by providing a clearer understanding of the impact of counselor responses in order to better train therapists to maximize counseling treatment.

**COSTS AND COMPENSATION**

You will not have any costs from participating in this study. You will be compensated for participating in this study with extra credit points towards your grade in Psych 101, Psych 230, or Psych 280 classes consistent with Psychology Department guidelines. You will receive two points for completion of the entire study. As

indicated on your course syllabus, participation in experiments is one option for earning experimental credit in your psychology course.

### **PARTICIPANT RIGHTS**

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

### **CONFIDENTIALITY**

Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken. Participant responses will be assigned an arbitrary identification number and all personal identifying information such as name will be deleted from ensuing data sets. Electronic data sets will be treated as private and confidential information. These data will be stored on password-protected computers in the Iowa State University psychology department and access will be restricted by password to the PI, faculty supervisor, and research assistants. If the results are published, your identity will remain confidential.

### **QUESTIONS OR PROBLEMS**

You are encouraged to ask questions at any time during this study.

- You are encouraged to ask questions at any time during this study. For further information about the study contact Scott Young at 294-7968 or [spy18@iastate.edu](mailto:spy18@iastate.edu) or Dr. Norman Scott at 294-1509 or [nascott@iastate.edu](mailto:nascott@iastate.edu).
- If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566, [IRB@iastate.edu](mailto:IRB@iastate.edu), or Director, (515) 294-3115, Office of Research Assurances, Iowa State University, Ames, Iowa 50011.

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### **PARTICIPANT SIGNATURE**

Clicking “Next” indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document and that your questions have been satisfactorily answered. Please print a copy of the informed consent document for your own files. You will receive a copy of the written informed consent prior to your participation in the study.

## APPENDIX K:

## Bethel University Informed Consent Document

**INFORMED CONSENT DOCUMENT (Bethel University Students)**

**Title of Study:** Counselor Responses and the Therapeutic Relationship

**Investigators:** Scott Young, M.S., Norman Scott, Ph.D., Asale Hubbard, B.S., Paul Ascheman, B.S., Zachary Batchelder, B.S., Amy Divine, Andrea Herrick, Noa Adams, Nick Thelen, Chellee Gomez.

This is a research study being conducted at Iowa State University. Please take your time in deciding if you would like to participate. Please feel free to e-mail investigators with questions at any time.

**INTRODUCTION**

The purpose of this study is to explore former and potential future clients' perceptions of a counselor's responses in a simulated therapy session segment. This study also seeks to clarify the role of participant characteristics in the process of counseling. You are being invited to participate in this study because you have been or may someday be in counseling. You must be 18 years old or older to participate in this study.

**DESCRIPTION OF PROCEDURES**

If you agree to participate in this study, your participation will last for approximately 2 hours for the completion of both parts of the study. During the study you may expect the following study procedures to be followed. In the first part of the study, you will be asked to complete a series of online questionnaires and to provide some demographic information about yourself. After one to three days you will receive an invitation to complete the second portion of the study. You will then be directed to a website containing a video clip of a segment of a simulated therapy session lasting approximately 5 minutes. After you have watched the clip, you will be asked to fill out a series of questionnaires related to the clip. You will not be asked to share about the nature or content of any counseling experiences you may have had, only about the processes you observed in working with your counselor. You may skip any question that you do not wish to answer or that makes you feel uncomfortable. For the information to be useful to us, we encourage you to complete all the items as best as you can.

**RISKS**

The anticipated risks from participation in this study are believed to be minimal. However, this study will request that you provide information about religious and spiritual beliefs you may hold. As this information can be considered to be sensitive, you should carefully consider whether you wish to participate in this study. If you decide to participate in this study, you may decline to answer any questions which make you feel uncomfortable. Please note that any responses to questions, whether about religion/spirituality or any other questions included in the survey, will remain confidential to the extent allowed by law and all identifying information will be removed from your data as soon as possible.

**BENEFITS**

If you decide to participate in this study there may be no direct benefit to you. It is hoped that the information gained in this study will benefit society by providing a clearer understanding of the impact of counselor responses in order to better train therapists to maximize counseling treatment.

**COSTS AND COMPENSATION**

You will not have any costs from participating in this study. You may receive no compensation for your participation in this study; however, your instructor may offer credit for participation. If your instructor has offered credit for participation, please contact her/him to arrange credit.

**PARTICIPANT RIGHTS**

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

**CONFIDENTIALITY**

Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken. Participant responses will be assigned an arbitrary identification number and all personal identifying information such as name will be deleted from ensuing data sets. Electronic data sets will be treated as private and confidential information. These data will be stored on password-protected computers in the Iowa State University psychology department and access will be restricted by password to the PI, faculty supervisor, and research assistants. If the results are published, your identity will remain confidential.

**QUESTIONS OR PROBLEMS**

You are encouraged to ask questions at any time during this study.

- You are encouraged to ask questions at any time during this study. For further information about the study contact Scott Young at (515) 294-7968 or [spy18@iastate.edu](mailto:spy18@iastate.edu) or Dr. Norman Scott at (515) 294-1509 or [nascott@iastate.edu](mailto:nascott@iastate.edu).
- If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566, [IRB@iastate.edu](mailto:IRB@iastate.edu), or Director, (515) 294-3115, [dament@iastate.edu](mailto:dament@iastate.edu), Office of Research Assurances, Iowa State University, Ames, Iowa 50011.

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**PARTICIPANT SIGNATURE**

Clicking “Next” indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document and that your questions have been satisfactorily answered. Please print a copy of the informed consent document for your own files.



## APPENDIX L1:

## Online Groups Informed Consent Document (Original)

**INFORMED CONSENT DOCUMENT**

**Title of Study:** Counselor Responses and the Therapeutic Relationship

**Investigators:** Scott Young, M.S., Norman Scott, Ph.D., Asale Hubbard, B.S., Paul Ascheman, B.S., Zachary Batchelder, B.S., Amy Divine, Andrea Herrick, Noa Adams, Nick Thelen, Chellee Gomez.

This is a research study at Iowa State University. Please take your time in deciding if you would like to participate. Please feel free to e-mail investigators with questions at any time.

**INTRODUCTION**

The purpose of this study is to explore former and potential future clients' perceptions of a counselor's responses in a simulated therapy session segment. This study also seeks to clarify the role of participant characteristics such as religiosity and spirituality in the process of counseling. You are being invited to participate in this study because you have been or may someday be in counseling. You must be 18 years old or older to participate in this study.

**DESCRIPTION OF PROCEDURES**

If you agree to participate in this study, your participation will last for approximately 2 hours for the completion of both parts of the study. During the study you may expect the following study procedures to be followed. In the first part of the study, you will be asked to complete a series of online questionnaires and to provide some demographic information about yourself. After one to three days you will receive an invitation to complete the second portion of the study. You will then be directed to a website containing a video clip of a segment of a simulated therapy session lasting approximately 5 minutes. After you have watched the clip, you will be asked to fill out a series of questionnaires related to the clip. You will not be asked to share about the nature or content of any counseling experiences you may have had, only about the processes you observed in working with your counselor. You may skip any question that you do not wish to answer or that makes you feel uncomfortable. For the information to be useful to us, we encourage you to complete all the items as best as you can.

**RISKS**

While participating in this study you may experience the following risks:  
There is no reason to expect any risks to you from participation in this study.

**BENEFITS**

If you decide to participate in this study there may be no direct benefit to you. It is hoped that the information gained in this study will benefit society by providing a clearer understanding of the impact of counselor responses in order to better train therapists to maximize counseling treatment.

**COSTS AND COMPENSATION**

You will not have any costs from participating in this study. You will receive no direct compensation for your participation in this study. However, select anonymous-group responses may be provided to inform your online group.

**PARTICIPANT RIGHTS**

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

**CONFIDENTIALITY**

Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken. Participant responses will be assigned an arbitrary identification number and all personal identifying information such as name will be deleted from ensuing data sets. Electronic data sets will be treated as private and confidential information. These data will be stored on password-protected computers in the Iowa State University psychology department and access will be restricted by password to the PI, faculty supervisor, and research assistants. If the results are published, your identity will remain confidential.

**QUESTIONS OR PROBLEMS**

You are encouraged to ask questions at any time during this study.

- You are encouraged to ask questions at any time during this study. For further information about the study contact Scott Young at (515) 294-7968 or [spy18@iastate.edu](mailto:spy18@iastate.edu) or Dr. Norman Scott at (515) 294-1509 or [nascott@iastate.edu](mailto:nascott@iastate.edu).
- If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566, [IRB@iastate.edu](mailto:IRB@iastate.edu), or Director, (515) 294-3115, Office of Research Assurances, Iowa State University, Ames, Iowa 50011.

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**PARTICIPANT SIGNATURE**

Clicking “Next” indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document and that your questions have been satisfactorily answered. Please print a copy of the informed consent document for your own files. You will receive a copy of the written informed consent prior to your participation in the study.

## APPENDIX L2:

## Online Groups Informed Consent Document (Modified for Gift-cards)

**INFORMED CONSENT DOCUMENT (Online Groups)**

**Title of Study:** Counselor Responses and the Therapeutic Relationship

**Investigators:** Scott Young, M.S., Norman Scott, Ph.D., Asale Hubbard, B.S., Paul Ascheman, B.S., Zachary Batchelder, B.S., Amy Divine, Andrea Herrick, Noa Adams, Nick Thelen, Chellee Gomez.

This is a research study at Iowa State University. Please take your time in deciding if you would like to participate. Please feel free to e-mail investigators with questions at any time.

**INTRODUCTION**

The purpose of this study is to explore former and potential future clients' perceptions of a counselor's responses in a simulated therapy session segment. This study also seeks to clarify the role of participant characteristics such as religiosity and spirituality in the process of counseling. You are being invited to participate in this study because you may have been or may someday be in counseling. You must be 18 years old or older to participate in this study.

**DESCRIPTION OF PROCEDURES**

If you agree to participate in this study, your participation will last for approximately 2 hours for the completion of both parts of the study. During the study you may expect the following study procedures to be followed. In the first part of the study, you will be asked to complete a series of online questionnaires and to provide some demographic information about yourself. After one to three days you will receive an invitation to complete the second portion of the study. You will then be directed to a website containing a video clip of a segment of a simulated therapy session lasting approximately 5 minutes. After you have watched the clip, you will be asked to fill out a series of questionnaires related to the clip. You will not be asked to share about the nature or content of any counseling experiences you may have had, only about the processes you observed in working with your counselor. You may skip any question that you do not wish to answer or that makes you feel uncomfortable. For the information to be useful to us, we encourage you to complete all the items as best as you can.

**RISKS**

While participating in this study you may experience the following risks:  
There is no reason to expect any risks to you from participation in this study.

**BENEFITS**

If you decide to participate in this study there may be no direct benefit to you. It is hoped that the information gained in this study will benefit society by providing a clearer understanding of the impact of counselor responses in order to better train therapists to maximize counseling treatment.

**COSTS AND COMPENSATION**

You will not have any costs from participating in this study. You will receive no direct compensation for your participation in this study. However, select anonymous-group responses may be provided to inform your online group. Additionally, there will be a drawing upon completion of the data collection for eight, \$25 Amazon.com electronic gift-codes.

Participants from both parts of the study will be entered into this drawing (chances of winning are approximately 1 out of 60). Winners will be contacted via e-mail and asked to complete a receipt form for funding purposes, then will receive their electronic gift-code via e-mail.

If you are selected as a winner in the drawing, you will receive via e-mail a receipt form and you **MUST COMPLETE AND SIGN** that receipt form in order to be e-mailed the electronic gift-code. The options for returning the completed and signed form are as follows:

- 1). You may download and print the form then mail it to us.
- 2). You may download and print the form then scan it and e-mail it back to us.
- 3). You may download and print the form then fax it to us.

If you choose to print and mail the completed and signed form, you should keep in mind that your name and mailing address will not be confidential if you choose to put a return address on the envelope. You may mail us the completed and **SIGNED** form at:

Scott Young – Department of Psychology  
West 112 Lagomarcino Hall – Iowa State University  
Ames, IA 50010

If you choose to print and scan the completed and signed form, you may e-mail us at [scottras@iastate.edu](mailto:scottras@iastate.edu).

If you choose to print and fax the completed and signed form, you may fax us at 515-294- 6424.

### **PARTICIPANT RIGHTS**

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

### **CONFIDENTIALITY**

Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken. Participant responses will be assigned an arbitrary identification number and all personal identifying information such as name will be deleted from ensuing data sets. Electronic data sets will be treated as private and confidential information. These data will be stored on password-protected computers in the Iowa State University psychology department and access will be restricted by password to the PI, faculty supervisor, and research assistants. If the results are published, your identity will remain confidential.

### **QUESTIONS OR PROBLEMS**

You are encouraged to ask questions at any time during this study.

- You are encouraged to ask questions at any time during this study. For further information about the study contact Scott Young at (515) 294-7968 or [spy18@iastate.edu](mailto:spy18@iastate.edu), [scottras@iastate.edu](mailto:scottras@iastate.edu), or Dr. Norman Scott at (515) 294-1509 or [nascott@iastate.edu](mailto:nascott@iastate.edu).
- If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566, [IRB@iastate.edu](mailto:IRB@iastate.edu), or Director, (515) 294-3115, [dament@iastate.edu](mailto:dament@iastate.edu), Office of Responsible Research, Iowa State University, Ames, Iowa 50011.

