The Influence of Confidentiality Conditions on the Amount of Self Disclosure of the Early Adolescent

Spring 1981

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THE INFLUENCE OF CONFIDENTIALITY CONDITIONS ON THE AMOUNT OF SELF DISCLOSURE OF THE EARLY ADOLESCENT

BY

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THESIS

Submitted in partial fulfillment of the requirements for the degree of Master of Science: Clinical Psychology in the Graduate Studies Program on the College of Arts and Science of The University of Central Florida at Orlando, Florida

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Abstract

While the importance of confidentiality in eliciting sensitive information in psychotherapy is generally assumed, there has been little experimental testing of this hypothesis. Therapists are understandably reluctant to manipulate conditions of confidentiality in a therapy situation, since such manipulation may adversely affect the progress of the client. In view of this circumstance, analogue experiments are an alternative in producing empirical data. The current study is an analogue.

Forty-five male and forty-five female subjects were orally administered the same structured interview by a female experimenter. Interview questions were derived from existing standard personality and clinical assessment instruments, and school regulations and situations encompassed in school discipline codes. Questions were rated by mental health professionals who work with children and adolescents and by junior high school teachers as to their presumed sensitivity for a junior high school population. Seventh and eighth grade male and female subjects were randomly assigned to one of three treatment conditions: confidentiality explicitly assured; confidentiality neutral; and no confidentiality.

Seventeen items were judged most sensitive by the
panel of raters. A frequency of sensitive self-disclosure, computed for these questions revealed a nonsignificant trend consistent with the experimental hypotheses that self-disclosure would be highest in the confidential conditions, and lowest in the nonconfidential condition. Thus subjects in the confidentiality assured condition had the highest mean disclosure rates, while subjects in the nonconfidential condition had the lowest mean disclosure rates. Additionally, defensiveness of subjects was moderated by confidentiality condition.

Males and females showed differences in patterns of behavior under the three confidentiality conditions. Females disclosed less frequently across conditions, with greatest differences shown in the nonconfidential condition. Also females' patterns of defensiveness differed from those of male subjects.

Post-test responses to a questionnaire indicated that a majority of subjects tended to assume a condition of confidentiality, unless they were explicitly informed otherwise, and that females valued confidentiality more highly than males.

The results provide support for the hypothesis that confidentiality is perceived as an important condition in a situation in which an individual is asked to disclose sensitive and personal information, and that behavior is
is influenced by confidentiality condition, although male and female adolescents may be affected differently.
Acknowledgments

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**Table of Contents**

Acknowledgements ........................................................................ iii

List of Tables .............................................................................. v

List of Figures ............................................................................. vii

I. Introduction ............................................................................. 1

II. Method .................................................................................. 35

III. Results ................................................................................ 45

VI. Discussion ........................................................................... 64

Appendix A .................................................................................. 73

Appendix B ................................................................................ 74

Appendix C ................................................................................ 75

Appendix D ................................................................................ 80

Appendix E ................................................................................ 82

Appendix F ................................................................................ 83

Appendix G ................................................................................ 84

References ................................................................................ 86
# List of Tables

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Eligible Students and Those Volunteering to Participate in Study, by Sex</td>
<td>36</td>
</tr>
<tr>
<td>2</td>
<td>Ethnic Minority Representation in Sample</td>
<td>38</td>
</tr>
<tr>
<td>3</td>
<td>Mean Number and Mean Percentage of True Responses to 17 Questions of Greater Sensitivity by Confidentiality Condition and by Sex of Respondents</td>
<td>46</td>
</tr>
<tr>
<td>4</td>
<td>Mean Number and Mean Percentage of True Responses to 38 Questions of Lesser Sensitivity</td>
<td>48</td>
</tr>
<tr>
<td>5</td>
<td>Analyses of Variance for Questions of Greater and Lesser Sensitivity by Sex</td>
<td>49</td>
</tr>
<tr>
<td>6</td>
<td>Two Way Analysis of Variance in Responses to 74 Questions (N = 90)</td>
<td>50</td>
</tr>
<tr>
<td>7</td>
<td>Consistency of Response for Male and Female Subjects Between Question 1 and Question 4 in Post-test</td>
<td>56</td>
</tr>
<tr>
<td>8</td>
<td>Student Result of Interviewer Statements Made Prior to Beginning of Questioning (Post-test Question #2)</td>
<td>57</td>
</tr>
<tr>
<td>9</td>
<td>Student Report of Most Important Thing Said by Interviewer Before Beginning Oral Interview (Post-test Question #3)</td>
<td>59</td>
</tr>
<tr>
<td>Table</td>
<td>Description</td>
<td>Page</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>10</td>
<td>Students Who Would Answer Differently Under Conditions Assuring Anonymity</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>(Post-test Question #4)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Student Report of Trust in Interviewer and of Probable Change in Answers</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>Under Conditions of Assured Anonymity</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Student Compliance With Instructions Not to Discuss Interview (Post-test</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>Question #6)</td>
<td></td>
</tr>
</tbody>
</table>
## List of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Variance in Responses to 17 Questions of Greater Sensitivity Under Three Confidentiality Conditions for Male and Female Respondents</td>
<td>52</td>
</tr>
<tr>
<td>2.</td>
<td>Variance in Responses to 38 Questions of Lesser Sensitivity Under Three Confidentiality Conditions for Male and Female Respondents</td>
<td>54</td>
</tr>
</tbody>
</table>
Introduction

Since psychotherapy involves the exposure and exploration of sensitive personal material, it requires a sharing of information that would ordinarily be known only to the client. In other words, in a therapeutic relationship, it is necessary to share one's private world with the therapist. There is a widely-held assumption that most clients will do this, only if the information imparted, is held in confidence.

Verification of this assumption in direct experimental studies is difficult because of the ethical problems involved in the manipulation of confidentiality as an experimental variable with a clinical population. Some studies have been conducted which address the confidentiality needs of social research participants (Fidler & Kleinecht, 1977; Singer, 1978). A few studies assess attitudes toward confidentiality, or comprehension of confidentiality (Burgess & McGuire, in press; Jagim, Wittman & Noll, 1978; Lewis & Warman, 1964; McGuire, 1974). Only one study has been located which deals directly with the effects on self-disclosure of variations in confidentiality conditions. This latter study by Woods and McNamara (1980) was an analogue, which used a college population to measure depth of self-disclosure under varying conditions.
of confidentiality.

The current study is also an analogue. Unlike the earlier study, which deals with young adults, it is concerned with the confidentiality needs of young adolescents. Legally and therapeutically, confidentiality requirements of this population are frequently seen as differing from those of adults. However, for the child in early adolescence, as well as for the adult, self-disclosure is assumed to represent a necessary ingredient to the therapeutic process. This study examines the effects of varying conditions of confidentiality on amount of self-disclosure behavior for a young adolescent population.

The literature on confidentiality as a factor in psychotherapy reflects ethical, legal, and therapeutic considerations.

The traditional psychiatric point of view towards confidentiality has been summarized by Sullivan (1954) as follows:

The confidential relation of the expert and his client. . . is deeply ingrained in our culture. . . . If we chose to suspend it for cause, then I trust we will be very skillful in avoiding the evil consequences which may flow from carrying out a role contrary to the expectations defined by the culture. . . . If the interviewer chooses to violate the confidential relation, he must be . . . quite sure that he has adequate cause for so doing - and I would define "adequate cause" as something closely related to movements designed to further the patient's progress
toward finding more satisfactory ways of living. (pp. 66-67)

Sullivan, in the above quotation, makes four points which have customarily defined the parameters of confidentiality in psychotherapy: (a) confidentiality is expected in the therapeutic relationship, (b) violation of confidentiality is likely to be harmful, (c) it may, however, be suspended for adequate cause, and (d) adequate cause is measured primarily in terms of benefit to the patient.

While the literature reveals general adherence to the points of view enunciated by Sullivan, there is considerable variation in emphasis. Definitions of confidentiality, accepted by different writers, illustrate these differences. Trachtman (1972) defines confidentiality at the professional level as a responsibility not to communicate private communications to a third party, except with the client's consent or under circumstances specified in the ethical codes of the professions. Siegel (1979) characterizes confidentiality as an explicit contract "to reveal nothing about an individual except under circumstances agreed to by the source or subject" (p. 151). Grossman (1978) sees confidentiality as an explicit or implicit mutual understanding that information imparted to a second individual will be used only for the benefit of the confider, and will not be made available to anyone else without the confider's consent. Farnsworth
(1966) accepts the definition promulgated by the Group for Advancement of Psychiatry (GAP). The GAP (cited in Farnsworth, 1966) has defined confidentiality as a relationship between doctor and patient in which disclosures "will not be passed on to others except under certain circumstances, and then only for the purpose of lending necessary help" (p. 189). Perhaps the most significant common feature of these various definitions of confidentiality is the assumption that information revealed in the therapy relationship will not normally be disclosed, and may only be disclosed by the therapist with the consent of the client.

The obligation to maintain confidentiality of disclosures made in a professional relationship is stated in the ethical codes of professions for which elicitation of personal information is a requisite of professional practice (e.g., American Psychological Association (APA), American Psychiatric Association, American Personnel and Guidance Association, National Association of Social Workers) (Burgess, 1978). Principle 5 of the APA's Ethical Standards of Psychologists (1979) notes that the maintenance of confidentiality is a "primary obligation" (p. 4) of the Psychologist. However, the code recognizes that there are instances in which confidentiality may be breached, i.e., "when there is a clear and imminent danger
to the individual or to society" (p. 4). The APA code thus goes beyond Sullivan's caution that violations of confidentiality are justifiable only for the promotion of the patient's welfare. The psychologist is encumbered with the ethical obligation of protecting society from the potential excesses of his patient as well as the duty of protecting the patient from himself. Children are distinguished from other clients only by specific reference in 5(b), which states, "Information obtained in clinical or consulting relationships, or evaluative data concerning children, students, employees, and others are discussed for professional purposes and only with persons clearly concerned with the case" (p. 4). The reference to "persons clearly concerned" would seem to include parents or guardians.

