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The Effect of Differential Levels of Assumed Confidentiality on Amount of Self-Disclosure in Hight Trait-Anxious Students

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THE EFFECT OF DIFFERENTIAL LEVELS OF ASSUMED CONFIDENTIALITY ON AMOUNT OF SELF-DISCLOSURE IN HIGH TRAIT-ANXIOUS STUDENTS

BY

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THESIS

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DEDICATION

To my father,

For the love and support he has given me.

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INTRODUCTION

The outcome of psychotherapy is effected by a complex variety of factors. One of the most critical of these is the quality/nature of the relationship established between the counselor and the client. Respect, empathy and genuineness have long been noted to be important in the client therapist interaction (Egan, 1982; Rogers, 1957; Truax & Carkhuff, 1967). It is within this kind of trusting, safe relationship that clients are able to disclose those personally relevant problematic areas of their life which have often not been disclosed to others, but which need to be disclosed and worked through if therapeutic growth/change is to occur (Yalom, 1975; Egan, 1982).

The ability to self-disclose has been identified as a critically important process if there is to be a positive outcome to therapy (Jourard, 1964; Truax & Carkhuff, 1965). Truax and Carkhuff (1965) stated that "the greater the degree of self-exploration or transparency during psychotherapy, the greater the extent of constructive personality change in the patient" (p. 3). Yalom (1975) also agrees that self-disclosure is necessary not only in individual counseling but also in group therapy, "self-disclosure is a prerequisite for the formation of meaningful interpersonal relationships in a dyadic or in a group situation" (p. 360).

Self-disclosure refers to the interpersonal communication process wherein one person, the discloser, reveals/communicates aspects of oneself;

i.e., one's feelings, thoughts and/or behaviors to one or more others within a psychotherapeutic context. Self-disclosing frequently involves the sharing of intimate, secret, emotionally charged, nonrational or personally/socially unacceptable material (Yalom, 1975).

Chelune (1979) described the following parameters of self-disclosure:

1) Amount or breadth of personal information disclosed;
2) Intimacy of the information received;
3) Duration or rate of disclosure;
4) Affective manner of presentation; and
5) Self-disclosure flexibility. (p. 7)

Self-disclosure has been found to be affected by many factors including the amount of self-disclosure given by the therapist, the sex and attractiveness of the therapist, sex of the discloser, etc. (Jourard, 1968; Cozby, 1973; Chelune, 1979). Additionally, recent research with college and junior high students (Woods & McNamara, 1980; Kobocow, McGuire & Blau, 1983) has established a relationship between the amount or depth of self-disclosure and the degree of assurance or confidentiality which is provided. The present research was designed to extend this line of investigation by examining the effects of perceived level of confidentiality on amount of self-disclosure, with individuals with high and low levels of "Trait" anxiety. While this research was considered as an "analogue" to the actual counseling/therapy situation, the high anxiety volunteer subjects may more closely approximate actual clinical subjects than previous research efforts (Kobocow, McGuire & Blau, 1983; Graves, 1982; Singer, 1978).

The concept of confidentiality has received much recent interest in the literature. It is one of the many ethical considerations which has been

deemed necessary and important for the successful functioning of many professional relationships.

Max Siegel (1979) stated that

> Confidentiality involves professional ethics rather than any legalism and indicates an explicit promise or contract to reveal nothing about an individual except under conditions agreed to by the source or subject. (p. 251)

The essence of confidentiality as an ethical principle is that a counselor does not reveal anything disclosed during the course of a professional relationship. A counselor is ethically free to communicate information provided the counselor has obtained the client's expressed permission to do so. These points are codified for psychologists in "Principle 5: Confidentiality" of the APA Code of Ethics (APA, 1981).

Reynolds (1977) commented on the importance of confidentiality. She believed that keeping the doctor/patient relationship confidential was a necessity that has been recognized for centuries. She quoted Chaucer as saying

> Faith in the doctor is one of the greatest aids to recovery. A doctor should be careful never to betray the secrets of his patients for if a man knows that other men's secrets are well kept he will be readier to trust him with his own. (p. 31)

Confidentiality shares common traits with privileged communication and privacy. Privacy is a freedom, belonging to an individual, to choose the time and the extent of revealing personal beliefs, thoughts, and opinions (Siegel, 1979; Shah, 1970). The fourth amendment to the constitution addresses the issue of privacy indirectly. For example, Everstine, Everstine, Heymann, True, Frey, Johnson and Seiden (1980) explain:

> People are protected against invasion of privacy by their government or by the agents of government. The problems that arise in respect to preserving privacy stem from the difficulty of generalizing to other, nongovernmental attempts to intrude upon personal space. (p. 829)