\*\*\*\*\*

**PARTICIPANT SIGNATURE**

Clicking “Next” indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document and that your questions have been satisfactorily answered. Please print a copy of the informed consent document for your own files.



9. Do you consider your spiritual or religious beliefs:
- (1) Fairly traditional or conservative
  - (2) Fairly moderate (in the middle between traditional and contemporary)
  - (3) Fairly contemporary or liberal
  - (4) Not applicable
10. To what degree are you happy or satisfied with your current belief system?
- (1) not at all
  - (2) a little bit
  - (3) somewhat
  - (4) very much
11. To what degree are you currently questioning your current belief system?
- (1) not at all
  - (2) a little bit
  - (3) somewhat
  - (4) very much
12. Prior to age 18, had you been in individual (one-on-one) counseling or therapy?
- (1) yes
  - (2) no
13. To what degree was that counseling or therapy a positive experience?
- (1) not at all
  - (2) a little bit
  - (3) somewhat
  - (4) very much
14. To what degree was participating in that counseling or therapy your choice?
- (1) not at all
  - (2) a little bit
  - (3) somewhat
  - (4) very much
15. Since you were 18, have you been or are you currently in individual (one-on-one) counseling or therapy?
- (1) yes
  - (2) no
16. To what degree was that counseling or therapy a positive experience?
- (1) not at all
  - (2) a little bit
  - (3) somewhat
  - (4) very much
17. To what degree was participating in that counseling or therapy your choice?
- (1) not at all
  - (2) a little bit
  - (3) somewhat
  - (4) very much
18. How long has it been since you were last in counseling or therapy? \_\_\_\_\_
19. To what degree did your counselor/therapist talk about her or himself?
- (1) not at all
  - (2) a little bit
  - (3) somewhat
  - (4) very much
20. To what degree did you appreciate or like those times when your counselor/therapist talked about her or himself? (If your counselor did not talk about her or himself, please select "not applicable")
- (1) not at all
  - (2) a little bit
  - (3) somewhat
  - (4) very much
  - (5) not applicable

## APPENDIX N:

## The Spiritual Transcendence Index (STI)

Please respond to each of the items below by selecting the *one* number that *most closely* describes the extent to which you agree or disagree with the statement.

1=strongly disagree 2=disagree 3=slightly disagree 4=slightly agree 5=agree 6=strongly agree

1. My spirituality gives me a feeling of fulfillment.
2. I maintain an inner awareness of God's presence in my life.
3. Even when I experience problems, I can find a spiritual peace within.
4. I try to strengthen my relationship with God.
5. Maintaining my spirituality is a priority for me.
6. God helps me to rise above my immediate circumstances.
7. My spirituality helps me to understand my life's purpose.
8. I experience a deep communion with God.



## APPENDIX O:

## The Intrinsic Spirituality Scale (ISS)

The questions use a sentence completion format to measure various attributes associated with spirituality. An incomplete sentence fragment is provided, followed directly below by two phrases that are linked to a scale ranging from 0 to 10. The phrases, which complete the sentence fragment, anchor each end of the scale. The 0 to 10 range provides you with a continuum on which to reply, with 0 corresponding to absence or zero amount of the attribute, while 10 corresponds to the maximum amount of the attribute. In other words, the end points represent extreme values, while five corresponds to a medium, or moderate, amount of the attribute. Please circle the *number* along the continuum that best reflects your initial feeling.

1. In terms of the questions I have about life, my spirituality answers

<b>no questions</b>											<b>absolutely all my questions</b>
<u>0</u>	1	2	3	4	5	6	7	8	9	<u>10</u>	

2. Growing spiritually is

<b>more important than anything else in my life</b>											<b>of no importance to me</b>
<u>10</u>	9	8	7	6	5	4	3	2	1	<u>0</u>	

3. When I am faced with an important decision, my spirituality

<b>plays absolutely no role</b>											<b>is always the overriding consideration</b>
<u>0</u>	1	2	3	4	5	6	7	8	9	<u>10</u>	

4. Spirituality is

<b>the master motive of my life, directing every other aspect of my life</b>											<b>not part of my life</b>
<u>10</u>	9	8	7	6	5	4	3	2	1	<u>0</u>	

5. When I think of the things that help me to grow and mature as a person, my spirituality

## APPENDIX P:

## New Indices of Religious Orientation (NIRO)

Below are some statements about attitudes toward religion and religious activities. Please use the following scale to respond to the questions that follow and select the number that corresponds to your response or feeling about each particular question:

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

## Extrinsic orientation

## Compartmentalization

- 1). While I believe in my religion, there are more important things in my life.
- 2). Occasionally, I compromise my religious beliefs to protect my social and economic well-being.

## Social support

- 3). One reason for me going to church is that it helps to establish me in the community.
- 4). I go to church because it helps me to feel at home in my neighborhood.

## Personal support

- 5). One reason for me praying is that it helps me to gain relief and protection.
- 6). I pray chiefly because it makes me feel better.

## Intrinsic orientation

## Integration

- 7). My religious beliefs really shape my whole approach to life.
- 8). I try hard to carry my religion over into all my other dealings in life.

## Public religion

- 9). I allow almost nothing to prevent me from going to church each week.
- 10). The church is most important to me as a place to share fellowship with others of my faith.

## Personal religion

- 11). I pray at home because it helps me to be aware of God's presence.
- 12). I pray chiefly because it deepens my relationship with God.

## Quest orientation

## Existentialism

- 13). I was driven to ask religious questions by a growing awareness of the tensions in my world.
- 14). My life experiences have led me to rethink my religious beliefs.

Self-criticism

15). I value my religious doubts and uncertainties.

16). For me, doubting is an important part of what it means to be religious.

Openness to change

17). As I grow and change, I expect my religion to grow and change as well.

18). I am constantly questioning my religious beliefs.

## APPENDIX Q:

## Religious Pressures Scale (RPS)

What do you suppose it would cost you if you dropped your religion and became an agnostic or atheist? How much of the below do you think you would experience? (If you have dropped your religion and would now say you have "none," answer according to how you felt right at the time you decided to stop believing in that religion.)

- 0 = none at all
- 1 = only a little bit
- 2 = a mild amount
- 3 = a moderate amount
- 4 = quite a bit
- 5 = a great deal

1. Disappointment, disapproval of parents.
2. Disappointment, disapproval of close friends.
3. Disappointment, disapproval of ministers, priests, et cetera.
4. It would threaten a romantic love relationship.
5. I would feel lost, adrift; I'd have lost my "anchor" in life.
6. I would fear punishment from God.
7. I would fear that without my religious beliefs I would become an evil person.
8. I would be ashamed that I had not been strong enough to keep my faith.
9. I would feel I had betrayed the ultimate purpose of my life.
10. I would fear being damned and condemned to everlasting fire in hell.

## APPENDIX R:

## Pleading for Direct Intercession Subscale (PDIS)

The following items deal with ways you coped with the negative event in your life. There are many ways to try to deal with problems. These items ask what you did to cope with this negative event. Obviously different people deal with things in different ways, but we are interested in how you tried to deal with it. Each item says something different about a particular way of coping. We want to know to what extent you did what the item says. *How much or how frequently*. Don't answer on the basis of what worked or not—just whether or not you did it. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

0 = Not at all

1 = Only a Bit

2 = Some

3 = A Great Deal

- 1). Pleaded with God to make things turn out okay. \_\_\_\_\_
- 2). Prayed for a miracle. \_\_\_\_\_
- 3). Bargained with God to make things better. \_\_\_\_\_
- 4). Made a deal with God so that he would make things better. \_\_\_\_\_
- 5). Pleaded with God to make everything work out. \_\_\_\_\_

## APPENDIX S:

## 20-Item Mini-IPIP (Agreeableness, Conscientiousness, and Neuroticism only)

On the following pages, there are phrases describing people's behaviors. Please use the rating scale below to describe how accurately each statement describes you. Describe yourself as you generally are now, not as you wish to be in the future. Describe yourself as you honestly see yourself, in relation to other people you know of the same sex as you are, and roughly your same age. So that you can describe yourself in an honest manner, your responses will be kept in absolute confidence. Please read each statement carefully, and then click on the bubble that corresponds to the number on the scale. I:

## Response Options

- 1: Very Inaccurate
- 2: Moderately Inaccurate
- 3: Neither Inaccurate nor Accurate
- 4: Moderately Accurate
- 5: Very Accurate

- 1). Sympathize with others' feelings A
- 2). Get chores done right away. C
- 3). Have frequent mood swings. N
- 4). Am not interested in other people's problems. (R) A
- 5). Often forget to put things back in their proper place. (R) C
- 6). Am relaxed most of the time. (R) N
- 7). Feel others' emotions. A
- 8). Like order. C
- 9). Get upset easily. N
- 10). Am not really interested in others. (R) A
- 11). Make a mess of things. (R) C
- 12). Seldom feel blue. (R) N

*Note.* A = Agreeableness; C = Conscientiousness; N = Neuroticism; (R) = Reverse Scored Item.

## APPENDIX T:

## The Empathy Quotient (EQ)

Below is a list of statements. Please read each statement carefully and rate how strongly you agree or disagree with it. There are no right or wrong answers, or trick questions.

	<b>Definitely agree</b>	<b>Slightly agree</b>	<b>Slightly disagree</b>	<b>Definitely disagree</b>
1. I can easily tell if someone else wants to enter a conversation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I really enjoy caring for other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I find it hard to know what to do in a social situation. ®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I often find it difficult to judge if something is rude or polite. ®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In a conversation, I tend to focus on my own thoughts rather than on what my listener might be thinking. ®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can pick up quickly if someone says one thing but means another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. It is hard for me to see why some things upset people so much. ®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I find it easy to put myself in somebody else's shoes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am good at predicting how someone will feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am quick to spot when someone in a group is feeling awkward or uncomfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I can't always see why someone should have felt offended by a remark. ®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I don't tend to find social situations confusing.				
13. Other people tell me I am good at understanding how they are feeling and what they are thinking.				
14. I can easily tell if someone else is interested or bored with what I am saying.				

15. Friends usually talk to me about their problems as they say that I am very understanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I can sense if I am intruding, even if the other person doesn't tell me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Other people often say that I am insensitive, though I don't always see why. ®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I can tune into how someone else feels rapidly and intuitively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I can easily work out what another person might want to talk about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I can tell if someone is masking their true emotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I am good at predicting what someone will do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I tend to get emotionally involved with a friend's problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## APPENDIX U:

## Scale of Spiritual Empathy (SSE; modified from Scale of Ethnocultural Empathy)

Please select the number of the one answer that best describes how much you agree or disagree with each statement. There are no right or wrong answers. Please just give the responses that best describe you.

1=strongly disagree 2=disagree 3=slightly disagree 4=slightly agree 5=agree 6=strongly agree

1. I feel annoyed when people do not have the same beliefs as me. (R)
2. I don't know a lot of information about important events of religious and spiritual groups other than my own. (R)
3. I am touched by movies or books about discrimination issues faced by religious or spiritual groups other than my own.
4. I know what it feels like to be the only person of a certain religion or spirituality in a group of people.
5. I get impatient when talking with people from other religious or spiritual backgrounds. (R)
6. I can relate to the frustration that some people feel about having fewer opportunities due to their religious or spiritual backgrounds.
7. I am aware of institutional barriers (e.g., restricted opportunities for job promotion) that discriminate against religious or spiritual groups other than my own.
8. I don't understand why people of different religious or spiritual backgrounds enjoy wearing symbols of their beliefs. (R)
9. I seek opportunities to speak with individuals of other religious or spiritual backgrounds about their experiences.
10. I feel irritated when people of different religious or spiritual backgrounds talk about their beliefs around me. (R)
11. When I know my friends are treated unfairly because of their religious or spiritual backgrounds, I speak up for them.
12. I share the anger of those who face injustice because of their religious and spiritual backgrounds.
13. When I interact with people from other religious or spiritual backgrounds, I show my appreciation of their cultural norms.
14. I feel supportive of people of other religious and spiritual groups, if I think they are being taken advantage of.
15. I get disturbed when other people experience misfortunes due to their religious or spiritual backgrounds.
16. I rarely think about the impact of a religiously insensitive or spiritual joke on the feelings of people who are targeted. (R)
17. I am not likely to participate in events that promote equal rights for people of all religious and spiritual backgrounds. (R)

18. I express my concern about discrimination to people from other religious or spiritual groups.
19. It is easy for me to understand what it would feel like to be a person of another religious or spiritual background other than my own.
20. I can see how other religious or spiritual groups are systematically oppressed in our society.
21. I don't care if people make religiously insensitive statements against other religious or spiritual groups. (R)
22. When I see people who come from a different religious or spiritual background succeed in the public arena, I share their pride.
23. When other people struggle with religious or spiritual oppression, I share their frustration.
24. I recognize that the media often portrays people based on religious or spiritual stereotypes.
25. I am aware of how society differentially treats religious or spiritual groups other than my own.
26. I share the anger of people who are victims of hate crimes (e.g., intentional violence because of religion or spirituality).
27. I do not understand why people want to keep their indigenous religious or spiritual cultural traditions instead of trying to fit into the mainstream. (R)
28. It is difficult for me to put myself in the shoes of someone who is religiously and/or spiritually different from me. (R)
29. I feel uncomfortable when I am around a significant number of people who are religiously/spiritually different than me. (R)
30. When I hear people make religiously insensitive jokes, I tell them I am offended even though they are not referring to my religious or spiritual group.
31. It is difficult for me to relate to stories in which people talk about religious or spiritual discrimination they experience in their day to day lives. (R)

## APPENDIX V:

## Balanced Inventory of Desired Responding (BIDR) – Short Form

Using the scale below as a guide, select a number for each statement to indicate how true it is.

