Interviewer Trustworthiness and Intended Self-Disclosure as a Function of Verbal and Nonverbal Assurances of Confidentiality

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INTERVIEWER TRUSTWORTHINESS AND INTENDED SELF-DISCLOSURE AS A FUNCTION OF VERBAL AND NONVERBAL ASSURANCES OF CONFIDENTIALITY

BY

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B.S., Florida State University, 1983

THESIS

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ABSTRACT

This study attempted to clarify to what degree assurances of confidentiality and interviewer behavior protective of confidentiality impacted an interviewee's trust of an interviewer and subsequent willingness to self-disclose. Ninety-six undergraduates were asked interview questions. Male and female subjects were divided into four conditions: confidentiality statement/protective behavior, confidentiality statement/nonprotective behavior, neutral statement/protective behavior, and neutral statement/nonprotective behavior. The Intended Self-Disclosure Questionnaire and Counselor Rating Form were used to measure self-disclosure and trustworthiness levels. Results did not support the main hypothesis that protective behavior would have a more significant impact on self-disclosure and trustworthiness than verbal assurances of confidentiality. However, assurances of confidentiality did lead to significantly higher trust levels. Responses to a post-questionnaire revealed overreporting of confidentiality instructions. Implications for therapy and future research are discussed.
ACKNOWLEDGEMENTS

First, I would like to thank Sharon Rifkin and Sharon Kridell for their valuable suggestions and many long hours spent in a tiny room to collect data. Also, thanks goes to those students who volunteered for this experiment and the teachers who graciously opened their classrooms.

Special thanks to my wife who spent much of her first year of marriage listening to my frustrations and my typewriter yet never failed to encourage me and lift me up.

I owe to Dr. Burt Blau and Dr. David Abbott real gratitude for their comments, suggestions, criticisms, and expertise as members of my thesis committee.

Finally, to Dr. Jack McGuire, whose patience, knowledge, cheerfulness, and friendship always bolstered me and without whom this project may never have been completed, my sincerest thanks.
DEDICATION

To my father and mother for their never ending love.
Inspiration and respect are quiet words.
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INTRODUCTION

An essential condition for therapy progress is the communication from the client of events that have, will, or may take place and the feelings associated with these events to a therapist or counselor. These communications may occur verbally, through gestures or drawings, or through a number of other pathways. Regardless of the pathway chosen, the client is letting the therapist know something about himself—disclosure is taking place. Why does self-disclosure take place? What does a therapist or counselor do or say in order to facilitate client self-disclosure? What prevents disclosure? Researchers are continuing to explore these aspects of the therapeutic relationship in hopes of better understanding the "hows" and "whys" of self-disclosure.

Self-disclosure and the Therapeutic Process

Chelune (1975) defined self-disclosure as, "the verbal communication of personal information about one's self" (p. 79). Self-disclosure has also been defined as, "any information about himself which person A communicates verbally to person B" (Cozby, 1973, p. 73). Regardless of how it is defined, the importance of self-disclosure in the therapeutic process and as a part of a psychologically
healthy individual's behavioral repertoire is unquestioned (Jourard, 1959; 1971).

Jourard (1964) postulated that self-disclosure and mental health (or a healthy personality) have a curvilinear relationship; i.e., too little or too much self-disclosure being an indication of poor adjustment. In a group situation, self-disclosure has been espoused to be a building block for the formation of meaningful personal relationships within the group (Yalom, 1975). Further, self-disclosure has been demonstrated to be a predictor of therapeutic outcome (Traux & Carkhuff, 1965). Mowrer (1973) stated that, "'disturbed' persons are disturbed, not because they have been overly socialized and thus inhibited, but because they have violated the behests of conscience and community and have kept these violations secret..." (p. 36). Corey (1982) suggested that self-disclosure and self-exploration are involved in successful therapy, and Rogers (1961) wrote of the significant role that client self-disclosure plays in determining successful therapeutic outcome.

Several basic parameters of self-disclosure have been put forward, including: (a) breadth or amount of information disclosed; (b) depth or intimacy of information disclosed; (c) duration of time spent describing each item of information (Cozby, 1973, p. 75); (d) affective manner of
presentation; and (e) flexibility of disclosure pattern (Chelune, 1975, p. 81). Other factors involved in self-disclosure include sex, race, liking, social approach, time, behavior, physical privacy, and interpersonal processes relevant to the client-therapist relationship (Jourard & Lasakow, 1958; Holahan & Slaikeu, 1977).

Strong (1968) was one of the first to describe counseling as an interpersonal influence process. This process necessarily involves a relationship; a relationship between a client and a counselor, a helpee and a helper. The importance of trust in this interpersonal influence (therapeutic) process and consequently, in relation to self-disclosure, has been highlighted in the literature (Egan, 1975).

