

## ABSTRACT

Men's Reactions to Variants of Self-Disclosure in Male Psychotherapists

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In spite of the mounting evidence of the generally enhancing effects of therapist self-disclosure and the growing awareness of the critical role of gender as a mediating variable in psychotherapy, there has been little empirical research that examines self-disclosure as a gender-specific variable and no research incorporating the role of masculinity and male role orientation into this analysis. The aim of the current study was to explore self-disclosure as a process variable in psychotherapy with a male therapist-male client dyad to determine men's preferences and ratings of different types of disclosure as well as to ascertain whether degree of gender role conflict influences how men rate self-disclosure. This study replicated and extended a former study by Jooma and Brooks (2011). Three-hundred male participants from an online sample watched an introductory clip of an analogue therapy session of a male counselor and male client. Afterwards, they watched and rated two disclosure approaches from the following: no self-disclosure (NSD), personal and intimate self-disclosure (PSD), and self-disclosure framed in a gender-context (GCSD). The study found that men prefer self-disclosure over non-disclosure, but that degree of client's attachment to traditional male gender

roles, as measured by the Gender Role Conflict Scale (GRC), makes a difference in their ratings. Men with Low GRC stated that they would rather see a PSD therapist over an NSD therapist, while men with High GRC preferred a GCSD therapist. As opposed to non-disclosure, men with Low GRC found PSD to be more attractive and trustworthy, as measured by the Counselor Rating Form (CRF). Men with High GRC found GCSD to be more attractive and expert. Thus, it is found that in the male therapist-client dyad, therapist self-disclosure may be most clinically effective when appropriately matched to a man's level of GRC.

Men's Reactions to Variants of Self-Disclosure in Male Psychotherapists

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A Dissertation

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## CHAPTER ONE

### Introduction

Over the past two decades, gender has gained more recognition as a critical mediating variable in psychotherapy (Gilbert & Scher, 1999). With this increased recognition, feminist and men and masculinity scholars have sought to identify interventions and modes of therapy that cater to the unique needs of men and women in therapy. Given that men seek professional help and utilize psychotherapy at significantly lower rates than women (Courtenay, 2000; Vessey & Howard, 1993), scholars and clinicians have tried to identify aspects of traditional masculinity that make the role of the psychotherapy client daunting and discomfoting for countless men. Much of the literature has emphasized men's emotional and behavioral restrictions as a result of cultural norms and expectations that many men have internalized. Within a gender framework, O'Neal (2008) has summarized many of men's problems in his theory of gender role conflict, which is defined as the negative outcome resulting from following or straying from culturally defined masculine norms. Extensive research on this construct has found relationships between men's conflicts with their socialized gender roles and their psychological well being, self-esteem, and interpersonal stress.

Others have suggested that the field of psychotherapy has failed men because it has not accomodated to the unique needs of men in therapy (Brooks, 1998, 2010). In this vein, new formats and modalities of therapy for men—"male-friendly" psychotherapies—have been proposed. These include the all men's group (Andronico, 1997), interventions for men who struggle with identifying and labeling emotions

(Levant, 1990), and adaptations of psychodynamic (Pollack, 2005), interpersonal (Mahalik, 2001b), and cognitive therapies for men (Mahalik, 2001a).

Along with the emerging formats and modalities of therapy for men, there has been greater interest in studying the interaction of client and therapist gender in the psychotherapy process. Enns (2000) has suggested that future research on gender and counseling would benefit from further exploring gender role conflict as well as “the counseling processes and outcomes associated with specific techniques such as self-disclosure, gender role analysis, and power analysis.” Self-disclosure in particular has been a key component in much of the literature on feminist and multicultural therapy approaches for its potential in empowering clients and its emphasis on egalitarianism (Brown & Walker, 1990; Mahalik, Van Ormer, & Simi, 2000; Worrell & Remer, 2000). It has also been highlighted by client-centered and humanistic therapists for its utility in modeling openness, vulnerability, strength, and sharing of intense feelings (Kottler, 2003; Knox, Hess, Petersen, & Hill, 2001). While some theoretical orientations find self-disclosure to enhance therapy and alliance, therapists of other orientations, particularly those using a psychodynamic approach, have objected to its use based on the grounds that it interferes with transference analysis (Peterson, 2002). Though self-disclosure has been found to be a rare intervention (and especially rare for therapists of the psychodynamic orientation) comprising an average of 3.5% of therapist interventions (Hill & Knox, 2002), it has proven to have high relevancy, as over 90% of therapists have reported using self-disclosure in therapy (Edward & Murdock, 1994).

Although self-disclosure has been shown to demonstrate globally positive effects on the establishment of the therapeutic relationship (Hill & Knox, 2002) and though there

is growing awareness of the critical role of gender as a mediating variable in psychotherapy, there have been few studies examining self-disclosure as a gender-specific variable and how much the effectiveness of self-disclosure is related to the gender of both client and therapist. Summarizing the results of these studies, Henretty and Levitt (2010) note that there has been no clear relationship found between gender and therapist self-disclosure, which may be due to these studies' admitted issues with methodology and unclear incorporation of the gender variable (DeForest & Stone, 1980; Hoffman-Graff, 1977). Furthermore, despite the increasing awareness of problems related to high gender role conflict (O'Neal, 2008), no published study has explored the impact of gender role conflict on men's preferences for self-disclosure or their perception of therapists who utilize this intervention. This study aims to fill the gap in the research by examining both men's general preference for three variants of self-disclosure (including no self-disclosure) as well as how these preferences may be mediated (or simply influenced by) by degree of gender role conflict.

In general, there are many reasons that men in particular should benefit from self-disclosure with male therapists. Due to the "apriori stance of anti-alliance" that men often take with a male therapist (Shay, 1996), men's tendency to experience shame with male therapists (Scher, 1990), the defenses with which male clients often enter therapy (Wexler, 2009), and the competitive edge that many men have in the presence of another male (Scher, 1990), self-disclosure may be an effective tool. Hill and Knox (2002) note that self-disclosure may be especially impactful for clients who have difficulty forming relationships in the therapeutic context. As it is generally accepted that men often fall

into this category, this recommendation seems to be particularly relevant for therapy with male clients.

As with the previous study by Jooma and Brooks (2011), this study aims to examine self-disclosure as a process variable in psychotherapy with a male therapist-client dyad, to find out whether men prefer some type of therapist self-disclosure over none at all, to explore men's reactions to three different disclosure responses (including no-self-disclosure), and to ascertain whether gender role conflict influences what kind of self-disclosure or openness men prefer. The current study will replicate the former study by utilizing more appropriate sampling procedures and testing conditions that are in better accordance with the scientific method. Before introducing the study, a literature review is presented summarizing the existing empirical and theoretical research about men in therapy, the dynamics of the male counselor-male client dyad, counselor self disclosure, and counselor self-disclosure with men.

*Men's Difficulties in Therapy, Gender Role Strain Paradigm, and Gender Role Conflict*

Men seek therapy at only half the rate that women do (Vessey & Howard, 1993). When men do seek help, it is often a response to the wishes or urgings of a spouse or loved one (Brooks, 1998, 2010; Rabinowitz & Cochran, 2001; Wexler, 2009). Other times, they seek treatment because it is court mandated (Shay, 1996). Over the past few decades, men's studies scholars and researchers have sought to identify aspects of traditional masculinity that impede men from assuming the role of the therapy client. Betcher and Pollack (1993) suggest that "defensive autonomy," or the overvaluation of independence, keep men from asking for help. Levant and Pollack (2003) also note that many men have a "stoic denial" of painful emotions that keeps them away from the

therapy office. Related to this notion, Mahalik, Cournoyer, DeFranc, Cherry, and Napolitano (1998) found that the degree of men's endorsement of traditional masculinity was positively related to the adoption of defenses that protect men from acknowledging emotional pain. Pollack (1995) comments that men's aversion to therapy is related to their discomfort with admitting or feeling comfortable with attachment. Levant, Hall, Williams, and Hassan (2009) posit that men's general discomfort of the therapy environment can be partially attributed to "male normative alexythymia," as many men genuinely struggle to recognize and label their emotions. Referring to Brannon and Juni's (1984) work, Shay (1996) shares that the cultural messages that men often internalize, such as "No Sissy Stuff," being the "Big Wheel," the "Sturdy Oak," or the "Give'em Hell Guy," explain men's reluctance to seek therapy. Brooks (1998, 2010) describes the unflattering media portrayals and stereotypes of therapy clients and therapists and also suggests that the "ideal client" is expected to behave in ways that are directly opposite to the demands of traditional masculinity.

Many of the common cognitive, emotional, and behavioral problems that characterize numerous men's struggles in multiple areas of life have been conceptualized using Pleck's gender role strain paradigm (Pleck, 1981). This model frames masculinity as a social construction that prescribes men rules about how they are supposed to behave. The model further posits that men experience great tension in conforming to these masculinity ideologies. While failure to fulfill these standards often results in low self-worth (Pleck, Sonnenstein, & Ku, 1993), strict adherence and fulfillment of these rigid expectations can also be emotionally and psychologically damaging. The negative

outcome that arises from following or straying from culturally defined masculinity ideologies has been termed gender role conflict (GRC; O'Neal, 2008).

In O'Neal's (1981) GRC model, men's fear of femininity keeps them boxed into staunch following of masculinity ideologies, many of which contribute to men's psychological harm (O'Neal, 2008). This fear of femininity is theoretically linked to four empirically derived patterns of GRC, which include Success/Power/Competition (SPE), Restrictive Emotionality (RE), Restrictive Affectionate Behavior Between Men (RABBM), and Conflict Between Work and Family Relations (CBWFR; O'Neal, Helm, Gable, David, & Wrightsman, 1986). SPC is defined as attitudes towards success that are sought through competition and power. RE refers to having restrictions and fears about expressing feelings and having difficulty with finding words to convey emotions. RABBM reflects difficulties with expressing feelings and thoughts with other men and difficulty touching other men. Lastly, CBWFR pertains to restrictions in balancing work, school, and family relations, which results in stress, lack of relaxation, and health issues.

The Gender Role Conflict Scale (GRCS; O'Neal et al., 1986) is a 37-item inventory that has been used in over 250 studies to measure levels of GRC (O'Neal, 2008). Summarizing 25 years of research of studies utilizing the GRCS, O'Neal (2008) shares that high scores on the GRCS are shown to be related to low self-esteem, depression, anxiety, stress, dysfunctional patterns in men's relationships, and male clients' psychological distress. O'Neal notes that GRC's impact in therapy has only recently emerged as an important research area. However, there exists some early evidence of GRC relating to "men's fearfulness, help-seeking attitudes, psychological defenses, and perceptions of counselors." Good, Borst, and Wallace (1994) also



emphasize the importance of research to move in new directions. Specifically, they suggest that instead of studying men as one unitary group, there is a pressing need to differentiate different types of men, including men who have high and low attraction to male gender roles. Using the GRCS, this study examines whether men differing in GRC prefer different types of self-disclosure (or none at all) or differentially rate therapists who self-disclose in different ways. With knowledge on what types of self-disclosure work best for men with varying levels of GRC, male therapists may have a potential intervention that will help them begin to facilitate a positive and therapeutic experience for their clients.

#### *The Male Counselor-Male Client Dyad*

In general, when men do seek help and emotional support, they most often seek them from women (Brooks, 1998, 2010; Scher, 1990). Thus, a male therapist working with a male client can be a particularly complex therapeutic pair. Researchers in the field of the psychology of men and masculinity underline how the influence of gender and the male socialization process allow for opportunities as well as potential difficulties in the male-male therapist-client dyad. Brooks (1998, 2010) outlines the potential advantages of men counseling men, which include the ability to form a kinship bond with a fellow man, having credibility of going through similar struggles of “manhood,” having “unique access to a source of empathic connection,” and the ability to help men experience nurturance and connection with another man instead of solely relying on women for emotional support. Heppner and Gonzalez (1989) state that the male counselor also has the advantage of providing “genuine masculine validation” and helping a man understand his own psychological dynamics by sharing some of his own personal struggles. They

further discuss that male therapists can reflect feelings of camaraderie that is often seen in team sports and male-oriented institutions such as the military or fraternities. Reflecting this type of intimacy and positive feeling is one out of the many ways that the male counselor can model healthy forms of masculinity (Heppner & Gonzalez, 1989). Furthermore, they may be able to offer a unique male perspective, as they have been socialized to the masculine culture to at least some extent and are familiar with the role of son, brother, worker, male lover, father, and/or husband (Brooks, 1998, 2010). Brooks (1998) adds that a male therapist's firsthand knowledge concerning the emotional aspects of these roles can also help him feel especially empathic and understanding of their clients' issues.

Men's studies researchers also outline common dynamics that exist within men's relationships with other men that could potentially interfere with the deepening of psychotherapy or even lead to early termination. First, men are trained at an early age to be competitive, especially with other men (Brooks, 1998, 2010; Scher, 2005). Themes of dominance, power, and control run rampant in men's relationships, especially with other men (Brooks, 1998, 2010). Scher (2005) notes that the male-male pairing may especially elicit this dynamic in male clients, as there is an inherent power differential in the therapist-client relationship. Proctor (2008) states that male clients may have difficulty perceiving their therapist in a traditional non-authoritarian way, no matter how hard the therapist may try to avoid this stance. Thus, in subtle or obvious ways, male clients may attempt to recreate power dynamics they have with other men by displays of aggression, anger, and competition in order to stray from feelings of dependence (Proctor, 2008). Terminating unexpectedly may also be an aggressive move used by a male client to

restore feelings of control (Scher, 2005), but ultimately leaving with him a sense of loss and continued psychological pain.

Men's avoidance of dependence and insistence on being (or appearing to be) independent, a characteristic that Betcher and Pollack (1993) label "defensive autonomy," can be multiplied in the male therapist-client dyad. Men grow up in a culture where they are taught "rugged independence" (Brooks, 1998, 2010) and that depending on others demonstrates weakness and unmanliness (Scher, 1990). Scher (2005) notes that many men suffer a blow to their self-esteem and pride when they cannot solve their own problems. Furthermore, admitting this "failure" to another man can be particularly difficult, especially given that many of the messages that men receive about being independent originate from the major male figures in their lives, including fathers, male friends, and coaches. Heppner and Gonzalez (1989) highlight that men may feel shame, embarrassment, and inadequacy when they come to another male for help.