McGuire (1974), in a review of the 1963 APA code of ethics, notes that while no explicit distinction was made between child and adult in ethical obligation for confidentiality (principle 6 of the 1963 code), nevertheless there was a strong implication of such a distinction in sections relating to client welfare and to client relationship (principles 7 and 8 of the 1963 code). Each of these sections referred to providing information to the "responsible" person. Principle 8 specifically cited the child as incompetent to appropriately evaluate the
psychological situation, thus necessitating transmission of information to the "responsible" person. Burgess (1978) concurs with McGuire's evaluation. She comments specifically on the 1968 APA code which left unchanged principles 6, 7, and 8 of the earlier code. The current 1979 APA code retains the provisions of the 1977 code; the 1977 code eliminated references to children's lack of competency. While the term "responsible person" is also deleted from the later codes, it would appear that it is encompassed by reference to "persons clearly concerned."

Professional codes reflect not only ethical and therapeutic considerations, but social and legal attitudes as well. McCormick (1978) has reviewed the evolution of social and legal attitudes toward privacy rights. McCormick notes that although the Privacy Act of 1974, passed by the Congress of the United States, contains in its introductory statement, a declaration that the right to privacy is protected by the Constitution, there is actually no specific mention of privacy in the Constitution of the United States; nor did English law include an acknowledgment of the right to personal privacy. A succession of cases in England, prior to the establishment of constitutional government in the United States appeared to approach acceptance of privacy rights, but granted relief for their violation under other rationales.

The legal status of the right to confidentiality, which is an obligation to maintain the privacy that another has shared, is reviewed by Grossman (1978) with respect to medical practice. Grossman traces the right to confidentiality in the United States back to the Declaration of Independence. Since ill health interferes with "life, liberty, and the pursuit of happiness", he reasons that whatever interferes with the right of freedom from ill health also interferes with these rights. He sees lack of confidentiality in all medical practice as blocking disclosure of information required for good medical care. Psychiatric care is viewed in the same light as other medical needs, except that it requires greater
intimacy of information and renders patients more vulnerable. Although Grossman sees the Bill of Rights and the fourth and fifth amendments to the Constitution as supporting the right to privacy and confidentiality, medical privacy was first guaranteed under law in 1828, in New York State. Many other states, but not all, followed the example set in New York. When other constitutional needs outweigh the individuals privacy rights, the state may and has demanded the surrender of these rights. Except for the attorney-client relation and the penitent-clergy relation, all other relations which involve protection of privacy and confidentiality of communication have been subject to some kind of limitation.

When confidentiality is extended to protection from testimonial obligations in courts of law, it is called privileged communication. "Privilege . . . is a legal term involving the right not to reveal confidential information in a legal procedure" (Siegel, 1979, p. 257).

Grossman (1978) cites three landmark cases which have involved the rights of privacy and/or privileged communication. In Griswold v. Connecticut, 1965, a Connecticut statute was ruled unconstitutional by the United States Supreme Court on the grounds that it violated privacy rights. The court based its decision on a finding that the right of privacy was an unlisted but essential
element protected by the Bill of Rights.

The Lifschutz case in California dealt more directly with privilege. In 1970, Lifschutz, a California psychiatrist, refused to testify in a case in which the plaintiff claimed emotional distress was one of the injuries caused by an alleged assault. The doctor claimed privilege both for the patient and for himself. The California Supreme Court held that the privilege belonged to the patient, and not to the physician, and that this privilege was waived by the patient when he inserted the issue of his own mental or emotional condition into his claim. However, the court ruled that the disclosure need not be absolute and "must be limited to bare essentials, because in truth society would be hurt by interference with psychotherapy if patients felt that what they disclosed in therapy could be opened up in court without any protective limits" (cited in Grossman, 1978, p. 176).

The third case reviewed by Grossman is that of Vitaly Tarasoff v. Regents of the University of California. In this case, heard in 1974, the California Supreme Court ruled that psychotherapists had a duty to warn potential victims when the therapist determined that a patient was dangerous. Professional societies joined the defendants in a petition for rehearing, based on the contention that violating confidentiality under those circumstances would
be a major impediment to treatment, and that moreover statistical studies show that judgement of dangerousness is invalid 99% of the time. In 1976, the court refused to alter its first decision in the essential feature of warning.

Curran (1975) in commenting on the original Tarasoff decision, reflects the resultant dismay felt by the professional community when he states:

It is almost impossible to draft an ethical principle to force a duty on physicians to breach confidences. Must they always warn of death threats? Must they warn if the patient is psychotic, but not if he is less disturbed? Does this case mean that every time a patient makes a threat against an unnamed person the therapist must take steps to find out who it is and warn him? (p. 286)

While Curran expresses concern for the physician because of the burdens imposed by the Tarasoff decision, Siegel (1979) decries its effect on the patient. He notes that in the Tarasoff case, if the confidentiality of the patient had not been violated, the patient might have remained in treatment, and not committed the murder which led to the subsequent litigation. Siegel believes that the therapist should not be placed in a judgemental role. However, since he does not advocate breaking the law, he suggests that the therapist should inform his patient that confidential information will not be disclosed without his consent, except as required by law. Finally
Siegel advocates straightforward sharing with the client in the initial interview of the limits of confidentiality. Powledge (1977) also emphasizes that the patient should be advised as to the limits of confidentiality upon entering therapy. He notes further, that the issue would be simplified if therapists would follow the example of newspaper reporters and go to jail, rather than betray a trust. Slovenko (1978) similarly sees the practice of securing "informed consent" to treatment as an effective means of protecting the patient in therapy. This involves explaining to the patient not only the meaning and limitations of confidentiality, but all aspects of the proposed treatment, including foreseeable risks and prospects of success. With reference to children, he notes that fully informed consent may not be feasible because they may lack the capacity to understand the information involved.

Indeed, when the patient is a minor, other issues are introduced into the matters of confidentiality and informed consent. Legally, the view that minors are incapable of informed consent has been prevalent; minors have generally been presumed to be incapable of making their own decisions with respect to psychotherapy, and they are customarily denied veto power with respect to mental health treatment (Foster, 1972).
Grisso and Vierling (1978) note that neither statutes or case law provide clear guidelines for judging the competency of a minor. They aver that theory and research regarding stages of cognitive and moral development suggest that the child of approximately 12 years of age is capable of understanding the implications of confidentiality and of consent to treatment. Therefore, in their view, the rationale for denying to minors the privilege of independent consent is unclear.

Legal approaches to rights of minors are not consistent. In a minority opinion, issued in 1972 in the case of *Wisconsin v. Yoder*, Justice Douglas based his dissent not only on available legal precedents, but also on psychological and sociological findings that children of grade school graduation age (usually age 14), have the capacity to make independent judgements about their welfare. The case involved a decision about whether or not the children could be prevented by the parents from continuing their education beyond the grade school level, because of their parents' religious practices. The majority of the court disagreed with Douglas and upheld the parents' right to make a decision for their children (cited in Rodham, 1973).

A discussion in the *Harvard Law Review,* (Parental Consent, 1975) of privacy rights of minors asserts that
legal attitudes toward privacy of minors are influenced by strong state and parental interest in maintaining the family; traditionally family integrity has been equated with parental control. However, Parental Consent (1975) notes that:

Where . . . individual interests of parent and child are likely to collide, protection of their shared rational interests assumes independent importance and should not be directed at reinforcing the values of the parents alone . . . but rather at fostering intrafamilial resolution of controversies. (p. 1018)

In supporting its position, Parental Consent notes that the Supreme Court has already recognized that minors have individual rights in matters of due process and equal protection. However, these rights have not been extended to either privacy or individual decision making as a general rule.

Robinson (1974) asserts that psychological treatment may result in the same penalties that were imposed in re Gault, a landmark case which in 1967 upheld the rights of minors to due process and equal protection; therefore it is logical to extend these rights to the mental health area.

Koocher (1976) notes that part of the problem in dealing with minors is defining whether the parent or the child is the client. In Koocher's view, the therapist is morally bound to serve as an advocate for the child client
and to seek outside consultation when parents and therapist are in disagreement. Thus Koocher sees the therapist, rather than parent or child, as the principle decision maker in the therapeutic relationship with a minor client.

The question of confidentiality and informed consent with the minor client is complicated by the matter of financial responsibility for treatment. Where parents bear the responsibility for payment, they retain effective control over the decision to cease or continue treatment (Grisso & Vierling, 1978). Thus, Eberlein (1977) asserts, that in a counselling situation, when the client is a minor, the rights that are normally given to a client, belong to the parents.

These rights include the right to know the nature of the counselling relationship and perhaps even the contents. It is the parents who are primarily responsible for the health and welfare of their child and ... counselor cannot usurp that power without a legally defined right to do so. (p. 219)

Much counselling takes place in a school setting. The passage of the Family Education and Privacy Act, including the Buckley Amendment, specifically accorded to parents the legal right of access to the school records of their children. Kazalunas (1977) states that the privacy of the student in the counselling situation should be protected, and that the primary responsibility of the school counselor is to the student and not to their
parents. He recommends that the counselor exercise that responsibility by excluding counselling records from the student's files. The counselor may thus insure the privacy of the counselling relationship. Case notes may be kept in the form of personal memos, addressed to the counselor herself, and which are accessible to the counselor alone. McGuire and Borowy (1978) note that the Buckley amendment distinguishes between records which are a part of the student's academic file, and those used only in connection with the provision of treatment for the student. Treatment records need not be disclosed to anyone other than the provider of the treatment. However, parents should have access to evaluative records. Brant, Garinger, and Brant (1976) would not categorically deny parents access to their children's counselling records. In these authors' opinion parents should be denied access only if there is a conflict of interest. For the child old enough to understand the decision, the right to refuse parents access to records should belong to the child.

Glenn (1980) notes that in his view, the APA code provisions relating to confidentiality and consent imply that children's consent is required before parents may see their records; also implied is a requirement that children be informed about the limits of confidentiality. However, interpretations of APA provisions with reference
to minors vary. The legal matter at issue is the competency of the minor. Glenn suggests that mental rather than chronological criteria are most pertinent in the determination of capacity for informed consent.