Trust and the Interpersonal Influence Process

Strong and Schmidt (1970) suggested that, "trustworthiness may have at least two functions in counseling: (a) enhancing the client's divulgence of personally damaging material; and (b) enhancing the extent to which the counselor can influence the client's thinking (p. 197). Tyler (1965) has stated, "The client's confidence in the counselor, the assumption that he can believe what this person tells him, is the essential foundation for the whole counseling process" (p. 16). She goes on to say that if the client cannot trust the therapist, it is as important as any other aspect of therapy for the client to become convinced
that he can trust the therapist. Trust has also been described as an aspect of counseling that must be developed early in the counseling process for the "real work" to begin (Fong & Cox, 1983). In a relationship where one person, the client, is disclosing personal, intimate, almost "sacred" knowledge and information about himself, trust in the person (counselor) to whom one is disclosing or sharing this information reigns paramount.

What is the result if this atmosphere of trust is not present in therapy? Messenger-Ward (1984) discusses two possible outcomes from the relevant literature. First, resistance from the client may lead to the presentation of only superficial problems; and second, the client may terminate prematurely, sensing that significant self-disclosure is too risky and threatening (Shertzer & Stone, 1980; Fong & Cox, 1983). Both of these consequences effectively squelch opportunity for progressive therapy.

Rothmeier and Dixon (1980) operationally defined counselor trustworthiness as, "the demonstration of interviewer behavior indicating topical, factual, mood, and interest consistency; accurate paraphrasing; and confidentiality" (p. 315). In their study utilizing college males, they concluded that interviewer trustworthiness, in an analogue setting, could be manipulated and that there is a relationship between interviewer trustworthiness and interpersonal influence in the interview setting. Using
confederate interviewers, they defined the interviewer as being trustworthy or untrustworthy dependent upon specific role behaviors. The trustworthy interviewers maintained eye contact, positioned themselves erectly in their chairs, and glanced at their watches only at the end of the interview. They also paraphrased accurately; were consistent in their facts, topics, and mood; and maintained confidentiality. The untrustworthy interviewer role consisted of slouching, limited eye contact, looking at a clock frequently, shifting topics, interest changes, inaccurate paraphrasing, and a break in confidentiality. Using the Counselor Rating Form and the Achievement Motivation Scale as dependent measures, Rothmeier and Dixon found that counselors were rated significantly more trustworthy when using the trustworthy interviewer role behaviors and that mean ratings of achievement motivation change scores at both posttest and follow-up ratings were greater in the trustworthy condition than those in the untrustworthy condition.

Confidentiality and the Therapy Process

One of the parameters in the above definition of trustworthiness is confidentiality. The American Psychological Association's (APA) Ethical Principles of Psychology (1981) emphasizes the need for confidentiality of the information obtained in therapy stating:

Information obtained in clinical or consulting relationships, or evaluative data concerning children, students, employees, and others is
discussed only for professional purposes and only with persons clearly concerned with the case. Written and oral reports present only data germane to the purposes of the evaluation, and every effort is made to avoid undue invasion of privacy. (p. 636)

In addition to the APA guidelines for confidentiality, other helping professional organizations have also formulated similar statements including the American Personnel and Guidance Association, 1981; American Association for Marriage and Family Therapy, no date; National Association of Social Workers, 1979; and the American Psychiatric Association, 1981 (Corey, Corey, & Callanan, 1984).

As self-disclosure has been shown to be an important part of successful therapy, so too, confidentiality is an essential ingredient and central in the establishment of a trusting helper/helpee relationship. Strong and Schmidt (1970) suggest that, "a client's belief that his interview is confidential enhances his willingness to divulge material he considers personally damaging" (p. 197). Messenger-Ward (1984) points out that, "self-disclosure is a client behavior heavily dependent upon the client's perception of confidence and trust with the counselor" (p. 3).

Lane (1979) found that subjects informed of limited confidentiality self-disclosed significantly less than subjects guaranteed absolute confidentiality in an analogue initial evaluation interview. Woods and McNamara (1980) explored the general assumption that promises of
confidentiality are essential in facilitating self-disclosure. Twenty undergraduate subjects were randomly assigned to each of three confidentiality conditions (confidential instructions, non-confidential instructions, and no-expectation instructions). The students were exposed to two 10-question interviews and depth of self-disclosure was assessed on a 9-point Likert scale. Their findings supported the prediction that confidentiality instructions have a positive effect on the depth of self-disclosure.