Privilege, or "privileged communication," is a right of a client, codified in legal statute to prevent a therapist from revealing professional communications in a court of law. Thus, it protects an individual from having that information revealed during a legal procedure without expressed permission by that individual (Siegel, 1979; Geiser & Reingold, 1964). By common law in all states, the communication between a husband and wife, and an attorney and client is privileged. In some jurisdictions privilege is granted to a person and that person's clergymen, and doctor (Slovenko, 1966). Today, states are increasingly granting privilege to a number of different professional relationships including those between clients and their psychologists, social workers, journalists, etc. (DeKraai & Sales, 1982). Dean John Wigmore, of Northwestern University School of Law, formulated four criteria which have been frequently utilized in determining whether privileged communication ought to be granted by law to a given relationship. Slovenko (1966) describes them as follows:

1) Does the communication in the usual circumstances of the given professional relation originate in a confidence that it will not be disclosed?
2) Is the inviolability of that confidence essential to the achievement of the purpose of the relationship?
3) Is the relationship one that should be fostered?
4) Is the expected injury to the relation, through the fear of later disclosure, greater than the expected benefit to justice in obtaining the testimony? (p. 10)

After examining Wigmore's criteria in relationship to psychotherapy, most would agree that the psychotherapy relationship does meet all of the criteria (Slovenko, 1966).

Legal Statements/Rights of Clients

There are a number of legal statements and organizational rules and regulations concerning the rights of clients regarding confidentiality. In the APA (1981) "Ethical Principles of Psychologists," under Section 5: Confidentiality, it states that

> Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as psychologists. They reveal such information to others only with the consent of the person or person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, psychologists inform their clients of the legal limits of confidentiality. (p. 635)

The exception of "clear danger" was clarified and extended by the California Supreme Court in 1976. In the case of Tarasoff vs. the Regents of the University of California (Bersoff, 1976) it was decided that it is the responsibility of the therapist to warn a third party (victim) concerning potential harm, as a result of information obtained from the client in their professional relationship. Recently revised professional codes of ethics now specifically include this idea (e.g. APGA's Ethical Standards Section B.4, 1982).

The Privacy Act of 1974 accentuates the importance of privacy. "The right to privacy is a personal and fundamental right protected by the Constitution" (Public Law 95-579). This Act also established the Privacy

Protection Study Commission to examine the procedures used to protect personal information in data banks, organizations, etc. (Siegel, 1979).

Another law concerned with the concept of confidentiality is the Buckley-Pell Amendment (Public Law 93-380) which was passed in 1974. This amendment specifies that when a school receives federal funds it must make student files available to both "eligible" students (i.e., 18 years of age or older) and/or their parents. Many institutions consider that counselors' records also need to be made available. When the amendment is interpreted in this manner it goes against many current professional codes of ethics for counselors (McGuire & Borowy, 1978). The concept of confidentiality has many implications, both legal and ethical, but it is its effect on the therapeutic relationship that might be deemed most important.

Confidentiality in the Therapeutic Relationship

Legally, a mental health professional cannot keep clients' personal information one-hundred percent confidential. For example, in many jurisdictions, therapists are required by statute to report communications including rape or family member abuse (DeKraai & Sales, 1982). What should the professional inform the client, concerning confidentiality, before the onset of therapy? Many agree that in order to facilitate the helping relationship, clients need to be informed of the limits of confidentiality, what their rights as a client are and what the therapist's personal guidelines include (Hare-Mustin, Manecek, Kaplan, Liss-Levinson, & Nechama, 1979; Popiel, 1980; Rosen, 1977). Hare-Mustin et al. (1979) believe that

> Ethical principles require that clients be provided with sufficient information to make informed choices about entering and continuing in therapy. Knowledge of three areas provides the necessary background for such choices:
>
> 1) The procedures, goals, and the possible side effects of therapy;
> 2) The qualifications, policies and practices of the therapist; and
> 3) The available sources of help other than therapy. (p. 5)

Popiel (1980) sees court referrals as being particularly complicated in terms of confidentiality. He believes that the problems which arise could be avoided if the client was informed of the limitations of confidentiality in the particular setting and if the client is allowed to participate in defining the relationship between himself, the therapist and the referral agency. He calls this relationship between the client and the therapist as a "Treatment Information Dichotomy" and sees it as a solution to the dilemma in which many therapists find themselves.

It has also become a general practice among those mental health professionals working in correctional institutions to inform their clients, and to make sure they understand, the limitations of confidentiality. Specifically, plans to escape and to harm themselves or others are the only times in which confidentiality is broken (Quijano & Logsdon, 1978). The level of confidentiality in therapy will differ depending on the material disclosed, the environment of the therapy, other agencies that may be involved, etc. Will these different levels of confidentiality affect the amount of self-disclosure by the client?

Confidentiality/Self-Disclosure; Empirical Studies

In a study by Jagim, Wittman and Noll (1968), 64 mental health professionals responded to a questionnaire which included 4 demographic items, 9 Likert-type scale items and 2 items related to the issue of privileged communications. The results of the study showed that mental health professionals agreed that confidentiality was necessary in order to maintain a positive relationship for therapy. Ninety-eight percent of the professionals saw it as essential.