Many men generally have a low opinion of affect (Brooks, 1998, 2010). They are often taught to repress emotional affect beginning in childhood, with phrases such as "don't cry" and "suck it up" emanating from family members and the popular culture. Admitting any type of weakness or talking about emotions can be a threatening experience for men in therapy, especially since men have been taught many of the messages of repressing emotional affect *by* other men in their lives. In some ways, many men have conditioned to exhibit "masculine" behaviors with other men (Scher, 2005). Besides disliking the display or experience of sad or "unmasculine" affect, Levant et al. (2009) propose that the socialization of men to detach from emotions sometimes results in "male normative alexythymia," where men have a significantly decreased ability to

understand, detect, and express their emotions. Thus, the case may not necessarily be that some men dislike displaying affect, but that they have an inability to fully experience and express it. Furthermore, men often confuse emotional intimacy with sexuality (Brooks, 1998, 2010; Scher, 2005). Thus, in a therapeutic relationship when a male client feels particularly close to his male therapist, the experience may be simultaneously gratifying and horrifying (Scher, 2005). Many men enter a state of “homophobic panic,” and are left confused and wanting escape (Brooks, 1998, 2010). If a male therapist is unable to normalize these feelings and help a man differentiate intimacy from sexuality, he may face a rupture in the therapeutic relationship or possible premature termination.

#### *Rating Therapists: What Clients Value*

Countless articles in the theoretical literature and empirical research literature have explored the aspects of a counselor that clients value and counselor characteristics that lead to positive alliance building and change. Rogers (1957) has emphasized genuineness, warm acceptance, unconditional positive regard, and empathy as important factors in creating positive therapeutic alliance. In a review of over 2000 process-outcome studies conducted by Orlinsky, Grawe, and Parks (1994), variables that demonstrated positive outcomes included therapist credibility, affirmation of client, therapist skill, and empathic understanding. Counselor optimism, sense of humor, and respect for the client’s problems have also been found to be characteristics that clients value (Beck, Friedlander, & Escudero, 2006). Strong (1968) posited that if clients perceive their therapists as trustworthy, expert, and attractive, then they are more likely to value the therapists’ message and less likely to dismiss it. Strong’s claim regarding the influential role of these perceptions on therapeutic outcome has also been supported by

research (LaCrosse, 1980; Strong & Dixon, 1971). Based on Rogers (1957) and Strong's (1968) models, numerous instruments have been created to measure client perception of counselors in research settings. This study will utilize the Counselor Rating Form (LaCrosse & Barak, 1976), which will be described in greater detail in the methods section.

As greater attention has been given to clients' perceptions of therapists and the therapeutic alliance, there has been more research dedicated to exploring various interventions, approaches, and attitudes that will help secure a positive helping environment for the client (Hilsenroth & Cromer, 2007). The section below describes one intervention that has garnered considerable attention in the empirical and theoretical literature: self-disclosure.

#### *A Review of the Research on and Receivers' Perceptions of Self-Disclosure*

In the past 50 years, there has been an abundant number of studies examining the role of self-disclosure in the therapy relationship. These studies have investigated numerous styles of self-disclosure, levels of self-disclosure intimacy, and self-disclosure with different ethnic populations to try and answer the difficult question concerning whether self-disclosure is an effective tool to use in therapy. Generally, these studies have found that most clients rate self-disclosing therapists more positively than therapists who do not self-disclose (Knox & Hill, 2003). However, numerous studies have also found mixed results or even negative results of therapist self-disclosure (Henretty & Levitt, 2010). Though varying results suggest differences in methodology or self-disclosure definitions, they also suggest that that self-disclosure is an exceptionally complex intervention. In fact, examining and summarizing 61 studies of self-disclosure,

Henretty and Levitt (2010) found no clear relationship or mixed results concerning whether there was a relationship between therapist self disclosure and gender, ethnicity, intimacy of subsequent client disclosure, and client perceptions of therapist expertness, trustworthiness, attractiveness, empathy, and congruence. What these authors did more definitively conclude, however, was that clients perceived self-disclosing therapists as warmer and that therapist self-disclosure resulted in more client self-disclosure.

Based on theory and personal experience, numerous clinicians have made suggestions concerning the types of clients with whom self-disclosure may be most and least effective. Among these client variables, it has been suggested that self-disclosure should be considered with individuals in the same small community (Bishop & Lane, 2001; Myers & Hayes, 2006), those with whom the therapist has a strong alliance, and clients who wish to feel close and connected to their therapists (Collins & Miller, 1994). The literature suggests that self-disclosure is best avoided with clients that have poor boundaries (Epstein, 1994; Goldstein, 1994), clients who value separateness or perceive self-disclosure as intrusive or burdensome (Collins and Miller, 1994), clients who focus more on others' needs instead of their own (Epstein 1994; Goldstein 1994), clients diagnosed with personality disorders (Matthews, 1988; Simone, McCarthy, & Skay, 1998), clients with weak self-identity and ego-strength (Raines, 1996; Simone et al., 1998), and clients that would feel burdened by knowing information about their therapist's life (Geller, 2003). With the exception of some studies that have explored client culture and self-disclosure preference (Cherbosque, 1987; Edwards and Murdock, 1994; Myers and Hayes, 2006), no *empirical* research has attempted to specify client variables that warrant self-disclosure. However, Knox, Hess, Petersen, and Hill (1997)

note that there is ample reason to believe that different types of clients react differently to therapist self-disclosure. This study examines how male clients with varying amounts of gender role conflict react to variants of male therapist self-disclosure.

As the current study is interested in examining men, it is noteworthy that nearly all of the current research is gender blind. A thorough review of the self-disclosure research by the current researcher found nearly all research articles to only examine the global impact of self-disclosure on all participants, regardless of gender. In other words, virtually all self-disclosure research has assumed that the intervention affects all clients equally, regardless of male or female role orientation. Based on the differential impact of gender role orientation on men and women, however, this study suggests the importance of considering gender in the evaluation and analysis of self-disclosure's impact.

Knox and Hill (2003) as well as Henretty and Levitt (2010) attempt to capture some of the methodological issues that make it difficult to make definitive conclusions about self-disclosure. Knox and Hill (2003) discuss the lack of a clear definition of self-disclosure in numerous studies and the absence of consistent definitions about what constitutes self-disclosure. Thus, they recommend that researchers use definitions consistent with past research and/or clearly define what they mean by therapist self-disclosure. The current study attempts to define, describe, and characterize the types of self-disclosure examined based on previous definitions in the empirical research as well as Knox and Hill's (2003) categorization of seven types of therapist self-disclosure. This study defines self-disclosures as "verbal statements that reveal something personal about the therapist" (Hill & Knox, 2002). As opposed to self-involving self-disclosure, defined as self-involving communication requiring the counselor to express feelings or reactions

that occur in the here-and-now (McCarthy & Betz, 1978), this study examines self-disclosing disclosure, which pertains to a therapist's personal experience and does not refer directly to the client (Henretty & Levitt, 2010). In terms of Hill and Knox's (2002) descriptors of type of self-disclosure, this study utilizes disclosures of reassurance/support (sharing of information similar to the information that clients have expressed or are experiencing), disclosures of feeling (using feeling words that describe emotional experience), and disclosures of fact (sharing of facts about the counselor's life that do not have an affective component, including professional background). The methods section will further describe the self-disclosure types used in this study.

Another problem with the therapist self-disclosure research includes the frequent operationalization of it in terms of frequency, though there is no reason to believe that more self-disclosure should lead to better outcome (Hill and Knox, 2001). They also note that the rarity of therapist disclosure seems to enhance and make effective the self-disclosure intervention when it is used. Henretty and Levitt (2010) recommend that future researchers account for multiple factors such as intimacy/depth and content of self-disclosure. Furthermore, many research studies have failed to consider situational and contextual variables that may mediate or moderate the link between therapist self-disclosure and resulting measures of therapeutic process or client ratings of therapists (Collins & Miller, 1994). The current study seeks to examine the context of male GRC and its influence on therapist rating and preference. Differences between self-disclosures of intimacy and content are described in the methods section.

The current literature discusses the sensitivity of self-disclosure and how it can be a useful tool if used wisely and a potentially harmful or ineffective tool if used



inappropriately or with poor judgment. Among the recommendations, Knox and Hill (2003) suggest using it infrequently and judiciously, using appropriate levels of intimacy, fitting in self-disclosure based on the client's needs or preferences, and having appropriate reasons for self-disclosing, namely to benefit the client or the therapy process. Furthermore, they recommend returning the focus to the client after the self-disclosure and self-disclosing about issues that are at least mostly resolved in the therapists' own life (Knox & Hill, 2003). The former pilot study (Jooma & Brooks, 2011) fit these recommendations into the self-disclosure styles utilized in the analogue therapy situation. The current study used the same analogue therapy clips.

*Potential Effects of Self-Disclosure on Male Clients by Effects of Male Role Orientation*

Based on the men and masculinity literature, one may theorize that men would react negatively towards therapist self-disclosure. As traditional men have been described to more frequently utilize logic and to prefer cognitive approaches to therapy (Mahalik, 2001) or even coaching type interventions (McKelley & Rochlen, 2007), many men may see a self-disclosing therapist as less expert. Earlier, it was mentioned that many men despise experiencing affect (Brooks, 1998, 2010) or have difficulty understanding and labeling it (Levant et al., 2009). If a therapist attempts to disclose in an appropriately personal and intimate way involving his own feelings, many men who disconnect from affect or who have trouble processing emotional stimuli may find self-disclosure distasteful or frustrating. Given that many men often think hierarchically (Brooks, 1998, 2010), men may find self-disclosing therapists who reveal more vulnerable parts of themselves as weak. These men may thus lose respect for the therapist and perceive the therapist to be socially unattractive.

Some researchers have suggested that men may need more emotionally neutral and psychoeducational interventions with minimal self-disclosure from the therapist. Levant (2001), for example, proposes interventions that teach men to access and articulate their emotional experiences. Mahalik (2001a) argues that cognitive behavioral approaches have the advantage of making the therapist a “teacher,” a role that highlights the therapist as expert and professional. This role and overall teaching approach is suggested to be compatible with many men’s inclinations toward problem solving. Furthermore, Mahalik (2001a) states that cognitive therapy may be more “congruent with traditional men’s socialization toward emotional restriction and tendency toward action.”

On the other hand, men may react positively to therapist self-disclosure. This intervention could help men “save face” if they feel especially shameful for having to receive help (Heppner & Gonzalez, 1987). A self-disclosing therapist may signal to a man that he has permission to be vulnerable in the therapy room, which may be relieving for many men. The intervention may model flexibility in a man’s expression of his feelings. Self-disclosure of a personal experience or one’s own feelings may lower the competitive edge with which many men enter therapy (Brooks 1998, 2010), as it may signal to the male client the therapist’s intention for an egalitarian relationship (Worrell & Remer, 2000). Men may find a self-disclosing therapist to be more trustworthy and less likely to look down or judge them. A therapist self-disclosure could act as a model for how to self-disclose, acculturating the male to the client role. If the self-disclosure does facilitate trust in the therapist and acts as a model for self-disclosure, it could enable a male client to reciprocate self-disclosure as opposed to remaining relationally disengaged from the therapist.

In summary, a consideration of the men and masculinity literature concerning male socialization presents conflicting messages about men's possible reactions to therapist self-disclosure. As with the previous study, this study seeks to clarify how men experience self-disclosure. It may be possible that individuals with different experiences or different degrees of gender role socialization may react differently to therapist self-disclosure. This study will examine whether varying levels of male gender role conflict predict differences in men's self-disclosure preference.

#### *Potential Benefits of Self-Disclosure in the Male-Male Dyad*

Given the previously mentioned challenges for the male counselor working with the male client, therapist self-disclosure seems to have great potential in reducing the barriers that men often bring to the consultation room. For example, given that there is empirical evidence showing that highly traditional men often experience high levels of shame when entering treatment (Mahalik et al., 1998), it seems likely that a cooperative and self-disclosing male therapist would reduce a man's sense of shame (while a non-disclosing therapist might be perceived as distant and shaming). Wexler (2009) adds that male therapist self-disclosure can serve to de-stigmatize men's actions and feelings and open men up to self-reveal without excessive shame, a feeling that tends to shut men down. Heppner and Gonzalez (1987) recommend that male therapists display "sensitivity, disclosure, and modeling" to help men save face. They also note that men are often unable to express pain and suffering within their life. The authors suggest that the sharing of common emotional experiences can help male clients become more aware of their own psychological dynamics.

The competitive nature of men with other men and the themes of dominance and control may also be lessened or eliminated through the use of self-disclosure by male therapists. Brooks (1998, 2010) recommends male therapists adopt a “one-down” approach with their male clients. He emphasizes that self-disclosure can help lessen the hierarchy and competition that numerous men feel when seen by a male therapist. Wexler (2009) adds that self-disclosure can help men relax their defenses. As noted earlier, Brooks (1998, 2010) also mentions that male therapists can facilitate therapy through kinship and credibility. Self-disclosing common experiences and feelings that the therapist as well as other men have faced (a “we’re all part of the same struggle” approach) may also help secure credibility and sense of affiliation rather than resulting in feelings of inequality and distance (Brooks, 1998, 2010; Wexler, 2009).

#### *The Research About Self-Disclosure in the Male-Dyad*

The male therapist-male client dyad is currently the least discussed and examined gender pairing in the literature (Proctor, 2001). Proctor shares that the lack of exploration of this dyad may be because the topic of men helping other men is least discussed in society as a whole. Furthermore, he adds that masculinity research concerning gender roles in male friendships began only recently. Given the dearth of research on the male-male therapist-client dyad, empirical research on therapist self-disclosure within this dyad is even more scant. In an empirical review of 61 studies about therapist self-disclosure in psychotherapy, Henretty and Levitt (2010) found five studies that gave at least some attention to the question of gender pairings, with four of those studies giving partial attention to same-gender pairings. They conclude that there is currently no clear relationship between gender pairing and therapist self-disclosure. To the researcher’s

knowledge, these are the only studies exploring same-gender pairings and therapist self-disclosure. A brief summary of these four studies is given below.