Studies on self-disclosure and confidentiality conducted with adolescents and children have produced varied outcomes. Kobocow, McGuire, and Blau (1983) failed to find support that adolescents would disclose more information under conditions of explicit assurance of confidentiality, but they also reported that a posttest questionnaire reflected that there was an overreporting of confidentiality instructions and an underreporting of nonconfidential and neutral instructions. Thirty-three percent of the subjects were given assurances of confidentiality but 60 percent of the subjects reported assurances of confidentiality among statements made before the interview. This finding is consistent with other research suggesting that clients/subjects come into therapy/experiments with the expectation that what is disclosed or discussed will be confidential

Messenger and McGuire (1981) concluded that, "verbal explanations of confidentiality are not as important to children as real-life experiences with it" (p. 129). They go on to say that, while explanations of confidentiality are important, they need to be coupled or reinforced with counselor behavior congruent with that statement. Thwing (1984) further stated that, "Nonverbal cues...may be more important to the subject/client than assurances of confidentiality" (p. 23). McGuire, Toal, and Blau (1985) have also stated that, "Future research might attempt to more directly assess the effects of perceived or actual violations of privacy in a counseling relationship or analogue situation on attitudes toward the counselor and amount or depth of subsequent self-disclosure" (p. 383).

**Behavioral Cues**

Does behavior play an important role in the client's perception of confidentiality? If so, how will this affect the trust relationship and self-disclosure needed in therapy? Mehrabian has shown in a series of experiments (Mehrabian, 1969, 1970; Mehrabian & Friar, 1969) focused on the impact of various postures, body orientations, eye contact, and position of arms and legs to an accompanying verbal message, that nonverbal behavior does impact the verbal message and may, in some cases, contraindicate the
verbal message imparted. It was also found, in general, that consistent messages are preferred to inconsistent ones. Similarly, Reade and Smouse (1980) suggest that rapport, genuineness, and effectiveness in counseling is lessened by incongruent verbal-nonverbal messages, and Hill, Siegelman, Gronsky, Sturniolo, and Fretz (1981) maintain that successful communication of empathy requires a certain amount of congruency between verbal-nonverbal messages.

In a study of interviewer trustworthiness, Kaul and Schmidt (1971) found that the manner of communication (of trustworthiness or untrustworthiness) was more important in determining the perceived trustworthiness than was content, particularly in initial interview data. They presented 24 short videotaped scenes which represented all four combinations of trustworthy and untrustworthy content and manner. Half of the subjects were given a definition of trustworthiness and half were not; all were then asked to rate an interviewer for trustworthiness on an 8-point scale. Interviewers expressing trustworthy content in a trustworthy manner received the highest ratings while interviewers expressing content and manner in an untrustworthy way received the lowest ratings. Where content and manner were incongruent, the manner was more influential in determining the trustworthiness rating received by the interviewer.

In a study on proxemic behavior, Graves and Robinson (1976) showed that when inconsistent messages are given, the
nonverbal channel takes precedence. A greater interpersonal distance was reported when a counselor used inconsistent verbal and nonverbal messages. The greatest interpersonal distance was found when there was a negative nonverbal/positive verbal condition. This finding reiterates the prominent role of nonverbal messages in communications.

**Summary**

Corey, Corey, and Callanan (1984) state, "The compelling justification for confidentiality is that it is necessary to encourage clients to develop the trust needed for full disclosure and for the work involved in therapy" (p. 174). However, communication of confidentiality may be extended via verbal messages or nonverbal behaviors. The impact of verbal messages appears to be enhanced by nonverbal behaviors congruent with them and are detracted from by nonverbal behaviors incongruent to them, consequently effecting the client's perception of the interviewer's trustworthiness.

Exploration is needed of the relationship between verbal and behavioral assurances of confidentiality and perceived trustworthiness of the interviewer and how this affects self-disclosure and eventually, therapeutic outcome. Also, subject recall of the instructions concerning confidentiality needs to be assessed as well as specific feedback from neutral condition subjects to determine what aspects of
the interviewer/interviewee process led them to believe it was confidential.

The present investigation will clarify the degree to which the confidentiality statement itself and/or interviewer behavior (consistent or inconsistent with protection of the subject's privacy) affects the perception of the subject as to the trustworthiness of the interviewer. It is predicted that interviewer behavior consistent with a confidentiality statement will lead to the highest trust rating and rating of self-disclosure. The next highest ratings are predicted to be obtained from a neutral group receiving no confidentiality statement coupled with interviewer behavior consistent with confidentiality conditions. The lowest ratings are predicted to be obtained from the two groups in which interviewer behavior is inconsistent with or not protective of confidentiality instructions (assured confidentiality, neutral). Of these latter two groups, the lowest ratings are expected from the assured confidentiality-inconsistent interviewer behavior condition.
METHOD

Subjects

The subjects were 48 male and 48 female undergraduate psychology students, mean age was 21 years. Subjects were given extra credit for participation but were explicitly told that they could stop at any time without loss of participation credit. All participants were treated in accordance with the "Ethical Principles of Psychologists" (American Psychological Association, 1981). For example, all subjects were thoroughly debriefed at the end of the experiment, all information was kept confidential, and careful assessment was done to insure that all subjects left the experimental room at ease with the procedures used and willing to take part in similar studies in the future.