Schmid, Applebaum, Roth and Lidz (1983) interviewed 30 psychiatric inpatients on the topic of confidentiality and the importance it held for them. It was discovered that these patients highly valued confidentiality but generally thought that breaking confidentiality was O.K. only if it was in their own best interest. Seventeen percent of these patients said that if confidentiality was broken they would either leave treatment or stop talking to whomever broke the confidentiality. It was also shown that the majority of these patients were ignorant to their rights concerning confidentiality.

Toal (1983) also studied the adult mental health patient's view of confidentiality. He interviewed inpatients, outpatients and a nonpatient comparison group and found that all of the subjects highly valued confidentiality with inpatient subjects finding it significantly more important than the other two groups.

A study by Messenger and McGuire (1971) attempted to assess the child client's understanding of and valuing of privacy in their counseling relationships. It was found that a child's understanding of the concept of privacy/

confidentiality evolves with age. This may be a reflection of the maturation of more "operational" cognitive processes related to value-moral development. It was also found that preadolescent children (12-13 year olds) were particularly sensitive to issues of privacy in counseling and that their perception of previous violations/compromises in their communications with their counselor was significantly related to overall decreases in their valuing of the counseling relationship.

In 1978, Singer reported a study investigating the effects of three factors:

1) how much information about the interview was given to the respondents before questioning
2) if confidentiality was assured or not
3) whether or not a signature was required.

The interviews included questions concerning mental health, sex, drinking, drug use and demographics. It was concluded that nonresponse rate was significantly lower in cases in which assurance of absolute confidentiality was given. Singer also concluded that

> Promising confidentiality, . . . , appears to exert a halo effect, enhancing the respondent's evaluation of a variety of factors associated with the interview. (p. 56)

Woods and McNamara (1980) investigated the assumption that the promise of confidentiality has a significant effect on people's self-disclosures. The subjects consisted of sixty undergraduate students. They were randomly assigned to three conditions:

1) confidential instructions

2) nonconfidential instructions

3) no-expectation instructions.

The interview consisted of 20 questions that had previously been rated for level of intimacy. From their results they concluded that the depth of self-disclosure was strongly affected by the instructions regarding confidentiality. When subjects were told that what they said might not be kept strictly confidential they disclosed with less depth/intimacy than those subjects who were told what they disclosed would be kept confidential or by those that were not given any instructions regarding confidentiality.

Kobocow, McGuire and Blau (1983) again addressed the hypothesis that assurance of confidentiality is positively related to higher amounts of self-disclosure. This study involved 90 seventh and eighth graders who were randomly placed into one of three experimental conditions:

1) neutral

2) confidentiality assured

3) confidentiality not assured.

Each subject was given 74 orally administered statements to which they had to answer true or false. The results provided weak support for the notion that assurance of confidentiality is related to higher amounts of self-disclosure. They also found a strong effect regarding the sex of the discloser, with males disclosing more than females. These results were consistent with those of Singer (1978) and Woods and McNamara (1980) who showed that males disclose significantly more than females. Indirect support for the

assumption that individuals tend to perceive and value confidentiality was reflected by the lack of difference in results between the high confidentiality and neutral conditions and by the significant over-reporting by subjects who, during the post-test, "remembered" being presented with instructions which assured confidentiality of their interview responses.

Graves (1982) explored four separate variables:

1) Do subjects disclose to a greater extent if they are assured that what they say will be kept confidential?
2) Do clients disclose more if their responses are being manually recorded as opposed to video recorded?
3) Do female clients disclose less than males under any condition of confidentiality?
4) Is self-disclosure effected by the sex of the interviewer?

Subjects were asked open-ended questions which were divided into 2, ten-question interviews. He found that:

1) There was a tendency for subjects to disclose more under a high degree of assured confidentiality than they did under a low degree of assured confidentiality (statistically nonsignificant trend)
2) The mean self-disclosure scores were higher in the no-video condition but results showed that males disclosed significantly more in the video condition while females disclosed significantly more in the no-video condition;
3) Males disclosed more overall than females; and

4) Male subjects disclosed more to the male interviewer than they did to the female interviewer, but there was no significant difference between the amount of information disclosed by female subjects to either the male or female interviewer.

Although there has been a recent increase in the number of studies that have been conducted around the concept of confidentiality, there are still many questions that remain unanswered. For instance, are clients more likely to seek out professional help in those communities that have specfic laws regarding confidentiality (DeKraai & Sales, 1982)? How much does confidentiality affect the therapeutic process (DeKraai & Sales, 1982; Woods & McNamara, 1980)? Does confidentiality correlate with positive therapeutic outcome? Can results suggesting a relationship between confidentiality and self-disclosure be generalized to actual clinical populations? The present study will attempt to assess the latter question regarding the significance of assured confidentiality on a measure of self-disclosure among individuals who scored significantly high on a test of trait anxiety. Specifically, it was hypothesized that these individuals would disclose to a higher degree in conditions of high assured confidentiality and conversely they would disclose less in conditions of low assured confidentiality.