Hoffman-Graff (1977) examined the effect of positive and negative self-disclosure in all possible interviewer-subject sex pairings. 36 male and 36 female participants were interviewed by a male or female interviewer who either disclosed positive (personal strengths or positive experiences) or negative (negative experiences or characteristics) information. The topic of the interview was procrastination. Negative self-disclosure was preferred by both sexes (including male clients in the male dyad group) and reported as more helpful. However, counselor credibility or ratings of empathy, regard, or social attraction to the counselor was found not to be influenced by sex-pairing. McCarthy (1979) enlisted 60 male and 60 female participants to listen to audiotapes of different sex pairings, with counselors either using self-disclosing or self-involving statements. No significant interactions were found between counselor ratings of trustworthiness, attractiveness, or expertness and counselor responses and counselor-sex pairings. Deforest and Stone (1980) had participants exchange written self-disclosures with an unseen counselor who was reported to be either male or female. The self-disclosures differed in degree of intimacy. In a recorded and analyzed interview after the activity, 25% of participants mentioned the sex of the counselor, while only 3% stated that they chose their disclosures because of the counselor's sex. Subject-counselor sex pairing was not found to play a role in the type or degree of self-disclosure participants preferred to give or receive. In the last study, Watkins and Schneider (1989) examined positive and negative self-involving statements and positive and negative self-disclosing statements in different counselor-client pairs. Asked to put themselves in the

situation of the client, participants read counseling transcripts that contained one type of statement. At the end, participants evaluated the counselor on several domains. Client and counselor pairings did not affect subjects' perceptions of the counselors in the self-disclosure conditions.

After reviewing the four studies above, one might be tempted to conclude that the male therapist-male client dyad, or any gender pairing for that matter, plays no role in how self-disclosure is perceived by the client. However, there are several limitations within the studies that make it difficult to make generalizing conclusions about therapist self-disclosure in the male dyad. Most glaring is the weak manipulation of counselor gender in the studies. These studies seem to place the primary focus on counselor and client sex rather than gender. Hoffman-Graff (1977) admits that counselors were forced to implement a similar counseling style, while in actual therapy, male and female counselors may consciously and unconsciously use different mannerism and techniques with different gendered clients. Watkins and Schneider (1989) note that future studies exploring self-disclosure and gender may benefit more from examining the interaction of self-disclosure and actual gender variables such as gender-role attitudes. DeForest and Stone (1980) did not even use face-to-face interaction and participants were only given a written description of the counselor. The scripts or content material used in these studies also did not seem to highlight material in which aspects of masculinity may be especially relevant such as problems concerning school or work performance or relationship problems. McCarthy (1979) suggests that research exploring the conditions in which gender pairings would affect the counseling process should be explored. Lastly, the focus of these studies seemed to be more concentrated on preference for degree of self-

disclosure intimacy or type of self-disclosure style and regarded gender differences as secondary to the purpose of the study. None of the studies suggested how men and women may react differently based on how strongly they conformed to the norms of their genders. The researchers, thus, seemed to have designed their studies to cater more towards obtaining results relevant to therapist and client sex rather than gender.

*Potential Benefits of a Male Therapist Self-Disclosure that Incorporates Gender-Context with the Male Client*

Jooma and Brooks (2011) introduced a new type of self-disclosure that utilizes a “we’re all part of the same struggle” approach and frames the client’s problem with gender-contextual information. In this style of self-disclosure, the therapist assures the client that he understands what his male client is going through because the issue is a common one that all men, including the therapist, have struggled with. The therapist may also expand on this issue, sharing that men are often confused about how they should behave because of society’s conflicting messages about how men are supposed to act. This self-disclosure style was termed “gender-context self-disclosure” (GCSD). By framing the client’s problems in a gender context and including himself as a person in the same struggle, the male therapist may cater towards a man’s desire for male kinship and sense of affiliation. Furthermore, this type of self-disclosure still includes the general benefits of using self-disclosure with male clients that are described above. This approach is consistent with the “one-down” therapeutic posture and may allow for men to relax their competitive edge (Brooks, 1998; 2010). It also seeks to normalize men’s experiences and reduce shame by relating their struggles to men like themselves. Since the male client’s experience is related to one felt by many men, it also validates the

client's masculinity. Lastly, O'Neal (1990) discusses helping men overcome gender role strain by bringing awareness to the internal conflict men face as a result of the messages they have been taught about masculinity. Besides the potential benefits mentioned above, GCSD may also be a way for the therapist to introduce or continue dialogue about the healthy and unhealthy aspects of a man's masculinity. As there has been a purported need to examine and evaluate ways of treating GRC (O'Neal, 2008), this study may be one way to introduce a form of intervention that could be used in the overall treatment of GRC.

Given that many therapists may be anxious to reveal personal or intimate details about themselves, this type of self-disclosure also offers an easier alternative to evading self-disclosure and, from a potential client's viewpoint, remaining elusive and distant. If therapist self-disclosure will deepen therapy and help create a stronger alliance with a male client, then GCSD allows the therapist to self-disclose in a manner that men may find attractive, but that does not require the therapist to disclose material he feels uncomfortable sharing.

#### *Summary of Pilot Study*

As noted previously, this study aims to replicate a previous study by Jooma and Brooks (2011). Because this former study was a pilot utilized to examine feasibility and to refine possible methodological issues, importance was not placed on proper sampling methods. Because of improper sampling techniques, it was established that participants in this pilot study would not be used if the study was found feasible. In the study, 51 men, mostly undergraduate students, were recruited by students in independent research seminars. The students in this class were also the research assistants for the study. These



research assistants were told to recruit 3-5 male friends to participate in this study. They also administered the study to nearly all participants, though they were asked to not administer the study to their friends. Thus, participants were not compensated in any way for their participation and completed the study to help their friends in the research seminar. Furthermore, the study was also a mobile study and participants were not always run in a laboratory setting. A large majority of participants were administered the study in a library or coffee shop setting and watched videos on the private laptops of the research participants or on library computers. The current study will replicate the former study but use more appropriate sampling methods and environment conditions.

The mean age of participants was 21.4 (SD=2.05) and the median age was 21. Most were Caucasian (82.4%), with the remainder Hispanic Americans (7.8%), Asian American (7.8%), and African American (2.0%). 82.5 % of students were in college, with 11.8% first year college students, 9.8% second year college students, 25.5% third year college students, and 35.3% senior college students. Of the remaining participants, 7.8% of participants had high school diplomas but were not in college, 2.0% held a bachelor's degree, 4.0% held a master's degree, and two individuals (4.0%) selected "other" for education status. Because of the limitations of the demographic questionnaire, these two individuals could have either been fifth year undergraduates or individuals without a high school diploma. The demographic portion of current study was adjusted to prevent individuals from falling into the "other" category.

These subjects were administered the GRCS, asked to rate two different styles of therapist self-disclosure shown via a video analogue therapy session, asked to rate their willingness to see the therapist who utilized each self-disclosure approach, and finally

asked to choose the self-disclosure they preferred. The participants were shown two self-disclosure responses from a pool of three. As with the current study, Jooma and Brooks (2011) examined which therapist self-disclosure styles men preferred, how men rated each self-disclosure style on three factors (trustworthiness, expertness, and attractiveness), whether a relationship existed between GRCS scores and CRF ratings of therapist self-disclosure, and whether a relationship existed between GRCS scores and the disclosure men preferred.

Figures 1, 2, and 3 show the percentages of men who preferred each type of self-disclosure. From the participants who were shown personal self-disclosure and no self-disclosure, 67% preferred personal self-disclosure and 33% preferred no self-disclosure. However, there were no statistically significant differences between these two groups. Out of those participants who viewed the gender-context self-disclosure and the no self-disclosure clips, 88% chose gender-context self-disclosure and 12% chose no self-disclosure. The difference between the two groups was statistically significant ( $p = .003$ ), with most men preferring gender-context self-disclosure. From the individuals who viewed the personal self-disclosure and gender-context self-disclosure scenarios, 53% of individuals preferred the therapist who used personal self-disclosure; 47% preferred gender-context self-disclosure. There were no statistically significant differences between men's ratings of these two types of disclosure.

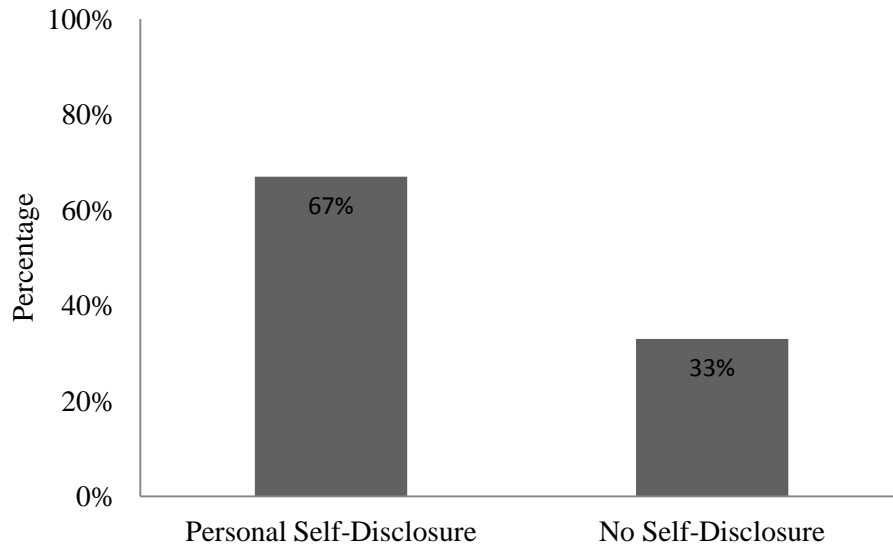


Figure 1. Preferences of participants who were shown personal and no self-disclosure.

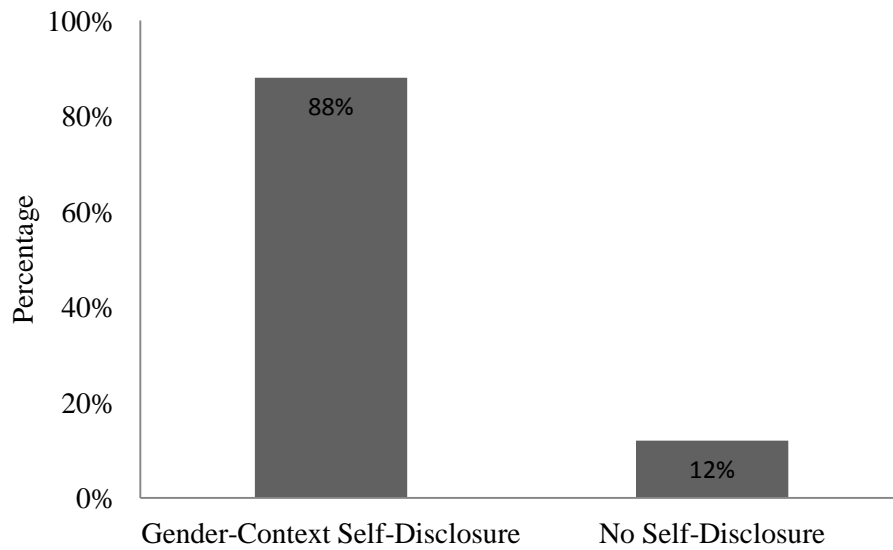


Figure 2. Preferences of participants who were shown gender context self-disclosure and no self-disclosure.

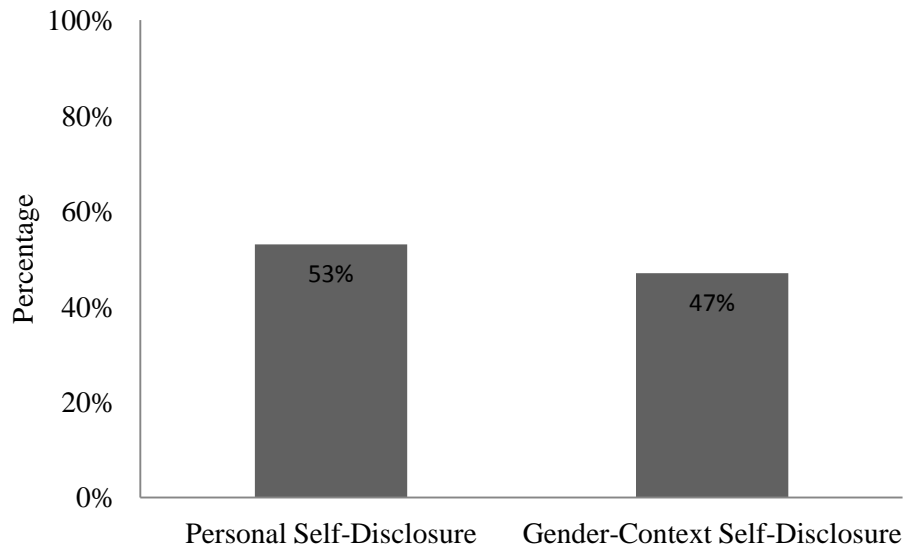


Figure 3. Preferences of participants who were shown personal self-disclosure and gender context self-disclosure.

A dependent samples *t*-test was utilized to compare mean therapist ratings within each pair of self-disclosure styles. In the study (Jooma & Brooks, 2011), men found the therapist utilizing personal and intimate self-disclosure to be more attractive than the therapist who did not self-disclose ( $p < .01$ ;  $d = 0.91$ ). There were no statistically significant differences found in ratings of trustworthiness or expertness between personal self-disclosure and no self-disclosure conditions. Men found the therapist utilizing gender-context self-disclosure to be more attractive ( $p < .05$ ;  $d = 0.78$ ), trustworthy ( $p < .05$ ;  $d = 0.72$ ), and expert ( $p < .01$ ;  $d = 0.92$ ) than the therapist who did not self-disclose (see Figure 4). There were no statistically significant differences between ratings of personal self-disclosure and ratings of no self-disclosure.