1	2	3	4	5	6	7
not true			somewhat			very true

- \_\_\_ 1. I don't care to know what other people really think of me.
- \_\_\_ 2. I always know why I like things
- \_\_\_ 3. When my emotions are aroused, it biases my thinking.
- \_\_\_ 4. I am fully in control of my own fate.
- \_\_\_ 5. I never regret my decisions.
- \_\_\_ 6. I am a completely rational person.
- \_\_\_ 7. I rarely appreciate criticism.
- \_\_\_ 8. I am very confident of my judgments
- \_\_\_ 9. It's all right with me if some people happen to dislike me.
- \_\_\_ 10. I don't always know the reasons why I do the things I do.
- \_\_\_ 11. I never swear.
- \_\_\_ 12. I always obey laws, even if I'm unlikely to get caught.
- \_\_\_ 13. I have received too much change from a salesperson without telling him or her.
- \_\_\_ 14. I always declare everything at customs.
- \_\_\_ 15. When I was young I sometimes stole things.
- \_\_\_ 16. I have never dropped litter on the street.
- \_\_\_ 17. I never read sexy books or magazines.
- \_\_\_ 18. I never take things that don't belong to me.
- \_\_\_ 19. I have taken sick-leave from work or school even though I wasn't really sick.
- \_\_\_ 20. I have never damaged a library book or store merchandise without reporting it.

## APPENDIX W1:

## ISU E-mail Invitation for Part 2

To whom it may concern:

You are receiving this e-mail because you volunteered to participate in a study about counselor responses and the therapeutic relationship; your participation in this study is very much appreciated! This e-mail is to remind you that you may also participate in the second portion of the study if you so wish, and may receive a total of two credits toward your Psychology course for your willing participation in the entire study.

If you wish to participate in this second portion of the study for an additional credit, you are invited to use the following link to complete the second part of the study:

[https://www.surveymonkey.com/s.aspx?sm=vNnn2Gp2icEcP31L8rfwmQ\\_3d\\_3d](https://www.surveymonkey.com/s.aspx?sm=vNnn2Gp2icEcP31L8rfwmQ_3d_3d)

This study contains a video clip you will be asked to watch before answering any questionnaires.

If you would please watch carefully during this video-clip, you will notice some verbal responses from the counselor to the client. Please be sure to watch the brief video carefully before completing the second portion of the study as the questions all relate to the clip.

Thank you for considering your participation,

Scott Patrick Young, M.S.  
Doctoral Candidate in Counseling Psychology  
Graduate Assistant, Department of Psychology  
W269 Lagomarcino Hall  
Iowa State University  
Ames, IA 50011  
515-294-0280  
spy18@iastate.edu

## APPENDIX W2:

## Bethel University E-mail Invitation for Part 2

Dear Bethel Student:

You are receiving this e-mail because you volunteered to participate in a study about counselor responses and the therapeutic relationship; your participation in this study is very much appreciated! This e-mail is to remind you that you may also participate in the second portion of the study if you so wish, and may receive up to 15 extra credit points toward your course (\*IF OFFERED BY YOUR INSTRUCTOR) for your willing participation in the entire study. Please consider completing the second part of the study as your responses to both parts of the study are needed for the data to be of use to us.

If you wish to participate in this second portion of the study, you are invited to use the following link to complete the second part of the study:

<https://www.surveymonkey.com/s/DW5V956>

This study contains a video clip you will be asked to watch before answering any questionnaires.

If you would please watch carefully during this video-clip, you will notice some verbal responses from the counselor to the client. Please be sure to watch the brief video carefully before completing the second portion of the study as the questions all relate to the clip.

Thank you for considering your participation,

Scott Patrick Young, M.S.  
Doctoral Candidate in Counseling Psychology  
Graduate Assistant, Department of Psychology  
W269 Lagomarcino Hall  
Iowa State University  
Ames, IA 50011  
515-294-0280  
spy18@iastate.edu

## APPENDIX W3:

## Online Groups E-mail Invitation for Part 2

To whom it may concern:

You are receiving this e-mail because you volunteered to participate in a study about counselor responses and the therapeutic relationship; your participation in this study is very much appreciated! This e-mail is to remind you that you may also participate in the second portion of the study if you so wish. Please consider completing the second part of the study as your responses to both parts of the study are needed for the data to be of use to us.

If you wish to participate in this second portion of the study, you are invited to use the following link to complete the second part of the study:

<https://www.surveymonkey.com/s/XZX572D>

This study contains a video clip you will be asked to watch before answering any questionnaires.

If you would please watch carefully during this video-clip, you will notice some verbal responses from the counselor to the client. Please be sure to watch the brief video carefully before completing the second portion of the study as the questions all relate to the clip.

Thank you for considering your participation,

Scott Patrick Young, M.S.  
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Graduate Assistant, Department of Psychology  
W269 Lagomarcino Hall  
Iowa State University  
Ames, IA 50011  
515-294-0280  
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## APPENDIX X:

## Part 2 Instructions and Video Screen-Shot

Counselor Responses and Therapeutic Relationship (ISU Male Students Study 2 V2FIR) [Exit this survey](#)

### 2. Video Instructions

On the next page you will see a link to a brief video of a simulated counseling interaction. Please carefully watch this video and imagine yourself in the role of the client. Pay special attention to your counselor's responses as you will be asked to provide feedback on "your" counselor in the questionnaires following the video.

"If a Security Warning pops up, please click "Yes" to watch the video.

[Prev](#) [Next](#)

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Counselor Responses and Therapeutic Relationship (ISU Male Students Study 2 V2FIR) [Exit this survey](#)

### 3. Video

If you would please watch carefully during this video-clip, you will notice some verbal responses from the counselor to the client. Please be sure to watch this brief video carefully before completing the second portion of the study as the questions all relate to the clip. You may watch the video as many times as you wish, but **you MUST watch the video at least once** in order to complete the study.



To watch the video, you may simply click the play button (the button on the left with the triangle). Clicking the play button will begin the video.

You can also adjust the audio volume and/or make the video full-screen by clicking the controls on the right (the volume is the small slide, while the square button with the 4 small triangles is the full-screen option).

Please note that the video is also available via Google. If the embedded video player does not work, you may visit the following link:

[Click HERE to watch the Video if the above player does not work](#)

It may be downloaded (recommended for slower internet connections such as dialup) or streamed (fine for high speed connections; see link above). If you choose to download the clip, please note that you will need a player that can play mp4 (MPEG-4) files.

[Click HERE to download the Video](#)

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Counselor Responses and Therapeutic Relationship (ISU Male Students Study 2 V2FIR) [Exit this survey](#)

### 4. Video Check

\*1. Did you watch the video?

Yes

No

## APPENDIX Y1:

## Script for Congruent Matched Financial Self-Disclosure Treatment Group

Counselor: Well welcome back. How are you doing today?

Client: Oh, I'm doing ok I guess. About the same as last time.

Counselor: Umhmm. And are you still having some concerns about your financial situation?

Client: Yeah, I think that's why I'm not feeling much better today than the last time. I still don't know what I'm going to do.

Counselor: You're feeling very uncertain and anxious that you don't have the money situation figured out.

Client: I'm just feeling so much pressure! My parents told me that I needed to pay my own way to college so that I'd appreciate it and work hard. I understand why my parents that way, but I just don't see how a student can pay this much money by [himself].

Counselor: It sounds like you wish your parents had a better understanding of how hard it is for you to support yourself financially while in school.

Client: The thing that's really frustrating me is I'm struggling to come up with money now, and it's only going to get that much worse because tuition keeps going up every year! I already have over \$12,000 worth of debt, and I still have at least another two years to go.

Counselor: This really sounds like you wonder how you'll make ends meet.

Client: Yeah! Like you said, it's really hard to make ends meet. That's why I've got a job working at Red Lobster, to make enough to cover what's left after my students loans. The problem is that I'm spending so much time working that I don't have enough time to study. My grades have really started slipping since I started working 30 hours a week.

Counselor: Wow, that sounds like a lot of hours to be working while going to school full time.

Client: Yeah, way too many. It's kinda stupid in a way. I pay all this money to go here to get an education, and I'm working so much to pay those bills that I'm not really learning anything.

Counselor: You know, I can really relate to what you're saying. I finished school a while back, so I know I didn't have half the bills you do, but I had to pay my way through school too. I worked throughout college and I remember feeling really stressed sometimes trying to



balance work and school. I was always worrying about the future, how I was going to pay the next bill.

Client: Yeah, it's funny that you mention worrying about the future, because that's another thing that all tied into this. I'm came in determined to get out in 4 years, but getting all those classes in has been really hard to do. They don't have classes I need offered all the time so I have to take a pretty heavy courseload to get everything worked in.

Counselor: So I'm hearing you say that because you want to try to finish school in 4 years that you feel pressured to take lots of classes because you don't know when you'll be able to take them again later.

Client: You know, sometimes I almost feel like it's some sort of trap. They make it so we can't easily get the classes we need when we need them, so we end up staying an extra semester or year or whatever. Then, since they raise tuition every time you turn around, they stick you for just a little bit more money you don't have.

Counselor: I'm just struck by how let down you seem to feel. You mentioned wishing your parents were more involved in helping to pay for your schooling, and now you mention feeling as if the university is trapping you in some way.

Client: Well I know why my parents aren't helping more, they just never made it a priority to save money for college for me because of their feelings about responsibility. And I know that the university isn't really trying to trap me personally, but yeah, you're right I guess I do feel let down because of the situation. No matter whether it's personal and understandable or not, I still get stuck with the bill that I can't figure out how to pay.

## APPENDIX Y2:

## Script for Incongruent Mismatched Client Financial and Counselor Religious Self-Disclosure Treatment Group

Counselor: Well welcome back. How are you doing today?

Client: Oh, I'm doing ok I guess. About the same as last time.

Counselor: Umhmm. And are you still having some concerns about your financial situation?

Client: Yeah, I think that's why I'm not feeling much better today than the last time. I still don't know what I'm going to do.

Counselor: You're feeling very uncertain and anxious that you don't have the money situation figured out.

Client: I'm just feeling so much pressure! My parents told me that I needed to pay my own way to college so that I'd appreciate it and work hard. I understand why my parents that way, but I just don't see how a student can pay this much money by [himself].

Counselor: It sounds like you wish your parents had a better understanding of how hard it is for you to support yourself financially while in school.

Client: The thing that's really frustrating me is I'm struggling to come up with money now, and it's only going to get that much worse because tuition keeps going up every year! I already have over \$12,000 worth of debt, and I still have at least another two years to go.

Counselor: This really sounds like you wonder how you'll make ends meet.

Client: Yeah! Like you said, it's really hard to make ends meet. That's why I've got a job working at Red Lobster, to make enough to cover what's left after my students loans. The problem is that I'm spending so much time working that I don't have enough time to study. My grades have really started slipping since I started working 30 hours a week.

Counselor: Wow, that sounds like a lot of hours to be working while going to school full time.

Client: Yeah, way too many. It's kinda stupid in a way. I pay all this money to go here to get an education, and I'm working so much to pay those bills that I'm not really learning anything.

Counselor: You know, I can really relate to what you're saying. I finished school a while back, so I know I didn't have half the bills you do, but I had to pay my way through school

too. I was always worrying about the future, how I was going to pay the next bill. At times like that I found praying really helped put things in perspective for me.

Client: Yeah, it's funny that you mention worrying about the future, because that's another thing that all tied into this. I'm came in determined to get out in 4 years, but getting all those classes in has been really hard to do. They don't have classes I need offered all the time so I have to take a pretty heavy courseload to get everything worked in.

Counselor: So I'm hearing you say that because you want to try to finish school in 4 years that you feel pressured to take lots of classes because you don't know when you'll be able to take them again later.

Client: You know, sometimes I almost feel like it's some sort of trap. They make it so we can't easily get the classes we need when we need them, so we end up staying an extra semester or year or whatever. Then, since they raise tuition every time you turn around, they stick you for just a little bit more money you don't have.

Counselor: I'm just struck by how let down you seem to feel. You mentioned wishing your parents were more involved in helping to pay for your schooling, and now you mention feeling as if the university is trapping you in some way.

Client: Well I know why my parents aren't helping more, they just never made it a priority to save money for college for me because of their feelings about responsibility. And I know that the university isn't really trying to trap me personally, but yeah, you're right I guess I do feel let down because of the situation. No matter whether it's personal and understandable or not, I still get stuck with the bill that I can't figure out how to pay.

