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European American Therapist Self-Disclosure in Cross-Cultural Counseling

Alan W. Burkard
Marquette University, alan.burkard@marquette.edu

Sarah Knox
Marquette University, sarah.knox@marquette.edu

Michael Groen
Marquette University, michael.groen@marquette.edu

Maria Perez
Marquette University, maria.perezoberbruner@marquette.edu

Shirley Hess
Shippensburg University of Pennsylvania

European American Therapist Self-Disclosure
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Authors: Alan W. Burkard, Sarah Knox, Michael Groen, Maria Perez & Shirley A. Hess

Abstract: *Eleven European American psychotherapists' use of self-disclosure in cross-cultural counseling was studied using consensual qualitative research. As reasons for self-disclosing, therapists reported the intent to enhance the counseling relationship, acknowledge the role of racism/oppression in clients' lives, and acknowledge their own racist/oppressive attitudes. Results indicated that therapists typically shared their reactions to clients' experiences of racism or oppression and that these self-disclosures typically had positive effects in therapy, often improving the counseling relationship by helping clients feel understood and enabling clients to advance to other important issues.*

For some time, therapists and researchers have recognized the importance of therapist self-disclosure (TSD) to therapy and the powerful effect it may have for the therapeutic relationship (Hill & Knox, 2002). Different theoretical orientations, however, have not always enabled agreement on the use of TSD in therapy. For example, therapists in the psychodynamic tradition often seek to limit their self-disclosures so that information about the therapist does not hinder the process of uncovering and resolving client transference (Jackson, 1990). In contrast, therapists from humanistic and existential orientations support the use of self-disclosure to demystify psychotherapy (Kaslow, Cooper, & Linsenberg, 1979) and to promote therapist authenticity and genuineness (Jourard, 1971). Likewise, cognitive–behavioral therapists also believe that TSD can have a positive effect during treatment. For example, TSD can normalize client struggles, illuminate effective coping strategies, provide clients with feedback on how they interpersonally affect others, and even model the process of self-disclosure itself. More recently, cross-cultural counseling theorists have also suggested that TSD be used to convey the therapist's sensitivity to cultural and racial issues, which may result in an increase of trust, greater perception of therapist credibility, and an improved therapeutic relationship with culturally diverse clients (Helms & Cook, 1999; Sue & Sue, 2003). However, minimal research exists in which the actual use of TSD in cross-cultural counseling is investigated. Such research is necessary, however, to examine whether and how TSD may influence the development of cross-cultural counseling relationships.

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Definition

Numerous theorists have offered varied definitions of TSD (e.g., Hill, Mahalik, & Thompson, 1989; Jourard, 1971; McCarthy & Betz, 1978; Watkins, 1990). What each definition shares is the recognition that TSD occurs when the therapist verbally reveals personal information about herself or himself. Thus, for this study, we excluded nonverbal disclosures that are unintentional, such as office décor and surroundings, or therapist nonverbal behaviors. Commonly recognized characteristics of TSD also include sharing information that would not normally be known by the client, with such interventions involving some risk and vulnerability for the therapist (Hill, 2004). Related to this study, then, we defined *TSD* as "therapist statements that reveal something personal about therapists" (Hill & Knox, 2002, p. 256).

General Use of TSD

Present research suggests that TSD is an infrequently used intervention in psychotherapy. In a review of the literature, Hill and Knox (2002) found that when judges coded therapist in-session behaviors, an average of 3.5% (range of 1%–13%) of all therapist interventions were self-disclosures. Survey research of therapist self-report (Edwards & Murdock, 1994) and client observations (Ramsdell & Ramsdell, 1993) also suggest that TSD is an infrequent occurrence in therapy, although theoretical orientation does appear to influence the frequency of TSD. For example, humanistic/experiential therapists self-report more frequent use of self-disclosure than do psychodynamic therapists (Edwards & Murdock, 1994), a finding affirmed by independent raters (Beutler & Mitchell, 1981).

Despite the relative infrequency of self-disclosures by therapists, when these interventions are offered, they appear to have a number of positive implications for client outcomes. For example, Hill et al. (1988) found that clients rated therapists as more helpful when therapists increased their level of self-disclosure, although the frequency of this intervention remained low. Furthermore, in addition to finding that clients reported having more insight as a consequence of TSD, Knox, Hess, Petersen, and Hill (1997) found that clients perceived therapists as more real and human, which improved the quality of the therapeutic relationship and helped clients feel reassured and normal. Clients have also reported liking their therapists more when they self-disclose in therapy (Barrett & Berman, 2001).

Not all investigations, however, have supported the positive effects of TSD in therapy. For example, some evidence suggests that such disclosures may have no effect (Beutler & Mitchell, 1981; Hill et al., 1988) or a negative effect (Braswell, Kendall, Braith, Caery, & Vye, 1985) on client

treatment. Of most interest, Hill and Knox (2002) found that the operational definition of or methods for assessing TSD were often problematic in studies in which neutral or negative effects were found, perhaps accounting for the findings. In studies in which a clear definition of TSD was used, the immediate effects on client outcomes were generally quite positive.

Thus, although TSD (see Hill & Knox, 2002, for a complete review of TSD) is used infrequently, the intervention often has positive influences on in-session client reactions and may also have positive implications for immediate client outcomes. What has not been considered in these investigations, however, is whether racial and cultural differences between client and therapist may influence the nature and process of TSD.

TSD in Cross-Cultural Counseling

A review of the literature on TSD in cross-cultural counseling yielded more conceptual than empirical work. Here, we present the three themes evident in the conceptual literature regarding the use of TSD in cross-cultural counseling and include a review of the five exact studies in this area. The first theme involves the concept of cultural mistrust. Many people of color have experienced prejudice and discrimination in their contact with European Americans at individual, cultural, and institutional levels and consequently may be distrustful of future contacts (Terrell & Terrell, 1984). In counseling, then, these past experiences may cause clients of color to approach European American counselors with caution. In these instances, TSD may be critical to demonstrating that the counselor is culturally sensitive, thus increasing her or his credibility and gaining the trust of the culturally different client (Helms & Cook, 1999; Sue & Sue, 2003). For example, it may be critical to clients of color that therapists, especially European Americans, acknowledge and discuss racial and cultural similarities and differences and be willing to self-disclose their own experiences through this process (LaRoche & Maxie, 2003; Thompson & Jenal, 1994; Thompson, Worthington, & Atkinson, 1994).