Protection from social harm is an underlying basis for the demands for confidentiality in situations requiring disclosure of personal and sensitive information. In this connection, Bond (1978) in a discussion of the confidentiality needs of participants in social research projects states:

The greatest risk of participation in social research is that information about the respondent will not be held in confidence by the researcher. The risk of "social injury" in social research primarily involves the public identification of the respondent or the disclosure of information which may damage the status of the research participant... The prevention of such a social injury rests on the researcher's ability to hold the information he or she collects in confidence. (p. 150)

The danger of "social injury" that exists in social research is present to an even greater degree in psychotherapy. McDermott (1972) sees this as the basis for privileged communication. He states:

The nature of any particular physical or mental anguish may be so intimate, suggestive, or potentially injurious that the disclosure of the facts (in or out of court) would subject the citizen to undue pain, loss of status and injury to reputation. The citizen would be most reluctant to engage in relationships with the helping professions if the intimacies of his private life were vulnerable to disclosure before the entire public. (p. 301)
Malmquist (1965) notes that the danger of social harm is a particularly insidious one for the minor in mental health treatment. Malmquist's concern was the ethical and procedural problems arising in child psychiatry, especially in the delivery of community mental health services for children. A troubling question is the right of the child to privacy both in terms of other personnel at the community center, and from the remainder of his family. He notes that parental signatures on consent slips may allow release of information to a wide range of community agencies, and further, that outdated children's records may be made available to research workers at any time. The child of 15 to 30 years ago may not wish to have this information regarding his childhood mental health treatment revealed to others.

The issues raised by Malmquist are especially pertinent for the minor child whose treatment is initiated by others, and who is then given a psychiatric history that may be prejudicial in later life. As long as mental health treatment is viewed pejoratively, the question of confidentiality not only of the material revealed in treatment, but of the treatment itself, will be an especially troubling one in relation to the minor client. Donnelly (1978) does not see confidentiality as the answer to these problems. He states that concealment of the
very fact of treatment for mental or emotional problems is not in the best interests of the public. The public would be better served if such treatment were made "a usual, unremarkable part of the practice of medicine" (p. 202). This may be accomplished by education rather than by concealment. Donnelly does not abandon adherence to confidentiality for material uncovered in treatment. However, he states that the kind of information which it is necessary to keep confidential will vary from patient to patient, and he rejects the "assertion of confidentiality as a pure and absolute professional ideal" (p. 201).

Mental health professionals generally express a stronger allegiance to the principle of confidentiality than that enunciated by Donnelly. Jagim et al. (1978) state that the "concept of confidentiality of client-therapist communications is at the core of the psychotherapeutic relationship" (pp. 458-459). While the professional codes state that confidentiality may be broken with the permission of the client, or when the therapist unilaterally decides that it is in the client's best interests, Jagim et al. note that some professionals have challenged this position. These practitioners believe that confidentiality should be absolute. They affirm that without an absolute guarantee of confidentiality, clients will be less trustful of therapists, and will be
reluctant to discuss necessary matters. They argue, further, that some patients may not be aware of the consequences of releasing information, so that even with their consent, information should not be released to a third party. However, in a survey of 64 mental health professionals, Jagim et al. found that while professionals agreed that confidentiality is an important component of a positive therapeutic relationship, and that there is an ethical obligation to maintain confidentiality, the majority of those surveyed stated that they would breach confidentiality if required to do so by law, or if third parties were endangered. Most respondents reported that their clients believed that their communications would be held in confidence.

An earlier study (McGuire, 1974) explored the practices and attitudes of mental health professionals specifically with respect to minors. There was general agreement among those queried that minors in psychotherapy should be extended the same rights as those granted to the adult patient. However, McGuire found that no consistent guidelines were followed on issues involving confidentiality. Further, psychologists were typically not aware of the applicability of the APA code of ethics to the child in mental health treatment.

Many professionals assert that without a condition
of absolute confidentiality in the psychotherapeutic relationship, treatment may be impaired or even made impossible. Dubey (1974) states that for certain types of treatment, lack of confidentiality may hinder the progress of the patient, even if the breach occurs with the patient's consent. Additionally, Chodoff (1978), discussing third party payments in the mental health field and the necessity to surrender the absolute confidentiality that is possible in a two-party relationship in private therapy states:

> It interferes with the therapeutic benefit derived from the assurance to the patient that anything that he or she says will be absolutely inviolate. There are bound to be disturbing questions about the possible misuse of the information transmitted. (p. 1145)

Shwed, Kuvin, and Baliga (1979), in a discussion of medicaid audits, place even stronger emphasis on the need for confidentiality. They comment as follows:

> It is difficult for us to conceive of meaningful psychotherapy taking place without implicit and explicit guarantees to the patient that confidentiality will be maintained . . . Guarantees of confidentiality are crucial to the special trust between patient and psychiatrist that permits the patient to share increasingly intimate and difficult material with the therapist . . . So fragile and yet so important to psychotherapy is the concept of confidentiality, that in our opinion merely the idea that someone might have access to intimate material precludes meaningful psychotherapy from taking place. (p. 448)
Confidentiality for the minor patient presents a special issue with regard to their parents. Does the presence or absence of confidentiality, including the withholding of information from parents affect the course of their treatment? Foster and Freed (1972) maintain that in some instances, the need for confidentiality may be so intense, that it would be contrary to the best interests of the child even to seek parental consent for treatment. They note that under such circumstances, absolute confidentiality serves not only the interests of the minor, but long term parental interests as well. In this regard Ross (1958) states that "without the assurance that his communications will be held in confidence, no patient would feel free to divulge the highly personal material which needs to be verbalized if treatment is to be effective" (p. 60). Ross in his early comments sees confidentiality as crucial to the child in therapy. He notes that children requiring mental health treatment are likely to have had experiences in which adult's betrayed their confidences, causing them to view adults generally with distrust. Since psychotherapeutic treatment requires the establishment of a relationship of confidence and trust, everything possible should be done to promote this relationship. One way is to counteract the child's previous bad experiences with adults by including assurances of
of confidentiality in the child's introduction to treatment.

However, in a later reevaluation of his position, Ross (1966) states that since not all children in therapy are distrustful of adults, uniform assurances of confidentiality are not needed. Further, the need in therapy is for the child to develop a relationship with the therapist. Such a relationship takes place over time, and may be more dependent on the child's experience with the therapist than upon assurances of confidentiality of communications. When trust in the therapist is established, Ross states that it is appropriate to tell the child of the therapist's decisions to communicate specific matters to the parents. However, the child should be reassured that these matters will always be discussed with him/her in advance.

Ross sees confidentiality vis-a-vis the parents of the child in treatment as a matter to be decided on a case by case basis, rather than as an overall requirement of the therapy process. In this view, the older minor may be allowed to participate in decisions with respect to some aspects of confidentiality. However, in the final analysis, such decisions are the responsibility of the therapist.

While there has been considerable discussion with regard to confidentiality issues, and much speculation
about the effect of confidentiality condition on the self-disclosure requirements of psychotherapy, there is a dearth of empirical studies dealing with this matter (Cozby, 1973). Among the few empirical studies, are some relating to the effects of confidentiality and privacy variables on the elicitation of sensitive information in the field of social research. These studies do not attempt to deal with or to create situations analogous to dyadic therapy. Nevertheless, they do provide some relevant information on differences in response that can be associated with varying assurances of privacy and confidentiality.

Boruch and Cecil (1979) reviewed three types of social research data in which conditions of privacy or confidentiality were alleged to have influenced the collection of data. They examined case studies, experimental tests of methods for assuring confidentiality, and comparative surveys. In a summary of the data, they conclude that the assurance of confidentiality "is most likely to be necessary when the information elicited is sensitive, when information may be appropriated for use in threatening non-research activities, and when special groups put a high value on the principle that personal information ought to remain confidential" (p. 91). Since material elicited in psychotherapy is sensitive and personal this research has some relevance for assessing the importance of
confidentiality in mental health treatment. Two of these studies are of special interest in this regard, because they deal with the type of material that may emerge in a therapeutic dyad.

In one study, interview methods were used which make it virtually impossible to identify the individual respondent, while at the same time having no effect on the accuracy of the aggregates. Fidler and Kleinecht (1977) requested sensitive and possibly stigmatizing information, in a survey of college sorority women. Their sample was divided into two groups. For one group, direct questioning was used. Respondents were asked to fill out a questionnaire in the presence of the interviewer, although no identifying information was asked for on the questionnaire. For the second group, a randomized response method of data collection was used. This latter method guaranteed anonymity, even from the person in whose presence the written questionnaire was completed. Questions in the survey varied in degree of sensitivity. It was hypothesized that for more sensitive questions, the technique which guaranteed anonymity would produce a larger number of positive responses to sensitive questions. The results supported the hypothesis \( p < .05 \). The authors observed that:

No significant difference was found between population proportions queried about less sensitive information, regardless of survey method. Both methods, randomized response
and direct questioning, resulted in approximately equivalent population estimates for less sensitive data. However, on more sensitive questions, the two survey methods resulted in significantly different population proportions with the sensitive characteristic. When privacy of information was assured with the randomizing device, respondents reported higher instances of ... unacceptable behaviors. (p. 1049)

In a second study, Singer (1978) experimentally manipulated conditions of confidentiality used in a social research survey. One third of the respondents were given no information relative to the confidentiality of their replies; one third were assured of absolute confidentiality; and the remaining one third were assured only of qualified confidentiality, accompanied by a suggestion that it might not be possible to adhere to the confidential condition. The interview included very sensitive questions relating to mental health, alcohol and drug use, and sexual behavior. The usual demographic questions were also included. Singer measured the differences in nonresponse rate that could be associated with differences in confidentiality condition. She reports as follows:

Only the assurance of confidentiality had a significant effect on item nonresponse. Despite the sensitive nature of the interview, nonresponse to individual questions was very low. On those questions to which the nonresponse totaled more than three percent—all of them questions about behavior rather than attitudes—respondents given an assurance of absolute confidentiality have a lower nonresponse rate than those in two other experimental groups, in some cases by a statistically significant margin. (p. 50)

A self-administered questionnaire was completed by 91% of the participants in the original interview to assess their attitude toward the interview, with the following
results:

The effect of confidentiality approaches significance (p < .10) on only one item: giving information about oneself. As might be expected, those who were promised absolute confidentiality gave the most favorable responses to this question, and those to whom confidentiality was not mentioned at all gave the least favorable. (p. 52)

Additionally, the assurance of confidentiality had a halo effect on other interview variables, so that interviewees given this assurance were more likely to indicate a positive attitude toward the sponsor of the study, the interviewer, and even the content of the interview.