## APPENDIX Y3:

## Script for Incongruent Undisclosive Counselor Control Group

Counselor: Well welcome back. How are you doing today?

Client: Oh, I'm doing ok I guess. About the same as last time.

Counselor: Umhmm. And are you still having some concerns about your relationship with your fiancé?

Client: Yeah, I think that's why I'm not feeling much better today than the last time. I still don't feel like [he] understands why I get so worked up about the details of the wedding ceremony. I think [he] just thinks I'm over-reacting, that I'm making mountains out of mole-hills.

Counselor: But you don't feel like your concerns about the wedding are trivial.

Client: No, I think this is really important and...

Counselor: And?

Client: Well, I guess I feel like this is typical of us. We agree on lots of things like having kids or where we want to live, but we've discussed those things a lot so we each know how the other feels about it. The one big thing, to me at least, that we haven't really talked much about is religion.

Counselor: I noticed you said that religion is important to you, at least.

Client: Yeah, I guess I don't feel like [he] is very religious. [He] almost never talks about religion or what [he] believes, and when I try to talk with [him] about that stuff, [he] doesn't really say anything to keep the conversation going. It's almost like I'm just talking at [him], like [he] doesn't want to discuss the topic so if [he] just ignores it I'll stop talking to [him] about it.

Counselor: So you feel ignored when you want to share this part of yourself with [him] and [he] doesn't respond in the way you want.

Client: Yeah, being Christian is a huge part of my life.

Counselor: So I'm hearing that your beliefs are very important in your life and that when you've tried to talk with your fiancé about being a Christian, you didn't have a very good experience. Does that fit?

Client: Yup, that about sums it up.

Counselor: Wow, you know, it sounds like that really hurts you when you try to talk to you're fiancé about being a Christian, and [he] doesn't seem to understand how much a part of your life that is and just how important it is for you be able to share your beliefs them with [him].

Client: I think that's why we've been fighting so much lately about the wedding. I want to make sure the ceremony fits my religious beliefs and [he] doesn't get that. All [he] sees is me making a big deal about who performs the ceremony and where it happens. [He] doesn't see that getting married outside on the beach by a justice of the peace isn't what I was raised to believe a wedding should be like. I really need a church and a pastor involved! [He] doesn't get that. [He] just sees me disagreeing with [his] vision of this great Hawaiian luau wedding extravaganza. [He] doesn't understand that the reason I don't want our wedding to be like that isn't that I don't think it would be fun, but that I really want to start our marriage off right. I want God involved somewhere in the ceremony, and I want [him] to understand why I do. I want to be able to, like you said, share my beliefs with [him] and maybe even have [him] share what [he] believes with me. I mean, isn't that what marriage is supposed to be about?

Counselor: I'm really sensing the disappointment you feel in not being able to be as open with your fiancé as you'd like and the frustration in not being able to express your needs to [him].

Client: Yeah, it just makes me mad that there's this big part of me that I don't feel like I can share with [him].

Counselor: And maybe a little scared?

Client: Yeah, I'm scared that if we start off this way that things won't work between us. If God isn't in the equation, and communication isn't open, what's that leave us?

Counselor: What do you think the answer to that is?

Client: I don't know, and that scares me.

## APPENDIX Y4:

## Script for Congruent Matched Religious Self-Disclosure Treatment Group

Counselor: Well welcome back. How are you doing today?

Client: Oh, I'm doing ok I guess. About the same as last time.

Counselor: Umhmm. And are you still having some concerns about your relationship with your fiancé?

Client: Yeah, I think that's why I'm not feeling much better today than the last time. I still don't feel like [he] understands why I get so worked up about the details of the wedding ceremony. I think [he] just thinks I'm over-reacting, that I'm making mountains out of mole-hills.

Counselor: But you don't feel like your concerns about the wedding are trivial.

Client: No, I think this is really important and...

Counselor: And?

Client: Well, I guess I feel like this is typical of us. We agree on lots of things like having kids or where we want to live, but we've discussed those things a lot so we each know how the other feels about it. The one big thing, to me at least, that we haven't really talked much about is religion.

Counselor: I noticed you said that religion is important to you, at least.

Client: Yeah, I guess I don't feel like [he] is very religious. [He] almost never talks about religion or what [he] believes, and when I try to talk with [him] about that stuff, [he] doesn't really say anything to keep the conversation going. It's almost like I'm just talking at [him], like [he] doesn't want to discuss the topic so if [he] just ignores it I'll stop talking to [him] about it.

Counselor: So you feel ignored when you want to share this part of yourself with [him] and [he] doesn't respond in the way you want.

Client: Yeah, being Christian is a huge part of my life.

Counselor: So I'm hearing that your beliefs are very important in your life and that when you've tried to talk with your fiancé about being a Christian, you didn't have a very good experience. Does that fit?

Client: Yup, that about sums it up.

Counselor: Wow, you know, I'm a Christian too and I have certainly felt there were times in my life when people didn't understand just how important my beliefs are to me. In times like that, I really felt hurt and misunderstood, and I'm wondering if that's sort of the way you've been feeling toward your fiancé.

Client: I think that's why we've been fighting so much lately about the wedding. I want to make sure the ceremony fits my religious beliefs and [he] doesn't get that. All [he] sees is me making a big deal about who performs the ceremony and where it happens. [He] doesn't see that getting married outside on the beach by a justice of the peace isn't what I was raised to believe a wedding should be like. I really need a church and a pastor involved! [He] doesn't get that. [He] just sees me disagreeing with [his] vision of this great Hawaiian luau wedding extravaganza. [He] doesn't understand that the reason I don't want our wedding to be like that isn't that I don't think it would be fun, but that I really want to start our marriage off right. I want God involved somewhere in the ceremony, and I want [him] to understand why I do. I want to be able to, like you said, share my beliefs with [him] and maybe even have [him] share what [he] believes with me. I mean, isn't that what marriage is supposed to be about?

Counselor: I'm really sensing the disappointment you feel in not being able to be as open with your fiancé as you'd like and the frustration in not being able to express your needs to [him].

Client: Yeah, it just makes me mad that there's this big part of me that I don't feel like I can share with [him].

Counselor: And maybe a little scared?

Client: Yeah, I'm scared that if we start off this way that things won't work between us. If God isn't in the equation, and communication isn't open, what's that leave us?

Counselor: What do you think the answer to that is?

Client: I don't know, and that scares me.

## APPENDIX Z:

## The Accurate Empathy Scale – Revised (AES-R)

**1 = Not at all true**

**2 = A little true**

**3 = Slightly true**

**4 = Somewhat true**

**5 = Moderately true**

**6 = Considerably true**

**7 = Very true**

- 1). She/He understands my words but does not know how I feel.
- 2). She/He understands me.
- 3). She/He understands exactly how I see things.
- 4). She/He may understand me but she/he does not know how I feel.
- 5). She/He often misunderstands what I am trying to say.
- 6). Sometimes she/he will argue with me just to prove she/he is right.
- 7). She/He ignores some of my feelings.
- 8). Even when I cannot say quite what I mean, she/he knows how I feel.
- 9). She/He usually helps me to know how I am feeling by putting my feelings into words for me.
- 10). She/He must understand me, but I often think she/he is wrong.
- 11). She/He seems to follow almost every feeling I have while I am with her/him.
- 12). She/He usually uses just the right words when she/he tries to understand how I am feeling.
- 13). Whatever she/he says usually fits right in with what I am feeling.
- 14). She/He sometimes seems more interested in what she/he herself/himself says than in what I say.
- 15). She/He sometimes pretends to understand me, when she/he really does not.
- 16). She/He usually knows exactly what I mean, sometimes even before I finish saying it.
- 17). I can learn a lot about myself from talking with her/him.
- 18). When she/he sees me she/he seems to be “just doing a job.”
- 19). She/He never knows when to stop talking about something which is not very meaningful to me.
- 20). There are lots of things I could tell her/him, but I am not sure how she/he would react to them, so I keep them to myself.
- 21). If I had a chance to have counseling with a different therapist, I would.
- 22). She/He uses the same words over and over again, till I’m bored.
- 23). Usually I can lie to her/him and she/he never knows the difference.
- 24). I don’t think she/he knows what is the matter with me.
- 25). There are times when I don’t have to speak, she/he knows how I feel.
- 26). She/He knows what it feels like to be ill.
- 27). There are times when she/he is silent for long periods, and then says things that don’t have much to do with what we have been talking about.
- 28). She/He will talk to me, but otherwise he seems to be just another person to talk with, an outsider.



## APPENDIX AA:

## Working Alliance Inventory – Short Revised Form (WAI-SR)

Below are statements that describe some of the different ways a person might think or feel about his or her therapist or counselor. Below each statement there is a seven point scale. If the statement describes the way you always feel (or think) select the number 7; if it never applies to you select the number 1. Use the numbers in between to describe the variations between these extremes.

**1 = Not at all true**

**2 = A little true**

**3 = Slightly true**

**4 = Somewhat true**

**5 = Moderately true**

**6 = Considerably true**

**7 = Very true**

- \_\_\_\_\_ 1. What I am doing in therapy gives me new ways of looking at my problem. (Tasks)
- \_\_\_\_\_ 2. I believe my therapist likes me. (Bonds)
- \_\_\_\_\_ 3. I feel like the things I do in therapy will help me to accomplish the changes that I want. (Tasks)
- \_\_\_\_\_ 4. My therapist and I respect each other. (Bonds)
- \_\_\_\_\_ 5. My therapist and I are working towards mutual agreed upon goals. (Goals)
- \_\_\_\_\_ 6. I feel that my therapist appreciates me. (Bonds)
- \_\_\_\_\_ 7. We agree on what is important for me to work on. (Goals)
- \_\_\_\_\_ 8. As a result of these sessions I am clearer as to how I might be able to change. (Tasks)
- \_\_\_\_\_ 9. My therapist and I collaborate on setting goals for my therapy. (Goals)
- \_\_\_\_\_ 10. We have established a good understanding of the kind of changes that would be good for me. (Goals)
- \_\_\_\_\_ 11. I believe the way we are working with my problem is correct. (Tasks)
- \_\_\_\_\_ 12. I feel my therapist cares about me even when I do things that he/she does not approve of. (Bonds)

## APPENDIX BB:

## The Burns Empathy Scale (BES)

Please indicate how strongly you agree with each of the following 10 statements concerning your most recent therapy session.

0 = NOT AT ALL      1 = SOMEWHAT      2 = MODERATELY      3 = A LOT

1. I felt that I could trust my therapist during today's session.
2. My therapist felt I was worthwhile.
3. My therapist was friendly and warm towards me.
4. My therapist understood what I said during today's session.
5. My therapist was sympathetic and concerned about me.
  
6. Sometimes my therapist did not seem to be completely genuine.
7. My therapist pretended to like me more than he or she really does.
8. My therapist did not always seem to care about me.
9. My therapist did not always understand the way I felt inside.
10. My therapist acted condescending and talked down to me.

## APPENDIX CC:

## Willingness to Be Known Questionnaire (WTBN)

Below are listed a variety of ways one person could feel or behave in relation to another person. Please consider each statement with respect to whether you think it is true or not true based on your present relationship with your therapist. Please indicate how strongly you feel each statement is or is not true using the following scale:

- 3 = I strongly feel it is not true
- 2 = I feel it is not true
- 1 = I feel it is probably untrue, or more untrue than true
- 1 = I feel it is probably true, or more true than untrue
- 2 = I feel it is true
- 3 = I strongly feel it is true

- \_\_\_\_\_ 1). She/He is willing to tell me her/his own thoughts and feelings when she/he is sure that I really want to know them.
- \_\_\_\_\_ 2). She/He tells me her/his opinion more than I really want to know them.
- \_\_\_\_\_ 3). She/He prefers to talk only about me and not at all about her/him.
- \_\_\_\_\_ 4). She/He will freely tell me her/his own thoughts and feelings, when I want to know them.
- \_\_\_\_\_ 5). She/He says more about herself/himself than I am really interested to hear.
- \_\_\_\_\_ 6). She/He adopts a professional role that makes it hard for me to know what she/he is like as a person.
- \_\_\_\_\_ 7). She/He tells me what she/he thinks about me, whether I want to know it or not.
- \_\_\_\_\_ 8). She/He is uncomfortable when I ask her/him something about herself/himself.
- \_\_\_\_\_ 9). She/He expresses ideas or feelings of her/his own that I am not really interested in.
- \_\_\_\_\_ 10). She/He wants to say as little as possible about her/his own thoughts and feelings.
- \_\_\_\_\_ 11). Her/His own feelings and thoughts are always available to me, but never imposed on me.
- \_\_\_\_\_ 12). She/He is willing for me to use our time to get to know her/him better, if or when I want to.
- \_\_\_\_\_ 13). She/He is more interested in expressing and communicating herself/himself than in knowing and understanding me.
- \_\_\_\_\_ 14). She/He is unwilling to tell me how she/he feels about me.
- \_\_\_\_\_ 15). She/He is willing to tell me her/his actual response to anything I say or do.
- \_\_\_\_\_ 16). She/He tends to evade any attempt that I make to get to know her/him better.