Second, some theorists (Helms & Cook, 1999; Sue & Sue, 2003) have suggested that clients of color may require their therapists to demonstrate their sensitivity to and skills in working with cultural and racial issues in therapy. For example, Thompson and Jenal's (1994) research suggests that African American women became more frustrated with therapists who withdrew from discussions of racial issues. Furthermore, clients of color who had therapists who were more responsive to cultural issues than not responsive were more likely themselves to self-disclose in therapy (Thompson et al., 1994). Within these therapeutic contexts, therapists' self-disclosures are believed to be important interventions used to convey therapists' understanding of client

frustration with oppression and racism (Constantine & Kwan, 2003).

Finally, TSD may also function as a model for clients of color (Berg & Wright-Buckley, 1988), particularly for those clients who are of international origin (Constantine & Kwan, 2003). To illustrate, some clients may come from cultural backgrounds that leave them unfamiliar with psychotherapeutic processes, such as client self-disclosure, or may hold cultural values that stigmatize help-seeking behavior for psychological difficulties. In these cases, TSD may be a way for therapists to model appropriate in-session behavior and to help form a productive working alliance.

Surprisingly, these hypotheses regarding the role of TSD in cross-cultural counseling have generated little empirical research. A review of the literature yielded five investigations of TSD in cross-cultural counseling, with each study using an analogue design with an undergraduate student sample. The results of these investigations diverge on the basis of the ethnicity of the participant sample. For example, Berg and Wright-Buckley (1988) found that African American participants felt more liked and self-disclosed more if the counselor was African American (rather than a European American), regardless of the counselor's level of self-disclosure. Their results also suggest that African American participants had less favorable impressions of, had less liking for, felt less liked by, and self-disclosed less to a European American counselor if the European American counselor provided superficial self-disclosures, in comparison to a European American counselor who provided more intimate self-disclosures. Similarly, Wetzel and Wright-Buckley (1988) found that a high-self-disclosing African American therapist elicited more self-disclosure from African American participants than did low-self-disclosing African American therapists or high-or low-self-disclosing European American therapists. Generally, these findings suggest that African American clients may self-disclose and feel more trust with an African American therapist than with a European American therapist; however, if an African American client is meeting with a European American therapist, he or she appears to prefer a therapist who provides more intimate self-disclosures.

The other of these five investigations examined TSD with Latina/Latino participants. For example, Cherbosque (1987a) found that Mexicans, in comparison to European Americans, expected less TSD. In a follow-up investigation, Cherbosque (1987b) found that Mexicans rated European American counselors as more expert and trustworthy when they provided a summary in counseling instead of a self-disclosure and were more willing to self-disclose when counselors did not disclose, as compared with when counselors did self-disclose. In an investigation of Mexican American and European American undergraduate students, Borrego, Chavez, and Titley (1982)

found that counselor willingness to self-disclose had little impact on client self-disclosure, regardless of client ethnicity.

The findings from these studies provide some information regarding ethnically diverse client's perceptions of TSD in cross-cultural counseling. Additional research is needed, however, to increase our understanding of the role and effects of TSD in cross-cultural counseling, for doing so may improve the quality of care provided to clients and may also yield information valuable to faculty and supervisors who train therapists. Furthermore, a few limitations evident in the prior research are important to address in any future studies of TSD. For example, prior research has focused solely on client perceptions of the effect of TSD; consequently, little is known about therapists' perspectives regarding their use of self-disclosure and the effect of such disclosures on cross-cultural counseling processes. Additionally, each of these prior studies used a quantitative design, which limits the opportunity to understand therapists' inner experiences when using self-disclosure in cross-cultural counseling. Exploring such inner experiences of TSD may help illuminate an important therapeutic process in cross-cultural counseling.

Purpose of the Present Study

Given these limitations in prior research and results, then, the present study was designed to examine therapists' use of self-disclosure in cross-cultural counseling using a qualitative research methodology. Increasingly, qualitative research has become an important force in counseling process research, particularly in cross-cultural counseling (Ponterotto, 2002). For our investigation, we used consensual qualitative research methodology (CQR; Hill, Thompson, & Williams, 1997) to explore participants' experiences for two important reasons. First, CQR affords the researcher an opportunity to understand more fully the inner experiences of participants, providing a more complete picture of the phenomenon under investigation. Second, CQR has been used in numerous studies on the process of psychotherapy (Hill et al., 2005), and it appears to be a fairly robust methodology in illuminating such processes. To provide a context for a specific TSD experience, we queried participants' training experiences regarding the use of self-disclosure, both in general and with racially different clients. Next, we queried participants about a specific self-disclosure event, asking them to discuss the quality of the therapeutic relationship and what was happening in therapy prior to the TSD, reasons for the self-disclosure, the actual self-disclosure, and effect of the disclosure. Finally, we also want to acknowledge the exploratory nature of this study, and thus participants were not restricted in their response to a specific type of self-disclosure when queried about a TSD event. The results of this study may

help illuminate therapists' decision-making processes regarding the use of self-disclosure in cross-cultural counseling and how such disclosures affect the therapeutic process. Such information may prove useful to therapists and supervisors in identifying and discussing self-disclosure strategies in cross-cultural counseling.