Experimental Design

Subjects were randomly assigned within gender to one of two treatment conditions: absolute confidentiality or a control condition in which neutral instructions were given. There were 48 subjects in each condition, 24 of whom were males and 24 of whom were females. From these two groups of 48 subjects, random assignment within gender was made to one of two conditions: interviewer intervention to intrusion (hereafter referred to as Protective Behavior) or no interviewer intervention to intrusion (hereafter referred to as...
Nonprotective Behavior). There were 24 subjects randomly assigned within gender to the absolute confidentiality/Protective Behavior condition, absolute confidentiality/confidentiality/Nonprotective Behavior condition, control condition/Protective Behavior condition, and the control condition/Nonprotective Behavior condition.

The statistical design utilized for data analysis was a three-way independent MANOVA/ANOVA with Intended Self-Disclosure Questionnaire (Derlega & Chaikin, 1975) and the Counselor Rating Form (Barak & LaCrosse, 1975) scores as the dependent measures.

Dependent Measures

The Counselor Rating Form (CRF), developed by Barak and LaCrosse (1975), allows an interviewer to be rated on three dimensions: Expertness, Attractiveness, and Trustworthiness. The CRF (Appendix 7) consists of 36 items, 12 items for each of the dimensions (score range for each dimension=12-84). A high score indicates that the interviewer was rated as being very expert, attractive, and/or trustworthy while a low score indicates that the interviewer was rated as being very inexpert, unattractive, and/or untrustworthy. Each item is made up of an adjective and an antonym to form an adjective pair. Each item pair and the order of the item pair is determined by random distribution and a seven-point bipolar scale constructed for each item pair. Adequate reliability and validity data have been
been reported (Barak & LaCrosse, 1975; LaCrosse, 1980; LaCrosse & Barak, 1976).

The Intended Self-Disclosure Questionnaire (ISDQ) rates intended self-disclosure on amount and intimacy dimensions. Developed by Derlega and Chaikin (1975), the ISDQ (Appendix 6) consists of 26 statements of intended areas to discuss with the interviewer. The original instructions were adapted and directed the subjects to circle statements they would be willing to discuss in detail with the interviewer in a 15-minute interview. Each subject score on the ISDQ was the sum of the circled items weighted for intimacy of self-disclosure. The total mean score on the ISDQ was calculated by summing the item weights and dividing by the number of items circled. The range of weighted scores for the ISDQ is 2.85 to 10.02 with the higher score indicating more intimate self-disclosure.

**Procedure**

The female experimenters served as the interviewer or the confederate for one-half of the subjects in each condition. Training and pilot work were done to insure that both experimenters followed the same procedures in the interview and in the confederate roles.

The interviewer met the subjects in the interview room, introduced herself, and invited the subject to be seated. A table and two chairs were arranged so that the subject and the interviewer were sitting parallel to a one-way mirror.
from an adjoining room. The interviewer handed the subject a statement of absolute confidentiality (Appendix 1) or a neutral statement (Appendix 2). The subjects read the statement which contained a partial explanation of the study, information concerning what would be asked, a statement that they could discontinue the study at any time without loss of participation credit, and a consent to participate agreement. After reading this statement, the subjects were given an opportunity to ask any questions they had and then signed it.

The interview began at this point. The interviewer began with two low stress, "neutral questions" followed by two medium, "more intimate questions", and then a question that was "highly intimate" (Appendix 3). These questions were adapted from interview questions used by Lane (1979) and Jourard (1971) who also provided the intimacy level ratings and judgements. After the highly intimate question (question #5) was asked but before the subject could answer, the interviewer signaled the confederate to initiate the pre-planned intrusion script. The interviewer for the Protective Behavior conditions followed the script (Appendix 4) while the interviewer in the Nonprotective Behavior conditions simply asked and recorded the responses of the subjects to the high-intimacy questions. In the event that subjects in the confidentiality or neutral conditions asked about the "noise," the interviewer used the guidelines in
Appendix 5 to respond to the subject. After the interviewer had been seated again and any questions answered, the highly intimate question was asked again and the subject given an opportunity to answer.