The results of the preceding studies suggest that in situations requiring the disclosure of sensitive and personal information, the assurance of confidentiality may not only produce more honest and open communication, and less reluctance to self-disclose, but may also enhance the attitude of the person required to furnish the information towards the person eliciting the information. Stated somewhat differently, these studies support a presumption that guarantees and/or assurances of confidentiality will not only increase self-disclosure, but also lead to a more positive dyadic relationship. The implications in terms of psychotherapy are obvious.

Some empirical evidence from which one can infer the supportive value of confidentiality in psychotherapy is offered by Towbin (1978). Towbin conceptualizes the
very process of psychotherapy as consisting of a confiding relationship, paralleling like relationships between confidants and confidants in nonprofessional circumstances. He notes that there are some persons in whom others naturally confide. In an attempt to identify characteristics that attract others to nonprofessional confidants, he surveyed 17 persons in whom others tend naturally to confide. He states that "all were aware of the issue of the confider's trust, and most claimed an almost religious devotion to keeping confidentiality" (p. 339). Towbin notes that Bowlby's research demonstrates that fear and anxiety are greatly reduced by the presence of a trusted companion, and sees the nonprofessional confidant as fulfilling this role. The implication exists that strict adherence to confidentiality is a factor in promoting feelings of trust.

The question of client attitudes and expectations with reference to confidentiality was explored in a study by Lewis and Warman (1964). A questionnaire was administered to 121 college or ex-college students at Iowa State University. Included in the study were students who had received either personal or vocational counseling, as well as students who had never received any formal counseling. The results show that:

Those students whose problems were of a more "personal" nature stress confidentiality quite strongly. They resist the notion
of the counselor giving out information about them without their permission and they indicate that such permission would not be liberally given. (p. 20)

The study confirms that the concept of confidentiality is valued, at least by the population covered in the survey. It does not however, deal with the behavioral effects of confidentiality or the lack of it in the counseling relationship.

Finally, and perhaps most importantly, three empirical studies address the clinical aspects of confidentiality in experiments in which there have been adherence to scientific methods of control, and which provide for manipulation of variables in a manner which allows behavioral examination of the questions under consideration. These studies are summarized below.

The attitudes toward confidentiality of a mental health population were assessed by Rosen (1977) in a study of the willingness of clients at mental health centers to sign consent forms agreeing to release of information about their treatment. The customary practice at the centers had been to request the patient's signature on these forms, without explicitly advising them of their right to withhold signature and still receive treatment. When patients were explicitly advised of their option to refuse, compliance rates dropped dramatically.

Four clinics were used in the study. In the control
phase of the experiment, clients were simply presented with release of information authorization forms. There was 100% compliance with requests for signature on these forms. In the experimental phase, the compliance rate varied from 20% to 40% (depending on clinic) among patients who were explicitly informed of their option to withhold signature. Non-compliers were more frequently female, and were better educated than compliers. Rosen concludes that people who opted to maintain their privacy rights were more apt to be aware of the implications of their choice, and the advantages to be gained by exercising their right to privacy.

Burgess (1978) and Burgess and McGuire (in press) addressed the question of the child's ability to understand the concept of confidentiality. The study is unique in that participants were children involved in therapy at a community mental health center. Comprehension of the concept of confidentiality was assessed by means of scores on a questionnaire which tapped the areas of confidentiality identified in the APA code of ethics, including psychologist's responsibilities, limitations of confidentiality in the therapeutic relationship, the question of informing the client about confidentiality limitations, and the requirement of patient's consent for release of information. Subjects who expressed agreement with the provisions of the APA code were deemed to have an understanding of the
concept of confidentiality, superior to those who did not express agreement with APA code provisions. It was found that agreement with code items regarding confidentiality increased as children increased in age. Highest agreement as measured by the McGuire-Burgess questionnaire was shown by the 12-15 year age group, which showed an overall score of 16.40 out of a possible perfect agreement score of 20, or in percentage terms, an 82% agreement rate. For this group (n = 11), confidentiality is perceived in strongly affirmative terms. For the 9-11 (n = 14) age group, the overall score was 14.50, or 72.5%, still strongly supportive of confidentiality; the youngest group, age 6 (n = 14), had an overall score of 13.43 or 67.2%. Burgess and McGuire view the significant difference in mean scores between the youngest and the oldest groups as supportive of a hypothesis that the child's ability to understand the concept of confidentiality increases gradually as the child grows older. Results also supported the conclusion that children in early adolescence place a particularly high value on the maintenance of confidentiality in a therapeutic relationship. Additionally the study provided evidence that the experience of violation of confidentiality tends to diminish the child's trust in the psychotherapeutic relationship. Thus, there was a significant inverse relationship between
perceived past or current violation of confidentiality in therapy and total confidentiality score \( (p < .05) \). The implication is that these violations diminished or destroyed, for the child who had experienced them, a trust in the confidentiality of the psychotherapeutic relationship.

Only one experiment has been located which attempts to assess the behavioral effect of differential levels of confidentiality in a setting analogous to dyadic therapy. Using an analogue experiment, in which sixty subjects (equally divided among males and females) were recruited from the undergraduate population of a midwestern university, Woods (1978) (See also, Woods and McNamara, 1980) assessed the effects of various instructions regarding confidentiality on subjects' depth of self-disclosure. Subjects participated in an interview that paralleled one that would occur upon entrance to therapy. Probes were used to promote depth of self-disclosure. Assessment of depth was made from tape recording by two "blind" judges who were trained in the use of predetermined scales. An analysis of variance (ANOVA) confirmed that depth of self-disclosure was significantly affected by confidentiality instructions. The nonconfidential group differed significantly from the confidential and no-expectation group \( (p < .05) \). No significant differences were found between
the no-expectation and confidential conditions. While disclosure was the same for the males and females in the neutral and confidential groups, in the nonconfidential group, females disclosed less than males. The study supports the hypothesis that subjects in a nonconfidential condition will produce lower levels of self-disclosure.

In summary, the literature reveals the following:

1. Definitions of confidentiality vary, and adherence to confidentiality as a therapy requirement vary from absolute to qualified. However, in no instance is the principle or significance of confidentiality rejected. For the minor in therapy, decisions on confidentiality vis-à-vis parents are most often accepted as the therapists' responsibility. Depending upon age and emotional maturity of the minor client, therapists attempt to treat minors in therapy with the same respect with regard to confidentiality that is accorded to adult clients.

2. Legally confidentiality is based on the right to privacy and damages resulting from violations of confidentiality are subject to tort action under the law. Privileged communication, which is freedom from testimonial requirements in courts of law, is a matter of statutes or judicial decision, and varies according to circumstance, and State law.

3. The purpose of confidentiality in therapy is both to protect the patient from social harm, and also to allow
therapy to take place. Therapists see assurances of confidentiality, implicit or explicit, as a necessary condition for self-disclosure. Self-disclosure is an essential part of the therapeutic process, and for most types of therapy, interference with the patient's willingness or ability to self-disclose, may make therapy impossible.

4. A study by Woods (1978) does in fact support the fact that depth of self-disclosure is diminished in a non-confidential condition. The population of this study consisted of young adults of college age. While Burgess and McGuire (in press) have demonstrated that children in early adolescence understand and value confidentiality, no studies have been located which measure effects of confidentiality variables on the self-disclosure of this population.

The study which follows deals with a population that is entering adolescence. The purpose of this study was to assess the importance of the assurance of confidentiality to the younger adolescent client in a therapy or counseling dyad. To avoid the therapeutic and ethical risks involved in the manipulation of information relative to confidentiality in a clinical or counseling setting, an analogue study, using volunteer non-therapy subjects, was conducted.

Hypotheses

It was postulated that:
1. The amount of disclosure of sensitive, personal information by an adolescent in an interview dyad, will be highest when confidentiality is explicitly assured.

2. The amount of disclosure of sensitive, personal information by adolescents in an interview dyad, will be lowest when it appears that the information given will not be confidential.

3. Defensiveness of adolescents in an interview dyad will be highest under a nonconfidential condition, and lowest when confidentiality is assured.
Method

Subjects

The experimental sample was selected from the seventh and eighth grade junior high school classes of a school in Orange County, Florida. The school serves a predominantly middle-class income area, with students from high and moderate income groups also in attendance. Minority group students constitute a small proportion of the total population.

The interviewer personally visited all of the seventh and eighth grade social studies classes (modal age 12.5 to 13.5 years), and solicited volunteers to participate "in a study of adolescent behavior". Students who volunteered were required to sign a consent form in the classroom (See Appendix A). Each volunteer was then furnished a consent form to present to their parents or legal guardian. The form asked for parental consent for the child's participation in the study (See Appendix B).

Of a pool of 545 students, 323 volunteered to participate in the study. This comprised 54% of the eligible male population, and 65% of the female. Only 195 students returned parental consent forms, 28% of the eligible male population, and 44% of the eligible female population (See Table 1). From these 195 students, 45 males and 45
### Table 1

Eligible Students and Those Volunteering To Participate

In Study, By Sex

<table>
<thead>
<tr>
<th>Sex of Student</th>
<th>Total Eligible Population (Grades 7&amp;8)</th>
<th>Students Volunteering</th>
<th>Students Returning Parental Consent Forms</th>
<th>Percent Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Male</td>
<td>279</td>
<td>51.2</td>
<td>151</td>
<td>46.8</td>
</tr>
<tr>
<td>Female</td>
<td>266</td>
<td>48.8</td>
<td>172</td>
<td>53.2</td>
</tr>
<tr>
<td>Total</td>
<td>545</td>
<td>100.0</td>
<td>323</td>
<td>100.0</td>
</tr>
</tbody>
</table>
females were chosen at random to participate in the experiment. No attempt was made to stratify the sample according to ethnic mix. However, as a result of a random draw, 10% of the sample were children from ethnic minority groups (See Table 2).