Method

Participants

Therapists. Eleven European American licensed mental health practitioners (9 psychologists, 2 professional counselors; 5 men and 6 women) who were geographically dispersed agreed to participate in this study. Therapists ranged in age from 33 to 53 years ($M = 44.83$, $SD = 6.94$) and had been in practice for 1.5–29 years ($M = 10.42$, $SD = 8.81$). The participants identified their theoretical orientations as the following: eclectic ($n = 4$), cognitive ($n = 2$), feminist/gestalt ($n = 1$), narrative ($n = 1$), relational-cultural ($n = 1$), solution focused ($n = 1$), and family systems ($n = 1$). Participants reported seeing between 8 and 30 clients a week ($M = 19.33$, $SD = 8.06$) and indicated that 5%–50% ($M = 23.21$, $SD = 14.45$) of their clients were of a race different (i.e., African American, Asian American, Latina/o, Native American, international origin) from their own. Finally, participants reported that across all clients, 3%–10% ($M = 6.29$, $SD = 3.00$) of their interventions consisted of self-disclosures, and when working with racially different clients, 3%–20% ($M = 7.13$, $SD = 4.64$) of their interventions were self-disclosures.

Clients in specific incidents. Of the therapists, 8 identified incidences of self-disclosure that occurred with African American clients, whereas the other 3 therapists identified incidences of self-disclosure that occurred with Asian American, Middle Eastern, and Pakistani clients. Five of the clients were women, and six were men. Clients presented with concerns about anger/violence ($n = 4$), depression/bereavement ($n = 3$), interpersonal conflicts ($n = 3$), and racism/oppression ($n = 4$) (the total number of reported concerns exceeds 11 because 2 therapists indicated their clients had two presenting concerns).

Interviewers and auditor. The primary research team consisted of two counseling psychology faculty members and two counseling psychology doctoral students (two women and two men; age range = 35–45). Three of the team members were European American, and one was Latina. All team members served as interviewers and as judges for the coding of interview data and the abstracting of core ideas. A 53-year-old European American female counseling psychology faculty member served as the auditor for all phases of the project.

Because biases of the research team may influence the interviews or analysis of the data,

the researchers documented and discussed their biases and expectations regarding several aspects of the study (i.e., general use of TSD, graduate training on the use of TSD, therapeutic experiences with racially different clients, TSD use with racially different clients). All five of the authors indicated that it was important to keep the focus of therapy on the client, and therefore any TSD should be relevant to the client or the client's issues. Although all of the researchers indicated that client focus was the primary reason for restricting their use of TSD, two researchers specifically indicated that they increased their use of TSD with racially different clients. All of the researchers stated that their training on the use of TSD was limited, and four researchers were taught that either it was not a good idea to use TSD or to be very careful in the use of TSD in therapy. One researcher indicated that the benefits of TSD as an intervention were addressed in her training, and she was led to believe that TSD was an appropriate intervention. In terms of their experiences with racially diverse clients in therapy, three of the researchers indicated that building a positive relationship was most salient and that they may look to address the racial differences that exist between themselves and their clients to facilitate the development of a positive relationship. Three researchers also stated that they seek to assess directly the influence of the client's culture on her or his presenting concern or in conceptualizing the client. Finally, the researchers had a variety of beliefs regarding the use of TSD with racially diverse clients. Three researchers felt that they used TSD more with racially diverse clients than with racially similar clients to build the relationship, gain trust, and ease the discomfort of the client in therapy. One researcher indicated that she or he has tended to use TSD less often with racially different clients because she or he did not want to presume that her or his life experiences and the client's were similar. However, because of what this researcher has learned since her or his graduate training, she or he believes a different approach may be more warranted, one that includes more use of TSD.

Measures

Demographic form. Participants completed a demographic form, which included questions about the following information: age, gender, race/ethnicity, years in practice, highest degree, area of specialization, theoretical orientation, number of clients seen weekly, percentage of clients seen who are racially different from therapist, percentage of therapy interventions that were TSD (regardless of client race), and percentage of therapy interventions that were TSD with racially different clients. The demographic form also contained questions regarding name, telephone number, and an e-mail address that were used to arrange interviews.

Interview protocol. We designed a semistructured interview protocol, in part based on the prior

work of Knox et al. (1997). The protocol contained a standard set of questions, and interviewers used additional probes to clarify information or encourage participants to expand their answers. The interview protocol contained three sections (i.e., an opening section, a specific event section, and a closing section), and the interview was conducted over the course of two sessions. The opening questions were used to gather information on therapists' training experiences in TSD use in general counseling, and in cross-cultural counseling, as context to understand the specific events therapists would describe later in the interview. The second section of the interview explored participants' specific experiences with self-disclosure with a culturally different client when discussing racial issues in therapy. Prior to discussing the specific event, we provided participants with the following definition of TSD: "therapist statements that reveal something personal about therapists" (Hill & Knox, 2002, p. 256). Participants were asked in this second section of the interview, then, to describe an example of a specific TSD experience, the quality of the psychotherapy relationship prior to the TSD, when in psychotherapy the TSD was offered, antecedents for the TSD, therapist's intentions in the use of the TSD as an intervention, what the TSD was, and the perceived effect of the TSD. A follow-up interview was scheduled for about 2 weeks after the initial interview and before data analysis was begun. This second interview offered the researcher the opportunity to clarify any information from the first interview and to explore additional reactions of the participant that may have arisen as a consequence of the initial interview.

Procedures for Data Collection

Recruitment of therapists. We used both a snowballing technique and e-mail Listservs. For the snowballing technique, 15 colleagues (i.e., therapists, training directors of practicum and internship settings) who were known to the primary research team were contacted and asked to identify therapists, including themselves, for a study on TSD. They were given the following criteria for potential participants: The counselor or therapist had to be of European American heritage, licensed as a mental health practitioner (i.e., professional counselor, family therapist, psychologist), had completed a master's or doctoral degree in counseling or in a related mental health field, and was currently practicing as a therapist or had practiced as a therapist in the past year. Therapists who were identified (*N* = 21) were each contacted by mail by a member of the primary research team and were invited to participate in the study. The mailing indicated how they were identified for the study (i.e., either as a personal contact of the researcher or as a referral from a colleague known to the potential participant) and also contained the initial research materials (i.e., cover letter explaining the purpose of the study, informed consent form,

demographic form, interview protocol, postcard to request results). If the individual did not respond to this initial mailing, then one follow-up mailing was sent to encourage the therapist to participate. For those therapists who did not respond or who declined to participate, their involvement with the study ended. Five therapists did respond to the invitation and returned the consent and demographic forms. After the researchers' receipt of these forms, the participant was contacted and the first interview was scheduled. Interviews were assigned on a random basis to research team members.