METHOD

Subjects

The subjects consisted of 96 individuals (48 males and 48 females) with a mean age of 20.8 years who were enrolled at the University of Central Florida and who scored either one standard deviation above or one standard deviation below the mean on Spielberger's Trait Anxiety Inventory (1983). These subjects were randomly divided into three treatment groups: high confidential, low confidential and control/neutral. Two male interviewers were used. Each interviewer randomly interviewed one-half of the male and one-half of the female subjects in each of the three treatment conditions. The interviewers were graduate psychology students at the University of Central Florida with training and experience in counseling. The interviewers were given ample time to practice the presentation of the materials to assure uniformity of presentation. A pre-interview screening session lasted approximately 10 minutes and the interview session itself was approximately 30 minutes in duration. The room for the interview was self-contained with only the interviewer and the subject present.

Questionnaire

The questionnaire combines questions developed by the experimenter with questions adapted from the "L&K" scales on the MMPI (1966) and the

"Good Impression" scale on the CPI (1956). The MMPI & CPI questions were used because they have been empirically validated as measures of honesty, openness, and nondefensiveness of self-report. Thus, they coincide with the dependent variable (self-disclosure) of this study. A split-half (odd/even) reliability coefficient was calculated on the questionnaire yielding a reliability coefficient of .93.

Each answer was rated numerically as follows:

1 Never

2 Rarely

3 Sometimes

4 Frequently

5 Most of the time

6 Always

0 Nonapplicable

-1 Choose not to answer

Those questions that were answered "nonapplicable" were not included in the data analysis. The remaining scores were added up and a mean self-disclosure score was determined.

Screening

Screening consisted of the experimenter distributing Spielberger's Trait Anxiety Inventory to selected University classes. The trait anxiety scale was used in an attempt to identify students who more closely resembled the clinical patient than the normal population. Spielberger (1983) refers to trait anxiety as "relatively stable individual differences in anxiety-proneness" (p. 1).

He also states that "psychoneurotic and depressed patients generally have high scores on this scale" (p. 2). The test-retest correlation for Spielberger's inventory on college students fell in the range from .73 to .86 with a median reliability coefficient of .765 (Spielberger, 1983).

A short introduction was given to each class explaining that participation in the study was strictly voluntary and that subjects could terminate at any time. The tests were scored by the experimenter. To determine eligibility, the norms developed by Spielberger for college students were used. Norms for females were: $\underline{M}$ = 40.40 with a standard deviation of 10.15, and for males: $\underline{M}$ = 38.30 with a standard deviation of 9.18. For females, those who scored above 50.55 or below 30.15 fit the criteria, while for males it was a score above 47.48 or below 29.12. Those students found eligible for the remainder of the study were contacted by phone or through class and the interview time was scheduled.

Interview Session

Subjects were greeted by the interviewer and then read an introductory paragraph providing basic information about the study and explaining what was expected of them. They were also informed that they could refuse to answer any question asked and could terminate the session at any time. This information was printed on a card and given to the subject to read silently as the interviewer read it aloud. An opportunity was given to the subject to ask any questions. They were then read a consent to participate statement and given an opportunity to sign the form (see Appendix A). If the subject did not wish to participate, the session was ended and appreciation expressed. Only

one subject declined to participate at this point. Once the subject read and signed the consent form he or she was read a statement setting the confidentiality condition (high, low, neutral) to which the subject had been assigned (see Appendix B). The instruction setting the confidentiality treatment condition was also printed on a card which the subject read silently as the interviewer read it aloud. The interviewer then read aloud the 75 item questionnaire (see Appendix C). All subjects answered each question using one of the following choices: NEVER, RARELY, SOMETIMES, FREQUENTLY, MOST OF THE TIME, ALWAYS, NONAPPLICABLE, or CHOOSE NOT TO ANSWER. These choices were typed on a sheet of paper placed in front of the subject, for their reference, throughout the administration of the questionnaire. The interviewer recorded the subjects' responses on an answer sheet (see Appendix D). One-half of the subjects were asked a question that attempted to assess how much of the initial "treatment instructions" were remembered by the subject (see Appendix E). All the subjects were then read a debriefing statement (see Appendix F). This statement explained the purpose of the experiment and reassured the subjects that all information gathered would be kept confidential. A post-questionnaire was then read to the subject (see Appendix G). The post-questionnaire consisted of open-ended questions to which the subjects could reply as they saw fit. These responses were also recorded by the interviewer. Finally, the subject was read and had an opportunity to sign a final release of information form (see Appendix H). The double consent-release process follows the procedures introduced by Woods and McNamara (1980). The subject was then thanked for participating in the study.