6. Sociable  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

7. Warm  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

8. Trustworthy  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

9. Experienced  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

10. Reliable  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

11. Prepared  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

12. Friendly  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

APPENDIX EE:

Counselor Ethicality Questions (EthicPlus)

1. **Professional**  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

2. **Ethical**  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

3. **Moral**  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

## APPENDIX FF:

## Disclosure Expectation Scale (DES)

INSTRUCTIONS: For the following questions, you are asked to respond using the following scale: (1) Not at all, (2) Slightly, (3) Somewhat, (4) Moderately, or (5) Very.

1. How difficult would it be for you to disclose personal information to a counselor?
2. How vulnerable would you feel if you disclosed something very personal you had never told anyone before to a counselor?
3. If you were dealing with an emotional problem, how beneficial for yourself would it be to self-disclose personal information about the problem to a counselor?
4. How risky would it feel to disclose your hidden feelings to a counselor?
5. How worried about what the other person is thinking would you be if you disclosed negative emotions to a counselor?
6. How helpful would it be to self-disclose a personal problem to a counselor?
7. Would you feel better if you disclosed feelings of sadness or anxiety to a counselor?
8. How likely would you get a useful response if you disclosed an emotional problem you were struggling with to a counselor?
5. How worried about what the other person is thinking would you be if you disclosed negative emotions to a counselor?
6. How helpful would it be to self-disclose a personal problem to a counselor?
7. Would you feel better if you disclosed feelings of sadness or anxiety to a counselor?
8. How likely would you get a useful response if you disclosed an

## APPENDIX GG:

## Self-Stigma of Seeking Help Scale (SSOSHS)

INSTRUCTIONS: For the following questions, you are asked to respond using the following scale: 1 = Strongly Disagree, 2 = Somewhat Disagree, 3 = Agree and Disagree Equally, 4 = Somewhat Agree, 5 = Strongly Agree

1. I would feel inadequate if I went to a therapist for psychological help.
2. My self-confidence would NOT be threatened if I sought professional help.
3. Seeking psychological help would make me feel less intelligent.
4. My self-esteem would increase if I talked to a therapist.
5. My view of myself would not change just because I made the choice to see a therapist.
6. It would make me feel inferior to ask a therapist for help.
7. I would feel okay about myself if I made the choice to seek professional help.
8. If I went to a therapist, I would be less satisfied with myself.
9. My self-confidence would remain the same if I sought help for a problem I could not solve.
10. I would feel worse about myself if I could not solve my own problems.



## APPENDIX HH:

## Attitudes Toward Seeking Professional Psychological Help Scale – Short Form (ATSPPHS-SF)

**To what extent do you agree or disagree with the statements below:**

1 = Disagree

2 = Partly Disagree

3 = Partly Agree

4 = Agree

1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
3. If I were experiencing a serious emotional crisis at this point in my life. I would be confident that I could find relief in psychotherapy.
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears *without* resorting to professional help.
5. I would want to get psychological help if I were worried or upset for a long period of time.
6. I might want to have psychological counseling in the future.
7. A person with an emotional problem is not likely to solve it alone; he or she *is* likely to solve it with professional help.
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
9. A person should work out his or her own problems; getting psychological counseling would be a last resort.
10. Personal and emotional troubles, like many things, tend to work out by themselves.

## APPENDIX II:

## Treatment Effect on Openness to Counseling (VidQuests)

**To what extent do you agree or disagree with the statements below:**

1 = Disagree

2 = Partly Disagree

3 = Partly Agree

4 = Agree

1. Watching this video has made me feel counselors are more human.
2. Watching this video has made me feel counselors are safe to trust.
3. Watching this video has helped me see that counseling is not only for serious problems or 'crazy people'.
4. Watching this video has made me feel interested in going to counseling myself.
5. Watching this video has helped me feel more open to talking about my own concerns (such as religious problems, financial stress, etc.) with a counselor.”

## APPENDIX JJ1:

## Debriefing Information Form (Iowa State)

Thank you for your participation in the present study concerning your view of counselor self-disclosure on the therapeutic relationship. In this study you were placed in one of eight groups, according to your reported sex and random assignment, to view a video clip of a simulated counseling session either with or without a counselor religious self-disclosure to the client.

Prior research has shown the therapeutic relationship is related to improvement in therapy, but little is known about how self-disclosures impact that relationship. Since previous research has suggested that highly religious clients want to discuss religious issues in therapy, and that they are most comfortable doing so with a counselor of their same faith, this study attempts to determine if participant observers placing themselves in the role of the client perceive the counselor differently if the counselor self-discloses religious similarity to their client. If this study can begin to establish whether counselor self-disclosure of religious similarity improves therapeutic processes, it may help improve the way therapists provide counseling to clients.

Your generosity and willingness to participate in this study are greatly appreciated. Your input will help contribute to the advancement of the field of counseling research. Although this was not the intent of the study, sometimes people find the subject matter of the video clip and these questionnaires may bring up some feelings. If any part of your participation in this study raised questions or feelings that you would like to discuss with a counselor, please contact one of the following free resources:

Iowa State University Student Counseling Center.	294-5056
Network: A Group Counseling Program.	294-1898

We would ask you to maintain confidentiality about the purpose of the experiment since any pre-knowledge of the purpose will bias the data for that person and thus cannot be used.

If you have questions or concerns about this research please contact either the primary investigator Scott Young ([spy18@iastate.edu](mailto:spy18@iastate.edu), 689-8724) or faculty supervisor Dr. Norman Scott ([nascott@iastate.edu](mailto:nascott@iastate.edu), 294-1509). If your concerns are not resolved you may contact the Director of Research Assurances, Diane Ament ([dament@iastate.edu](mailto:dament@iastate.edu), 294-3115).

If you are interested in this area of research, you may wish to read the following references:

- Burkard, A. W., Knox S., Groen, M., Perez, M., & Hess, S. A. (2006). European American therapist self-disclosure in cross-cultural counseling. *Journal of Counseling Psychology*, *53*(1), 15–25.
- Gregory, C., Pomerantz, A. M., Pettibone, J. C., & Segrist, D. J. (2008). The effects of psychologists' disclosure of personal religious background on prospective clients. *Mental Health, Religion, & Culture*, *11*, 369-373.
- Norcross, J. C. (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. New York: Oxford University Press.
- Worthington, E. L., Kurusu, T. A., McCullough, M. E., & Sandage, S.J. (1996). Empirical research on religion and psychotherapeutic processes and outcomes: A 10-year review and research prospectus. *Psychological Bulletin*, *119*, 448-487.

**Thank you very much for participating!**

## APPENDIX JJ2:

## Debriefing Information Form (Bethel University)

Thank you for your participation in the present study concerning your view of counselor self-disclosure on the therapeutic relationship. In this study you were placed in one of eight groups, according to your reported sex and random assignment, to view a video clip of a simulated counseling session either with or without a counselor religious self-disclosure to the client.

Prior research has shown the therapeutic relationship is related to improvement in therapy, but little is known about how self-disclosures impact that relationship. Since previous research has suggested that highly religious clients want to discuss religious issues in therapy, and that they are most comfortable doing so with a counselor of their same faith, this study attempts to determine if participant observers placing themselves in the role of the client perceive the counselor differently if the counselor self-discloses religious similarity to their client. If this study can begin to establish whether counselor self-disclosure of religious similarity improves therapeutic processes, it may help improve the way therapists provide counseling to clients.

Your generosity and willingness to participate in this study are greatly appreciated. Your input will help contribute to the advancement of the field of counseling research. Although this was not the intent of the study, sometimes people find the subject matter of the video clip and these questionnaires may bring up some feelings. If any part of your participation in this study raised questions or feelings that you would like to discuss with a counselor, please contact the following free resource:

Bethel Counseling Services.

651-635-8540

We would ask you to maintain confidentiality about the purpose of the experiment since any pre-knowledge of the purpose will bias the data for that person and thus cannot be used.

If you have questions or concerns about this research please contact either the primary investigator Scott Young ([spy18@iastate.edu](mailto:spy18@iastate.edu), 515-689-8724) or faculty supervisor Dr. Norman Scott ([nascott@iastate.edu](mailto:nascott@iastate.edu), 515-294-1509). If your concerns are not resolved you may contact the Director of Research Assurances, Diane Ament ([dament@iastate.edu](mailto:dament@iastate.edu), 515-294-3115).

If you are interested in this area of research, you may wish to read the following references:

- Burkard, A. W., Knox S., Groen, M., Perez, M., & Hess, S. A. (2006). European American therapist self-disclosure in cross-cultural counseling. *Journal of Counseling Psychology, 53*(1), 15–25.
- Gregory, C., Pomerantz, A. M., Pettibone, J. C., & Segrist, D. J. (2008). The effects of psychologists' disclosure of personal religious background on prospective clients. *Mental Health, Religion, & Culture, 11*, 369-373.
- Norcross, J. C. (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. New York: Oxford University Press.
- Worthington, E. L., Kurusu, T. A., McCullough, M. E., & Sandage, S.J. (1996). Empirical research on religion and psychotherapeutic processes and outcomes: A 10-year review and research prospectus. *Psychological Bulletin, 119*, 448-487.

**Thank you very much for participating!**

## APPENDIX JJ3:

## Debriefing Information Form (Online Groups)

Thank you for your participation in the present study concerning your view of counselor self-disclosure on the therapeutic relationship. In this study you were placed in one of eight groups, according to your reported sex and random assignment, to view a video clip of a simulated counseling session either with or without a counselor religious self-disclosure to the client.

Prior research has shown the therapeutic relationship is related to improvement in therapy, but little is known about how self-disclosures impact that relationship. Since previous research has suggested that highly religious clients want to discuss religious issues in therapy, and that they are most comfortable doing so with a counselor of their same faith, this study attempts to determine if participant observers placing themselves in the role of the client perceive the counselor differently if the counselor self-discloses religious similarity to their client. If this study can begin to establish whether counselor self-disclosure of religious similarity improves therapeutic processes, it may help improve the way therapists provide counseling to clients.

Your generosity and willingness to participate in this study are greatly appreciated. Your input will help contribute to the advancement of the field of counseling research. Although this was not the intent of the study, sometimes people find the subject matter of the video clip and these questionnaires may bring up some feelings. If any part of your participation in this study raised questions or feelings that you would like to discuss with a counselor, please contact a psychologist or counselor. The following website may provide assistance locating psychologists in your area:

<http://locator.apa.org/>

We would ask you to maintain confidentiality about the purpose of the experiment since any pre-knowledge of the purpose will bias the data for that person and thus cannot be used.

If you have questions or concerns about this research please contact either the primary investigator Scott Young ([spy18@iastate.edu](mailto:spy18@iastate.edu), 515-689-8724) or faculty supervisor Dr. Norman Scott ([nascott@iastate.edu](mailto:nascott@iastate.edu), 515-294-1509). If your concerns are not resolved you may contact the Director of Research Assurances, Diane Ament ([dament@iastate.edu](mailto:dament@iastate.edu), 515-294-3115).

If you are interested in this area of research, you may wish to read the following references:

- Burkard, A. W., Knox S., Groen, M., Perez, M., & Hess, S. A. (2006). European American therapist self-disclosure in cross-cultural counseling. *Journal of Counseling Psychology, 53*(1), 15–25.
- Gregory, C., Pomerantz, A. M., Pettibone, J. C., & Segrist, D. J. (2008). The effects of psychologists' disclosure of personal religious background on prospective clients. *Mental Health, Religion, & Culture, 11*, 369-373.
- Norcross, J. C. (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. New York: Oxford University Press.
- Worthington, E. L., Kurusu, T. A., McCullough, M. E., & Sandage, S.J. (1996). Empirical research on religion and psychotherapeutic processes and outcomes: A 10-year review and research prospectus. *Psychological Bulletin, 119*, 448-487.