Students who were identified as having intellectual, mental, or emotional problems necessitating placement in special classes were excluded from the study. This was done at the direction of the chief school psychologist, and concurred in by the author, because it was considered that the risk to this population due to manipulation of the variables had not been sufficiently evaluated.

Procedure

Subjects were assigned at random to one of three conditions, neutral, confidentiality assured, confidentiality not assured (nonconfidential). Fifteen males and fifteen females were assigned to each condition. Subjects were asked to reply to an orally administered questionnaire which consisted of a series of 74 statements. The student was asked to respond with either 'True' or 'False' to each of these statements. (see Appendix C)

The interviews were held during the school day in the conference room of the school media center, with only the interviewer and the interviewee present. The room was self-contained and the door was closed to insure privacy during the conduct of the interview. The same
### Table 2

**Ethnic Minority Representation in Sample**

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Total N</th>
<th>% of Total Sample</th>
<th>Male N</th>
<th>% of Total Sample</th>
<th>Female N</th>
<th>% of Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>5</td>
<td>5.6</td>
<td>3</td>
<td>6.7</td>
<td>2</td>
<td>4.4</td>
</tr>
<tr>
<td>Spanish Surname</td>
<td>4</td>
<td>4.4</td>
<td>1</td>
<td>2.2</td>
<td>3</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9</td>
<td>10.0</td>
<td>4</td>
<td>8.9</td>
<td>5</td>
<td>11.1</td>
</tr>
</tbody>
</table>
female interviewer conducted each of the interviews. Tone, manner, voice inflection, and non-verbal communication were held constant, in so far as possible. Interviews were conducted over an eight-day period, between May 19 to May 27, 1980.

A post-test written questionnaire was administered on May 29, 1980, two days after completion of the final interview, and ten days after the conduct of the first interview (See Appendix D). The post-test was administered to the group as a whole in the school cafeterium. Students were instructed to omit any personal identification from the post-test sheets, and were assured of complete anonymity. A male graduate student, rather than the original interviewer, administered the post-test.

Instructions

Prior to beginning the interview, the subject was greeted, and seated facing the interviewer at a small round table in the conference room. Instructions were then read aloud, according to the condition to which the subject was assigned.

In the "neutral" condition, the following instructions were given:

We are making a study of adolescent behavior. In connection with this study, we would like some information about your own behavior. I am going to read you some statements. After each statement, please tell me whether it is
true or false for you. Try to be as accurate as possible.

In the "confidentiality assured" condition, instructions were as follows:

We are making a study of adolescent behavior. In connection with this study, we would like some information about your own behavior. The information you give us will be completely confidential. No one will know who has given it. We are recording the information in such a way that after the study is completed not even I will be able to tell who has given a particular answer. Now I am going to read you some statements. After each statement, please tell me whether it is true or false for you. Try to be as accurate as possible. Your answers are completely confidential.

In the "no-confidentiality" condition instructions were:

We are making a study of adolescent behavior. In connection with this study, we would like some information about your own behavior. Your answers can be used by your teacher and principal to help improve the school. Please spell your name for me so that I can record it properly. Now I am going to read you some statements. After each statement, please tell me whether it is true or false for you. Try to be as accurate as possible.

The interviewer in the nonconfidential condition then attached an index card to the questionnaire on which the subject's name was written. This was done in the subject's presence to emphasize the inference of nonconfidentiality. This card was removed after the subject had left the room.

Because it was expected that some of the students
would reveal the contents and/or conditions of the inter-
view to others who had not yet been interviewed, only a
partial debriefing was given immediately following each
interview. This consisted of reading aloud to each subject
the following statements:

Thank you for your cooperation. After we
have completed our interviews with all of
the students who are participating in our
study, we will meet with you again. In the
meantime, we will not talk to anyone about
this interview, and we ask you to do the
same. Please do not talk to anyone about
this interview until we meet again. When
we meet again, we will give you further
instructions.

For the post-test, instructions were included in the
written forms distributed to the students, and additionally
were read aloud by the male graduate student who admini-
stered the post-test. Male students were given blue
questionnaires, females white questionnaires, so that
results could be separated by sex. In order to emphasize
the condition of anonymity, no attempt was made in the post-
test to separate students by experimental condition.

The post-test consisted of five questions designed to
assess the subjects' attitudes toward the interview and
and the interviewer, and an additional question, directed
at assessing degree of compliance with instructions not to
talk about the interview. At the close of the post-test
the conditions of the experiment were explained to the
subjects, and all were assured of the confidentiality
of their responses.

Oral Questionnaires

The orally administered questionnaire was constructed by selecting or modifying questions which have been found useful for purposes of psychological assessment in various testing instruments, and by using the discipline code in force for the county schools to formulate questions which would disclose violations of that code. Questions were phrased so that a "true" response was indicative of self-disclosure.

Questions ranged from those to which "true" responses could be expected from all of the participants (e.g., "I like to be treated fairly"), to those for which a relatively small number of "true" responses could be expected (e.g., "At school, if someone leaves money on their desk, I will probably take it if no one is watching.")

Eleven mental health professionals who work in child therapy and assessment areas (three psychiatrists; three clinical psychologists, each holding a Ph.D. degree; two clinical psychologists, holding M.S. degrees, and three social workers), and ten junior high school teachers were asked to rate questions as to sensitivity, using a Likert-type scale with rating from 1 through 4 (1 for requests for information that is not at all sensitive and arouses no threat; 4 for highly sensitive questions likely to
arouse major feelings of threat) (See Appendix C). Questions receiving an average rating of 2.5 or higher were classified as questions of "greater sensitivity"; those receiving an average rating of 1.5 - 2.5 were classified as those of "lesser sensitivity". Questions which received a rating of less that 1.5 were counted as "neutral". Questions were arranged by random selection, so that those of greater, lesser, and neutral sensitivity were interspersed throughout the questionnaire. The purpose of this type of arrangement was to lower the intensity level of the questionnaire and to forestall an expectation of challenge and threat, as the interview proceeded. Neutral questions were not used for purposes of analysis of the effects of confidentiality variables on self-disclosure. They were included with others, however, in examining the differences in overall response behavior of males and females.

Based on the rating system employed, 17 questions were classified as those of greater sensitivity (See Appendix E); 38 were rated as of lesser sensitivity (See Appendix G). Thus a total of 55 questions were used in the assessment of self-disclosure under varying conditions of confidentiality. Nineteen questions were rated as neutral. For each of the 55 questions of greater or lesser sensitivity, a response of "true" constituted a
self-disclosing response.
Results

The principal dependent variable used for the analysis of the effects of varying conditions of confidentiality on self-disclosure was the number of "true" responses to the 17 questions classified as those of greater sensitivity. The 38 questions of lesser sensitivity were used to observe whether patterns of responding under varying conditions of confidentiality differed according to sensitivity of the information requested; i.e., did subjects respond in one way under varying conditions of confidentiality, if the information requested was of greater sensitivity, and in another way, if the information requested was of lesser sensitivity.

With reference to the first hypothesis, i.e., that the amount of self-disclosure of sensitive information will be greatest when confidentiality is explicitly assured, it was found that the overall mean number of true responses was highest in the confidential condition. Table 3 presents a breakdown of mean number and mean percentage self-disclosure scores for male and female subjects in each of the three experimental conditions (See Table 3). Note that while the mean disclosure scores for the male subjects are exactly in line with the stated hypothesis, for female
Table 3

Mean Number and Mean Percentage of True Responses to 17 Questions of Greater Sensitivity, by Confidentiality Condition and by Sex of Respondents

<table>
<thead>
<tr>
<th>Condition</th>
<th>Total (N = 90)</th>
<th>Male (n = 45)</th>
<th>Female (n = 45)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean Number</td>
<td>Mean Percent</td>
<td>Mean Number</td>
</tr>
<tr>
<td>Neutral</td>
<td>6.97</td>
<td>40.98</td>
<td>7.00</td>
</tr>
<tr>
<td>Confidential</td>
<td>7.07</td>
<td>41.57</td>
<td>7.40</td>
</tr>
<tr>
<td>Nonconfidential</td>
<td>6.27</td>
<td>41.57</td>
<td>6.67</td>
</tr>
</tbody>
</table>

~(\]~
subjects, mean disclosure scores in the neutral condition are slightly higher than in the confidential condition.

The self-disclosure pattern based on the 38 questions of lesser sensitivity conformed to expectations for both sexes (See Table 4).

Hypothesis 2 stated that the amount of disclosure of sensitive personal information will be lowest under conditions of nonconfidentiality. Inspection of Table 3 reveals that for the 17 most sensitive questions, mean disclosure rates, were, in fact, lowest in the non-confidential condition. Data based on the 38 questions of lesser sensitivity show support for Hypothesis 2 for female subjects but not for male subjects (See Table 4).