Next, the Intended Self-Disclosure Questionnaire (ISDQ) was administered (Appendix 6). Following the administration of the ISDQ, the Counselor Rating Form was administered (Appendix 7). At this point, a posttest questionnaire was given (Appendix 8) and followed by debriefing (Appendix 9). Finally, data release consent was obtained (Appendix 10) and subject comfortableness with the experiment and experimental procedures ascertained (Appendix 11).
RESULTS

No experimenter score differences were found on the CRF or the ISDQ; therefore, all data was pooled for all analyses. A three-way independent analysis of variance (ANOVA), utilizing a 2(confidentiality) x 2(behavior) x 2(gender) cell matrix was performed. Table 1 shows the mean self-disclosure scores based on the Intended Self-Disclosure Questionnaire. Analysis of variance for the main effect of Confidentiality (M=6.26) versus Neutral statement (M=6.31) on self-disclosure was not significant, F(1,88)=.15, p=.70. Analysis of variance for the main effect of Protective Behavior (M=6.35) versus Nonprotective Behavior (M=6.22) on self-disclosure was not significant, F(1,88)=1.1, p=.30. Similarly, ANOVA for the main effect of Gender (male, M=6.37; female, M=6.20) was not significant, F(1,88)=1.83, p=.08. Analyses for the interactions of Confidentiality and Behavior, Confidentiality and Gender, Behavior and Gender, and Confidentiality, Behavior, and Gender all failed to reach statistical significance (.10<p's<.88).

A three-way multivariate analysis of variance (Brecht and Woodward, 1983) was employed using Confidentiality, Behavior, and Gender as between factors and the three scores
TABLE I
MEAN SELF-DISCLOSURE SCORES BASED ON THE INTENDED SELF-DISCLOSURE QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Gender</th>
<th>Statement</th>
<th>Confidential</th>
<th>Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>Males</td>
<td>Protective Behavior</td>
<td>6.61</td>
<td>6.47</td>
</tr>
<tr>
<td></td>
<td>Nonprotective Behavior</td>
<td>6.12</td>
<td>6.28</td>
</tr>
<tr>
<td>Females</td>
<td>Protective Behavior</td>
<td>6.05</td>
<td>6.27</td>
</tr>
<tr>
<td></td>
<td>Nonprotective Behavior</td>
<td>6.25</td>
<td>6.22</td>
</tr>
</tbody>
</table>

for the Counselor Rating Form (CRF); expertness, attractiveness, and trustworthiness as the dependent measures. The MANOVA produces a Wilk's Lambda $R$, which is distributed as an $F$ statistic. Table 2 shows the means for the Confidentiality, Behavior (Protective and Nonprotective), and Gender for the three dimensions of the CRF. The MANOVA for the main effect of Confidentiality shows that subjects given the confidentiality statement rated the interviewer significantly higher on the CRF than those given the neutral statement, $F(3, 86) = 2.89$, $p = .02$.

A set of univariate planned comparisons was done to look to each of the CRF dependent measures separately. Counselor rating scores on each measure were significantly higher for subjects given the confidentiality statement versus those given the neutral statement. See Table 3 for $F$ and $p$ values.
A MANOVA for the main effect of Protective Behavior versus Nonprotective Behavior on counselor rating scores was not significant, $R(3,86)=.67, p=.58$. There was, however, a slight trend for subjects in the Protective Behavior groups ($M=68.83$) to view the interviewer as more Trustworthy than subjects in the Nonprotective Behavior groups ($M=66.60$), $F(1,88)=1.58, p=.11$. There was not a significant gender effect, $R(3,86)=1.62, p=.19$. A MANOVA for the set of interactions between confidentiality, behavior, and gender did not yield significant results with $p$'s ranging from $.51$ to $.82$ ($.51<p's<.82$).

**TABLE II**

MEANS FOR THE FACTORS OF CONFIDENTIALITY, BEHAVIOR, AND GENDER FOR THE THREE DIMENSIONS OF THE COUNSELOR RATING FORM

<table>
<thead>
<tr>
<th>Gender</th>
<th>CRF</th>
<th>Condition</th>
<th>Expertness</th>
<th>Attractiveness</th>
<th>Trustworthiness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CS/PB</td>
<td>68.50</td>
<td>69.50</td>
<td>69.17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CS/NB</td>
<td>68.17</td>
<td>70.42</td>
<td>68.33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NS/PB</td>
<td>66.25</td>
<td>66.83</td>
<td>63.25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NS/NB</td>
<td>65.33</td>
<td>63.92</td>
<td>63.58</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>CS/PB</td>
<td>73.83</td>
<td>71.58</td>
<td>74.83</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CS/NB</td>
<td>68.67</td>
<td>68.42</td>
<td>68.50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NS/PB</td>
<td>67.17</td>
<td>67.50</td>
<td>68.08</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NS/NB</td>
<td>66.00</td>
<td>65.42</td>
<td>66.00</td>
</tr>
</tbody>
</table>
An examination of the post-experimental questionnaires indicated that 26 of the 48 subjects (54%) given confidentiality instructions remembered reading and signing a statement assuring confidentiality. However, 7 of the 48 subjects (15%) given neutral instructions also recalled information concerning the confidentiality of the experiment though none was given. When the subjects in the Neutral Statement condition were asked if they had felt (during the experiment) that their responses would be kept confidential, 93% responded affirmatively. When asked why they felt this way, 15% said the experimenter's protective behavior led them to feel that way, 28% responded with answers pertaining to confidentiality instructions, and 51% responded that they assumed it would be because it was an experiment, "you are professionals", etc. The percentages for those assuming confidentiality were similar for those in both of the protective behavior groups (48%) and the nonprotective behavior groups (54%). When asked if they believed the