RESULTS

A 3-way analysis of variance procedure (confidentiality treatment level x sex x anxiety level) failed to support the principle hypothesis that high trait-anxious subjects would disclose significantly more in conditions of high assured confidentiality than in a condition of low assured confidentiality. There were no significant differences in disclosure scores for the main effects of confidentiality treatment, F (1,95) = 1.139 $p > 05$; or for the sex of the subject, F (1,95) = 1.097, $p > .05$. A significant difference in self-disclosure scores was found for subjects in the high anxiety group as compared to the low anxiety group: high anxiety M = 2.72; low anxiety M = 2.03; F (1,95) = 78.807 $p < .001$. The confidentiality x anxiety level interaction effect was not significant, F (2,95) = .683 $p > .05$. Confidentiality x sex of subject; sex of subject x anxiety; and confidentiality x sex of subject x anxiety level interactions were all nonsignificant, F (2,95) = 1.337 p .05; F (1,95) = 2.272 $p > .05$, and F 92,95) = .124 $p > .05$ respectively. Table 1 presents mean disclosure scores for high, neutral and low confidentiality conditions for male and female subjects and for high and low trait anxiety groups.

The post-questionnaire results are summarized in Table 2. Ninety-one percent of the subjects (n = 87) felt that their responses would be held in confidence (question #2). Of this total, 45 subjects (46.9%) indicated that

TABLE 1

MEAN DISCLOSURE SCORES

	Low Assured Confidentiality		Moderate Assured Confidentiality		High Assured Confidentiality	
Group	High Anxiety	Low Anxiety	High Anxiety	Low Anxiety	High Anxiety	Low Anxiety
Male	2.70	2.18	2.74	2.02	2.67	2.20
Female	2.88	2.02	2.83	1.95	2.51	1.83
Total	2.79	2.10	2.79	1.99	2.59	2.02

TABLE 2

POST-QUESTIONNAIRE RESULTS

1) Was the purpose of the experiment explained to your satisfaction?

	Yes	No
N	95	1
%	98.96	1.04

3) Did you feel that you were tricked or misled in any way?

	No	A Little
N	91	5
%	94.79	5.21

4) Did you feel free to withdraw from the interview at any time?

	Yes	No
N	94	2
%	97.92	2.08

they believed their interview responses were "completely" or "very" confidential and 42 subjects (43.8%) stated that they believed their responses were "fairly" or "pretty" confidential. Three subjects (3.1%) stated that they had not thought about the confidentiality of their responses. Three (3.1%) indicated that the confidentiality of their interview did not matter to them and another three subjects (3.1%) stated that they believed their responses would not be kept very confidential.

The last 48 consecutive subjects were given an additional question which was asked immediately after the questionnaire interview was completed. Subjects were asked what they remembered concerning any information given regarding the confidentiality of their responses. Their responses to this question were recorded by the interviewer (see item #5, Table 3). Fifty-eight point three percent (n = 28) of these subjects appeared to remember their basic instructions correctly. Of the 16 subjects in each treatment condition, 11 (68.75%) in the high condition, 9 (56.25%) in the neutral condition and 10 (62.5%) in the low condition remembered their instructions correctly.

Thirty-seven point five percent (n = 18) of the subjects were unable to remember their confidentiality instructions given them or remembered their instructions inaccurately. In the high confidentiality group, 5 (31.25%) of the subjects incorrectly remembered instructions while of the subjects in the confidentiality condition, 6 (37.5%) incorrectly remembered their instructions. Of these latter 6 subjects, 4 remembered the instructions as guaranteeing more confidentiality than actually promised. In the neutral

TABLE 3

ASSUMED CONFIDENTIALITY

2) How confidential did you feel your responses would be when answering the questionnaire?

	N	%
Very	45	46.9
Pretty	42	43.8
Hadn't thought about it	3	3.1
Didn't matter	3	3.1
Not very	3	3.1

5) What do you remember concerning the confidentiality of the study?

High Confidentiality Condition	N	%
Remembered		
Correctly	11	68.75
Incorrectly	5	31.25
Neutral Condition		
Remembered		
Correctly	9	56.25
Incorrectly	7	43.75
Low Confidentiality Condition		
Remembered		
Correctly	10	62.5
Incorrectly	6	37.5
Total		
Remembered		
Correctly	30	62.5
Incorrectly	18	37.5

condition, 7 (43.75%) remembered instructions that were never presented. Of these seven subjects, 100% of them remembered being told that what they said would be kept confidential or assumed that it would.

DISCUSSION

It was hypothesized that subjects would disclose significantly more under a condition of high assured confidentiality than they would in a low assured confidentiality condition. Due to the unavailability of actual mental health clients, subjects were used who were determined to be either high or low in trait anxiety. It was assumed that high anxious subjects would more closely approximate an actual "clinical" population than would a general college student sample. The mean score for the high anxiety subjects was 54.64 while the mean low anxiety score was 25.65. The score for male neuropsychiatric patients was 46.62 (Spielberger, 1983).