We also sought and received permission from the list owner of two American Psychological Association Division Listservs (i.e., Division 17 and 29) to post an invitation to participate in this study. The list owner was provided with a written description of the study for posting that included researcher contact information for those who were interested in participating. Research packets were sent to 12 therapists who expressed interest in learning more about the study, and of these, 6 then returned the consent and demographic forms. After the researchers' receipt of these forms, the participants were contacted by a team member to arrange the first interview.

Interviews. Participants were assigned to one of four interviewers, with each of the interviewers completing between two and four interviews. Two of the interviewers had extensive experience conducting CQR interviews, whereas the other two interviewers had no prior experience. To ensure that the interview protocols were conducted in a similar manner across team members, the inexperienced interviewers observed a mock interview by the two experienced interviewers and then practiced conducting an interview (based on the study's protocol questions) in a role-play. Additionally, each interviewer conducted a pilot interview to examine the content and clarity of the interview questions and to provide interviewers with an opportunity to become comfortable with the interview protocol. The data obtained from these pilot interviews were used to modify the protocol questions. After the completion of pilot interviews and modification of the protocol questions based on the pilot interviews, the research team members began conducting actual data-gathering interviews for the study, completing both the initial and follow-up interviews with each of their participants. Because we used snowballing as a participant recruitment strategy, members of the research team knew 3 participants. A member of the research team not known to the participant conducted interviews with these participants. Each of the first interviews lasted 45–60 min; the follow-up interviews lasted 5–15 min.

Transcription. All interviews were transcribed verbatim for each participant, although minimal statements of encouragement and other nonlanguage utterances were excluded. After the

transcription was completed, the original interviewer went through the transcription and deleted names, locations, or any other personally identifying information of the participant. Each transcript was assigned a code number.

Procedures for Data Analysis

We used CQR methodology (see Hill et al., 1997, for a complete review of CQR methodology) to analyze the data. As is required by CQR, decisions regarding all data analysis are determined by a consensus of research team members (i.e., first four authors of the present article). To arrive at consensus, team members would discuss differences in perceptions of data and ideas until each team member agreed with the final decision regarding placement of data and development of core ideas or categories. During times when it was difficult to arrive at consensus, the team would review transcripts, listen to original audiotapes of the interview, and revisit their biases during team meetings to clarify concerns or issues with the data or to determine whether personal biases may be influencing their perceptions of the data or ideas. Finally, all of these decisions were independently reviewed by an auditor (i.e., the fifth author of the present article) throughout each phase of the data analysis, and the auditor feedback was reviewed and discussed until there was team consensus regarding any changes.

Coding into domains. On the basis of the interview questions, the research team developed an initial list of domains (i.e., topic areas). These domains helped the team to cluster interview data about similar topic areas. Each team member independently reviewed and assigned interview data to the domains, and all interview data were assigned to at least one domain. Consistent with the CQR procedures, domains were modified during the course of the analysis to reflect the data more accurately. The final domains for this study are presented in Table 1.

Constructing core ideas. After consensus had been reached for the domain coding for each case, each team member independently read all of the data and identified the "core ideas" within each domain for each case. The goal of this process is to reduce the data to more concise and essential terms, with core ideas that closely reflect the raw interview data. After the team members' independent creation of core ideas for each case, the research team met and discussed the core ideas until the group arrived at consensus regarding their content and wording. This review process resulted in a consensus version that contained the transcribed interview data, which had been coded into domains, and the corresponding core ideas. The consensus version was then sent to the auditor for independent review. The auditor's role here is to check the assignment of interview data to domains and to scrutinize the accuracy of each core idea. The auditor provided feedback to the research team, and again the team reviewed and discussed auditor

comments/feedback until consensus was reached regarding changes to the domain coding, the wording of core ideas, or both.

Preliminary cross-analysis. This next stage of data analysis involves the identification of themes or patterns across cases, but within a single domain. Again, each team member independently examined the core ideas across all cases for patterns within a domain, and the team members then met to arrive at consensus regarding the labels for each of the resulting categories and the corresponding core ideas that were placed into each category. Core ideas that did not fit into a category were placed into an "other" category for that domain. After the categories had been developed for each domain, the cross-analysis was sent to the auditor for feedback. The auditor carefully considered each category; the core ideas assigned to each category; and the fit between core ideas, categories, and domains. The research team reviewed the auditor's feedback and arrived at consensus regarding any changes to the assignment of core ideas or the wording of categories in the cross-analysis. The auditor then reviewed the revised cross-analysis, and changes continued to be made until the auditor and research team had arrived at consensus regarding the best fit of the data and the appropriate wording for the categories.

Stability check of cross-analysis. Prior to any analysis, two of the cases were randomly selected as stability cases and were not included in the preliminary cross-analysis of the data. When the preliminary cross-analysis had been completed, the data from the two stability cases were then integrated into the cross-analysis. The research team members examined these new data to determine whether they substantively changed the domains and/or categories (i.e., patterns of the resulting categories within domains) or the frequency designations of general (i.e., categories that applied to all cases), typical (i.e., categories that applied to at least half but not all cases), or variant (i.e., categories that applied to fewer than half but at least two cases). The auditor reviewed the integration of the two new cases into the cross-analysis and provided written feedback. Again, the research team arrived at consensus regarding the auditor's feedback on the integration of the stability cases into the cross-analysis. The findings from this study were determined to be stable because domains, categories, and frequency labels did not substantially change as a result of adding the stability cases into the cross-analysis.