For each pair of disclosure types, Pearson correlations between GRCS scores and counselor ratings were examined (see Tables 1, 2, and 3). In the personal self-disclosure-

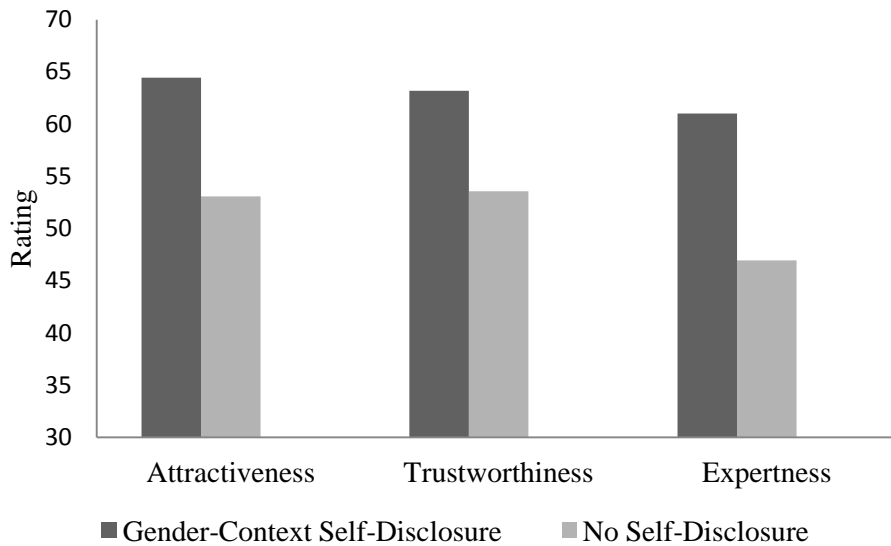


Figure 4. Participant ratings of counselors in the gender-context self-disclosure versus no self-disclosure stimulus condition.

no self-disclosure pairing and in the personal self-disclosure-gender context-self disclosure pairing, there were no significant relationships found between gender role conflict (and associated dimensions) and self-disclosure ratings.

Table 1

*Pearson Correlation Matrix among CRF and GRCS Scores in the NSD versus PSD Condition (Pilot Study)*

GRCS Variable	Expertness		Attractiveness		Trustworthiness	
	NSD	PSD	NSD	PSD	NSD	PSD
Success/Power/Competition	.02	-.06	.22	-.07	-.27	-.20
Restrictive Emotionality	-.15	.02	-.01	-.12	-.29	-.19
Restrictive Affectionate Behavior Between Men	.22	.46	-.05	.07	-.12	-.11
Conflict Between Work and Family Relations	-.40	-.29	.03	-.24	-.42	-.26
GRC Total	-.07	.04	.08	-.10	-.36	-.18

GRCS=Gender Role Conflict Scale; CRF=Counselor Rating Form.

Table 2

*Pearson Correlation Matrix among CRF and GRCS Scores in the NSD versus GCSD Condition (Pilot Study)*

GRCS Variable	Expertness		Attractiveness		Trustworthiness	
	NSD	GCSD	NSD	GCSD	NSD	GCSD
Success/Power/Competition	.43	.32	.05	.20	.15	.35
Restrictive Emotionality	.57*	.38	-.20	-.24	.28	.10
Restrictive Affectionate Behavior Between Men	.42	.57*	-.40	.08	.12	.47
Conflict Between Work and Family Relations	.09	-.25	.23	.03	.02	-.16
GRC Total	.52*	.40	-.13	.05	.18	.32

GRCS=Gender Role Conflict Scale; CRF=Counselor Rating Form.

Note. \*p<.05

Table 3

*Pearson Correlation Matrix among CRF and GRCS Scores in the PSD versus GCSD Condition (Pilot Study)*

GRCS Variable	Expertness		Attractiveness		Trustworthiness	
	PSD	GCSD	PSD	GCSD	PSD	GCSD
Success/Power/Competition	.21	-.18	.28	.20	.21	-.30
Restrictive Emotionality	-.03	-.30	.23	-.24	.03	-.43
Restrictive Affectionate Behavior Between Men	.00	.04	.37	.08	.09	-.08
Conflict Between Work and Family Relations	-.17	.05	.22	.03	-.25	-.11
GRC Total	-.01	-.14	.35	.05	.01	-.32

GRCS=Gender Role Conflict Scale; CRF=Counselor Rating Form.

However, there were significant relationships between ratings of gender-context self-disclosure and no self-disclosure. There was a significant positive relationship between restrictive emotionality (RE) and expertness ( $r = .57, p < .05$ ) and total gender role conflict (total GRC) and expertness ( $r = .52, p < .05$ ) on the no self-disclosure response. These

results suggest that the higher men's RE and total GRC scores were, the more expert men perceived the non-disclosing therapist to be. It also conveys that the lower the RE and total GRCS scores were, the less expert they perceived the non-disclosing therapist.

There was also a significant positive relationship between restrictive affectionate behavior between men (RABBM) and expertness on the gender-context self-disclosure response ( $r = .57, p < .05$ ). Thus, the higher the RABBM scores were, the higher men rated gender-context self-disclosing therapist in expertness; alternatively, the lower the RABBM scores were, the lower the men rated the gender-context self-disclosing therapist. It is noteworthy that because the participants viewed two types of self-disclosure styles, their perception of one disclosure was possibly influenced by their perception of the other disclosure. Thus, though the relationships between GRCS and CRF scores for each self-disclosure type described above were significant, it is unclear whether similar relationships would exist if each video were to be shown alone.

Pearson correlations were also utilized to find whether relationships existed between GRCS scores and preferred self-disclosure styles as well as GRCS scores and Willingness to See scores. No relationships were found within these sets of variables.

Jooma and Brooks (2011) offered the following conclusions from the above results:

Most men seem to prefer some type of self-disclosure over none at all. Based on the type of self-disclosure and the manner in which it is delivered, many men may find male therapists who self-disclose to be more attractive, trustworthy, and/or expert than male therapists who do not self-disclose. Since most therapists may not self-disclose in an intimate and personal manner, self-disclosing in a manner that provides gender-contextual information could be similarly relationship-enhancing and, depending on the client, possibly more appropriate. However, some men might have different preferences based on the degree of openness and type of self-disclosure they would prefer to receive from a male therapist. Currently, it is unclear as to exactly how gender role conflict may influence men's

preference for self-disclosure style. However, the results from this study suggest that men may prefer different self-disclosure styles based on the degree of traditionality of their gender role orientation and gender role strain. In particular, men who vary in the degree of discomfort and fear they have about expressing their feelings (in general or specifically to other men) may differ on which self-disclosure styles they feel most comfortable and safe.

In the previous study by Jooma and Brooks (2011), only correlations were conducted between GRCS scores and CRF ratings to examine relationships between the two variables. However, the current study also sought to find whether individuals with high total GRC scores would differ in their ratings of therapist disclosures compared to individuals with low GRCS scores. Differentiating low and high GRC scores was hoped to better clarify the relationship between GRC and counselor ratings.

#### *Study Aims*

This study aimed to confirm results by Jooma and Brooks (2011), including the finding that most men prefer self-disclosure over nondisclosure, that men find therapists utilizing GCSD as more trustworthy, expert, and attractive than therapists who do not self-disclose, and that some dimensions of GRC predict how men rate counselors who use variations of self-disclosure. Furthermore, this study classified participants as having low or high GRCS scores to clarify whether these two groups rate disclosing male therapists differently on measures of trustworthiness, expertness, and attractiveness. The results of this study were hoped to help clarify the role that male role orientation may play in clients' responses to therapist self-disclosure, a therapeutic intervention that a large majority of counselors have reported using in therapy (Edwards & Murdock, 1994). The study also aimed to add an empirical basis to the theoretical literature, proposing that different types of men may benefit from different types of interventions (Good et al.,



1994). Besides the pilot study by Jooma and Brooks (2011), this is the first study, to the author's knowledge, that has ever examined the relationship between masculinity variables and ratings of therapist disclosure and non-disclosure. The results of this study were expected to lead to important implications for male therapists working with male clients, including the possible importance for male therapists to take gender role orientation into consideration when deciding whether or not to self-disclose and if relevant, *how* to self-disclose.

### *Hypotheses*

This study examined differences between the number of men who prefer each type of disclosure, differences in men's ratings of expertness, attractiveness, and trustworthiness between disclosure approaches, differences in counselor ratings between men with low and high gender role conflict, and relationships between gender role conflict and counselor ratings. The following hypotheses were proposed:

- 1) Significantly more men will prefer personal self-disclosure over no self-disclosure, both before and after being presented with text summaries of each type of self-disclosure.
- 2) Significantly more men will prefer gender-context self-disclosure over no self-disclosure, both before and after being presented with text summaries of each type of self-disclosure.
- 3) No significant differences will exist between the number of men who prefer personal self-disclosure and the number of men who prefer gender-context self-disclosure. Significant differences will neither exist before nor after participants are given descriptions of the therapist self-disclosure approaches.
- 4) PSD will be perceived to be significantly more attractive (but not more expert and trustworthy) than NSD. It is hypothesized that these effect sizes will be in the small to medium range.

- 5) GCSD will be perceived to be significantly more attractive, expert, and trustworthy than NSD. It is hypothesized that these effect sizes will be in the medium to large range.
- 6) There will be no significant differences in ratings of attractiveness, expertness, and trustworthiness between PSD and GCSD.
- 7) In the NSD versus PSD condition, men with high gender role conflict will rate the NSD therapist significantly higher than men with low gender role conflict.
- 8) In the NSD versus GCSD condition, men with high gender role conflict will rate the GCSD therapist significantly higher than men with low gender role conflict.
- 9) In the PSD versus GCSD condition, men with high gender role conflict will rate the GCSD therapist significantly higher than men with low gender role conflict.
- 10) In the NSD versus PSD condition, there will be a significantly positive relationship between Restrictive Affectionate Behavior Between Men (RABBM) and expertness for the PSD therapist in the small to medium range. GRCS variables and Trustworthiness for the NSD therapist will be significantly negatively correlated and in the .2 to .5 range.
- 11) In the NSD versus GCSD condition, there will be several significant positive relationships between CRF and GRCS variables in the .3 to .5 range for gender-context self-disclosure.
- 12) For the PSD therapist in the PSD versus GCSD condition, there will be significant positive correlations between attractiveness and gender role conflict variables. For the GCSD therapist, there will be significant negative correlations between GRCS variables and trustworthiness in the .3-.5 range.

## CHAPTER TWO

### Methods

#### *Participants*

Participants in the pilot study by Jooma and Brooks (2011) were comprised mostly of Baylor University undergraduate male students recruited by undergraduate students in an independent research seminar or recruited from psychology courses that offered extra credit for their participation. However, to allow for easier recruitment and to acquire a more diverse sample of participants, this study was placed online.

Participants were recruited from Amazon Mechanical Turk (MTurk), an internet web service that allows researchers to post tasks to internet users in exchange for monetary payment. When a user has completed the task, MTurk places money in a user's account that can be later converted to an Amazon gift certificate or a check. Each participant in the study was given \$0.50 for completing the entirety of the study, an amount that was predicted to be acceptable and adequate given the time demands of the study. After participants signed up for the study on MTurk, they were directed to a website that administered the various components of the study. The website that contained the actual study was created by online survey software called Qualtrics.

Participation in this study was restricted to males ages 18-35 to increase the likelihood that subjects would be able to relate to the analogue client and the concerns presented by the client. Participation was also restricted to males currently live in the United States, as the scales used in these studies have mostly been validated with a US

sample. Lastly, an MTurk option prohibiting users from participating more than once was enabled to prevent repetition of subjects.

### *Procedures*

Participants were first informed in writing about what they were required to do in the study and the purpose of the study, namely to help researchers understand men's preferences for differing types of psychotherapists. After agreeing to an online consent form, they were administered the GRCS. With the completion of this measure, they were instructed to read a brief scenario of a client who is about to enter his first therapy session. Then, they were told that they would view a four-minute video clip of a therapy session with the client they had just read about followed by a set of questions about the clip to check for understanding. After they watched this video clip and correctly answering the set of questions, participants were informed that they would be shown two different responses that the therapist in the video could have given to the client and would be asked to answer another question to check for understanding. Additionally, they were informed that they would compare the two responses afterwards.

After watching the two disclosure clips and correctly answering the question afterwards, participants were randomly assigned to watch two out of a possible three therapist self-disclosure responses. They were shown either the no self-disclosure and personal self-disclosure responses (the NSD versus PSD condition), the no self-disclosure and gender-context self-disclosure responses (the NSD versus GCSD condition), or the personal self-disclosure and gender-context self-disclosure responses (the PSD versus GCSD condition). After watching these clips, they were presented with the modified

Counselor Rating Form (CRF-M), directions on how to correctly complete it, and an example of a properly filled-out item.

Lastly, subjects were asked to choose the disclosure of their choice. Specifically, they were asked, “If you had decided to pursue therapy for the same problem, which response would you prefer?” After answering this question, they were described the specific type of self-disclosures or non-disclosure they had just watched and again asked to choose the type of response they would prefer after being given these descriptions. The word “response” was used instead of “disclosure” in this question and throughout the study to prevent any type of confusion. Lastly, participants were asked again to choose which self-disclosure style they would prefer if they were to see the therapist in the video for the same problem.

Several measures were taken to ensure that participants qualified for the study, completed all parts of the study, read the prompts and scenarios, and answered the questions with thoughtfulness and intention. The survey was set so that participants could not skip to different sections of it. Participants were only permitted to go to the next screen of questions or items they had completed all questions that were currently on their screen. The survey software was set so that participants were only given the option of going to the next screen of prompts, questions, or items after a specific amount of time to better ensure participants read all questions and prompts without skipping to the next section.

To increase the likelihood that subjects watched the videos, they were presented three basic questions after the first video and one question after the second video. If participants answered any question wrong, they were told that they had answered at least

one question wrong and would again have to watch the video and answer the same questions afterwards. If participants watched either video three or more times without answering the questions correctly, the data from their participation in the study would not be used. However, participants were still compensated if they completed the study.