Results of this study revealed that, in actuality, there was no significant difference in the amount of self-disclosure by subjects in the high assured confidentiality condition as compared to the low condition. These results and other similar findings (Kobocow, McGuire, & Blau, 1983; Graves, 1983) lead to the speculation that other variables beside verbal assurances of confidentiality affect the ability or willingness of a person to engage in increased self-disclosure. Non-verbal cues (e.g. eye contact, smiling, etc.), previous expectations of and/or experiences with confidentiality in a personal interview or counseling situation may be deemed more important by the subject/client. On the other hand, Slovenko (1966) has speculated that counselors are more concerned with issues of confidentiality than the typical

client. Recent data by Schmid, Applebaum, Roth and Lidz (1983); and Toal (1983) suggest that inpatient psychiatric subjects may be more sensitive to/concerned about issues of privacy than the typical outpatient individual.

The post-questionnaire dealt, in part, with the topic of the subjects' expectations of confidentiality. Only one-third of the total subjects were told that their responses would be kept completely confidential yet 91% of the subjects responded positively to question two, suggesting that the vast majority of subjects expected that their responses would be kept confidential. Of the remaining subjects, 6% did not care or did not really think about confidentiality, leaving only 3% of the subjects who did not believe their responses would be kept confidential. These 3% (n = 3) were all in the low confidentiality condition. Numerous subjects mentioned that because the study was a psychology experiment and conducted with the approval of the University Psychology Department that they expected it to be confidential. This belief demonstrates the importance of preinterview/counseling expectation. Thus, it is likely that actual clinical populations would have an extremely strong expectation that what they say in counseling is private.

Responses to the extra question asked to the second half of the subjects revealed that over 60% of these subjects in both the high and low confidentiality conditions remembered correctly the instructions given to them regarding who would have access to their interview responses. Of those subjects in the neutral condition who were given no specific instructions regarding confidentiality, 43.75% did not remember anything being told them regarding this issue. This again seems to indicate that even though

instructions regarding confidentiality could be remembered, they were not as important as other factors in determining how confidential a subject felt what he said would be kept. In other words, while the majority of subjects in the neutral or low condition believed that their responses to the questionnaire were confidential (many incorrectly believed so) many of these same subjects were able to correctly recall the instructions actually given to them. This leads to two conclusions: (1) individuals tend to have high/strong expectations of privacy in personal dyadic interview situations which may interfere with their perception of verbal messages which in fact, may contradict this expectation; (2) individuals in a personal dyadic interview situation with an interviewer who is perceived as a professional or as representing a professional organization (in this case, the psychology department at a state university) may interpret instructions suggesting a possible loss of absolute privacy as representing non-significant, professional intrusions into the absolute confidentiality of their communications.

Results also revealed that there was a significant difference in the amount of information disclosed between the two interviewers; interviewer A, $\underline{M} = 2.27$; interviewer B, $\underline{M} = 2.49$. Subjects disclosed significantly more to interviewer B, $\underline{F}\ (1,95) = 4.489$ $\underline{p} = .034$. Even though the materials read by both interviewers were the same and both interviewers were trained to help control the uniformity of the presentation, the data point to the fact that subjects perceived the interviewers differently. A review of their style leads to the speculation that interviewer B was probably more warm and accepting thus stimulating more disclosure. Interviewer A's general interaction style

was rigid and distancing and he may have dealt more with the words said during the interview rather than focusing on the subject as is speculated occurred with interviewer B.

The significant finding that high trait-anxious subjects disclose significantly more than low trait-anxious subjects coincides with findings by Anchor, Vojtisek, and Patterson (1973) and Duckro, Duckro, and Beal (1976). Anchor, Vojtisek, and Patterson (1973) conducted a study on groups of schizophrenics. Results showed that high trait-anxious subjects gave more self-disclosing statements than did the low trait-anxious subjects. Anchor et al. stated that "It might be expected that those persons who are most anxious will more readily participate in hope of obtaining relief" (p. 155). Duckro, Duckro, and Beal (1976) conducted a study using 23 black female university students. Anxiety level was one of the psychological constructs studied. Results showed that anxiety correlated significantly with self-disclosure. They concluded that increased "self-disclosing behaviors serve as a defense mechanism for the anxious person" (p. 943).

Implications for Therapy

While this study involved a structured interview format and the use of a questionnaire with college subjects, it is hoped that the results might be applicable to the clinical assessment/therapeutic situation. In both cases information that is considered personal in nature is disclosed/discussed to another individual. The counselor's verbal assurance of confidentiality appears to have relatively little affect on a client's level of self-disclosure and hence the initial trust in the counselor and/or counseling situation. The

environment in which therapy is conducted, nonverbal counselor cues, previous experience with the clinic/counselor, past experiences in which confidentiality has/has not been broken, third parties involved in therapy, etc., may all hold greater importance in how confidential a client believes and/or expects his disclosure will be kept.

When a third party is involved in therapy, such as the court, parents, etc., the expectation that this outside agency/individual will be told about what has been disclosed in therapy may have the greatest bearing on the amount of information the client will disclose. In these cases it may be important to use other methods to insure confidentiality such as non-verbal assurances or a written guarantee/contract.