Results

In Table 1, we first present findings related to the training participants received about TSD in graduate school training. Then, we present results regarding a specific participant experience of TSD in cross-cultural counseling when racial issues were being discussed between client and

therapist. Here, the reader is reminded that for the specific TSD experience, all therapists were European American, and all clients were racially different (e.g., African American, Asian American, Middle Eastern) from the therapist. Consistent with the frequency criteria developed by Hill et al. (1997), we labeled a category as *general* if it applied to all cases, *typical* if it applied to at least half but not all cases, and *variant* if it applied to at least two but fewer than half of the cases. Core ideas that emerged in only one case were placed into an "other" category for that domain. In the final section of the results, we provide an illustrative example of our participants' experiences of self-disclosing when discussing racial issues with their culturally different client during therapy.

Training About TSD

Therapists typically reported they received minimal or no training during their graduate programs with regard to the use of TSD in counseling overall or in cross-cultural counseling. In counseling overall, for example, one participant indicated that he "learned absolutely zero about TSD" in relation to cross-cultural counseling; another participant suggested that she "learned nothing about TSD with multicultural clients." Therapists did typically indicate that TSD use was supported and modeled in counseling overall. One participant, for example, reported that "I have been supported in using self-disclosure appropriately, as long as the self-disclosure is for the client."

Quality of Psychotherapy Relationship

Participants reported that the therapy relationship with their client prior to the TSD was typically good but variantly tenuous. As examples of a good therapeutic relationship, participants indicated that they had good working alliances, cohesive relationships, and positive connections with their clients. For instance, one therapist reported that her client seemed open and cooperative, and the therapist did not sense any hostility between herself and the client. By contrast, participants described tenuous relationships as tense, distrustful, lacking interpersonal connection, and distant. As an example, one therapist indicated that because of the unavailability of a counselor of color through the counseling agency, her client was fairly unhappy working with a European American therapist.

Antecedents to TSD

As antecedents to the actual self-disclosure event, participants indicated that they typically used TSD when the client was talking about coping with racism or oppression. One therapist, for example, reported that his client expressed anger about being forced into therapy to learn to manage his anger. This client would "blow up" when taunted with racial slurs by White athletes on opposing teams during athletic events, and in order to continue playing basketball, he

was required to attend counseling. In a variant category, the TSD occurred when the therapist was concerned about the therapeutic relationship. For instance, one therapist mentioned to the client that it appeared that they were not making much progress in therapy. The client then explained to the therapist that she had decided 3 months earlier, when the therapist declined to provide financial assistance to the client, that the therapist could not help her through counseling. Variantly, therapists also reported that they self-disclosed when they became concerned that their clients perceived them as complicit in racism. As an illustration, one therapist reported noticing a number of nonverbal cues and verbal comments suggesting that his client perceived him as "another White guy in a position of authority who could not be trusted and could be expected to be prejudiced and join ranks with the 'good ol' boys club.'" In the final category, therapists variantly reported that their TSD occurred when the client was reacting to a specific event or situation in her or his life not related to racism. Here, for example, a recent immigrant to the United States was explaining to his therapist that his children had been removed from his home because the client had physically abused his adolescent son.

Reasons for Using TSD

When racial issues were actively being discussed in therapy, therapists typically self-disclosed to enhance and preserve the psychotherapy relationship. Here, for example, one therapist self-disclosed because she was concerned that her client may not feel safe and believed. In this case, the therapist felt that if she ignored the racial issues inherent in her client's arrest, then the client's anxiety and anger may escalate, and the harassment and racism the client experienced during the arrest would be reenacted in therapy. In addition, therapists also typically used self-disclosure to acknowledge the role of racism and oppression in clients' lives. For instance, one therapist felt that it was necessary for his client to see that he (therapist) "was not going to whitewash the issue of racism" and that he was "willing to confront racism and say that it exists in the world." Finally, therapists typically reported that they self-disclosed to acknowledge their own racist and/or oppressive attitudes. As an illustration, one therapist reported that his client was expressing his distrust of White people. The therapist felt that it was important not only to acknowledge that he struggles with racism but also to seek to understand his bias and actively confront and seek to change these attitudes.

The TSD

As the disclosures themselves, therapists typically shared their reaction to clients' experiences of racism/oppression. As an illustration, one therapist recalled an Arab American client who reported multiple personal experiences of oppression and discrimination on her college

campus. In response, the therapist shared her own perceptions of oppression and discrimination on the campus and the racial/cultural barriers by saying,

> I, too, have witnessed racial discrimination here [on campus], and I have sat with clients who have described such experiences in the classroom, in the residence hall, and in other situations. So I do believe these barriers do exist. I also sense that it was important for you to know my perspective [as a European American person] and whether I believed you that discrimination has occurred for you on this campus.

In a variant category, therapists reported that their self-disclosures involved sharing their struggle with their own racist feelings. Here, for instance, an African American client raised a question about whether his therapist saw himself as a racist. The therapist reported saying,

> I have had to struggle with racist feelings and urges, but I am committed to the idea of not behaving in a racist way and trying to overcome any prejudice that I have learned through the culture of my life.

Finally, participants variantly reported that their self-disclosures involved sharing their cultural values or perspective. One therapist, for example, described working with an Asian client accused of being physically violent when disciplining his child. In response, the therapist shared his own cultural values regarding discipline, specifically identifying his opposition to physical forms of punishment.

Effect of TSD

Therapists typically reported that the TSD improved the psychotherapy relationship. For instance, one therapist noticed that his client visibly relaxed and was "not quite as hypervigilant" after a TSD, a mutual respect seemed to develop, and the therapist stated that "the client treated me as someone who had something to offer to him." Therapists also typically reported that the TSD helped clients feel understood and allowed clients to advance to other issues in psychotherapy or in their lives. For example, one therapist indicated that prior to the TSD, her client appeared stalled in therapy. After the therapist self-disclosed and supported the client's perceptions of racist events occurring on campus, the client was able to begin discussing more intimate issues. The therapist also noticed that the client was able to talk about cultural issues and their relevance to her concerns, something the client had not been able to do prior to the therapist's self-disclosure. In a final variant category, the TSD appeared to normalize the client's experience, thereby helping the client feel believed. As an example, after a client described a car accident, the ensuing argument, and his subsequent arrest, one therapist shared her perception

with her client that racism had been an important aspect of these events. The therapist felt that her TSD helped the client feel believed and reassured him that the therapist did not think he was "making the story up."