<table>
<thead>
<tr>
<th></th>
<th>$F_{(1,88)}$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expertness</td>
<td>6.94</td>
<td>$p=.0005$</td>
</tr>
<tr>
<td>Attractiveness</td>
<td>6.29</td>
<td>$p=.005$</td>
</tr>
<tr>
<td>Trustworthiness</td>
<td>7.92</td>
<td>$p=.0003$</td>
</tr>
</tbody>
</table>

| Confidentiality VERSUS NEUTRAL STATEMENT GROUP ANOVA VALUES FOR EACH DIMENSION OF THE CRF |
intrusion to be a natural occurrence, 72% answered affirmatively.
DISCUSSION

The primary hypothesis that subjects given assurances of confidentiality coupled with behavior protective of confidentiality would self-disclose more and find the interviewer more trustworthy than those subjects given incongruent messages was not supported. Also, behavior (protective or nonprotective of confidentiality) was not found to impact the subjects view of the interviewer's trustworthiness significantly more than assurances of confidentiality. However, giving the subjects a statement concerning the confidentiality of the experiment did result in interviewers being rated higher in areas of expertness, attractiveness, and trustworthiness than interviewers who did not mention confidentiality at all. Thus, informing clients of confidentiality may enhance their willingness to trust the clinician in a therapeutic setting. Muehleman, Pickens, and Robinson (1985) recently found that giving detailed information concerning confidentiality to clients, including the limits of confidentiality, does not inhibit self-disclosure in a therapeutic setting significantly. The risk of informing clients of confidentiality seems small when compared to the gains to be won in increased trust.

Behavior protective of the subject's confidentiality did not lead to significant increases in self-disclosure but
did lead to a small increase in the subject's trust in the interviewer. Post-questioning revealed that 13% of the subjects in the Protective Behavior groups felt the interview was confidential because of the behavior of the interviewer. Further manipulation of this variable may lead to more significant findings. Future research might attempt to use smaller gross interviewer behaviors such as were used by Mehrabian (1969, 1970) (e.g. posturing, eye contact, and body position).

As reported in previous studies (Kobocow, McGuire, & Blau, 1983; Thwing, 1984), there was a trend for males to be more willing to self-disclose (p=.08) than females. It is speculated that the sexual nature of the interview questions sensitized the females more than the males causing the females to be less willing to discuss the more personal items on the ISDQ. It is interesting to note, however, that this trend was not maintained on the CRF, and there was no trend for females to rate the interviewer lower on the trustworthiness dimension of the scale.

Post-questioning revealed that 15% of the subjects given no information as to the confidentiality of the experiment reported begin given confidentiality instructions. Also, 51% felt their responses would be kept confidential because of the experimental, professional nature of the interview. This indicates that many of the subjects projected their own ideas/perceptions about the
existence of confidentiality into the situation to the point that 7 of 48 subjects in the neutral instruction condition "read" a confidentiality statement into the instructions. Similar results have been reported elsewhere (Edelman & Snead, 1972; Jagim, Wittman, & Noll, 1978; Lane, 1979; Kobocow, McGuire, & Blau, 1983).

Given that the subjects/clients consistently over-report assurances of confidentiality and assume that what is said is confidential because of the professional nature of the experiment/interview, implications for therapy are: (a) the therapist needs to discuss the limits of confidentiality with the client and (b) time needs to be invested in working through any concerns the client may have in this area. As this experiment has shown, assuring clients of confidentiality may enhance trust in the therapeutic relationship. Other studies point out that providing the limits of confidentiality does not significantly inhibit self-disclosure (Muehlman, Pickens, & Robinson, 1985). A conscientious approach to discussing confidentiality, limits and assurances, would seem to encourage trust and self-disclosure in therapy.