While patterns shown suggest a trend in the direction of Hypotheses 1 and 2, one way ANOVA applied to the data, do not support the statistical significance of the results for either male or female respondents in questions of greater sensitivity, or in questions of lesser sensitivity (See Table 5). A two-way ANOVA, applied to all questions (74 items), additionally, showed no significant effects due to condition, $F(2, 84) = .64$, $p = .53$. However, the two-way ANOVA revealed an unexpected sex of subject main effect. Males had significantly higher self-disclosure scores across conditions than did females, $F(1, 84) = 7.51$, $p = .008$ (See Table 6).
Table 4
Mean Number and Mean Percentage of True Responses
To 38 Questions of Lesser Sensitivity

<table>
<thead>
<tr>
<th></th>
<th>Total (N = 90)</th>
<th>Male (n = 45)</th>
<th>Female (n = 45)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean Number</td>
<td>Mean Percent</td>
<td>Mean Number</td>
</tr>
<tr>
<td>Neutral</td>
<td>15.40</td>
<td>40.53</td>
<td>17.00</td>
</tr>
<tr>
<td>Confidential</td>
<td>16.63</td>
<td>43.77</td>
<td>17.93</td>
</tr>
<tr>
<td>Nonconfidential</td>
<td>15.40</td>
<td>40.53</td>
<td>17.33</td>
</tr>
</tbody>
</table>
Table 5

Analyses of Variance for Questions of
Greater and Lesser Sensitivity by Sex

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Significance of F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males (N = 45)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Questions of Greater Sensitivity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>4.044</td>
<td>2</td>
<td>2.022</td>
<td>0.284</td>
<td>0.754</td>
</tr>
<tr>
<td>Residual</td>
<td>298.933</td>
<td>42</td>
<td>7.117</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 Questions of Lesser Sensitivity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>6.711</td>
<td>2</td>
<td>3.356</td>
<td>0.168</td>
<td>0.846</td>
</tr>
<tr>
<td>Residual</td>
<td>840.267</td>
<td>42</td>
<td>20.006</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Females (N = 45)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Questions of Greater Sensitivity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>9.644</td>
<td>2</td>
<td>4.822</td>
<td>0.507</td>
<td>0.606</td>
</tr>
<tr>
<td>Residual</td>
<td>399.600</td>
<td>42</td>
<td>9.514</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 Questions of Lesser Sensitivity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>29.733</td>
<td>2</td>
<td>14.867</td>
<td>0.699</td>
<td>0.503</td>
</tr>
<tr>
<td>Residual</td>
<td>893.467</td>
<td>42</td>
<td>21.273</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 6
Two Way Analysis of Variance in Responses

To 74 Questions \( (N = 90) \)

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>( F )</th>
<th>Significance of ( F )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>73.889</td>
<td>2</td>
<td>36.944</td>
<td>0.643</td>
<td>0.528</td>
</tr>
<tr>
<td>Sex</td>
<td>431.211</td>
<td>1</td>
<td>431.211</td>
<td>7.506</td>
<td>0.008</td>
</tr>
<tr>
<td>2-Way Interactions</td>
<td>9.622</td>
<td>2</td>
<td>4.811</td>
<td>0.084</td>
<td>0.920</td>
</tr>
<tr>
<td>Condition   Sex</td>
<td>9.622</td>
<td>2</td>
<td>4.811</td>
<td>0.084</td>
<td>0.920</td>
</tr>
<tr>
<td>Explained</td>
<td>514.722</td>
<td>5</td>
<td>102.944</td>
<td>1.792</td>
<td>0.123</td>
</tr>
<tr>
<td>Residual</td>
<td>4826.000</td>
<td>84</td>
<td>57.452</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Hypothesis 3 relates to defensiveness. It was conceptualized that defensiveness would be assessed by the degree of conformity to the mean, less conformity suggesting less defensiveness, more conformity suggesting more defensiveness. Variance in responding was used to measure conformity. Higher variance indicates lesser conformity and thus lower defensiveness; lower variance points to greater conformity, and thus greater defensiveness.

For the 17 sensitive questions, the overall variance was highest in the confidential condition, and lowest in the nonconfidential condition. However, males and females show divergent patterns. For males, as hypothesized, variance, under the confidential condition, is sharply higher than in either the neutral or nonconfidential conditions. The difference in variance under the confidential condition from that of the neutral condition reaches statistical significance, $F (14,14) = 3.3383$, $p = .025$. The difference in variance between confidential and nonconfidential conditions closely approaches significance, $F (14,14) = 2.3672$, $p = .06$ (See Figure 1).

For females, results demonstrate responsiveness to confidentiality change, but in a direction opposite to that of the hypothesized direction. Thus, for females, variance in the confidential condition is less than half that in the neutral condition. This difference approaches
Figure 1: Variance in Responses to 17 Questions of Greater Sensitivity Under Three Confidentiality Conditions for Male and Female Respondents
statistical significance, $F (14,14) = 2.1367, p < .10$). Variance in the confidential condition is also lower than in the nonconfidential condition, with the difference approaching statistical significance, $F (14,14) = 1.8006, p = .11$ (See Figure 1).

Unlike responses to questions of greater sensitivity, responses to questions of lesser sensitivity are alike in pattern for both males and females. Variance for both sexes is highest under conditions of confidentiality, as expected, and lowest under neutral conditions, with the nonconfidential condition in between. None of these differences, however, approach statistical significance (See Figure 2).

Post-test

The post-test was designed to assess interviewee attitude toward the testing situation, and awareness of the experimental conditions (See Appendix D). Questions 1 and 4 of the post-test check consistency in responding. In Question 1, students were asked if they had answered the interview questions honestly and to the best of their ability. In Question 4, students were asked whether they would have answered differently if complete anonymity were assured. The following combinations are consistent: Question 1 - NO, Question 4 - YES; Question 1 - YES, Question 4 - NO. Eighty-two percent of the students taking
Figure 2: Variance in Responses to 38 Questions of Lesser Sensitivity Under Three Confidentiality Conditions for Male and Female Respondents
The post-test showed consistency in responding to these questions (See Table 7). A Chi-Square test applied to response frequencies confirms the significance of response consistency, and is contra-indicative of random responding $\chi^2 (2) = 37.2727, p < .001$.

The importance of the confidentiality factor in the student's perception of the interview was assessed by several of the post-test questions. In Question 2, subjects were asked to recall and write on the test form, as much as could be remembered of interviewer statements made prior to beginning the actual interview. Sixty percent of the students (54.5% of males, 66% of females) listed assurance of confidentiality among statements made prior to beginning the actual oral interview. In fact, only one-third of both male and female respondents were given this assurance. An additional one-third of the interviewees were in the neutral condition, in which no statements were made or implied about confidentiality. The remaining third were in the nonconfidential condition. A Chi-Square test applied to these data, based on comparing actual or observed categories of response with the expected frequency of types of confidentiality assurances shows that frequency differences are considerably greater than can be attributed to chance error. $\chi^2 (3) = 29.3999, p < .001$ (See Table 8). Thus, there appears to be a
Table 7
Consistency of Response for Male and Female Subjects
Between Question 1 and Question 4 in Post-Test

<table>
<thead>
<tr>
<th>Consistent</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Question 1 NO, Question 4 YES</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Question 1 YES, Question 4 NO</td>
<td>29</td>
<td>36</td>
</tr>
<tr>
<td>Sub Total</td>
<td>33</td>
<td>39</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not Consistent</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Question 1 YES, Question 4 YES</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Question 1 NO, Question 4 NO</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Sub Total</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>44</td>
<td>44</td>
</tr>
</tbody>
</table>
Table 8

Student Recall of Interviewer Statements Made Prior to Beginning of Questioning (Post-Test Question #2)

<table>
<thead>
<tr>
<th>Interviewer Statements Listed by students</th>
<th>Number of Students Citing</th>
<th>Percent of Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Male Female</td>
<td>Total Male Female</td>
</tr>
<tr>
<td>Answer T or F</td>
<td>68 30 38</td>
<td>77.3 68.2 86.4</td>
</tr>
<tr>
<td>Study of Behavior</td>
<td>66 30 36</td>
<td>75.0 68.2 81.8</td>
</tr>
<tr>
<td>Interview is Confidential</td>
<td>53 24 29</td>
<td>60.2 54.5 65.9</td>
</tr>
<tr>
<td>Nonconfidential Instructions</td>
<td>13 8 5</td>
<td>14.8 18.2 11.4</td>
</tr>
<tr>
<td>Neutral Instructions</td>
<td>22 12 10</td>
<td>25.0 27.3 22.7</td>
</tr>
<tr>
<td>Post-test Instructions</td>
<td>21 10 19</td>
<td>23.9 22.7 25.0</td>
</tr>
<tr>
<td>Other</td>
<td>17 8 9</td>
<td>19.3 18.2 20.5</td>
</tr>
</tbody>
</table>
significant over-occurrence of recall of confidential instructions, and a disproportionate under-reporting of nonconfidential and neutral instructions.

In Question 3, the student was asked to write the most important statement made by the interviewer prior to beginning the interview. Fifty-seven percent of the females and 39% of the males (a total of 48% of the combined student interviewees) listed assurance of confidentiality (See Table 9). In answer to Question 3, for example, students stated, "that everything I said in there would be confidential", or "Your name will not be mentioned.", or "These answers will be told to no one. Only she will be the only one to know them.", or "This will only be between me and you." etc. For both males and females, the percentages shown for assurance of confidentiality in reply to Question 3, exceed the actual proportion given such assurance (i.e., 33 percent).

How did students perceive the effect of the interview conditions on their interview responses? Twenty-five percent of the student population stated that their replies to interview questions would have changed under conditions of complete anonymity (See Table 10).

Trust in the interviewer may be conceptualized as meeting some of the self-protective needs of adolescent subjects. Eight of the 22 students (36%) who stated that
<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
</tr>
<tr>
<td>Assurance of Confidentiality</td>
<td>17</td>
<td>25</td>
<td>42</td>
<td>38.6</td>
</tr>
<tr>
<td>Instructions on How to Respond</td>
<td>11</td>
<td>9</td>
<td>20</td>
<td>25.0</td>
</tr>
<tr>
<td>Study of Adolescence</td>
<td>4</td>
<td>3</td>
<td>7</td>
<td>9.1</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>7</td>
<td>19</td>
<td>27.3</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>44</td>
<td>88</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 10

Students Who Would Answer Differently Under Conditions Assuring Anonymity (Post-test Question #4)

<table>
<thead>
<tr>
<th>Response</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
<td>7</td>
<td>22</td>
</tr>
<tr>
<td>No</td>
<td>29</td>
<td>37</td>
<td>66</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>44</td>
<td>88</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>34.1</td>
<td>15.9</td>
<td>25.0</td>
</tr>
<tr>
<td>Percent Distribution</td>
<td>65.9</td>
<td>84.1</td>
<td>75.0</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>
their answers would have changed under completely anonymous conditions, also stated that they did not trust the interviewer. In all, a total of 12 students (13.6% of the sample) reported that they did not trust the interviewer. One third of these students (4) did not see this as affecting their interview responses (See Table 11).