Typical Pathway

In Figure 1, we chart the pathway that emerged for TSD in a good (n = 7) cross-cultural counseling relationship. Following the recommendations of Hill et al. (1997), we chart only those categories that are typical or general, and only included those categories that our 7 participants identified as relevant to their own experiences. We did not chart the pathway for the tenuous cross-cultural counseling relationship because the frequency for this type of relationship was variant.

Within a good relationship prior to a TSD, the therapist typically reported that the client was discussing how she or he was coping with racism/oppression. In response to this client concern, therapists identified three reasons to self-disclose. First, therapists typically reported that they felt it important to acknowledge the role of racism/oppression in the client's life. Second, therapists also stated that they wanted to enhance or preserve the psychotherapy relationship. As a third reason for self-disclosing, therapists sought to acknowledge their own racist/oppressive beliefs. Whatever the reason for using self-disclosure, therapists typically disclosed their reactions to clients' experiences of racism/oppression. Finally, therapists perceived their self-disclosure to have two related effects in counseling: The self-disclosure appeared to improve the counseling relationship and also helped the client feel understood, and thus he or she was able to progress to other issues.

Illustrative Example of TSD in a Cross-Cultural Counseling Relationship

Below is an example of a TSD in cross-cultural counseling. This example has been slightly altered to protect the confidentiality of the therapist and client.

Dr. C, a 48-year-old female therapist who had been in practice for 15 years and followed an interpersonal-multicultural theoretical orientation, reported that 25% of her clients were of a different race, and 10% of her interventions were TSDs regardless of the race of the client. Dr. C spoke of "LaShawna," an African American female client in her early 20s who indicated that she was an activist and student leader on campus. Although LaShawna had sought counseling for relationship concerns, she also discussed her feelings of frustration and anger regarding the discrimination and oppression of students of color on campus. Relatively early in counseling, LaShawna discussed her observations of incidents in and outside of the classroom that were blatantly oppressive and discriminatory toward students of color. Dr. C became aware that

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LaShawna was spending a significant amount of time discussing these oppressive events and eventually sensed that it was important for LaShawna to know Dr. C's position on and perception of these events. Because Dr. C believed that she and LaShawna had a good therapeutic relationship, she used this opportunity to self-disclose and validate LaShawna's observations of discrimination toward and oppression of students of color on campus. Dr. C shared, "I, too, have witnessed several incidents of discrimination on campus, and I have felt upset by these incidents. Additionally, I have worked with other students of color in counseling who have experienced being treated differently in the classroom." A bit later in the session, Dr. C also shared that she believed that discrimination does exist at the institutional level, often creating barriers for students of color. After discussing these initial TSDs with LaShawna, and her reactions to the TSDs, Dr. C also disclosed that "I sense that it was important for you to know my perspectives on the discrimination on campus, and that knowing these perspectives may be important to developing our counseling relationship." These self-disclosures seemed to improve the therapy relationship and helped LaShawna use therapy in a more productive way. For example, Dr. C perceived that LaShawna's trust in and safety with her increased and that she was then able to discuss relationship concerns with her partner. Dr. C surmised that the real work of therapy actually began after the TSD.

Discussion

As context for understanding therapists' actual use of self-disclosure, we found that participants had received inconsistent training with regard to TSD use in general counseling and none to minimal training on TSD use in cross-cultural counseling. Each circumstance may have left therapists feeling unprepared to use such an intervention. The results with regard to cross-cultural training are not surprising, for research suggests that the multicultural counseling skill training that occurs in graduate school is often quite limited. For example, graduate training programs rely heavily on the single-course method of multicultural counseling training (Ponterotto, 1997; Ridley, Mendoza, & Kanitz, 1994), an approach that is perhaps inadequate to support the development of competency in multicultural counseling skills (Parham & Whitten, 2003). Furthermore, a content analysis of multicultural counseling course syllabi from APA-accredited counseling psychology programs indicates that such courses include little, if any, emphasis on actual multicultural counseling skill development (Priester, Jackson-Bailey, Jones, Jordan, & Metz, 2004). If nothing else, then, the findings from this study clearly indicate that our participants lacked specificity of training on self-disclosure in cross-cultural counseling, a circumstance that may have important implications for their therapeutic work with culturally diverse clients.

Whether the counseling relationship was good or tenuous, however, our participants observed that immediately preceding the self-disclosure, clients were usually discussing how they had coped with racism or oppression; relatedly, perhaps, the therapists reported being concerned about the counseling relationship and worried that their clients perceived them as racist. As identified in the pathway, the reasons (i.e., to enhance/preserve the counseling relationship, to acknowledge the role of racism/oppression in the client's life, to acknowledge the therapist's own racist/oppressive beliefs) therapists identified for self-disclosing, then, corresponded closely with the TSD antecedent events, perhaps an indication that our participants were sensitive to the needs of their clients. For example, many of our participants noted a sense of unease in their clients, as indicated by nonverbal cues or clients' direct questions about therapists' feelings about racism or oppression. Noting this sense of discomfort and hesitation, potentially an indication of clients' cultural mistrust (Terrell & Terrell, 1984), our participants reasoned that it was important to validate clients' experiences by acknowledging the role of racism/oppression in clients' lives, or to acknowledge their own racist/oppressive beliefs. Thus, our participants had clear reasons for delivering their self-disclosures, intentions that parallel those expressed in existing literature. Some theorists (Helms & Cook, 1999; Sue & Sue, 2003), for example, have indicated that in building a positive relationship with clients of color, therapists, particularly European American therapists, need to establish their sensitivity to cultural and racial concerns by being open to discussing such concerns, validating client's experiences of discrimination, and being willing to self-disclose their own experiences and reactions in such discussions. Perhaps, then, these therapists sought to communicate their sensitivity to such racial concerns and be open with clients about their own perceptions of and attitudes toward such experiences. For doing so may help build an effective cross-cultural therapy alliance and potentially could improve the effectiveness of therapy.