### *Script and Video Preparation and Independent Variable*

This study utilized the same psychotherapy video and script used in the previous study by Jooma and Brooks (2011). The actors playing the therapist and client in the videos were former Baylor Psy.D. male students. The scenario and script for this video were initially written to depict a problem to which many young adult men would be able to relate. Additionally, it was meant to capture the feelings and typical responses that many traditional men experience in romantic relationships based on the literature on men and masculinity. The scenario involves a 26 year-old engineer named Barry who is overcome by a range of troublesome emotions because the woman he has dated for one year has suggested ending the relationship. Furthermore, he has found out that she has begun to talk to a former lover.

In the introduction clip that all participants watched after reading the scenario, the therapist and Barry explore the client's problems. The therapist asks Barry a few questions to elicit his thoughts and feelings about himself and about his situation. Barry shares that he has been unable to focus on work because he is bothered by his current relationship. He questions whether he should trust his girlfriend or whether she is "playing him for a fool." He also questions his overall worth and attractiveness and shares the feelings of jealousy and anger that he harbors towards his girlfriend. He conveys his confusion about how he is supposed to act to attract the girl he is dating and

whether he should be “cocky and confident” or “sensitive and vulnerable.” Lastly, Barry asks the therapist his opinion of the situation and whether is he “crazy” for having the thoughts and feelings that have recently overcome him.

The independent variable in this study is therapist self-disclosure response. Each participant was shown brief (2 to 3 minute) video clips of two out of a possible three types of counselor disclosure. In each clip, the therapist clarifies the client’s request (to share his reaction and give guidance) and summarizes and reframes Barry’s problems. Then, the therapist utilizes one of the following self-disclosure responses:

- 1) *No self-disclosure (NSD)*. Here, the counselor reveals no personal information about himself and directs Barry’s attention back to him (Barry). He makes general remarks, but still affirms Barry. Representative statements include the following: “Frankly it seems to me that there are a great many reactions possible and many are worth our exploration” and “It’s my belief that most bright and sensitive people have the capacity to respond in a reasonable and realistic manner.” Then, Barry asks the therapist whether most guys, including the therapist, would experience similar feelings. The therapist responds by telling Barry that each individual is unique and that he is willing to work with Barry to find out what is right for him as an individual. These responses do not constitute self-disclosure as defined by Hill and Knox (2002).
- 2) *Personal self-disclosure (PSD)*. In this condition, the counselor discloses in a positive and intimate fashion. He relates Barry’s relationship to a difficult relationship he once had long ago. The counselor recalls having similar feelings and thoughts. Representative statements include, “I can remember having many of the feelings and thoughts you seem to be having,” and “I remember feeling insecure and jealous of my girlfriend’s interest in another guy.” Then, Barry asks the counselor whether the therapist too had self-doubts and whether the therapist’s situation affected his work. In a few statements, the counselor shares that he also remembers feeling similarly and that his situation caused him to question himself. In terms of Hill and Knox’s (2002) descriptors of type of self-disclosure, this form of self-disclosure qualifies as a disclosure of reassurance/support and a disclosure of feeling.
- 3) *Gender context self-disclosure (GCSD)*. In this scenario, the therapist self-discloses in a manner that uses gender context to examine and frame the client’s issues. The counselor states that he became interested in men and masculinity issues several years ago and began to focus on helping men cope

with their unique issues. He frames Barry's problems as one that "most of us men" struggle with. Barry clarifies his understanding of the therapist, asking him if the therapist considers Barry's problems as a "men's" issue and whether he is not the only guy that the therapist has seen with a similar issue. The therapist includes himself among the many men that have struggled with issues similar to Barry's by using inclusionary phrases such as "we" and "us men." Representative statements include "It seems to me that most of us men have had a whole bunch of difficulties negotiating relationships with women" and "This is an area of considerable conflict and confusion for us men." Under Hill and Knox's (2002) self-disclosure categorization system, gender-context self-disclosure (as used in the video) would be a disclosure of facts and a disclosure of reassurance/support.

In the creation of these scripts and video clips, care was taken to make the therapist equally likeable despite using different types of disclosures. Efforts were made for the therapist actor to have the same tone of voice, level of enthusiasm, and level of genuineness and positive regard for the client throughout each response. Furthermore, attempts were made to ensure that each self-disclosure style was unique and different and to ensure that each counselor disclosure fit under the category of self-disclosure it was designated to depict. In order to ensure that these clips represented the self-disclosure conditions that were intended, a panel of eight PsyD student judges were given descriptions of the intended styles of disclosures, shown the three disclosure clips, and requested to label each clip as "no personal self-disclosure," "personal self-disclosure," or "gender-context self-disclosure." All judges correctly matched the written description of the disclosures to the disclosure video clips.

Lastly, participants were assigned to one of six conditions (See Table 6 in Methods section) based on every possible combination of sequence in which disclosure clips could be shown. If no order effects were discovered, the six conditions would be collapsed into three total conditions for data analysis (see Results section for sequencing



data analysis). In the previous study by Jooma and Brooks (2011), no sequencing effects were found.

### *Independent Measure*

The Gender Role Conflict Scale (GRCS; O'Neal et al., 1986) was given to participants at the beginning of the study. This instrument is one of the most commonly used measures of the degree of traditionality of men's gender role orientation and of male gender role strain. It has an equal mix of items that capture negative outcomes associated with men's thoughts, feelings, and behaviors (O'Neal, 2008). This 37 item self-report instrument provides a total score of GRC but also distinguishes four factors that measure potentially dysfunctional aspects of men's gender roles: a) success, power, and competition; b) restrictive emotionality; c) restrictive affectionate behavior between men; and d) conflict between work and family relations (O'Neal et al., 1986).

Reviewing 25 years of studies that address the validity of the measure, O'Neal (2008) noted that factor analysis of the GRCS with college students has proven the scale to have construct validity. Moradi, Tokar, Schaub, Jome, and Serna (2000) found that factor intercorrelations are moderate and range from .35 to .68, suggesting that factors are related, but are separate entities. In their study, they also used rationally and randomly derived parceling procedures and found strong support for the structural validity of the four factor model of the GRCS that was originally proposed (O'Neal et al., 1986). The reliabilities of the GRCS for college students has ranged from .70 to .89 and also has had good reliability (.71 to .91) for men from Korea, Germany, Taiwan, Sweden, and Canada as well as men who are gay, African American, Hispanic, and Asian American (O'Neal, 2008).

According to James O'Neal (personal communication, September 3, 2011), one of the creators of the GRCS, some studies that have used cut off scores to differentiate different levels of gender role conflict. However, O'Neal suggested using a median-split technique to differentiate low and high GRCS scorers in the current study. This involves dividing the sample into two even groups based on the median score. Median-split analysis was also used in a study by Rochlen, McKelley, and Pituch (2006). Aaron Rochlen (personal communication, September 1, 2011) also communicated that this was a reasonable technique to use. Thus, the median-split technique will also be utilized in the current study.

### *Dependent Measures*

#### *Counselor Ratings*

In this study, the Counselor Rating Form (CRF) was modified in order to better fit the purpose of the proposed study. This modified version of the CRF (CRF-M) was given to participants after they watched both therapist self-disclosure responses. This section first describes the CRF and its psychometric properties before proceeding to describe the proposed modifications for this study

The Counselor Rating Form (CRF; LaCrosse and Barak, 1976) asks for ratings of therapists on the social influence dimensions of attractiveness, trustworthiness, and expertness. These dimensions are based on Strong's (1968) model of counseling, which proposes that the therapist gains credibility by exhibiting attractiveness, trustworthiness, and expertise. The resulting credibility allows the therapist to influence change in the client's attitudes, opinion, and behaviors. The CRF utilizes twelve sets of bipolar adjectives for each dimension in a 7-point Likert format. The instrument has been one of

the most widely used in psychotherapy research to obtain therapist ratings (Bachelor & Salame, 1996; Ponterotto & Furlong, 1985).

LaCrosse and Barak (1976) reported good split-half reliabilities of .850, .874, and .908 for attractiveness, expertness, and trustworthiness respectively and numerous findings have confirmed the reliability of this measure and confirmed them using alpha coefficients (Atkinson & Wampold, 1982; Bachelor & Salame, 1996; Epperson & Pecnik, 1985). Though moderate intercorrelations ( $r$ 's=.53 to .88,  $Mdn = 69$ ) were found among the three dimensions, Barak and Dell (1977) and Barak and LaCrosse (1977) demonstrated that CRF differentiated factors between and within counselors. However, other researchers have also found similar levels of intercorrelation (Atkinson & Wampold, 1982; Ponterotto & Furlong, 1985) and have questioned whether the CRF measures three uniquely different aspects of client perceptions of counselor behavior or one unidimensional aspect. Thus, some researchers recommend that only the global CRF score be calculated and used in analysis (Atkinson & Wampold, 1982).

The most recent study of the psychometric properties of the CRF was conducted by Bachelor and Salame (1996), who criticized many of the other validation studies for using raw scores rather than factor scores. Though they found high intercorrelations between dimensions, these authors found clear separation of individual factors of the CRF, supporting the multidimensionality of the scale. Due to the mixed opinion in the literature, this study will examine the three factors separately and also compute a global CRF score, a recommendation also given by other studies (Hagborg, 1991). Heppner, Wampold, and Kilvighan (2008) note that the decision to analyze the three factors primarily depends on the hypotheses and purpose of the study. The purpose and

hypotheses of this study supported an examination of all three factors. It is believed that the three factors of attractiveness, expertness, and trustworthiness play a large role in men's relationships with other men. Additionally, a review by the researcher in this study found psychometric data collected with both men and women. It is believed that an examination of only men might have found more obvious differentiation between the scales. Furthermore, examining these three factors is especially relevant in this study, given men's general skepticism about therapy and counselors (Brooks, 2010; Scher, 1990; Wexler, 2009).

The CRF has continued to be used for numerous purposes including to determine perceptions of specific multicultural counseling techniques (Zhang & Dixon, 2001), to examine perceptions of self-disclosing counselors among lesbian, gay, and bisexual individuals (Borden, Lopresto, Sherman, & Lyons, 2010), and to explore perceptions of CBT counselors among psychotic patients (Evans-Jones, 2009). However, due to its shorter format, the Counselor Rating Form-Short Version (CRF-S; Corrigan and Schmidt, 1983) is more commonly used. Comparing the CRF and CRF-S, some authors (Ponterotto & Furlong, 1985) have suggested that these scales may measure slightly different constructs. This study used a modified version of the original version to help confirm the results of the pilot study by Jooma and Brooks (2011). It is also noteworthy that the CRF-S has proven to have similar psychometric properties that closely resemble the CRF, including nearly identical reliabilities and similar intercorrelations between scales (Corrigan & Schmidt, 1983; Heppner, Wampold, & Kilvighan, 2008; Ponterotto & Furlong, 1985).

The CRF has also been partially criticized for being subject to strong ceiling effect, as subjects in various studies have tended to rate therapists in the upper end of the 7-point rating scale (Ponterotto & Furlong, 1985). Though this may suggest less likelihood in finding differences between self-disclosure styles, Jooma and Brooks (2011) did find significant differences between different approaches. Lastly, it is noteworthy that the CRF was found to predict counseling outcome as measured by the Goal Attainment Scale (LaCrosse, 1980) and willingness to self-refer (Barak & Dell, 1977). This finding will better support any claims this study may make concerning the likelihood that certain types of self-disclosure may predict entrance into counseling and positive outcomes in therapy.

In this study, the CRF was modified in order to elicit a direct comparison between the two types of self-disclosure to which the subject is exposed. Only the format (as opposed to item or item order) of the measure was changed. In this modified version, instead of filling out a CRF after watching the first self-disclosure response and then filling out a second CRF after watching the second self-disclosure response, the subject simultaneously considers each CRF item for both therapist responses. An example of the modification is provided in Figure 5. With the CRF-M, the participant is prepared and elicited to differentiate between the two self-disclosure types, a process that may otherwise not happen automatically. Furthermore, this modified form allowed both self-disclosure clips to be shown without any gaps in time, which may have prevented participants from forgetting aspects of the first video while trying to rate the second video. Juxtaposing items in this fashion also allows for ease in the participant's ability to compare both video clips. To the researcher's knowledge, no other study has utilized or

Original CRF	
	Attractive ___ : ___ : ___ : ___ : ___ : ___ : ___ : Unattractive
	Informed ___ : ___ : ___ : ___ : ___ : ___ : ___ : Ignorant
Modified Version of CRF (CRF-M)	
Response A	Attractive ___ : ___ : ___ : ___ : ___ : ___ : ___ : Unattractive
Response B	Attractive ___ : ___ : ___ : ___ : ___ : ___ : ___ : Unattractive
Response A	Informed ___ : ___ : ___ : ___ : ___ : ___ : ___ : Ignorant
Response B	Informed ___ : ___ : ___ : ___ : ___ : ___ : ___ : Ignorant

*Figure 5.* Example of modified changes to CRF.

the interpretability of findings, as this version has not been tested for reliability or validity. However, I believe that the mentioned changes better fit the purpose of the study, namely to have participants directly compare and rate their impressions of different types of self-disclosure styles.

The CRF was chosen over other rating scales for important reasons. First, the scale measures factors that appear especially crucial for many men in forming an alliance with a therapist, particularly a male therapist. The men and masculinity literature has greatly qualified men’s difficulties trusting others, particularly other men (Wexler, 2009). It has also highlighted the importance that men place on job expertise and competency when rating themselves as well as others (Rabinowitz & Cochran, 2002). Thus, a scale based on Strong’s Social Influence Theory (Strong, 1968) appears particularly apt in research with men. Secondly, this scale has been utilized in many other studies that rate

therapist self-disclosure, which will allow for some comparisons to be made with the existing literature. Lastly, a review of the other therapist rating scales, including the CRF-S (Corrigan & Schmidt, 1983), the Barrett-Lennard Relationship Inventory (BLRI; Barrett-Lennard, 1962), the Counselor Evaluation Inventory (CEI; Linden, Stone, & Shertzer, 1965), the Counselor Effectiveness Scale (CES; Ivy, 1971), and the Counselor Effectiveness Rating Scale (CERS; Atkinson & Carskaddon, 1975), found none to have considerably better psychometric properties or more relevant dimensions applicable to the construct of masculinity.