Question 6 was designed to provide an assessment of whether replies to the written questionnaire, although assured of anonymity, might still reflect an attempt to give the "right" or socially desireable answer. It asked for a report on compliance with instructions given at the close of the oral interview. These instructions directed each subject to refrain from discussing the interview with anyone else until after the group debriefing. Almost half (47.7%) of the students admitted to non-compliance with these instructions (See Table 12).
Table 11

Student Report of Trust in Interviewer and of Probable Change

In Answers Under Conditions of Assured Anonymity

(Cross Tabulation - Post-test Question #4 and Question #5)

<table>
<thead>
<tr>
<th>Male</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 4 -</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Would Answer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differently</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Anonymity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>8</td>
<td>27</td>
<td>35</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>29</td>
<td>44</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Female</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 5 -</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you trust</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the interviewer:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
<td>35</td>
<td>41</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>37</td>
<td>44</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14</td>
<td>62</td>
<td>76</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>66</td>
<td>18</td>
</tr>
</tbody>
</table>
Table 12
Student Compliance With Instructions Not To Discuss Interview (Post-test Question #6)

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Yes</td>
<td>18</td>
<td>24</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>44</td>
</tr>
</tbody>
</table>
Discussion

The non-significant trend revealed in support of the hypothesis regarding effect of varying conditions of confidentiality on amounts of self-disclosure is concordant with Woods (1978) findings with reference to depth of self-disclosure. Woods observed that depth of self-disclosure in a college-age population under conditions of nonconfidentiality was significantly lower than that demonstrated in both confidential and no-expectation conditions.

Participants in the current study were early adolescent children in junior high school. This investigation differed from the Woods study also in that here, both questions and answers were structured and no probes were administered in order to explore answers in greater depth. Self-disclosure in the present study is measured by positive responses to sensitive questions. Consistent with the Woods study, lowest amount of self-disclosure for both male and female students was shown in the nonconfidential condition.

Woods also found that the no-expectation (neutral) and confidential conditions were not significantly different from each other. In the current study, none of the differences in mean responding of the varying confidentiality conditions reached statistical significance, although a
trend, in support of the hypotheses was shown.

This trend is also consistent with Singer's (1978) study of the effect of informed consent procedures on responses and reactions to an interview in which adults were requested to reply to questions in which the information sought was highly personal and sensitive. Singer found that a confidentiality assured condition produced the lowest rate of non-responding. Additionally, she found, that when non-responding did occur, it was in connection with behavioral questions, rather than attitudinal queries. Response patterns in the current study, parallel this finding. When the fifty-five questions of greater or lesser sensitivity are ranked in order of positive response rate, the lowest 10% of the questions in terms of "true" responses consists of questions pertaining to behavior (See Appendix F). Thus in both the Singer study, which deals with adults, and the current study, which deals with youngsters in early adolescence, verbal assurances of confidentiality from an interviewer with whom subjects have had only a brief relationship, was not sufficient to overcome defensive reactions in areas in which severe societal penalties are likely to be imposed for actual behavioral deviance from public standards.

Despite the lack of statistically significant differences in amount of self-disclosure, the present study
does support a hypothesis that varying conditions of confidentiality have differential effects on self-disclosure patterns of younger adolescents. These differences are revealed with statistical significance in levels of defensiveness manifested by the interviewees.

As stated earlier, defensiveness can be conceptualized in terms of degree of expressed conformity to the prevailing norm. In the current study, differences in variance among neutral, confidential, and nonconfidential conditions reached or closely approached significance. Both male and female students displayed differences in variance under different conditions of confidentiality, suggesting that self-disclosure of the beginning adolescent is moderated by the degree of assurance of confidentiality in the situation in which such disclosure is elicited. These findings are supportive of the findings of Burgess and McGuire (in press) in which it was shown that by the early teenage years, children had achieved an understanding of confidentiality, paralleling that of adults. The behavior of young students in the current study, with respect to changes in response variance, provides evidence that it is responsive to confidentiality condition.

Both males and females produced differences in variance under different conditions of confidentiality. However, they are not alike in their responses. Males,
given the assurance of confidentiality, showed greatest variance (i.e., less defensiveness/greater openness) in responding to questions of greatest sensitivity. Thus, when given explicit assurance of confidentiality, male subjects apparently felt relatively comfortable and trusting in the experimental situation and produced the highest self-disclosure protocols. Females, on the other hand, in the confidentiality-assured condition, showed a marked reduction in variance of responding to more sensitive questions. What this suggests is that, for females, explicit assurance of confidentiality may have had a sensitizing effect, which increased their defensive, self-protective needs, particularly in areas of greatest personal sensitivity (i.e., high sensitive questions), and which resulted in a relatively more conforming, less disclosing response style. Note that for females, mean disclosure scores to the high sensitive questions was greatest in the neutral condition as opposed to the confidential condition. Similarly, variability was highest in the neutral condition, and lowest in the confidential condition. Thus, patterns of disclosure and variability of response are consistent for males and females (high disclosure, high variance) but were effected differently by the neutral and confidential instructions. The no-confidentiality condition generated uniformly lowest disclosure
rates and moderate levels of variability.

Although not uniform across condition or sex, variance patterns shown in the current study nevertheless provide support for the hypothesis that in an oral interview dyad, defenses are activated by attempts to elicit personal and sensitive information, and that levels of personal defensiveness for male and female adolescents are affected by the confidentiality condition in which such attempts are made.

Neither the Singer nor the Woods studies deals with the effects on variance of the different confidentiality conditions. On the other hand, the Singer and Woods studies, as well as the current experiment are analogue investigations in which it is assumed that findings for a nonclinical population may be applied to a clinical population. Presumably, the clinical component of an analogue study can be expected to be small, and the reactions of this component to conditions of confidentiality in terms of amount of responding in a sensitive direction may have small effect on overall means. More noticeable impact, however, can be expected on variance. The fact that for questions of greater sensitivity, substantial differences in variance are obtained, while differences in mean amounts of self-disclosing responses are relatively small, supports the impression that responsiveness to
sensitivity of disclosure, and condition of confidentiality is likely to be more intense for a clinical population. In this connection, it is interesting to note, that in assigning sensitivity ratings to the questions used in the current study, mental health professionals were consistently higher in their ratings than were junior high school teachers. The higher sensitivity ratings of mental health professionals lends support to a hypothesis that their ratings are likely to reflect the more sensitive reactions shown by a clinical population, whereas, the teachers' ratings reflect the less sensitive reactions of a predominantly non-clinical group. A systematic and more detailed comparison of the appraisals of behavior and attitudes of early adolescents, and perhaps other populations as well, furnished by teachers on the one hand, and mental health professionals on the other, might be of interest to future researchers.

Despite their apparently greater willingness to participate in the study (as evidenced by the significantly higher proportion conforming to requirements for participation), young adolescent females were lower self-disclosers across conditions than were males. This, together with male-female differences in variance response, suggests that females are more cautious and have a higher level of self-protective needs than males. Woods (1978)
and Rosen (1977) similarly found that females were more self-protective. In the Woods study, depth of disclosure was lower for females than for males, under conditions of nonconfidentiality. In the Rosen study, dealing with adult mental health patients, females were more likely than males to refuse to give permission for release of information. Similarly, Singer (1978) found that although women liked to talk more, men were more willing than women to face the "risks" associated with being interviewed for surveys requesting personal and sensitive information. It is interesting that these similar patterns of sexual differences appear in early adolescence (current study), late adolescence (Woods) and adulthood (Rosen, Singer).

Developmental aspects of male-female differences in self-disclosure is an area in which there is room for further exploration.

Also indicative of a more cautious approach to self-disclosure, is the fact that females as a group placed a greater value on confidentiality than did males. Thus, in the current study, 56.8% of females, as opposed to 38.6% of males, listed assurance of confidentiality as the most important statement made by the interviewer prior to beginning the interview. For both males and females, percentages overstate the actual proportions of students who were given such assurances. One may infer that if lack of
confidentiality was not strongly evidenced (as in the non-confidential condition), many subjects assumed a condition of confidentiality, even without explicit assurance of such a condition.

Do youthful adolescents in therapy similarly assume the existence of confidentiality, unless otherwise informed? And if they do, should their assumption be corrected by presenting these young patients with explicit information about the limits of confidentiality in order to allow them fully informed consent to treatment? Further, should the subject of confidentiality be discussed at all with the young patient, since for the female patient at least, it appears that even explicit assurance of confidentiality, may increase defensiveness, and thus possibly impede progress in therapy?

Rosen (1977) argues that:

The very act of telling a client that he may rightfully refuse to sign a consent form can indicate to the client that he too is, and has the right to be, a decision maker. Such an act may be the type of communication that many clients need to hear in order for a substantial improvement to occur in their self-image and feeling of self-worth. (p. 23)

Young adolescents, as well as adults may respond positively to the concrete recognition of their right to self-determination, afforded by a full explanation of the limits of confidentiality of their disclosure. Ross (1966)
noted that trust, more than confidentiality, is the critical ingredient in dealing with the young patient. Will trust be furthered or hindered by explaining conditions of confidentiality to the adolescent patient in therapy?

While the current study provides support for the proposition that the behavior of the adolescent in therapy is likely to be responsive to confidentiality condition, the matter of confidentiality in relation to informed consent in a therapeutic relationship is not specifically explored. Further research, in which a clinical population would participate, may provide more definitive answers to some of the questions raised in the current study of the effect of varying conditions of confidentiality upon self-disclosure of early adolescents.
Appendix A

STUDENT CONSENT FORM

The undersigned volunteer to participate in an interview that is part study of adolescent behavior. This study is being conducted by the Psychology Department of the University of Central Florida.