When therapists did self-disclose, they reported most often disclosing their feelings and reactions to clients' experiences of racism/oppression. Recognizing the importance of such painful experiences for clients, our participants responded by offering that they also would have felt upset in such circumstances. Furthermore, they shared emotional reactions of anger and shock and acknowledged that had they experienced what their clients had, they would likewise have difficulty trusting others who were White. Thus, from our participants' perspective, they used self-disclosures that affirmed clients' feelings and experiences, which have been identified as disclosures of reassurance and support (Knox & Hill, 2003). Furthermore, some therapists disclosed their own struggles with racist feelings or shared their own cultural values and

perspectives. Of most interest, then, the TSDs used by our participants would not likely have facilitated client insight but rather would have been used to strengthen the therapy relationship and validate client experiences of racism. Such self-disclosures are consistent with those hypothesized to be of importance in general (Hill & Knox, 2002) and in cross-cultural counseling (Helms & Cook, 1999; Sue & Sue, 2003). For example, some theorists believe that people of color may be more likely to mistrust European Americans because of a past history of prejudice and discrimination (Terrell & Terrell, 1984). TSD, then, is believed to be important in conveying a therapist's cultural sensitivity to the client's cultural/racial background, thereby increasing therapist credibility and trustworthiness (Terrell & Terrell, 1984). The findings from this study, in part, also parallel Berg and Wright-Buckley's (1988) results, which revealed that African American clients preferred that European American therapists disclosed personal information. If our results are not idiosyncratic to these participants, then they suggest that TSDs, particularly disclosures of reassurance and support, may be important to cross-cultural counseling when clients are discussing racial issues.

Additionally, it is important to acknowledge that some of our participants restricted their self-disclosures to sharing their reactions to clients' experiences of racism and oppression. So, their identified reasons for self-disclosing did not necessarily lead to a self-disclosure that corresponded, and there was a limit to the amount of information that therapists actually disclosed. How, then, do we understand these findings? As suggested earlier, therapists' lack of training in the use of TSDs in cross-cultural counseling potentially may have affected their use of such interventions, perhaps causing mismatches between their reasons for self-disclosing and their actual self-disclosures. Additionally, some research suggests that therapists' feelings of vulnerability and anxiety are often heightened when self-disclosing (Hill & Knox, 2002; Knox & Hill, 2003), a state that may be exacerbated for European American therapists when discussing racial issues with clients of color (Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003). Although our results do not allow us to draw such conclusions, these speculations may be important areas for future research.

After providing the self-disclosure, our participants perceived that the therapy relationship improved. Conceivably, the self-disclosures helped culturally different clients see their therapists as credible, culturally sensitive, and trustworthy, as suggested by Helms and Cook (1999), Sue and Sue (2003), and Thompson et al. (1994). Therapists reported that these disclosures also enabled clients to more readily address other important issues in counseling. Perhaps, in connection with the TSD, the clients believed that their counselors were able to fully appreciate

their experiences, including their racial and cultural experiences. Consequently, our participants did perceive their self-disclosures as useful interventions in cross-cultural counseling when clients were discussing racial issues.

In conclusion, although these data reflect our participants' perspectives of their self-disclosure in cross-cultural counseling, there may be alternative explanations that better account for these findings. In particular, perhaps these findings are better accounted for by the empathic demeanor expressed by the therapist rather than by the TSD. Empathy is described as a positive attitude that underlies all productive counseling processes (Hill, 2004) and has been found to be one of the most important factors in psychotherapy effectiveness (Bohart, Elliott, Greenberg, & Watson, 2002). Perhaps clients' positive reactions, then, arose in response to therapists' general expressions of empathy rather than to their specific self-disclosures. If so, it may be hard to differentiate the effects of therapist empathy from the specific skill of TSD. Additionally, it is possible that clients may have reacted positively to their therapists because they perceived them as culturally sensitive. These speculations regarding the client's experience of TSD, empathy, multicultural sensitivity, or a combination thereof will be important questions to explore in future research.

Limitations

These results are limited to this sample of 11 European American licensed therapists who volunteered to participate in this investigation. Although the size of the final sample is consistent with CQR methodology guidelines (Hill et al., 1997), it is possible that those therapists who chose not to participate in this study would have responded differently. These results are also based on what therapists recalled of events, and thus may be subject to memory lapses and distortion. In addition, we do not know clients' perceptions of these therapists' self-disclosures. The therapists in our sample also had a range of experience providing therapy, and of providing therapy to clients who were racially and culturally different from themselves. Consequently, we cannot discount that therapists' experience may have influenced the final results. Additionally, the interview protocol was included in the initial mailing to potential participants so that they could provide fully informed consent and could think about their experiences prior to the first interview should they decide to participate in the study. Although this procedure may have contributed to richer responses from participants, it is also possible that this a priori awareness of the interview questions allowed participants to respond in a more socially desirable manner (Hill et al., 1997). We note that therapists generally chose to focus on TSD events that had positive outcomes rather than to discuss events that may be perceived as having negative consequences. Participants were not

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directed during the interview to discuss a TSD event that had a specific outcome. Thus, in examining these findings, we must be aware that these specific events appear to reflect the best possible therapeutic circumstances and outcomes and do not describe events in which therapeutic processes may have been derailed as a consequence of TSD. Finally, we must acknowledge that no general frequencies emerged in our findings. This result may be an artifact of our adhering to the original CQR definitional guidelines (i.e., those in existence at the time we did this research) for general frequencies (applies to all cases), developed by Hill et al. (1997). It is possible that the new CQR guidelines (applies to all or all but one case) (Hill et al., 2005) may have yielded some general categories.