### *Men's Disclosure Preference*

As discussed in the Procedures section, the participants in the study were asked to choose the disclosure of their choice near the conclusion of the study. First, they were asked, "If you had decided to pursue therapy for the same problem, which response would you prefer?" After choosing the first or second response, they were given descriptions of the disclosure approaches they had just watched and asked to answer the question again after reading the descriptions.

### *Data Analysis*

The following are the hypotheses and proposed statistical analyses for the present study. All data analyses were conducted using SPSS Version 17.0 and 20.0:

- 1) Significantly more men will prefer personal self-disclosure over no self-disclosure, both before and after being presented with text summaries of each type of self-disclosure.
- 2) Significantly more men will prefer gender-context self-disclosure over no self-disclosure, both before and after being presented with text summaries of each type of self-disclosure.

- 3) No significant differences will exist between the number of men who prefer personal self-disclosure and the number of men who prefer gender-context self-disclosure. Significant differences will neither exist before nor after participants are given descriptions of the therapist self-disclosure approaches.

For hypotheses 1-3, chi-square tests will be utilized to determine whether significant differences exist between the number of men who choose one type of disclosure over another.

- 4) PSD will be perceived to be significantly more attractive (but not more expert and trustworthy) than NSD. It is hypothesized that these effect sizes will be in the small to medium range.
- 5) GCSD will be perceived to be significantly more attractive, expert, and trustworthy than NSD. It is hypothesized that these effect sizes will be in the medium to large range.
- 6) There will be no significant differences in ratings of Attractiveness, Expertness, and Trustworthiness between PSD and GCSD.

For hypotheses 4-6, dependent samples t-tests will be used to detect differences in self-disclosure ratings. Effect sizes will also be calculated by taking the mean difference between two disclosure groups, divided by the pooled standard deviation.

- 7) In the NSD versus PSD condition, men with high gender role conflict will rate the NSD therapist significantly higher than men with low gender role conflict.
- 8) In the NSD versus GCSD condition, men with high gender role conflict will rate the GCSD therapist significantly higher than men with low gender role conflict.
- 9) In the PSD versus GCSD condition, men with high gender role conflict will rate the GCSD therapist significantly higher than men with gender role conflict.

For hypotheses 7-9, the sample in each disclosure condition will be divided into two equal groups of 50 using a median-split. Independent samples t-tests will be utilized to determine differences in self-disclosure ratings between men with low and high gender role conflict.



- 10) In the NSD versus PSD condition, there will be a significant positive relationship between Restrictive Affectionate Behavior Between Men (RABBM) and expertness for the PSD therapist in the small to medium range. GRCS variables and trustworthiness for the NSD therapist will be significantly negatively correlated and in the .2 to .5 range.
- 11) In the NSD versus GCSD condition, there will be several significant positive relationships between CRF and GRCS variables in the .3 to .5 range for Gender Context Self-Disclosure.
- 12) For the PSD therapist in the PSD versus GCSD condition, there will be significant positive correlations between attractiveness and gender role conflict variables. For the GCSD therapist, there will be significant negative correlations between GRCS variables and trustworthiness in the .3-.5 range.

For hypotheses, 10-12, Pearson r correlations will be calculated between GRCS and CRF factors to determine whether significant relationships exist.

## CHAPTER THREE

### Results

#### *Sample Characteristics*

Of the 760 participants drawn from Amazon's MTurk system, 328 individuals completed the entirety of the study. Of these 328 respondents, 28 individuals were excluded from analyses because they reported experiencing very poor audio quality while watching video clips, did not follow directions properly, or took the study numerous times. Thus, a total of 300 individuals were included in this study. Mean age of participants was 23.4 (SD=3.84; range: 18-34) and the median age was 23. Fifty-two point seven percent of subjects were between the ages of 18 to 23, 37% were between the ages of 24 to 29, 8.3% were between 30 and 35. Two percent of participants (6 men) did not report age. Most subjects were Caucasian (78%), with the remainder identifying as Asian (7.7%), Hispanic (7%), African American (6%), Pacific Islander (0.7%), and Other (0.7%). With regard to highest level of education acquired, 46.3% of participants had attended some college in the past or were currently attending college, 32% held bachelor's degrees, and 13% had high school diplomas or GEDs. Of remaining participants, 4.3% held master's degrees, 1.7% held professional degrees, 1.7% did not have a high school diploma or GED, and 1% completed trade school.

It is worth noting that the mean age of the current sample (M=23.4; SD=3.84; range: 18-34) was higher than the mean age of the pilot study (M=21.4; SD=2.05; range: 18-30),  $t(293) = 10.12, p < .001$ . Given that the pilot study sample consisted primarily of

college students in the 18 to 22 year-old range while the current sample had a median age of 23, it was expected that the current sample would differ with respect to the level of education acquired. The current sample had a greater percentage of college graduates (38.2% versus 2%) and a smaller percentage of men whose greatest level of education acquired fit into the “some college” category (46.3% versus 82.5%). With regard to race, the current study was comparable to the pilot study, with the exception of a noticeably larger percentage of African American men in the current study (6% versus 2%).

Means, standard deviations, and ranges for the independent variable (Gender Role Conflict) are shown in Table 4. Means, standard deviations, and ranges for the dependent variable (Counselor Rating) are displayed in Table 5.

Table 4

*Mean, Std Deviation, and Range of Independent Variable (GRCS)*

Variable	<i>M</i>	SD	Range
GRCS Total	3.62	.79	1.43-5.54
GRCS-SPC	4.03	.91	1.08-6.00
GRCS-RE	3.40	1.16	1.00-6.00
GRCS-RABBM	3.23	1.16	1.00-6.00
GRCS-CBWFR	3.60	1.00	1.00-6.00

Note. n=300

*Sequencing Effects*

Because participants were randomly assigned to watch two self-disclosure videos in a particular sequence (e.g. some were assigned to watch the NSD clip and then the PSD while others were assigned to watch these clips in the reverse order), the first task was to determine whether the sequencing of the self-disclosure video clips influenced which self-disclosure men preferred and whether video order affected men’s subsequent

Table 5

*Mean, Std Deviation, and Range of Dependent Variable (CRF)*

Variable	<i>M</i>	SD	Range
Condition 1			
No SD			
CRF Total A	163.62	36.12	59-234
Expertness	57.58	12.86	15-83
Attractiveness	49.48	12.91	19-76
Trustworthiness	57.56	13.43	18-84
Personal SD			
CRF Total B	179.76	37.67	85-243
Expertness	56.14	15.12	12-84
Attractiveness	62.44	11.71	30-83
Trustworthiness	61.18	13.71	22-83
Condition 2			
No SD			
CRF Total A	161.93	37.61	69-241
Expertness	52.83	14.33	22-79
Attractiveness	52.04	12.40	18-81
Trustworthiness	57.06	13.67	24-83
Gender Context SD			
CRF Total C	175.96	39.36	65-250
Expertness	58.13	15.54	19-84
Attractiveness	58.00	12.45	23-82
Trustworthiness	59.83	14.37	23-84
Condition 3			
Personal SD			
CRF Total B	173.33	37.30	44-246
Expertness	53.48	14.58	12-80
Attractiveness	60.85	10.95	20-84
Trustworthiness	59.00	15.35	12-84
Gender Context SD			
CRF Total C	168.90	37.53	73-246
Expertness	58.24	15.11	12-84
Attractiveness	52.28	12.48	17-78
Trustworthiness	58.38	13.42	23-84

Note. n=100 per condition.

ratings of the self-disclosing (or non-disclosing) therapists. Six total conditions were created, with each pair of disclosure video clips being shown in both possible orders (see Table 6). If no order effects were discovered, each pair of opposite sequenced conditions would be collapsed to create 3 total conditions (see Table 7), resulting in more power.

Table 6

*Conditions Examined for Sequencing Effects*

Condition number	Sequence
1	NSD, then PSD
2	PSD, then NSD
3	NSD, then GCSD
4	GCSD, then NSD
5	PSD, then GCSD
6	GCSD, then PSD

Table 7

*Collapsed Conditions After No Sequencing Effects Were Found*

Condition number	Sequence
1	NSD, then PSD or PSD, then SD
2	NSD, then GCSD or GCSD, then NSD
3	PSD, then GCSD or GCSD, then PSD

The results of a series of Fisher’s exact tests of independence found that participants did not prefer a type of self-disclosure in one sequence significantly more than in the opposite sequence in the case of NSD versus PSD ( $p = 1.00$  pre-description;  $p = 1.00$  post-description), NSD versus GRCS ( $p = .228$  pre-description;  $p = 1.00$  post-description), or PSD versus GCSD, ( $p = .841$  pre-description;  $p = .840$  post-description). The results of a series of independent t-tests found that for all pairs of opposite

sequences, participants did not rate a self-disclosure significantly higher in one sequence compared to the opposite sequence (see Table 8). Because video order was not found to impact either participants' disclosure preferences or their ratings of counselors in any of the three pairs of sequences, the six original conditions were collapsed into three total conditions. Table 6 and 7 illustrate the original and collapsed conditions. The three collapsed conditions will be labeled "NSD versus PSD," "NSD versus GCSD," and "PSD versus GCSD."

### *Self-Disclosure Preference*

Chi-square tests were used to determine whether a significant number of men preferred one type of self-disclosure over another. Three separate hypotheses (one for each self-disclosure condition) are restated below with respective results.

Hypothesis 1: Significantly more men will prefer personal self-disclosure over no self-disclosure, both before and after being presented with text summaries of each type of self-disclosure.

This hypothesis was partially supported. Before participants were presented with a description of therapist self-disclosure styles, 57% preferred personal self-disclosure and 43% preferred no self-disclosure. A chi-square test determined no significant differences between these two groups,  $\chi^2(1, N = 100) = 1.96, p = .162$ , before participants were given details about the self-disclosure descriptions they had just watched. After participants read the description of the self-disclosure styles they had just watched and were then asked to choose once more, 62% chose personal self-disclosure and 38% chose no self-disclosure. The results of a chi-square test found that significantly more men preferred personal self-disclosure,  $\chi^2(1, N = 100) = 5.76, p = .016$ .

Table 8

*Comparisons of Counselor Ratings (t-tests) in Opposite Sequences to Determine the Possibility of Sequencing Effects*

CRF Factor	Sequence 1		Sequence 2		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
NSD Versus PSD Condition					
NSD Therapist					
Expertness	58.02	14.03	57.14	11.69	.34
Attractiveness	48.42	12.71	50.54	13.15	-.82
Trustworthiness	57.54	14.19	57.58	12.77	-.02
CRF Total	163.98	37.93	165.26	34.58	-.18
PSD Therapist					
Expertness	55.96	13.40	56.32	16.80	-.12
Attractiveness	62.78	10.34	62.10	13.03	.29
Trustworthiness	60.84	12.27	61.52	15.13	-.25
CRF Total	179.58	32.57	179.94	42.49	-.05
NSD Versus GCSN Condition					
NSD Therapist					
Expertness	53.66	15.47	52.00	13.19	.58
Attractiveness	53.86	13.97	50.22	10.42	1.48
Trustworthiness	58.76	15.06	55.36	12.05	1.25
CRF Total	166.28	41.45	157.58	33.19	1.15
GCSN Therapist					
Expertness	57.94	15.71	58.32	15.52	-.122
Attractiveness	56.98	13.06	59.02	11.86	-.818
Trustworthiness	58.26	15.74	61.40	12.83	-1.09
CRF Total	173.18	41.37	178.74	37.45	-.71
PSD Versus GCSN Condition					
PSD Therapist					
Expertness	54.46	13.83	52.50	15.37	.67
Attractiveness	62.10	10.79	59.60	11.07	1.14
Trustworthiness	58.86	13.89	58.14	14.88	.60
CRF Total	176.42	36.27	170.24	38.42	.83
GCSN Therapist					
Expertness	56.96	13.66	59.52	16.47	-.85
Attractiveness	52.32	12.54	52.24	12.55	.03
Trustworthiness	57.28	13.05	58.48	13.83	-.82
CRF Total	166.56	36.09	171.24	39.14	-.62

Note. n=50 Sequence 1 and n=50 Sequence 2 for all pairs of self-disclosure.

Hypothesis 2: Significantly more men will prefer gender-context self-disclosure over no self-disclosure, both before and after being presented with text summaries of each type of self-disclosure.

Similar to the results of the previous hypothesis, this hypothesis was partially supported. Before they were presented with a description of therapist self-disclosure styles, 55% of participants preferred gender context self-disclosure and 45% preferred no self-disclosure. A chi-square test found no significant differences between these two groups,  $\chi^2(1, N = 100) = 1.00, p = .317$ . However, after participants read the description of the self-disclosure styles shown in the video clips and were again asked to choose their preferred self-disclosure knowing this information, 62% chose personal self-disclosure and 38% chose no self-disclosure. Significantly more participants were drawn to gender context self-disclosure,  $\chi^2(1, N = 100) = 5.76, p = .016$ . Thus, the hypothesis that men would prefer GCSD was supported for the case when subjects were given the descriptions of the self-disclosure approaches but not prior to being given these descriptions.

Hypothesis 3: No significant differences will exist between the number of men who prefer personal self-disclosure and the number of men who prefer gender-context self-disclosure. Significant differences will neither exist before nor after participants are given descriptions of the therapist self-disclosure approaches.

This hypothesis was fully supported by the results. 52% of participants picked gender context self-disclosure and 48% preferred personal self-disclosure before they were given descriptions of the self-disclosures they had viewed. After participants read each description, 56% chose gender-context self-disclosure and 44% chose personal self-disclosure. The results of a chi-square test showed non-significant differences between preferences both before,  $\chi^2(1, N = 100) = .160, p = .689$ , and after participants were given descriptions of the self-disclosure styles  $\chi^2(1, N = 100) = 1.44, p = .230$ .