SIGNATURES

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Appendix B

UNIVERSITY OF CENTRAL FLORIDA
DEPARTMENT OF PSYCHOLOGY
ORLANDO, FLORIDA 32816 (305) 275-2216

PARENTAL CONSENT FORM
(TO BE SIGNED BY PARENT OR GUARDIAN)

THE STUDY OF ADOLESCENT BEHAVIOR IS A SCIENTIFIC WAY OF GATHERING INFORMATION THAT CAN BE OF GREAT ASSISTANCE TO STUDENTS, TEACHERS, AND OTHER PROFESSIONALS INVOLVED WITH THIS STAGE OF HUMAN DEVELOPMENT. WE ARE ASKING YOUR PERMISSION TO HAVE YOUR SON OR DAUGHTER PARTICIPATE IN SUCH A STUDY. IT INVOLVES A SIMPLE INTERVIEW CONDUCTED BY A GRADUATE STUDENT OF THE UNIVERSITY OF CENTRAL FLORIDA, IN WHICH THE CHILD WILL BE ASKED TO RESPOND TO QUESTIONS IN A TRUE-FALSE MANNER.

THIS STUDY IS BEING CONDUCTED BY THE UNIVERSITY OF CENTRAL FLORIDA'S DEPARTMENT OF PSYCHOLOGY.

THE OPPORTUNITY TO PARTICIPATE IN A UNIVERSITY STUDY CAN BE A REWARDING AND GROWTH PRODUCING EXPERIENCE FOR YOUR CHILD. THE FOLLOWING CONSENT FORM IS REQUIRED.

I CONSENT TO HAVE MY CHILD, ____________________________, PARTICIPATE IN A STUDY OF ADOLESCENT BEHAVIOR THAT IS BEING CONDUCTED BY THE PSYCHOLOGY DEPARTMENT OF THE UNIVERSITY OF CENTRAL FLORIDA.

PARENT OR GUARDIAN SIGNATURE_________________________________ DATE: __________________________

STATE UNIVERSITY SYSTEM OF FLORIDA
EQUITY AND OPPORTUNITY AFFIRMATIVE ACTION ACTIVITIES
Appendix C

RATING FOR SENSITIVITY AND THREAT AROUSAL-LEVEL (STAL)

Attached is a list of statements which will be used in a study of adolescent behaviors. Each participant in the study will be asked to indicate whether the statement is true or false for the participant. The target population is composed of students in the 7th and 8th grades. Some of these young people may be reluctant to give truthful answers to some of these statements because of the threat of reprisal or threatened loss of esteem of others, or because the areas dealt with are personal and sensitive. We would like you to rate these statements according to your opinion of their level of sensitivity and threat arousal for adolescents. Please rate each question according to the following scale.

<table>
<thead>
<tr>
<th>SCALE</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (ONE)</td>
<td>Place number 1 (ONE) next to the question, if, in your opinion, it asks for information that is not at all sensitive and arouses no threat.</td>
</tr>
<tr>
<td>2 (TWO)</td>
<td>Place the number 2 (TWO) next to the question, if, in your opinion, the information requested is mildly sensitive, and is minimally threatening.</td>
</tr>
<tr>
<td>3 (THREE)</td>
<td>Place the number 3 (THREE) next to the question, if, in your opinion, the information requested is sensitive, and likely to arouse feelings of threat.</td>
</tr>
<tr>
<td>4 (FOUR)</td>
<td>Place the number 4 (FOUR) next to the question, if, in your opinion, the information requested is highly sensitive, and likely to arouse major feelings of threat.</td>
</tr>
</tbody>
</table>
1. I like having friends my parents do not like.
2. I find it hard to keep my mind on my school work.
3. I often feel as if people are staring at me.
4. I like to get birthday presents.
5. Sometimes I throw paper on the classroom floor.
6. If I pass a group of people who are laughing, I often think they are laughing at me.
7. If I could sneak into a movie without paying, and be sure that I was not seen, I would probably do it.
8. I enjoy being with my friends.
9. I do not watch all of the programs on TV.
10. I plan on owning my own car.
11. I feel embarrassed when I am alone.
12. If I had the chance, I would like to try smoking pot.
13. I do not read everything in the newspapers.
14. Sometimes I use language that my teachers would disapprove of.
15. Once in a while, I tell a lie.
16. I am afraid that something terrible will happen to me.
17. I would like to have more vacations.
18. I would lie to get what I wanted.
19. If I do not like my teacher, I might say mean things to her/him.
20. I do not always like everyone I meet.
21. Sometimes I think of things too bad to talk about.
22. Sometimes I cry without knowing why.
23. I like hamburgers.
24. I don't enjoy a game unless I can win.
25. I am quiet and reserved in company.
26. I find it hard to talk in front of a class.
27. Sometimes I say bad words.
28. I write things in my textbook that would annoy my teacher.
29. In the summer, I like to go swimming.
30. I have written on the bathroom walls at school.
31. My parents do not understand me.
32. I like to have money to spend.
33. I would like to have my driver's license.
34. Sometimes, I break school rules.
35. I have tried smoking.
36. I am hard to get to know.
37. I have taken things from a store and not paid for them.
38. At times, I get so angry at some of my teachers I would like to hit them.
39. I like to be treated fairly.
40. I do not like to confide in other people.
41. I am afraid to be alone in the dark.
42. I do not like to admit when I am wrong.
43. I have played hooky from school.
44. I do not do my homework every day.
45. I often do not understand what I read.
46. Some of my classes are so dull, I wonder why I have to take them.
47. I would be embarrassed if I got into trouble at school.
48. I do not tell my parents everything.
49. I like music.
50. I find it hard to meet strangers.
51. I have kept books that belong to the library.
52. When I am tired, I frequently feel irritable.
53. If I enter a contest, it would be nice to win.
54. Sometimes, I have thoughts that bother me.
55. I think that other people think I am different.
56. At times, I deliberately pick a fight with someone.
57. At times, I feel like smashing things.
58. I have missed school sometimes, just because I felt too tired to get up in the morning.
59. I might cheat on a test if I thought no one would know about it.
60. If I see someone else breaking school rules, I think it is certainly best to keep my mouth shut.
61. I am often left out of things others are invited to join.
62. I sometimes ride a bicycle.
63. It's nice to be popular.
64. I wish I were more popular.
65. At school, if someone leaves money on their desk, I will probably take it if no one is watching.
66. I feel that I am not as smart as most other students.
67. I am afraid to date.
68. I do not always tell the truth.
69. I find it hard to make talk when I meet new people.
70. I sometimes tease animals.
71. I am apt to behave differently, if no one is watching.

72. Some people are so bossy, I feel like doing the opposite of what they say, even though I know they are right.

73. I think it is OK to smoke cigarettes at school if you don't get caught.

74. When I was a young child, I sometimes stole things.

COMMENTS
DO NOT WRITE YOUR NAME ON THESE ANSWER SHEETS

1. Did you answer all of the questions truthfully to the best of your ability?
   Check the correct space        YES       NO

2. Write as much as you can remember of what the interviewer said to you before the questioning began. (You have exactly five minutes to answer this question. Begin Now -- Stop when examiner says STOP)

3. In your opinion, what was the most important thing the interviewer said to you, before beginning the questions. (You have exactly one minute to answer this question. Begin Now.)
4. Would you have answered any of the questions differently if you were absolutely certain that no one at all would know that you were the person who gave those answers. Check the correct space.

YES ______ NO ________

5. Did you trust the interviewer?

YES ______ NO ________

6. Have you spoken to anyone about this interview?

YES ______ NO ________
### Questions of Greater Sensitivity

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>I often feel as if people are staring at me.</td>
</tr>
<tr>
<td>6</td>
<td>If I pass a group of people who are laughing, I often think they are laughing at me.</td>
</tr>
<tr>
<td>12</td>
<td>If I had the chance, I would like to try smoking pot.</td>
</tr>
<tr>
<td>16</td>
<td>I am afraid that something terrible will happen to me.</td>
</tr>
<tr>
<td>21</td>
<td>Sometimes I think of things too bad to talk about.</td>
</tr>
<tr>
<td>22</td>
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</tr>
<tr>
<td>37</td>
<td>I have taken things from a store and not paid for them.</td>
</tr>
<tr>
<td>38</td>
<td>At times I get so angry at some of my teachers, I would like to hit them.</td>
</tr>
<tr>
<td>54</td>
<td>Sometimes I have thoughts that bother me.</td>
</tr>
<tr>
<td>55</td>
<td>I think that other people think I am different.</td>
</tr>
<tr>
<td>56</td>
<td>At times, I deliberately pick a fight with someone.</td>
</tr>
<tr>
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<td>At times, I feel like smashing things.</td>
</tr>
<tr>
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<td>I might cheat on a test, if I thought no one would know about it.</td>
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<tr>
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</tr>
<tr>
<td>65</td>
<td>At school, if someone leaves money on their desk, I will probably take it if no one is watching.</td>
</tr>
<tr>
<td>66</td>
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</tbody>
</table>
### Appendix F

**Questions Receiving the Lowest Proportion of 'True' Responses**

<table>
<thead>
<tr>
<th>Question Number</th>
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</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>I have kept books that belong to the library.</td>
</tr>
<tr>
<td>73</td>
<td>I think it's OK to smoke cigarettes at school if you don't get caught.</td>
</tr>
<tr>
<td>12</td>
<td>If I had the chance, I would like to try smoking pot.</td>
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<td>37</td>
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<tr>
<td>18</td>
<td>I would lie to get what I wanted.</td>
</tr>
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## Questions of Lesser Sensitivity

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<tr>
<th>Question Number</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I like having friends my parents do not like.</td>
</tr>
<tr>
<td>7</td>
<td>If I could sneak into a movie without paying, and be sure that I was not seen, I would probably do it.</td>
</tr>
<tr>
<td>11</td>
<td>I feel embarrassed when I am alone.</td>
</tr>
<tr>
<td>14</td>
<td>Sometimes I use language that my teachers would disapprove of.</td>
</tr>
<tr>
<td>15</td>
<td>Once in a while, I tell a lie.</td>
</tr>
<tr>
<td>18</td>
<td>I would lie to get what I wanted.</td>
</tr>
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<td>19</td>
<td>If I do not like my teacher, I might say mean things to that teacher.</td>
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<td>35</td>
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</tr>
<tr>
<td>40</td>
<td>I do not like to confide in people.</td>
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73 I think it OK to smoke cigarettes at school if you don't get caught.
74 When I was a young child, I sometimes stole things.
References


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