**Thank you very much for participating!**

## APPENDIX KK:

## Chart of Online Groups

Group Name	Topic	Membership
Atheism vs Christianity	Debates Atheism versus Christianity	5195
Buddha-Direct	Buddhism	3727
Christian Witnessess	Christianity (Evangelical appearance)	1601
Hinduism Environment	Hinduism	1273
Islam4all	Muslim	4666
SpiritualAwakening	Non-traditional spirituality including mysticism and indigenous religions	1811
Godesschristians	Feminist Christianity with neo-pagan undertones	1542
Nazarene-Judaism	Judaism and Jews who believe Jesus was the Messiah	1048
Upper Room Fellowship (of St. Mary's)	Catholicism	826
Spiritual Words	Coptic Orthodox	4078
The Glory of God on Cape Cod	Christianity	1008
UU Young Adults of Maryland	Unitarian Universalism	170
Taoist Tai Chi Society	Taoism and body-based spirituality	653
Taoistpractices	Taoism	562
Spiritual Agnostics	Agnosticism	647
Sams Students Sharing List	Psychology graduate students	630
New_Jersey_Pagans	Paganism	1302
Mandir Of Madison	Hinduism	416
LDS-Mormon-YSA	Young adult Mormonism	603
Ex-Mormon-Christians	Christian converts from LDS	177
ldsfilm	Religious (especially LDS) film interests	170
Connecting Counseling Psychology Graduate Students	National group for counseling psychology graduate students	198
pastoral-counseling	Pastoral counselors and therapists	242
The Journey - St. John Neumann Young Adults	Young adult Catholicism	320

APPENDIX LL:

Table of Dependent Variable Means by Condition and Sex

Condition	Females						Males						Combined					
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
1 = FCF	83.46	12.73	9.16	2.87	9.60	3.06	81.35	12.84	9.26	2.76	9.67	2.62	82.30	12.80	9.22	2.81	9.64	2.82
	12.09	2.34	32.92	7.29	30.87	3.79	11.17	2.45	30.21	6.70	29.89	3.48	11.58	2.46	30.32	6.96	30.33	3.23
	63.70	10.23	19.87	3.36	17.85	3.76	63.06	9.74	19.85	4.18	17.44	3.09	63.35	9.98	19.86	4.83	17.62	3.39
	19.12	6.31	15.85	4.30	16.85	16.65	19.27	4.91	15.93	3.16	16.36	12.38	19.21	5.36	15.89	3.71	16.69	14.41
	72.84	20.24	12.47	4.13	14.19	3.26	72.78	13.70	12.96	4.28	13.27	3.78	72.82	16.96	12.74	4.21	13.68	3.58
24.63	8.27	22.03	3.70	13.85	3.61	28.41	9.50	22.39	6.43	12.86	3.81	26.70	9.14	23.87	6.32	13.31	3.74	
2 = FIR	81.95	13.94	8.79	3.40	9.20	3.37	79.94	11.42	9.00	2.40	10.02	2.33	80.81	12.83	9.37	3.02	9.58	3.02
	11.36	2.77	29.62	8.35	30.75	6.05	11.15	2.04	31.26	5.34	29.16	4.98	11.37	2.46	30.40	7.31	29.99	5.60
	64.33	9.81	19.67	4.97	17.60	6.09	64.06	10.20	19.46	5.02	17.38	3.25	64.31	9.97	19.37	4.98	17.50	5.71
	19.14	5.80	15.61	4.34	16.40	15.41	18.34	5.27	15.31	4.32	15.28	13.56	18.86	5.55	15.47	4.32	15.87	14.71
	72.02	18.64	13.08	3.78	14.23	4.04	71.34	16.83	12.86	3.44	13.19	3.48	71.71	17.78	12.98	3.62	13.73	3.81
25.19	8.23	22.15	6.09	13.36	3.79	27.93	7.88	22.10	5.02	13.06	3.12	26.48	8.15	23.35	3.78	13.32	3.49	
3 = RIN	80.89	13.92	9.00	3.00	9.15	3.12	83.10	11.59	10.17	2.85	10.05	2.87	81.90	12.92	9.54	2.98	9.56	3.06
	11.11	2.34	29.23	7.36	29.63	6.03	11.20	2.45	31.39	7.38	30.45	5.12	11.16	2.49	30.23	7.33	30.01	3.63
	62.12	9.97	17.92	3.77	17.37	6.32	61.83	9.87	19.28	5.16	18.00	5.60	61.91	9.90	18.33	3.52	17.77	6.00
	16.44	6.41	15.93	3.77	15.93	17.07	18.21	5.44	15.76	3.95	15.49	14.99	17.26	6.03	15.85	3.85	15.58	16.20
	68.14	19.33	13.06	3.95	13.71	3.85	71.41	18.22	12.27	3.99	12.89	3.75	69.66	18.84	12.69	3.97	13.33	3.81
24.83	8.11	22.97	3.67	12.70	3.94	28.13	7.83	22.66	5.13	12.90	3.12	26.35	8.13	24.23	3.57	12.79	3.38	
4 = RCR	84.81	11.42	9.96	3.18	9.75	2.97	80.64	12.33	9.76	2.72	9.73	2.68	82.65	12.05	9.85	2.94	9.75	2.81
	11.72	2.37	31.62	7.89	30.34	5.32	11.30	2.22	30.79	6.33	29.03	5.35	11.30	2.39	31.18	7.20	29.76	3.47
	63.99	10.01	20.04	4.96	18.43	5.41	64.27	9.68	19.55	4.77	17.90	5.33	64.14	9.85	19.79	4.85	18.16	3.46
	18.83	5.62	15.90	3.44	17.30	14.97	18.10	5.23	15.62	3.40	15.55	14.11	18.45	5.41	15.75	3.41	16.39	14.51
	73.78	17.46	13.29	3.68	13.62	3.36	71.01	16.72	12.35	3.49	13.10	3.41	72.32	17.08	12.80	3.60	13.35	3.48
27.11	9.43	23.86	6.14	13.09	3.37	27.14	7.31	22.18	3.45	13.12	3.37	27.13	8.39	24.33	3.81	13.11	3.46	

Note: AES = Accurate Empathy Scale, WAIT = Working Alliance Inventory Tasks, WAIG = Working Alliance Inventory Goals, WAIB = Working Alliance Inventory Bonds, WAISR = Working Alliance Inventory Short Revised Form Total, BES = Burns Empathy Scale, WTBK = Willingness to be Known, CRFT = Counselor Rating Form Trustworthiness, CRFE = Counselor Rating Form Expertness, CRFA = Counselor Rating Form Attractiveness, CRFS = Counselor Rating Form Short Total, Ethic+ = Additional Items (Professional, Ethical, Moral), CRFS+ = Counselor Rating Form Short Total and Additional Items, DES2R = Disclosure Expectation Scale Perceived Risks, DES2U = Disclosure Expectation Scale Perceived Utility, SS2SHS = Self-Stigma of Seeking Help Scale, AT2PPHS = Attitudes Toward Seeking Professional Psychological Help Scale, VidQuest = Video Effect on Openness Toward Counseling Questions

AES	WAIT	WAIG
WAIB	WAISR	BES
WTBK	CRFT	CRFE
CRFA	Ethic+	CRFS
CRFS+	DES2R	DES2U
SS2SHS	AT2PPHS	VidQuest

## APPENDIX MM:

## Master Correlation Matrix and All Scale Coefficients Alpha

*Master correlation matrix for all variables from both sessions*

	1	2	3	4	5	6	7	8	9	10	11
1	<b>0.97</b>										
2	.89**	<b>0.94</b>									
3	.97**	.97**	<b>0.97</b>								
4	.81**	.84**	.85**	<b>0.96</b>							
5	.53**	.42**	.49**	.42**	<b>0.77</b>						
6	.83**	.74**	.81**	.80**	.65**	<b>0.92</b>					
7	.10*	.09*	.09*	.14**	.42**	.25**	<b>0.85</b>				
8	.65**	.56**	.63**	.60**	.87**	.83**	.67**	<b>0.90</b>			
9	.70**	.63**	.69**	.68**	.47**	.72**	.12**	.58**	<b>0.94</b>		
10	.43**	.34**	.40**	.33**	.44**	.39**	.25**	.46**	.43**	<b>0.88</b>	
11	.15**	.14**	.15**	.17**	.06	.14**	.04	.10**	.14**	.14**	<b>0.63</b>
12	.12**	.11**	.12**	.10**	.06	.09*	-.02	.06	.06	.07	.17**
13	-.04	-.06	-.05	-.02	.02	-.02	.14**	.05	.08*	.21**	-.10*
14	.16**	.17**	.17**	.18**	.03	.14**	.02	.08*	.11**	.14**	.57**
15	.14**	.18**	.16**	.21**	.07	.16**	.20**	.18**	.09*	.10**	.35**
16	-.02	.04	.01	.04	-.06	.01	.00	-.02	-.09*	-.10*	.08*
17	-.02	-.02	-.02	.10	-.10**	-.05	.03	-.05	-.09*	-.02	.33**
18	-.02	.02	-.00	.10	-.04	-.03	.14**	.02	-.05	.03	.18**
19	.07	.12**	.09*	.15**	-.01	.08*	.16**	.09*	-.00	.02	.35**
20	.04	.03	.03	.02	.07	.02	.06	.06	.13**	.10*	-.04
21	.02	.06	.05	.05	.06	.03	.14**	.09*	.06	.09*	.18**
22	.05	.01	.03	-.01	.09*	.04	-.07	.02	.13**	.04	-.22**
23	.07	.01	.04	.00	.05	.03	-.12**	-.01	.08*	.02	-.18**
24	-.01	.03	.02	.04	-.15**	-.05	-.13**	-.14**	-.11**	-.15**	.09*
25	.14**	.14**	.15**	.17**	-.04	.13**	.02	.05	.10*	-.00	.28**
26	.09*	.12**	.12**	.14**	-.11**	.06	-.06	-.04	.00	-.09*	.24**
27	-.02	.00	-.00	-.03	.01	-.04	.04	.00	-.05	.04	.13**
28	-.01	-.00	-.00	-.07	.10**	-.02	.07	.06	-.02	.04	-.00
29	-.01	-.01	-.01	-.06	.15**	.01	.06	.09*	-.01	.06	-.01
30	.04	.04	.04	.00	.14**	.04	.11**	.12*	.01	.10*	.09*
31	.01	.01	.01	-.05	.14**	.01	.10*	.10*	-.01	.07	.02
32	.03	.04	.05	.00	.06	.01	.07	.06	-.04	.08*	.15**
33	-.01	-.00	-.00	-.05	.05	.01	.04	.04	-.05	.06	.07
34	.06	.08*	.08*	.03	.08*	.05	.03	.07	.03	.06	.07
35	.07	.08	.08*	.02	.11**	.06	.05	.09*	.04	.07	.00
36	.04	.06	.06	-.01	.11**	.04	.04	.08*	-.00	.04	-.01
37	.06	.08*	.08*	.02	.11**	.05	.04	.09*	.02	.06	.02
38	.06	.03	.06	.01	.05	.01	-.01	.02	.11**	.10*	-.05
39	.06	.02	.01	.06	.06	.02	.13**	.08*	-.01	.07	.16**
40	.00	.01	.04	.00	.06	.04	-.07	.02	.13**	.02	-.19**
41	.05	.01	.03	-.01	.04	.03	-.14**	-.02	.08*	-.01	-.19**
42	.06	.04	.03	.01	.12**	.01	.08*	.09*	-.02	.06	.05
43	-.00	.07	.07	.02	.03	-.01	.06	.03	.00	.05	.10**

Note: Scale coefficients alpha reliabilities in bold across diagonal.

Note\*,  $p < .05$ ; \*\*,  $P < .01$

Note: 1). STI God, 2). STI Spirit, 3). STI Total, 4). ISS Total, 5). NIRO Extrinsic, 6). NIRO Intrinsic, 7). NIRO Quest, 8). NIRO Total, 9). RPS Total, 10). PDIS Total, 11). Mini-IPIP Agreeableness Total, 12). Mini-IPIP Conscientiousness Total, 13). Mini-IPIP Neuroticism Total, 14). EQ Total, 15). SSE Empathic Feeling and Expression, 16). SSE Empathic Perspective Taking, 17). SSE Acceptance of Spiritual Differences, 18). SSE Empathic Awareness, 19). SSE Total, 20). DESPR Total I, 21). DESPU Total I, 22). SSOSHS Total I, 23). ATSPPHS Total I, 24). BIDR SDE, 25). BIDR IM, 26). BIDR Total, 27). AES Total, 28). WAI-T, 29). WAI-G, 30). WAI-B, 31). WAI-SR Total, 32). BES Total, 33). WTBK Total, 34). CRFS-T, 35). CRFS-E, 36). CRFS-A, 37). CRFS Total, 38). DESPR Total II, 39). DESPU Total II, 40). SSOSHS Total II, 41). ATSPPHS Total II, 42). VidQuest Total, 43). EthicPlus Total



	12	13	14	15	16	17	18	19	20	21	22
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12	<b>0.59</b>										
13	-.11**	<b>0.57</b>									
14	-.20**	-.12**	<b>0.86</b>								
15	.07	.08	.33**	<b>0.87</b>							
16	-.01	-.05	.19**	.43**	<b>0.66</b>						
17	.03	-.10*	.36**	.36**	.26**	<b>0.72</b>					
18	.03	.10*	.17**	.51**	.32**	.16**	<b>0.70</b>				
19	.05	.03	.37**	.91**	.68**	.56**	.64**	<b>0.88</b>			
20	.04	.09*	-.10**	-.03	-.15**	-.09*	.05	-.08	<b>0.84</b>		
21	-.00	.14**	.10*	.23**	.02	.08*	.18**	.20**	-.05	<b>0.89</b>	
22	.02	-.07	-.17**	-.25**	-.12**	-.28**	-.14**	-.29**	.46**	-.38**	<b>0.90</b>
23	.04	-.13**	-.10**	-.31**	-.14**	-.18**	-.18**	-.31**	.33**	-.55**	.66**
24	.15**	-.28**	.22**	.10**	.16**	.13**	.08*	.15**	-.15**	-.09*	-.06
25	.17**	-.08	.23**	.29**	.11**	.24**	.15**	.29**	.05	.10*	-.10*
26	.20**	-.21**	.31**	.26**	.17**	.23**	.14**	.29**	-.05	.01	-.10**
27	.04	-.11**	.16**	.14**	.10*	.19**	.11**	.18**	-.16**	.16**	-.18**
28	-.00	-.08*	.02	.05	.05	.02	.10*	.07	-.12**	.16**	-.12**
29	-.07	-.08*	-.03	.05	.04	.02	.10*	.07	-.04	.07	-.04
30	.03	-.09*	-.10**	.13**	.08	.07	.12**	.14**	-.15**	.16**	-.16**
31	-.02	-.09*	.03	.09*	.06	.04	.12**	.11**	-.11**	.15**	-.13**
32	.03	-.11**	.15**	.16**	.10*	.18**	.14**	.20**	.16**	.17**	-.20**
33	.02	-.09*	.06	.04	-.02	.08*	.08*	.05	-.08*	.05	-.08*
34	-.00	-.09*	.06	.13**	.08*	.08	.11*	.14**	-.10**	.14**	-.08*
35	.01	-.09*	.03	.07	.07	.03	.07	.08*	-.03	.08*	-.03
36	.00	-.05	.01	.09*	.08*	-.03	.11**	.09*	-.11**	.11**	-.08*
37	.00	-.08*	.03	.10**	.09*	.03	.11**	.11**	-.09	.12**	-.07
38	.04	-.07	-.06	-.06	-.14**	-.09*	.02	-.09*	.61**	-.13**	.44**
39	-.05	.08*	.03	.21**	.07	.12**	.17**	.22**	-.19**	.56**	-.42**
40	.03	.05	-.09*	-.24**	-.12**	-.21**	-.10**	-.26**	.37**	-.35**	.82**
41	.07	-.16**	-.09*	-.31**	-.12**	-.18**	-.17**	-.30**	.26**	-.51**	.60**
42	-.03	.03	-.01	.20**	.10**	-.01	.14**	.18**	-.13**	.28**	-.24**
43	.02	-.06	.06	.12**	.02	.13**	.12**	.12**	-.00	.08*	-.05