The issue of giving verbal assurances of confidentiality in the therapy situation seems to be more important to the counseling professional than it is to the client. The exception to this may be in those situations where the client has a low expectation of confidentiality, where verbal assurances may increase the amount of self-disclosure.

Results also revealed that individuals who are high in anxiety will disclose more than those with lower levels. This implies that some anxiety is beneficial in the therapeutic situation. Moderate levels of anxiety may serve to facilitate self-exploration and involvement in therapy through greater client self-disclosure. Future research might investigate the interaction of verbal versus nonverbal channels of communicating, assurances of privacy, and the role of preinterview expectations of privacy on outcomes such as self-disclosure or trust in the counselor/counseling situation.

APPENDIX A

INTRODUCTORY PARAGRAPH

CONSENT TO PARTICIPATE

INTRODUCTORY PARAGRAPH

CONSENT TO PARTICIPATE

This study involves gathering information from people about topics that may be personal in nature. Subjects covered will include sexual attitudes and behaviors, personality characteristics, personal attitudes, emotions etc. Your involvement will include answering 75 questions read to you by the interviewer. You will respond by choosing from the following replies: Never, Rarely, Sometimes, Frequently, Most of the Time, Always, Nonapplicable, or Choose Not to Answer. The session will last approximately 30 minutes. You may refuse to answer any particular question and may terminate the interview at any time. We hope you will find the interview a positive learning experience and we appreciate your willingness to participate to this point. We believe that this research will be helpful to counselors and clients in the delivery of counseling services. Do you have any questions?

I agree to participate in a study conducted by the Department of Psychology of the University of Central Florida. The overall research project is under the supervision of John M. McGuire, Ph.D. (305-275-2216) of U.C.F. I am aware that parts of the study will not be fully explained to me until after I have participated and that I will have an opportunity at that time to decide whether my responses can be used in this research. I am also aware that I can withdraw from the experiment at any time.

SIGNATURE _____

DATE _____

WITNESS _____

APPENDIX B

STATEMENTS OF CONFIDENTIALITY

STATEMENTS OF CONFIDENTIALITY

High Confidential

This questionnaire consists of questions that are personal in nature. Please answer the questions as openly and honestly as you possibly can. Your responses will be held in the strictest confidence. NO ONE but the research team will have access to them. The only identifying information needed is your sex and age.

Low Confidential

This questionnaire consists of questions that are personal in nature. Please answer the questions as openly and honestly as you possibly can. Your questionnaire may be made available to faculty, the dean of students' office, and graduate students who are interested in this research. A summary of your responses may also be included in your university file so that they would be available for further study.

Control/Neutral

This questionnaire consists of questions that are personal in nature. Please answer the questions as openly and honestly as you possibly can.

APPENDIX C

SELF-DISCLOSURE QUESTIONNAIRE

SELF-DISCLOSURE QUESTIONNAIRE

1. I do not like to admit when I am wrong.
2. I am left out of things others are invited to join.
3. I have difficulties managing my finances.
4. I feel different from other people.
5. I am disappointed easily.
6. When I'm not feeling well I am cross and irritable.
7. When things go wrong I blame someone else.
8. I tease animals.
9. My family does not treat me fairly.
10. I practice masturbation.
11. I would lie to get what I want.
12. I have physical problems that bother me.
13. I feel that I am not in control of my life.
14. Alcohol has caused me or my family problems.
15. People are out to get me.
16. I feel dirty after sex.
17. I do not trust people.
18. Going to work makes me uptight.
19. I avoid, rather than face, things that scare me.
20. When I get angry I feel like hitting someone or something.
21. I gossip a little.
22. I exaggerate my troubles in order to get sympathy.
23. I am hard to get to know.

24. If I could cheat the "system" out of some money, I would.
25. I have had thoughts of killing myself.
26. I am afraid to be alone in the dark.
27. I have sexual fantasies.
28. I worry about myself.
29. I wish I had more friends.
30. I have missed work just because I felt too tired to get up in the morning.
31. I am easily influenced by other people.
32. I feel blue and depressed.
33. I really get down on myself when I fail at something.
34. I find it hard to talk to people I meet at a party.
35. I pretend to know more than I really do.
36. I think people see me as different.
37. I have thoughts that bother me.
38. I have taken things that did not belong to me.
39. I don't get along well with people.
40. I feel most people will let you down.
41. I will put off until tomorrow what I ought to do today.
42. I enjoy going against the rules and doing things I'm not supposed to.
43. I see and hear things other people don't.
44. I drink excessively.
45. I feel life is not worth living.
46. I don't feel as smart as most people.
47. I feel embarrassed when I am alone.
48. I cry without knowing why.
49. Criticism or scolding hurts me terribly.
50. I think of things too bad to talk about.
51. I need to be accepted by others.
52. I worry about the future.
53. I do things that I am not proud of.
54. I do not like people.