*Self Disclosure Preference by Gender Role Conflict: An Exploratory Analysis*

The previous section discussed whether men preferred one type of self-disclosure over another. This section explores whether men with higher or lower gender role conflict in particular tended to pick one type of self-disclosure over another. Using a median-split of total GRCS score, men were divided into two groups labeled “low Gender Role Conflict” (low GRC) and “high Gender Role Conflict” (high GRC). As this is an exploratory analysis, no hypotheses were made prior to the study. Thus, the limitations of interpreting the results of exploratory analyses should be kept in mind as the reader reads this section. Furthermore, because men were divided into two even groups, the analysis below is based on 50 men per group instead of the sample of all 100 men used in the previous analyses. Nonetheless, the results below suggest that there was still enough power to examine differences within each GRC group.

In the NSD versus PSD condition, 60% of low GRC participants preferred NSD and 40% of low GRC participants preferred PSD prior to reading the descriptions of each approach. A chi-square test displayed no significant differences between the two groups,  $\chi^2(1, N = 50) = 2.0, p = .157$ . After low GRC participants were given descriptions of each approach, 70% chose PSD over NSD. A chi-square test found that a significant number of low GRC men chose PSD over NSD,  $\chi^2(1, N = 50) = 8.0, p = .005$ . Fifty-four percent of high GRC men chose NSD and 46% of high GRC men chose PSD, both before and after they were given descriptions of the self-disclosures, yielding non-significant results for both groups,  $\chi^2(1, N = 50) = .32, p = .572$ . In sum, although the previous section seems to imply that all men are preferential to PSD, exploratory analyses actually

suggest that low gender role conflict accounts for that effect, as only low GRC men chose PSD a significantly greater number of times over NSD.

In the NSD versus GCSD condition, low GRC men chose the GCSD therapist 52% of the time before being given the description of each approach and 60% of the time afterwards. However, the differences between participants' preferences of NSD and GCSD before and after description were found to be non-significant,  $\chi^2(1, N = 50) = .080, p = .777$ ;  $\chi^2(1, N = 50) = 2.00, p = .157$ . In reference to high GRC men, 58% of participants chose GCSD and 42% of men preferred NSD prior to reading self-disclosure descriptions. A chi-square test yielded non-significant differences in preferences prior to high GRC men reading these descriptions,  $\chi^2(1, N = 50) = 1.28, p = .258$ . However, after high GRC men read the descriptions, 64% chose GCSD and 36% chose NSD. The results of a chi-square test found a significant difference in the favor of GCSD,  $\chi^2(1, N = 50) = 3.92, p = .048$ . Thus, although the previous section seems to imply that all men prefer GCSD over NSD, exploratory analyses actually suggest that high gender role conflict accounts for that effect, as only High GRC men chose GCSD a significantly greater number of times over NSD.

Lastly, in the PSD versus GCSD condition, 50% of low GRC men chose PSD and 50% chose GCSD prior to being given descriptions. 48% of low GRC men chose PSD and 52% chose GCSD after descriptions. No significant differences were found pre-,  $\chi^2(1, N = 50) = .00, p = 1.00$ , or post-description,  $\chi^2(1, N = 50) = .08, p = .777$ . In terms of high GRC men, 46% of men preferred PSD and 54% of men preferred GCSD before descriptions while 40% preferred PSD and 60% preferred GCSD after descriptions. Similarly, no significant differences were found pre-,  $\chi^2(1, N = 50) = .32, p = .572$ , or

post-description,  $\chi^2(1, N = 50) = 2.00, p = .157$ . Thus, that for all men no matter their GRC level, there were no significant differences in preferences for PSD and GCSD.

### *Counselor Ratings*

To determine differences in counselor ratings between self-disclosure types, dependent samples t-tests were utilized. Effect sizes were calculated by taking the mean differences between two different types of self-disclosure (NSD and PSD; NSD and GCSD; or PSD and GCSD) divided by the pooled standard deviation. A hypothesis for each of the three conditions is stated below along with findings from the analyzed data.

Hypothesis 4: Participants will find the therapist utilizing PSD as significantly more attractive (but not more expert and trustworthy) than the therapist who uses NSD. It is hypothesized that these effect sizes will be in the small to medium range.

The hypothesis was supported. A dependent samples t-test found that men found the therapist who used PSD ( $M=62.44, SD= 11.71$ ) more attractive than the therapist who used NSD ( $M=49.48, SD=12.91$ ),  $t(100) = -6.46, p < .001, d = .54$ . Total therapist rating of the PSD therapist ( $M=179.76, SD=37.67$ ) was also significantly higher than ratings of the NSD therapist ( $M=164.62, SD=36.2$ ),  $t(99) = -2.76, p = .007, d = .41$ . As predicted, there were no statistically significant differences found between NSD and PSD in ratings of trustworthiness,  $t(99) = -1.97, p = .052, d = .27$ , or expertness,  $t(99) = .664, p = .508, d = .10$ . Detailed results with effect sizes are displayed in Table 9.

Hypothesis 5: Participants will find the therapist utilizing GCSD as significantly more attractive, expert, and trustworthy than the therapist who uses NSD. It is hypothesized that these effect sizes will be in the medium to large range.

This hypothesis was partially supported. Specifically, the results of a dependent samples t-test showed non-significant differences in the trustworthiness ratings of the NSD and GCSD therapists,  $t(99) = -1.46, p = .149, d = .20$ . However, while men in the

Table 9

*Comparisons (t-tests) and Effect Sizes (Cohen's d) of Counselor Ratings in NSD Versus PSD Condition*

CRF Factor	NSD		PSD		<i>t</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Expertness	57.58	12.86	56.14	15.12	.664	.10
Attractiveness	49.48	12.91	62.44	11.71	-6.46***	.54
Trustworthiness	57.56	13.43	61.18	13.71	-1.97	.27
CRF Total	164.62	36.2	179.76	37.67	-2.76*	.41

Note. n=100 NSD; n=100 PSD.

\* $p < .05$ ; \*\*\* $p < .001$

study did not find the therapist utilizing GCSD as more trustworthy than the therapist who used NSD, men rated the GCSD therapist significantly higher in expertness,  $t(99) = -2.44$ ,  $p = .017$ ,  $d = .35$ , and attractiveness,  $t(99) = -3.16$ ,  $p = .002$ ,  $d = .48$ . Total therapist rating was also significantly greater for GCSD,  $t(99) = -2.55$ ,  $p = .012$ ,  $d = .36$ . The hypothesized effect sizes were not as large as expected, falling in the small range instead of the predicted medium to large range. Results of a series of dependent samples t-test with means, standard deviations, and effect sizes are presented in Table 10.

Table 10

*Comparisons (t-tests) and Effect Sizes (Cohen's d) of Counselor Ratings in NSD Versus GCSD Condition*

CRF Factor	NSD		GCSD		<i>t</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Expertness	52.83	14.33	58.13	15.54	-2.44*	.35
Attractiveness	52.04	12.40	58	12.45	-3.16**	.48
Trustworthiness	57.06	13.67	59.83	14.37	-1.46	.20
CRF Total	161.93	37.61	175.96	39.36	-2.55*	.36

Note. n=100 NSD; n=100 PSD.

\* $p < .05$ ; \*\* $p < .01$

Hypothesis 6: There will be no significant differences in ratings of attractiveness, expertness, and trustworthiness between PSD and GCSD.

This hypothesis was partially supported. Results from dependent samples t-tests demonstrated no significant differences between GCSD and PSD therapists in trustworthiness,  $t(99) = .34$ ,  $p = .738$ ,  $d = .04$ , or CRF total scores,  $t(99) = .82$ ,  $p = .417$ ,  $d = .12$ . However, men in the study found the PSD therapist to be more attractive ( $M=60.85$ ,  $SD=10.95$ ) than the GCSD therapist ( $M=52.28$ ,  $SD=12.48$ ),  $t(99) = 4.64$ ,  $p < .001$ ,  $d = .73$ . On the other hand, men rated the GCSD therapist more expert ( $M=58.24$ ,  $SD=15.11$ ) than the PSD therapist ( $M=53.48$ ,  $SD=14.58$ ),  $t(99) = -2.25$ ,  $p = .027$ ,  $d = .32$ . Thus, it appears that there were different advantages and/or disadvantages for using one of these forms of self-disclosure over another. Detailed results of a series of dependent samples t-tests examining differences in counselor ratings between PSD and GCSD are presented in Table 11.

*Within-Group Differences in Counselor CRF Ratings in Men with Low and High Gender Role Conflict: An Exploratory Analysis*

The results in the previous section showed differences in men's CRF ratings of self-disclosure styles in each of the three conditions (NSD versus PSD, NSD versus GCSD, and PSD versus GCSD). Using exploratory analyses, this section seeks to determine 1) whether men with low gender role conflict differentially rate each self-disclosure style 2) whether men with high gender role conflict differentially rate each self-disclosure style and 3) whether men with low and high gender role conflict rate self-disclosure styles differently from each other (e.g. do they both view PSD as more attractive than NSD or do only men with low gender role conflict view PSD as more attractive?). In sum, the the goal of this examination was to find whether the results of men's ratings of self-

Table 11

*Comparisons (t-tests) and Effect Sizes (Cohen's d) of Counselor Ratings in PSD Versus GCSD Condition*

CRF Factor	PSD		GCSD		<i>t</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Expertness	53.48	14.58	58.24	15.11	-2.25*	.32
Attractiveness	60.85	10.95	52.28	12.48	4.64***	.73
Trustworthiness	59.00	14.35	58.38	13.42	.34	.04
CRF Total	173.33	37.3	168.9	37.53	.82	.12

Note. n=100 NSD; n=100 PSD.

\*p<.05; \*\*\*p<.001

disclosure style (discussed in the previous section) could be generalized to all men or whether they were only true for men with low or high gender role conflict.

As in the previous set of exploratory analyses, men were divided into low and high GRC groups based on total GRC score. Then, a series of dependent sample t-tests were utilized to determine differences between therapist ratings in each GRC Group. Because this was an exploratory analysis, no hypotheses were made before the study began. Thus, the limitations using exploratory analyses should be considered as the reader reviews this section. Furthermore, because this endeavor involved splitting participant into two groups (of 50 as opposed to 100 when combined), power was reduced. Nonetheless, the results from the data of these split groups seem to suggest that the sample sizes were still large enough to find significant differences within and between GRC groups.

In the NSD versus PSD condition, no significant differences were found in ratings of expertness in either low or high GRC scorers (See Table 12). Both low and high GRC

Table 12

*Comparing Counselor Ratings Between NSD and PSD in Low and High GRC Groups*

CRF Factor	NSD		PSD		t	Cohen's <i>d</i>
	Mean	SD	Mean	SD		
Expertness						
Low GRC	56.74	14.08	58.66	13.77	-.69	.14
High GRC	58.42	11.59	53.62	16.11	1.46	.34
Attractiveness						
Low GRC	49.26	13.45	63.06	10.60	-5.18***	1.13
High GRC	49.70	12.48	61.82	12.80	-4.02***	.95
Trustworthiness						
Low GRC	56.80	15.20	62.98	11.47	-2.48*	.46
High GRC	58.32	11.50	59.38	15.55	-.40	.08
CRF TOTAL						
Low GRC	162.80	39.91	184.70	32.83	-3.05**	.59
High GRC	166.44	32.18	174.82	41.70	-1.01	.22

Note. n=50 Low GRC Group; n=50 High GRC Group. GRC=Gender Role Conflict.

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

groups found PSD significantly more attractive than NSD,  $t(49) = -5.18$ ,  $p < .001$ ,  $d = 1.13$ ,  $t(49) = -4.04$ ,  $p < .001$ ,  $d = .95$  respectively. These results are consistent with findings in the previous section, as all participants (before being divided into low and high GRC groups) in this condition found no differences in expertness and perceived the PSD therapist to be more attractive. Thus, gender role conflict did not seem to affect or be related to men's perception of attractiveness in this condition.

When examining all participants in the NSD versus PSD condition without attention to GRC, no differences in trustworthiness were found between NSD and PSD. However, dividing participants into GRC groups showed that low GRC participants perceived the PSD therapist to be more trustworthy,  $t(49) = -2.48$ ,  $p = .017$ ,  $d = .46$ , while high GRC men did not significantly differentiate the two therapists,  $t(49) = -$

.40,  $p = .693$ ,  $d = .08$ . Lastly, total PSD counselor ratings were significantly higher than NSD only for men with low GRC,  $t(49) = -3.05$ ,  $p = .004$ ,  $d = .59$ . This result is also notable, given that when all men’s ratings were examined together, CRF total ratings were significantly higher for PSD. Thus, low gender role conflict accounted for this effect. Table 13 displays a comparison of ratings when all participants were examined as one unitary group and after participants are divided into low and high GRC categories.

Table 13

*Comparing Counselor Ratings in the NSD Versus PSD Condition Before and After Division of Participants into Low and High GRC Categories*

CRF Factor	All Men	Low GRC Men	High GRC Men
Expertness	No sig. difference	No sig. difference	No sig. difference
Attractiveness	Higher PSD rating	Higher PSD rating	Higher PSD rating
Trustworthiness	No sig. difference	Higher PSD rating	No sig. difference
CRF Total	Higher PSD rating	Higher PSD rating	No sig. difference

Note.  $n=100$  All Men;  $n=50$  Low GRC Men;  $n=50$  High GRC Men. “Higher PSD rating=Significantly Higher PSD Rating”; “No sig. difference”= No Significant Difference in Rating.

In the NSD versus GCSD condition, results from a dependent samples t-test found that only high GRC respondents viewed GCSD as more expert than NSD,  $t(49) = -3.33$ ,  $p = .002$ ,  $d = .62$  (see Table 14). However, GCSD was found to be more expert than NSD when examined as one unitary group in the previous section. This result indicates that high GRC accounted for this effect. Additionally, GCSD was rated significantly more attractive only by men with high GRC,  $t(49) = -2.80$ ,  $p = .007$ ,  $d = .58$ . However, low GRC men’s attractiveness ratings for PSD were notably greater than their



Table 14

*Comparing Counselor Ratings Between NSD and GCSD in Low and High GRC Groups*

CRF Factor	NSD		GCSD		t	Cohen's <i>d</i>
	Mean	SD	Mean	SD		
Expertness						
Low GRC	54.14	14.80	56.28	17.45	-.61	.13
High GRC	51.52	13.86	59.98	13.28	-3.33**	.62
Attractiveness						
Low GRC	52.66	14.06	58.34	14.14	-1.85	.40
High GRC	51.42	10.59	57.66	10.63	-2.80*	.58
Trustworthiness						
Low GRC	57.70	15.04	59.82	16.56	-.66	.13
High GRC	56.42	12.28	59.84	11.97	-1.68	.20
CRF TOTAL						
Low GRC	164.50	41.49	174.44	45.55	-1.08	.23
High GRC	159.36	33.52	177.48	32.40	-2.99**	.55

Note. n=50 Low GRC Group; n=50 High GRC Group. GRC=Gender Role Conflict.