The major drawback of the analogue nature of the present study is the limitation encountered in generalizing these findings to real-life initial interview situations. This is a major threat to the external validity of this experiment. Future attempts to explore the area of
interviewer behavior, confidentiality, and self-disclosure might attempt to select subjects with a non-clinical background based on moderate to high scores on measures of clinical anxiety, depression, etc. (Muehlman et al., 1985).
APPENDIX 1

This is a scientific experiment designed to study how people answer questions posed to them in an interview situation. The interviewer will be asking you a number of questions covering a variety of topics including your interests, goals, sexual attitudes, background, and opinion of your own strengths and weaknesses. You will also be asked to complete a brief rating scale of the interviewer and to select some topics for further discussion. Due to the nature of this experiment, certain aspects of it cannot be revealed to you at this time. However, you will be given a chance to ask any questions you may have immediately following the interview. You will be fully debriefed regarding any aspect of the experiment not explained at this time. The experiment will last approximately 30 minutes. If, at any time, you wish to discontinue your participation in this study, tell the interviewer and your responses will be immediately destroyed. We greatly appreciate your participation in this experiment up to this point and reiterate that you may discontinue at any time.

Please answer the questions as completely and as honestly as you can. Your answers will remain absolutely confidential; that is, no one other than the interviewer will know how you respond to the questions. Your responses will be coded and at no point will your responses be coupled with your name. Again, no one will be able to find out what you said during the interview—your responses will be kept absolutely confidential.

I understand the above statement and instructions and given my consent to participate in this study and interview. I understand that I may discontinue my participation, if I so choose, at any time without loss of participation credit.

Subject ___________________ Date ___________________ D.O.B. ___________________
APPENDIX 2

This is a scientific experiment designed to study how people answer questions posed to them in an interview situation. The interviewer will be asking you a number of questions covering a variety of topics including your interests, goals, sexual attitudes, background, and opinion of your own strengths and weaknesses. You will also be asked to complete a brief rating scale of the interviewer and to select some topics for further discussion. Due to the nature of this experiment, certain aspects of it cannot be revealed to you at this time. However, you will be given a chance to ask any questions you may have immediately following the interview. You will be fully debriefed regarding any aspect of the experiment not explained at this time. The experiment will last approximately 30 minutes. If, at any time, you wish to discontinue your participation in this study, tell the interviewer and your responses will be immediately destroyed. We greatly appreciate your participation in this experiment up to this point and reiterate that you may discontinue at any time.

Please answer the questions as completely and as honestly as you can.

I understand the above statement and instructions and given my consent to participate in this study and interview. I understand that I may discontinue my participation, if I so choose, at any time without loss of participation credit.

Subject __________________________ Date ___________ D.O.B. __________________________
APPENDIX 3

Neutral Questions

1. Describe briefly your current interests and hobbies.

2. What are your career goals?

Intermediate Questions

3. What is your attitude about people who use drugs such as marijuana, alcohol, or cocaine?

4. How frequently do you engage in any type of sexual activity?

Intimate Question

5. What is one of your secret sexual fantasies?
APPENDIX 4

The confederate will have been stationed in the adjoining room since the beginning of the interview. At the pre-arranged signal, the confederate will turn on the light in the adjoining room and say,

"I can't wait to hear this one."

At this point, the interviewer will say,

"Somebody is listening, I'll get them out!"

The interviewer will go to the door, open it, open the door to the adjoining room, and while keeping the interview room door open, say,

"We are doing research, you may not stay."

After reentering the interview room, the interviewer will say to the subject,

"I have locked that door so that no one else can get in. I'm sorry for the interruption."
APPENDIX 5

Q: Didn't you hear that noise? Someone is in there. What are you going to do?
A: I'm sure they will leave soon. Anyway, we're almost through- let's finish up.

Q: Someone went in there. Are you going to do anything about it?
A: We'll be through here pretty soon anyway.

Q: Someone is listening in there.
A: Oh.

Q: Hey, I bet that's part of the experiment.
A: Let's go on with the interview.

General Guidelines

In the event that the subject tells the confederate to get out, the confederate shall do so and the interview proceed.

Upon the second objection made by the subject, the interviewer will intervene following the script but be lackadasical in doing so.

If no question is asked, no information is to be volunteered. This interviewer is to plead ignorance and minimize by pointing out that the interview will soon be over.
INTENDED SELF-DISCLOSURE QUESTIONNAIRE

Listed below are a number of possible discussion topics. Please circle those items which you are willing to discuss with the interviewer in a 15-minute session to begin in a few minutes.