55. I was criticized and punished as a child.
56. I find it hard to keep my mind on my work.
57. I feel useless.
58. I don't enjoy sex.
59. I question my own judgement.
60. I have trouble finding and keeping a job that I like.
61. If I pass a group of people who are laughing, I think they are laughing at me.
62. I fear that something terrible will happen to me.
63. I get mad easily.
64. I set goals I cannot possibly meet.
65. I will not go out to dinner or to a movie alone.
66. I feel people do not listen to me.
67. I am apt to behave differently if no one is watching.
68. I worry about money.
69. During sex, I am concerned mainly with my own enjoyment.
70. I feel let down by the world.
71. I find it hard to meet strangers.
72. I have homosexual fantasies.
73. I will deliberately pick a fight with someone.
74. I have trouble getting or staying asleep.
75. Questionnaires bother me.

APPENDIX D

ANSWER SHEET

Sex _____ Age _____ _____

ANSWER SHEET

NEVER	A	MOST OF THE TIME	E
RARELY	B	ALWAYS	F
SOMETIMES	C	NONAPPLICABLE	G
FREQUENTLY	D	CHOOSE NOT TO ANSWER	H

1)	A B C D E F G H	26)	A B C D E F G H
2)	A B C D E F G H	27)	A B C D E F G H
3)	A B C D E F G H	28)	A B C D E F G H
4)	A B C D E F G H	29)	A B C D E F G H
5)	A B C D E F G H	30)	A B C D E F G H
6)	A B C D E F G H	31)	A B C D E F G H
7)	A B C D E F G H	32)	A B C D E F G H
8)	A B C D E F G H	33)	A B C D E F G H
9)	A B C D E F G H	34)	A B C D E F G H
10)	A B C D E F G H	35)	A B C D E F G H
11)	A B C D E F G H	36)	A B C D E F G H
12)	A B C D E F G H	37)	A B C D E F G H
13)	A B C D E F G H	38)	A B C D E F G H
14)	A B C D E F G H	39)	A B C D E F G H
15)	A B C D E F G H	40)	A B C D E F G H
16)	A B C D E F G H	41)	A B C D E F G H
17)	A B C D E F G H	42)	A B C D E F G H
18)	A B C D E F G H	43)	A B C D E F G H
19)	A B C D E F G H	44)	A B C D E F G H
20)	A B C D E F G H	45)	A B C D E F G H
21)	A B C D E F G H	46)	A B C D E F G H
22)	A B C D E F G H	47)	A B C D E F G H
23)	A B C D E F G H	48)	A B C D E F G H
24)	A B C D E F G H	49)	A B C D E F G H
25)	A B C D E F G H	50	A B C D E F G H

ANSWER SHEET 2

NEVER	A	MOST OF THE TIME	E
RARELY	B	ALWAYS	F
SOMETIMES	C	NONAPPLICABLE	G
FREQUENTLY	D	CHOOSE NOT TO ANSWER	H

51) A B C D E F G H
52) A B C D E F G H
53) A B C D E F G H
54) A B C D E F G H
55) A B C D E F G H
56) A B C D E F G H
57) A B C D E F G H
58) A B C D E F G H
59) A B C D E F G H
60) A B C D E F G H
61) A B C D E F G H
62) A B C D E F G H
63) A B C D E F G H
64) A B C D E F G H
65) A B C D E F G H
66) A B C D E F G H
67) A B C D E F G H
68) A B C D E F G H
69) A B C D E F G H
70) A B C D E F G H
71) A B C D E F G H
72) A B C D E F G H
73) A B C D E F G H
74) A B C D E F G H
75) A B C D E F G H

APPENDIX E

TREATMENT INSTRUCTIONS REMEMBERED

What do you remember concerning the confidentiality of the study?

APPENDIX F

DEBRIEFING

DEBRIEFING

An essential part of the counseling process is client self-disclosure. This investigation was an attempt to measure how freely a person would reveal personal information about themselves when they were given different instructions regarding how private or confidential this information would be treated. No matter what information was given to you at the beginning of this study, ALL data gathered will be kept strictly confidential. We have not obtained any identifying information except your sex and age. The questionnaire responses were recorded on an answer sheet and will be looked at only by the research team. There is no way your identity can be determined. However, if you do not wish to be included in this study your questionnaire responses will be destroyed now. If you agree to allow the use of your responses, please read and sign the release of information form provided. Do you have any questions? If you would be interested in receiving the findings of this study, please leave your name and address with the interviewer.

APPENDIX G

POST QUESTIONNAIRE

POST QUESTIONNAIRE

1) Was the purpose of the experiment explained to your satisfaction? If NO, what part of the experiment is not clear to you?

2) How confidential did you feel your responses would be when answering the questionnaire?

3) Did you feel that you were tricked or misled in any way? If so, how?

4) Did you feel free to withdraw from the interview at any time? If NO, why not?

APPENDIX H

RELEASE FORM

RELEASE FORM

The purpose of this research and the methods used have been fully explained to me. I understand them and give permission to the researchers to use the information given by me during this research.

SIGNATURE _____

DATE _____

WITNESS _____

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