Note: 1). STI God, 2). STI Spirit, 3). STI Total, 4). ISS Total, 5). NIRO Extrinsic, 6). NIRO Intrinsic, 7). NIRO Quest, 8). NIRO Total, 9). RPS Total, 10). PDIS Total, 11). Mini-IPIP Agreeableness Total, 12). Mini-IPIP Conscientiousness Total, 13). Mini-IPIP Neuroticism Total, 14). EQ Total, 15). SSE Empathic Feeling and Expression, 16). SSE Empathic Perspective Taking, 17). SSE Acceptance of Spiritual Differences, 18). SSE Empathic Awareness, 19). SSE Total, 20). DESPR Total I, 21). DESPU Total I, 22). SSOSHS Total I, 23). ATSPPHS Total I, 24). BIDR SDE, 25). BIDR IM, 26). BIDR Total, 27). AES Total, 28). WAI-T, 29). WAI-G, 30). WAI-B, 31). WAI-SR Total, 32). BES Total, 33). WTBK Total, 34). CRFS-T, 35). CRFS-E, 36). CRFS-A, 37). CRFS Total, 38). DESPR Total II, 39). DESPU Total II, 40). SSOSHS Total II, 41). ATSPPHS Total II, 42). VidQuest Total, 43). EthicPlus Total

	23	24	25	26	27	28	29	30	31	32	33
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23	<b>0.84</b>										
24	.08*	<b>0.63</b>									
25	-.09*	.25**	<b>0.67</b>								
26	-.01	.75**	.83**	<b>0.71</b>							
27	-.19**	.07	.05	.07	<b>0.91</b>						
28	-.16**	-.02	-.10**	-.08	.52**	<b>0.83</b>					
29	-.07	-.04	-.10*	-.09	.42**	.78**	<b>0.83</b>				
30	-.17**	.02	.03	.04	.62**	.58**	.53**	<b>0.78</b>			
31	-.16**	-.01	-.07	-.05	.59**	.92**	.90**	.79**	<b>0.91</b>		
32	-.20**	.07	.07	.09*	.83**	.50**	.45**	.67**	.62**	<b>0.86</b>	
33	-.05	.05	.00	.03	.42**	.24**	.23**	.33**	.30**	.48**	<b>0.80</b>
34	-.11**	.06	.05	.07	.66**	.47**	.41**	.59**	.56**	.71**	.37**
35	-.06	.05	-.02	.02	.60**	.51**	.48**	.50**	.57**	.58**	.29**
36	-.10*	-.01	-.04	-.03	.56**	.44**	.40**	.57**	.53**	.64**	.36**
37	-.10*	.04	-.00	.02	.66**	.52**	.47**	.60**	.60**	.70**	.37**
38	.33**	-.08*	.04	-.02	-.23**	-.13**	-.05	-.16**	-.13**	-.21**	-.06
39	-.57**	-.07	.05	-.01	.33**	.34**	.24**	.33**	.35**	.32**	.14**
40	.62**	-.04	-.07	-.07	-.23**	-.16**	-.08*	-.22**	-.18**	-.26**	-.10**
41	.82**	.10*	-.08*	.00	-.24**	-.21**	-.11**	-.19**	-.20**	-.25**	-.09*
42	-.32**	-.06	-.02	-.05	.44	.45**	.37**	.39**	.47**	.46**	.23**
43	-.06	.12**	.09*	.13**	.51**	.32**	.31**	.42**	.40**	.52**	.26**

Note: 1). STI God, 2). STI Spirit, 3). STI Total, 4). ISS Total, 5). NIRO Extrinsic, 6). NIRO Intrinsic, 7). NIRO Quest, 8). NIRO Total, 9). RPS Total, 10). PDIS Total, 11). Mini-IPIP Agreeableness Total, 12). Mini-IPIP Conscientiousness Total, 13). Mini-IPIP Neuroticism Total, 14). EQ Total, 15). SSE Empathic Feeling and Expression, 16). SSE Empathic Perspective Taking, 17). SSE Acceptance of Spiritual Differences, 18). SSE Empathic Awareness, 19). SSE Total, 20). DESPR Total I, 21). DESPU Total I, 22). SSOSHS Total I, 23). ATSPPHS Total I, 24). BIDR SDE, 25). BIDR IM, 26). BIDR Total, 27). AES Total, 28). WAI-T, 29). WAI-G, 30). WAI-B, 31). WAI-SR Total, 32). BES Total, 33). WTBK Total, 34). CRFS-T, 35). CRFS-E, 36). CRFS-A, 37). CRFS Total, 38). DESPR Total II, 39). DESPU Total II, 40). SSOSHS Total II, 41). ATSPPHS Total II, 42). VidQuest Total, 43). EthicPlus Total

	34	35	36	37	38	39	40	41	42	43
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34	<b>0.87</b>									
35	.79**	<b>0.92</b>								
36	.81**	.68**	<b>0.93</b>							
37	.94**	.90**	.91**	<b>0.95</b>						
38	-.10*	-.04	-.10**	-.09*	<b>0.83</b>					
39	.31**	.22**	.28**	.29**	-.15**	<b>0.86</b>				
40	-.16**	-.09*	-.17**	-.15**	.48**	-.48**	<b>0.91</b>			
41	-.16**	-.10*	-.17**	-.15**	.30**	-.65**	.65**	<b>0.86</b>		
42	.47**	.42**	.50**	.51**	-.13**	.45**	-.32**	-.41**	<b>0.83</b>	
43	.67**	.70**	.55**	.70**	-.03	.28**	-.11**	-.11**	.28**	<b>0.90</b>

Note: 1). STI God, 2). STI Spirit, 3). STI Total, 4). ISS Total, 5). NIRO Extrinsic, 6). NIRO Intrinsic, 7). NIRO Quest, 8). NIRO Total, 9). RPS Total, 10). PDIS Total, 11). Mini-IPIP Agreeableness Total, 12). Mini-IPIP Conscientiousness Total, 13). Mini-IPIP Neuroticism Total, 14). EQ Total, 15). SSE Empathic Feeling and Expression, 16). SSE Empathic Perspective Taking, 17). SSE Acceptance of Spiritual Differences, 18). SSE Empathic Awareness, 19). SSE Total, 20). DESPR Total I, 21). DESPU Total I, 22). SSOSHS Total I, 23). ATSPPHS Total I, 24). BIDR SDE, 25). BIDR IM, 26). BIDR Total, 27). AES Total, 28). WAI-T, 29). WAI-G, 30). WAI-B, 31). WAI-SR Total, 32). BES Total, 33). WTBK Total, 34). CRFS-T, 35). CRFS-E, 36). CRFS-A, 37). CRFS Total, 38). DESPR Total II, 39). DESPU Total II, 40). SSOSHS Total II, 41). ATSPPHS Total II, 42). VidQuest Total, 43). EthicPlus Total

## APPENDIX NN:

Residual Correlation Matrix - Showing Organizational Scheme for Dependent Variables

*for all dependent variables (cross divided by grouping)*

	4	5	6	7	8	9	10	11	12	13	14	15	16	17
.620	.599	.835	.419	.662	.596	.570	.665	.512	.512	-.253	.333	-.240	-.260	.453
.583	.917	.516	.229	.472	.510	.452	.524	.319	.319	-.139	.351	-.172	-.238	.444
.533	.900	.464	.231	.419	.485	.414	.482	.313	.313	-.058	.251	-.096	-.139	.376
.788	.667	.621	.296	.583	.493	.563	.596	.421	.421	-.181	.322	-.221	-.209	.381
.788	.621	.296	.583	.493	.563	.540	.607	.937	.937	-.141	.352	-.183	-.223	.460
.667	.621	.470	.700	.700	.570	.639	.694	.522	.522	-.237	.321	-.262	-.272	.462
.328	.296	.470	.358	.290	.361	.367	.262	.262	.262	-.080	.139	-.110	-.090	.226
.583	.556	.700	.358	.788	.804	.940	.689	.689	.689	-.118	.302	-.156	-.180	.460
.493	.568	.570	.290	.788	.671	.898	.706	.706	.706	-.056	.223	-.084	-.111	.409
.563	.540	.639	.361	.804	.671	.904	.904	.568	.568	-.132	.280	-.179	-.189	.491
.596	.607	.694	.367	.940	.898	.904	.904	.715	.715	-.111	.293	-.152	-.174	.496
.421	.397	.522	.262	.689	.706	.568	.715	.715	.715	-.043	.215	-.106	-.101	.284
-.181	-.141	-.237	-.080	-.118	-.056	-.132	-.111	-.043	-.043	-.137	.475	.293	-.142	-.142
.322	.352	.321	.139	.302	.223	.280	.293	.215	.215	-.137	-.475	-.648	.465	.465
-.221	-.183	-.262	-.110	-.156	-.084	-.179	-.152	-.106	-.106	.475	-.475	.658	-.327	-.327
-.209	-.223	-.272	-.090	-.180	-.111	-.189	-.174	-.101	-.101	.293	-.648	.658	-.436	-.436
.381	.460	.462	.226	.460	.409	.491	.496	.284	.284	-.142	.465	-.327	-.436	-.436

## APPENDIX OO1:

Estimates of effect size for BIDR as a covariate

Dependent Variable (Independent Variables)	BIDR Total Score Values		
	<i>f</i>	<i>P</i>	$\eta^2$
AES (Congruent Vs. Incongruent & Sex 1 & 2)	0.01	0.930	<0.001
AES (Condition 2 Vs. 4)	0.00	0.990	<0.001
WAI-SR (Condition 2 Vs. 4 & Religious Affiliation All)	0.67	0.415	0.003
WAI-SR (Condition 3 Vs. 4 & Education Level 1, 2, 3)	0.02	0.902	<0.001
WAI-SR (Condition 1 Vs. 4 & Religious Affiliation All)	0.01	0.906	<0.001
WAI-B (Congruent Vs. Incongruent)	0.16	0.694	<0.001
WTBK (Condition 2 Vs. 3)	0.41	0.524	0.001
WTBK (Condition 4 Vs. 3)	1.83	0.177	0.006
CRFS (Condition 3 Vs. 4)	0.00	0.974	<0.001
CRFS-T (Congruent Vs. Incongruent)	1.27	0.260	0.002
CRFS-A (Conditions All)	1.31	0.253	0.002
CRFS (Congruent Vs. Incongruent)	0.03	0.864	0.007
AES (Conditions 2, 3, 4 & Religious Affiliation 2 & 9)	0.52	0.472	0.002
BES (Conditions 2, 3, 4 & Religious Affiliation 2 & 9)	0.11	0.746	<0.001
WAI-SR (Condition 4 & Religious Affiliation 2 & 9)	0.82	0.368	0.008
WAI-SR (Conditions All & Sex 1 & 2)	2.80	0.095	0.004
WAI-T (Conditions All & Sex 1 & 2)	4.24	0.040*	0.006
WAI-G (Conditions All & Sex 1 & 2)	3.87	0.050*	0.006
WAI-B (Conditions All & Sex 1 & 2)	0.71	0.399	0.001
AES (Congruent Conditions 1 & 4 & Sex 1 & 2)	7.20	0.008*	0.022
VidQuestHuman (Conditions All & Sex 1 & 2)	0.62	0.431	0.001
SSOSHS (Conditions All & Sex 1 & 2)	0.17	0.682	<0.001
ATSPPHS (Conditions All & Sex 1 & 2)	0.36	0.549	0.001

Note DVs: Accurate Empathy Scale (AES), Burns Empathy Scale (BES), Working Alliance Inventory-Short Revised Form (WAI-SR), Working Alliance Inventory-Agreement on Tasks Subscale (WAI-T), Working Alliance Inventory-Agreement on Goals Subscale (WAI-G), Working Alliance Inventory-Bonds Subscale (WAI-B), Willing to be Known Scale (WTBK), Counselor Rating Form - Short (CRFS), Counselor Rating Form - Short Trustworthiness Subscale (CRFS-T), Counselor Rating Form - Short Attractiveness Subscale (CRFS-A), Self-Stigma of Seeking Help Scale (SSOSHS), Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS), Video Question - Counselor More Human (VidQuestHuman)

Note IVs: Condition 1 Financial Congruent Financial, Condition 2 Financial Incongruent Religious, Condition 3 Religious Incongruent Neutral/Control, Condition 4 Religious Congruent Religious, Religious Affiliation 2 Catholic, Religious Affiliation 9 Protestant, Sex 1 Male, Sex 2 Female

Note: \* indicates BIDR is a statistically significant covariate.