1. Whether or not I have ever gone to a church other than my own.
2. The number of children I want to have after I am married.
3. How frequently I like to engage in sexual activity.
4. Whether I would rather live in an apartment or a house after getting married.
5. What birth control methods I would use in marriage.
6. What I do to attract a member of the opposite sex whom I like.
7. How often I usually go on dates.
8. Times that I have lied to my girlfriend or boyfriend.
9. My feelings about discussing sex with my friends.
10. How I might feel (or actually felt) if I saw my father hit my mother.
11. The degree of independence and freedom from family rules that I have (had) while living at home.
12. How often my family gets together.
13. Who my favorite relatives (aunts, uncles, and so on) are and why.
15. The parts of my body I am most ashamed for anyone to see.

16. My feelings about lending money.

17. My most pressing need for money right now (outstanding debts, some major purchases that are desired or needed).


19. Laws that I would like to see put in effect.

20. Whether or not I have ever cried as an adult when I was sad.

21. How angry I get when people hurry me.

22. What animals make me nervous.

23. What it takes to hurt my feelings deeply.

24. What I am most afraid of.

25. How I really feel about the people I work for or with.

26. The kinds of things I do that I don't want people to watch.
APPENDIX 7
COUNSELOR RATING FORM

Listed below are several scales which contain word pairs at either end of the scale and seven spaces between the pairs. Please rate the counselor you just saw on each of the scales.

If you feel that the counselor very closely resembles the word at one end of the scale, place a check mark as follows:

fair ___:___:___:___:___:___:X unfair

fair X:___:___:___:___:___:_

If you think that one end of the scale quite closely describes the counselor then make your check mark as follows:

rough ___:X:___:___:___:___:___smooth

rough ___:___:___:___:___:___:X:___smooth

If you feel that one end of the scale only slightly describes the counselor, then check the scale as follows:

active ___:___:___:X:___:___:___:___passive

active ___:___:___:___:X:___:___:___passive

If both sides of the scale seem equally associated with your impression of the counselor or if the scale is irrelevant, then place a check mark in the middle space:

hard ___:___:___:___:___:___:___:X:___:___:___soft

OR

Your first impression is the best answer.

PLEASE NOTE: PLACE CHECK MARKS IN THE MIDDLE OF THE SPACES

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informed ___:___:___:___:___:___ ignorant
insightful ___:___:___:___:___:___ insightless
stupid ___:___:___:___:___:___ intelligent
unlikeable ___:___:___:___:___:___ likeable
logical ___:___:___:___:___:___ illogical
open ___:___:___:___:___:___ closed
prepared ___:___:___:___:___:___ unprepared
unreliable ___:___:___:___:___:___ reliable
disrespectful ___:___:___:___:___:___ respectful
irresponsible ___:___:___:___:___:___ responsible
selfless ___:___:___:___:___:___ selfish
sincere ___:___:___:___:___:___ insincere
skillful ___:___:___:___:___:___ unskillful
sociable ___:___:___:___:___:___ unsociable
deceitful ___:___:___:___:___:___ straightforward
trustworthy __:__:__:__:__:__:__ untrustworthy

genuine __:__:__:__:__:__:__ phony

warm __:__:__:__:__:__:__ cold
APPENDIX 8

1. What do you remember about the instructions given to you before the beginning of the interview?

2. Did you feel that your responses would be kept confidential by the interviewer?

3. What about the interview or the interviewer led you to feel this way?

4. Did you believe that the intrusion was a natural occurrence?
APPENDIX 9

The research literature has found that people going into therapy, in general, expect what they say to be kept in absolute confidentiality by the interviewer or counselor. It has also been found that the more they believe this, the more willing they are to talk about intimate or sensitive areas in their life. The study in which you participated was designed to gain a clearer understanding of how people answer questions of various kinds when presented with different levels of confidentiality statements and various interviewer behaviors. The intrusion that occurred during the interview was made by a confederate following a pre-planned script. This person left the room immediately after and is in no way privy to any information you gave. Your responses will be coded and all material kept strictly confidential. Again, no one will be able to link your responses with your name. Your help in this experiment has been greatly appreciated. Due to the nature of this study, we must ask you not to talk about the experiment to your classmates--this will insure that the standardized procedures used will not be contaminated in any way. If you have further questions, please do not hesitate to ask the interviewer. A copy of the results of this experiment when completed will be in the library under the name of Randall G. Jordan or may be obtained from Dr. McGuire in the Department of Psychology.
APPENDIX 10

I have participated in this study of my own accord and give my consent for the information gathered from me in the intended self-disclosure questionnaire and the interviewer rating scale to become part of the data base. I further understand that my name will in no way be coupled with any of this information--that all records are to be kept strictly confidential.

Subject ___________________________ Date ________

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APPENDIX 11

1. Do you feel uncomfortable with any of the procedures used in this experiment?

2. Would you be willing to participate in a study of a similar nature given your experiences in this one?
List of References