Implications

Although this investigation adds to our understanding of therapists' use of self-disclosure in cross-cultural counseling when racial issues are actively being discussed, there are certainly other areas that warrant further empirical examination. Among the intriguing findings that emerged is the minimal and, in some cases, lack of training therapists received during their graduate program regarding the use of self-disclosure in cross-cultural counseling. This finding raises an important question: Why is there so little training in this area? One possible explanation is that the amount of training provided to our participants on TSD use in such circumstances is a direct reflection of the quantity of training that their faculty and supervisors received during their graduate programs. Parham and Whitten (2003) specifically noted the limited multicultural training of faculty and supervisors, a finding that is supported by research (Constantine, 1997). Thus, understanding factors that may interfere with the transfer of knowledge about self-disclosure in cross-cultural counseling, and possibly other counseling skills important to cross-cultural work, may be an important area of future inquiry.

Of the other interesting findings that emerged, we found that therapists' reasons for their use of self-disclosure did not necessarily match the type of self-disclosures they actually gave. Exploring factors that may contribute to or cause mismatches between therapist's reasons for using TSD and their actual self-disclosure in cross-cultural counseling should be addressed in future research. For example, it may be that therapists' anxiety and vulnerability affect their use of self-disclosure during cross-cultural counseling. Understanding these factors may have important implications for training, specifically helping us to develop educational and supervision strategies to address such concerns.

Additionally, our interview protocol allowed for participants to discuss self-disclosure events that had either a positive or a negative effect in counseling. Our participants, however,

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chose to discuss only self-disclosure events that had positive effects on the client and therapeutic processes. What, then, happens when the effect of a TSD is not positive? How do such events affect the client, the therapist, and the therapeutic alliance? Furthermore, what happens when the therapeutic relationship is unstable or the therapist and client are in conflict? For example, given that European American therapists often feel discomfort when processing racial issues (Knox et al., 2003), would conflict between client and therapist increase therapist discomfort and perhaps inhibit the use of self-disclosure in cross-cultural counseling? Relatedly, our results indicated that therapists identified the therapy relationship as either good or tenuous prior to their self-disclosure. Future researchers may want to examine the nature of self-disclosure use in such relationships. For example, are there therapist or client characteristics that cause relationships to be viewed as either good or tenuous? Additionally, researchers may want to explore the therapist's use of self-disclosure in tenuous relationships in great depth. Here again, answers to these questions may provide useful information for those who train therapists.

As indicated earlier, we cannot be sure that the positive outcomes that we found in this study can be fully attributed to the therapist's self-disclosure; empathy and multicultural sensitivity are also possible explanations. As such, clients may have perceived empathy and multicultural sensitivity to be salient in these events rather than their therapists' disclosures. Understanding how clients perceive TSDs may increase our understanding of the effect of these interventions on clients, relationship development between clients and therapists, and outcomes in therapy. These possibilities raise possible directions for future research.

In addition to these research questions, our results also have important implications for practice. We invite practitioners to consider their own use of self-disclosure in cross-cultural counseling when clients of color are discussing racial issues. Our participants believed that their self-disclosures helped clients to feel reassured and supported, and they believed these interventions help to improve the quality of the therapy relationship as well as help clients discuss other important concerns. Given these positive perceptions and outcomes, we encourage faculty and supervisors to discuss the use of self-disclosure in cross-cultural counseling with therapists in training. Such discussions may be useful to students and supervisees in trying to understand the appropriate use of TSDs in cross-cultural counseling and may also lead to the provision of better care to clients in such circumstances.

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Notes

- Alan W. Burkard, Sarah Knox, Michael Groen, & Maria Perez, Department of Counseling and

Educational Psychology, School of Education, Marquette University

- Shirley A. Hess, College of Education and Human Services, Shippensburg University.

Correspondence concerning this article should be addressed to Alan W. Burkard, Department of Counseling and Educational Psychology, School of Education, Marquette University, P. O. Box 1881, Milwaukee, WI 53201-1881. E-mail: alan.burkard@marquette.edu

Appendix

Table 1

Domains, Categories, and Frequencies Regarding TSD Training During Graduate School and Use of TSD in Cross-Cultural Counseling When Discussing Racial Issues in Therapy

Domain	Category	Frequency
Graduate School Training		
Training about TSD use in counseling overall	T had minimum/no training about TSD use	Typical
	TSD use was supported and modeled	Typical
Training about TSD use in cross-cultural counseling	Y had minimal/no training about TSD use	Typical
TSD use in cross-cultural counseling		
Quality of counseling relationship	Good	Typical
	Tenuous	Variant
In-session antecedents to TSD	C coping with racism/oppression	Typical
	T concerned about counseling relationship	Variant
	T concerned that C perceived T as complicit in racism	Variant
	C reacting to specific event/situation in C's life	Variant
Reasons for using TSD	To enhance/preserve the counseling relationship	Typical
	To acknowledge role of racism/oppression in C's life	Typical
	To acknowledge T's own racism/oppression	Typical
The TSD	T shared her/his reaction to C's experience of racism/oppression	Typical
	T shard her/his struggle with racist feelings	Variant
	T shared her/his cultural values/perspective	Variant
Effect of TSD	Improved counseling relationship	Typical
	C felt understood and was able to advance to other issues	Typical
	Normalized C's experience, C felt believed	Variant

Note. TSD = Therapist self-disclosure; C = Client; T = Therapist.

Figure 1

The pathway for therapist self-disclosure (TSD) in a cross-cultural counseling relationship characterized as good. The number for each domain may add to more than 7 because some cases fit into multiple categories. C = client; T = therapist.

Domain	
Quality of counseling relationship	Good (7 cases)
In-session antecedents to TSD	C coping with racism/oppression (6 cases)
Reasons for using TSD	To acknowledge the role of racism/oppression in a client's life (4 cases) — To enhance/preserve the psychotherapy relationship (4 cases) — To acknowledge T's own racism/oppression (4 cases)
The TSD	T shared her/his reaction to C's experience of racism/oppression (5 cases)
Effect of TSD	Improved the psychotherapy relationship (5 cases) — C felt understood and was able to advance to other issues (5 cases)