## APPENDIX OO2:

Estimates of effect size for previous positive counseling experience (PPCE) as a covariate

Dependent Variable (Independent Variables)	PPCE Total Score Values		
	<i>f</i>	<i>P</i>	$\eta^2$
AES (Congruent Vs. Incongruent & Sex 1 & 2)	10.19	0.001	0.015
WAI-SR (Condition 3 Vs. 4 & Education Level 1, 2, 3)	5.11	0.025	0.016
WTBK (Condition 4 Vs. 3)	6.14	0.014	0.018
CRFS (Congruent Vs. Incongruent)	5.69	0.017	0.009
CRFS (Condition 3 Vs. 4)	9.80	0.002	0.030
AES (Conditions 2, 3, 4 & Religious Affiliation 2 & 9)	7.32	0.007	0.022

Note DVs: Accurate Empathy Scale (AES), Burns Empathy Scale (BES), Working Alliance Inventory-Short Revised Form (WAI-SR), Willing to be Known Scale (WTBK), Counselor Rating Form - Short (CRFS)

Note IVs: Condition 1 Financial Congruent Financial, Condition 2 Financial Incongruent Religious, Condition 3 Religious Incongruent Neutral/Control, Condition 4 Religious Congruent Religious, Religious Affiliation 2 Catholic, Religious Affiliation 9 Protestant, Sex 1 Male, Sex 2 Female

## APPENDIX OO3:

## Appendix OO3

Estimates of effect size for STI as a covariate

Dependent Variable (Independent Variables)	STI Total Score Values		
	<i>f</i>	<i>P</i>	$\eta^2$
WAI-SR (Condition 2 Vs. 4 & Religious Affiliation All)	3.95	0.048	0.013

Note DV: Working Alliance Inventory-Short Revised Form (WAI-SR).

Note IVs: Condition 2 Financial Incongruent Religious, Condition 4 Religious Congruent Religious

## APPENDIX OO4:

## Estimates of effect size for ISS as a covariate

Dependent Variable (Independent Variables)	ISS Total Score Values		
	<i>f</i>	<i>P</i>	$\eta^2$
WAI-SR (Condition 3 Vs. 4 & Education Level 1, 2, 3)	15.70	<0.001	0.047
WAI-SR (Condition 1 Vs. 4 & Religious Affiliation All)	4.83	0.029	0.016
WTBK (Condition 2 Vs. 4)	4.92	0.027	0.014
WAI-SR (Condition 2 Vs. 4 & Religious Affiliation All)	5.16	0.024	0.017

Note DV: Working Alliance Inventory-Short Revised Form (WAI-SR).

Note IVs: Condition 2 Financial Incongruent Religious, Condition 4 Religious Congruent Religious



## APPENDIX OO5:

## Estimates of effect size for NIRO as a covariate

Dependent Variable (Independent Variables)	NIRO Total Score Values		
	<i>f</i>	<i>P</i>	$\eta^2$
WAI-SR (Condition 3 Vs. 4 & Education Level 1, 2, 3)	20.50	<0. 001	0.060
WAI-SR (Condition 1 Vs. 4 & Religious Affiliation All)	6.24	0.013	0.021
WAI-B (Congruent Vs. Incongruent)	12. 59	<0. 001	0.019
CRFS (Congruent Vs. Incongruent)	6.62	0.010	0.010
CRFS-T (Conditions All)	4.12	0.043	0.006
CRFS-T (Congruent Vs. Incongruent)	3.94	0.048	0.006
AES (Conditions 2, 3, 4 & Religious Affiliation 2 & 9)	6.36	0.012	0.019
BES (Conditions 2, 3, 4 & Religious Affiliation 2 & 9)	4.49	0.035	0.014
WAI-SR (Conditions All & Sex 1 & 2)	7.76	0.006	0.012
WAI-T (Conditions All & Sex 1 & 2)	4.23	0.040	0.006
WAI-G (Conditions All & Sex 1 & 2)	6.24	0.013	0.010
VidQuestHuman (Conditions All & Sex 1 & 2)	12.24	0.001	0.019
VidQuestHuman (Congruent Vs. Incongruent & Sex 1 & 2)	12.18	0.001	0.018

Note DVs: Accurate Empathy Scale (AES), Burns Empathy Scale (BES), Working Alliance Inventory-Short Revised Form (WAI-SR), Working Alliance Inventory-Agreement on Tasks Subscale (WAI-T), Working Alliance Inventory-Agreement on Goals Subscale (WAI-G), Working Alliance Inventory-Bonds Subscale (WAI-B), Willing to be Known Scale (WTBK), Counselor Rating Form - Trustworthiness Subscale (CRFS-T), Counselor Rating Form - Short (CRFS), Video Question - Counselor More Human (VidQuestHuman)

Note IVs: Condition 1 Financial Congruent Financial, Condition 2 Financial Incongruent Religious, Condition 3 Religious Incongruent Neutral/Control, Condition 4 Religious Congruent Religious, Religious Affiliation 2 Catholic, Religious Affiliation 9 Protestant, Sex 1 Male, Sex 2 Female

006:

Estimates of effect size for EQ as a covariate

Dependent Variable (Independent Variables)	EQ Total Score Values		
	<i>f</i>	<i>P</i>	$\eta^2$
AES (Condition 2 Vs. 4)	5.23	0.023	0.016
AES (Congruent Vs. Incongruent & Sex 1 & 2)	4.14	0.042	0.006

Note DVs: Accurate Empathy Scale (AES)

Note IVs: Condition 2 Financial Incongruent Religious, Condition 4 Religious Congruent Religious, Sex 1 Male, Sex 2 Female

## APPENDIX OO7:

## Estimates of effect size for SSE as a covariate

Dependent Variable (Independent Variables)	SSE Total Score Values		
	<i>f</i>	<i>P</i>	$\eta^2$
AES (Congruent Vs. Incongruent & Sex 1 & 2) <sup>1</sup>	9.44	0.002	0.014
AES (Conditions 2 Vs. 4) <sup>1</sup>	5.47	0.020	0.017
WAI-SR (Condition 3 Vs. 4 & Education Level 1, 2, 3) <sup>1</sup>	6.08	0.014	0.019
WAI-SR (Condition 1 Vs. 4 & Religious Affiliation All) <sup>2</sup>	10.99	0.001	0.036
WAI-B (Congruent Vs. Incongruent)	8.74	0.003	0.013
CRFS (Congruent Vs. Incongruent)	7.48	0.006	0.012
CRFS (Condition 3 Vs. 4)	11.35	0.001	0.034
CRFS-T (Conditions All)	10.89	0.001	0.017
CRFS-T (Congruent Vs. Incongruent)	11.04	0.001	0.017
CRFS-A (Conditions All)	4.27	0.039	0.007
CRFS-A (Condition 3 Vs. 4)	6.47	0.011	0.020
BES (Conditions 2, 3, 4 & Religious Affiliation 2 & 9)	8.05	0.005	0.024
WAI-SR (Condition 4 & Religious Affiliation 2 & 9)	4.50	0.036	0.043
WAI-SR (Conditions All & Sex 1 & 2)	5.26	0.022	0.008

Note DVs: Accurate Empathy Scale (AES), Burns Empathy Scale (BES), Working Alliance Inventory-Short Revised Form (WAI-SR), Working Alliance Inventory-Bonds Subscale (WAI-B), Willing to be Known Scale (WTBK), Counselor Rating Form - Trustworthiness Subscale (CRFS-T), Counselor Rating Form - Attractiveness Subscale (CRFS-A), Counselor Rating Form - Short (CRFS)

Note IVs: Condition 1 Financial Congruent Financial, Condition 2 Financial Incongruent Religious, Condition 3 Religious Incongruent Neutral/Control, Condition 4 Religious Congruent Religious, Religious Affiliation 2 Catholic, Religious Affiliation 9 Protestant, Sex 1 Male, Sex 2 Female

Note<sup>1</sup>: <sup>1</sup> indicates the covariate Acceptance of Spiritual Differences subscale of the SSE rather than the full scale

Note<sup>2</sup>: <sup>2</sup> indicates the covariate Empathic Awareness subscale of the SSE rather than the full scale

## APPENDIX OO8:

Estimates of effect size for DES 1 PR and PU as covariates

Dependent Variable (Independent Variables)	DES Total Score Values		
	<i>f</i>	<i>P</i>	$\eta^2$
AES (Congruent Vs. Incongruent & Sex 1 & 2) <sup>1</sup>	6.84	0.009	0.010
WAI-SR (Condition 3 Vs. 4 & Education Level 1, 2, 3) <sup>1</sup>	7.26	0.007	0.022
WAI-B (Congruent Vs. Incongruent) <sup>1</sup>	15.87	<0.001	0.024
CRFS (Congruent Vs. Incongruent) <sup>1</sup>	6.26	0.013	0.010
CRFS (Condition 3 Vs. 4) <sup>1</sup>	5.58	0.019	0.017
CRFS-T (Conditions All) <sup>1</sup>	6.63	0.010	0.010
CRFS-T (Congruent Vs. Incongruent) <sup>1</sup>	6.67	0.010	0.010
CRFS-A (Conditions All) <sup>1</sup>	7.14	0.008	0.011
CRFS-A (Condition 3 Vs. 4) <sup>1</sup>	7.95	0.005	0.024
AES (Conditions 2, 3, 4 & Religious Affiliation 2 & 9) <sup>1</sup>	13.46	<0.001	0.039
BES (Conditions 2, 3, 4 & Religious Affiliation 2 & 9) <sup>1</sup>	12.40	<0.001	0.037
WAI-SR (Conditions All & Sex 1 & 2) <sup>2</sup>	11.78	0.001	0.018
WAI-T (Conditions All & Sex 1 & 2) <sup>1</sup>	8.72	0.003	0.013
WAI-T (Conditions All & Sex 1 & 2) <sup>2</sup>	19.57	<0.001	0.029
WAI-G (Conditions All & Sex 1 & 2) <sup>2</sup>	3.97	0.047	0.006
WAI-B (Conditions All & Sex 1 & 2) <sup>1</sup>	17.49	<0.001	0.026

Note DVs: Accurate Empathy Scale (AES), Burns Empathy Scale (BES), Working Alliance Inventory-Short Revised Form (WAI-SR), Working Alliance Inventory-Agreement on Tasks Subscale (WAI-T), Working Alliance Inventory-Agreement on Goals Subscale (WAI-G), Working Alliance Inventory-Bonds Subscale (WAI-B), Counselor Rating Form - Trustworthiness Subscale (CRFS-T), Counselor Rating Form - Attractiveness Subscale (CRFS-A), Counselor Rating Form - Short (CRFS)

Note IVs: Condition 1 Financial Congruent Financial, Condition 2 Financial Incongruent Religious, Condition 3 Religious Incongruent Neutral/Control, Condition 4 Religious Congruent Religious, Religious Affiliation 2 Catholic, Religious Affiliation 9 Protestant, Sex 1 Male, Sex 2 Female

Note<sup>1</sup>: <sup>1</sup> indicates the covariate Disclosure Expectation Scale - Perceived Risk

Note<sup>2</sup>: <sup>2</sup> indicates the covariate Disclosure Expectation Scale - Perceived Utility

## APPENDIX OO9:

## Estimates of Effect Size for ATSPPHS 1 as a Covariate

Dependent Variable (Independent Variables)	ATSPPHS I Total Score Values		
	<i>f</i>	<i>P</i>	$\eta^2$
AES (Conditions 2 Vs. 4)	5.51	0.020	0.017
WAI-SR (Condition 1 Vs. 4 & Religious Affiliation All)	14.44	<0.001	0.046
VidQuestHuman (Conditions All & Sex 1 & 2)	12.63	<0.001	0.019
VidQuestHuman (Congruent Vs. Incongruent & Sex 1 & 2)	12.93	<0.001	0.020
ATTSPPHS II (Conditions All & Sex 1 & 2)	1232.18	<0.001	0.655

Note DVs: Accurate Empathy Scale (AES), Working Alliance Inventory-Short Revised Form (WAI-SR), Video Question - Counselor More Human (VidQuestHuman), Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS)

Note IVs: Condition 1 Financial Congruent Financial, Condition 2 Financial Incongruent Religious, Condition 3 Religious Incongruent Neutral/Control, Condition 4 Religious Congruent Religious, 1 Male, Sex 2 Female