\* $p < .05$ ; \*\* $p < .01$ .

ratings of NSD,  $t(49) = -1.85$ ,  $p = .07$ ,  $d = .40$ . Though low GRC men tended to trend towards giving higher attractiveness ratings for GCSD, a larger sample size would be needed to truly test this hypothesis. Results of trustworthiness ratings by men with high and low GRC found no significant differences between NSD and GCSD, the same result as when GRC groups were examined together (all  $p$ 's  $> .05$ ). Lastly, while no significant difference in total CRF ratings were detected between NSD and GCSD when all men in the condition were examined together, men with high GRC rated GCSD significantly higher overall (total CRF rating),  $t(49) = -2.99$ ,  $p = .004$ ,  $d = .55$ . A comparison of counselor ratings in the NSD versus GCSD condition for all participants, low GRC men, and high GRC men can be found in a summary format in Table 15.

Table 15

*Comparing Counselor Ratings in the NSD Versus GCSD Condition Before and After Division of Participants into Low and High GRC Categories*

CRF Factor	All Men	Low GRC Men	High GRC Men
Expertness	Higher GCSD rating	No sig. difference	Higher GCSD rating
Attractiveness	Higher GCSD rating	No sig. difference	Higher GCSD rating
Trustworthiness	No sig. difference	No sig. difference	No sig. difference
CRF Total	No sig. difference	No sig. difference	Higher GCSD rating

Note. n=100 All Men; n=50 Low GRC Men; n=50 High GRC Men. “Higher GCSD rating” = Significantly higher GCSD rating; “No sig. difference”= No significant difference in rating.

In the PSD versus GCSD condition, dividing men into low and high GRC groups showed that only men with high GRC found the GCSD therapist to be more expert,  $t(49) = -2.06$ ,  $p = .045$ ,  $d = .44$  (see Table 16). This result is noteworthy, given that before dividing men into these categories, *all* participants were found to perceive GCSD as more expert than PSD. Thus, high GRC accounted for this difference. Both GRC groups found PSD to be more attractive than GCSD (low GRC:  $t(49) = 3.50$ ,  $p < .001$ ,  $d = .77$ ; high GRC:  $t(49) = 3.16$ ,  $p = .003$ ,  $d = .70$ ), which was consistent with the finding that when these groups were combined, participants found PSD as more attractive. Differences in trustworthiness and total counselor ratings remained insignificant after dividing participants into the GRC groups. Table 17 displays comparisons of counselor ratings in the PSD versus GCSD condition for all participants, low GRC men, and high GRC men.

Table 16

*Comparing Counselor Ratings Between PSD and GCSD in Low and High GRC Groups*

CRF Factor	PSD		GCSD		t	Cohen's <i>d</i>
	Mean	SD	Mean	SD		
Expertness						
Low GRC	54.36	12.64	57.04	15.77	-1.02	.19
High GRC	52.60	16.37	59.44	14.47	-2.06*	.44
Attractiveness						
Low GRC	60.50	8.38	52.80	11.31	3.50***	.77
High GRC	61.20	13.11	51.76	13.66	3.16**	.70
Trustworthiness						
Low GRC	59.36	11.78	58.06	13.31	.58	.10
High GRC	58.64	16.64	58.70	13.66	-.02	.00
CRF TOTAL						
Low GRC	174.22	29.80	167.90	37.38	.97	.19
High GRC	172.44	43.83	169.90	38.03	.29	.07

Note. n=50 Low GRC Group; n=50 High GRC Group. GRC=Gender Role Conflict.  
\*p<.05; \*\*p<.01; \*\*\*p<.001

Table 17

*Comparing Counselor Ratings in the PSD Versus GCSD Condition Before and After Division of Participants into Low and High GRC Categories*

CRF Factor	All Men	Low GRC Men	High GRC Men
Expertness	Higher GCSD rating	No sig. difference	Higher GCSD rating
Attractiveness	Higher PSD rating	Higher PSD rating	Higher PSD rating
Trustworthiness	No sig. difference	No sig. difference	No sig. difference
CRF Total	No sig. difference	No sig. difference	No sig. difference

Note. n=100 All Men; n=50 Low GRC Men; n=50 High GRC Men. "Higher PSD rating=Significantly Higher PSD Rating"; "No sig. difference"= No Significant Difference in CRF Rating.

### *Between-Group Comparison of Counselor Ratings by Gender Role Conflict Score*

To determine whether men with low and high gender role conflict rated counselors with different self-disclosing styles differently, the participants in the study were divided by their total GRCS score using the median-split technique. Then, a series of independent t-tests was utilized to determine differences in counselor ratings between the two groups in each self-disclosure condition. Hypotheses about differences in counselor ratings between the low and high GRC groups are restated below along with the respective results.

**Hypothesis 7:** In the NSD versus PSD condition, men with high gender role conflict will rate the NSD therapist significantly higher than men with low gender role conflict.

Contrary to the hypothesis, a consistent pattern of non-significant differences in the NSD's counselor's ratings of expertness, attractiveness, and trustworthiness was observed between the low and high GRC Group (see Table 18). The same pattern held true for the PSD therapist.

**Hypothesis 8:** In the NSD versus GCSD condition, men with high gender role conflict will rate the GCSD therapist significantly higher than men with low gender role conflict.

Similar to the findings of the previous hypothesis, a series of independent t-tests found a consistent pattern of non-significant differences in all CRF factors between low and high GRC groups for the GCSD therapist (See Table 19). The same pattern was found for the NSD therapist.

**Hypothesis 9:** In the PSD versus GCSD condition, men with high gender role conflict will rate the GCSD therapist significantly higher than men with low gender role conflict.

The results did not support this hypothesis. As with the previous hypotheses examining low and high gender role conflict and counselor CRF ratings, no significant

Table 18

*Counselor Rating Comparisons (t-tests) Between Low and High GRCS Groups in the NSD Versus PSD condition*

CRF Factor	Low GRC Group		High GRC Group		t	p
	Mean	SD	Mean	SD		
NSD Therapist						
Expertness	56.74	14.08	58.42	11.59	-.65	n.s.
Attractiveness	49.26	13.45	49.70	12.48	-.17	n.s.
Trustworthiness	56.80	15.20	58.32	11.50	-.08	n.s.
CRF TOTAL	162.80	39.91	166.44	32.18	-.50	n.s.
PSD Therapist						
Expertness	58.66	13.77	53.62	16.11	1.68	n.s.
Attractiveness	63.06	10.60	61.82	12.70	.53	n.s.
Trustworthiness	62.98	11.47	59.38	15.55	.95	n.s.
CRF TOTAL	184.70	32.83	174.82	41.70	1.32	n.s.

Note. n=50 Low GRC Group; n=50 High GRC Group. GRC=Gender Role Conflict.

Table 19

*Counselor Rating Comparisons (t-tests) Between Low and High GRCS Groups in the NSD Versus GCSD Condition*

CRF Factor	Low GRC Group		High GRC Group		t	p
	Mean	SD	Mean	SD		
NSD Therapist						
Expertness	54.14	14.80	51.52	13.86	.91	n.s.
Attractiveness	52.66	14.06	51.42	10.59	.50	n.s.
Trustworthiness	57.70	15.04	56.42	12.28	.47	n.s.
CRF TOTAL	164.50	41.49	159.36	33.52	.68	n.s.
GCSD Therapist						
Expertness	56.28	17.45	60.00	13.28	-1.20	n.s.
Attractiveness	58.34	14.14	57.66	10.63	.27	n.s.
Trustworthiness	59.82	16.56	59.84	11.97	-.007	n.s.
CRF TOTAL	174.44	45.55	177.48	32.40	-.39	n.s.

Note. n=50 Low GRC Group; n=50 High GRC Group. GRC=Gender Role Conflict.

Table 20

*Counselor Rating Comparisons (t-tests) Between Low and High GRCS Groups in the SSD Versus GCSD condition*

CRF Factor	Low GRC Group		High GRC Group		t	p
	Mean	SD	Mean	SD		
<b>PSD Therapist</b>						
Expertness	54.36	12.64	52.60	16.37	.60	n.s.
Attractiveness	60.50	8.38	61.20	13.11	-.32	n.s.
Trustworthiness	59.36	11.78	58.64	16.64	.25	n.s.
CRF TOTAL	174.22	29.80	172.44	43.83	.24	n.s.
<b>GCSD Therapist</b>						
Expertness	57.04	15.77	59.44	14.47	-.79	n.s.
Attractiveness	52.80	11.31	51.76	13.66	.42	n.s.
Trustworthiness	58.06	13.31	58.70	13.66	-.24	n.s.
CRF TOTAL	167.90	37.38	169.90	38.03	-.27	n.s.

Note. n=50 Low GRC Group; n=50 High GRC Group. GRC=Gender Role Conflict.

differences were found between low and high GRC groups in expertness, attractiveness, or trustworthiness (see Table 20). The finding of only non-significant differences in counselor ratings between low and high GRC men in *all* of the self-disclosing conditions seems to suggest that in this study, the amount of gender role conflict did not significantly influence or predict men’s ratings of self-disclosing approaches.

*Correlations Between Gender Role Conflict and Counselor CRF Ratings*

Pearson correlations between GRCS factors and CRF variables were investigated in the study to examine the relationship between gender role conflict and counselor CRF ratings. This section restates the hypotheses about these relationships proposed prior to the study along with corresponding results.

Hypothesis 10: In the NSD versus PSD condition, there will be a significant positive relationship between Restrictive Affectionate Behavior Between Men (RABBM) and expertness for the PSD therapist in the small to medium range. GRCS variables and

trustworthiness for the NSD therapist will be significantly negatively correlated and in the .2 to .5 range.

This hypothesis was unsupported, as a non-significant negative association was found between RABBM and expertness in the PSD therapist,  $r(98) = -.12, p = .249$ . Furthermore, the results of a correlational analysis testing this hypothesis showed nearly no relationship between GRCS variables and trustworthiness in the NSD therapist, with the exception of a small, but insignificant positive correlation between RABBM and Trustworthiness,  $r(98) = .11, p = .271$ . Results with all correlations between GRCS and CRF variables for the NSD versus PSD condition are displayed in a Pearson Correlation Matrix in Table 21.

Table 21

*Pearson Correlation Matrix Among CRF and GRCS Scores in the NSD Versus PSD Condition*

GRCS Variable	Expertness		Attractiveness		Trustworthiness		CRF Total	
	NSD	PSD	NSD	PSD	NSD	PSD	NSD	PSD
SPC	-.03	-.01	-.01	-.05	-.01	-.05	-.02	-.03
RE	.02	-.21*	-.01	-.10	-.01	-.17	.00	-.18
RABBM	.09	-.12	.15	-.17	.11	-.13	.13	-.15
CBWFR	.03	-.10	-.11	.02	.03	-.04	-.02	-.05
Total	.03	-.14	.02	-.11	.03	-.14	.03	-.14

Note. \* $p < .05$

GRCS=Gender Role Conflict Scale; CRF=Counselor Rating Form; SPC=Success/Power/Competition; RE = Restrictive Emotionality; RABBM=Restrictive Affectionate Behavior Between Men; CBWFR=Conflict Between Work and Family Relations.

The only significant relationship found between GRCS and CRF scores in the PSD therapist was a negative relationship between Restrictive Emotionality (RE) and Expertness,  $r(98) = -.21, p = .041$ . Men with greater RE scores tended to rate the

personally self-disclosing therapist as less expert, while men with lower RE scores tended to rate the personally disclosing therapist as more expert.

Hypothesis 11: In the NSD versus GCSD condition, there will be several significant positive relationships between CRF and GRCS variables in the .3 to .5 range for gender-context self-disclosure.

Though the correlational analysis revealed no significant positive relationships between CRF and GRCS variables in the GCSD therapist, there appeared to be a trend of insignificant positive relationships. For ratings of the GCSD therapist, a pattern of positive, but insignificant relationships were found between Success/Power/Competition (SPC) and expertness,  $r(98) = .19, p = .063$ , attractiveness,  $r(98) = .07, p = .481$ , trustworthiness,  $r(98) = .17, p = .097$ , and total CRF score,  $r(98) = .16, p = .119$ . Positive, but insignificant relationships were also found between Restrictive Affectionate Behavior Between Men (RABBM) and expertness,  $r(98) = .14, p = .167$ , and trustworthiness,  $r(98) = .09, p = .352$ .

Though no hypotheses were made about the NSD therapist in this condition, it is worth noting that significant negative associations were found between RABBM and both expertness,  $r(98) = -.20, p = .046$ , and trustworthiness,  $r(98) = -.20, p = .049$ , signifying that men with greater RABBM found the non-disclosing therapist to be less expert and trustworthy, and men with lower RABBM perceived the non-disclosing therapist as more expert and trustworthy. Furthermore, there was a significant negative relationship between RAABM and total CRF scores  $r(98) = -.21, p = .041$ , as men with higher RABBM scores tended to give the non-disclosing therapist lower scores across GRCS categories. In general, several negative but non-significant associations were observed between the GRCS and the NSD therapist's counselor ratings, including a



negative association between GRCS Total and CRF Total,  $r(98) = -.18, p = .081$ .

Detailed results are presented in the Pearson Correlation Matrix in Table 22.

Table 22

*Pearson Correlation Matrix Among CRF and GRCS Scores in the NSD Versus GCSD Condition*

GRCS Variable	Expertness		Attractiveness		Trustworthiness		CRF Total	
	NSD	GCSD	NSD	GCSD	NSD	GCSD	NSD	GCSD
SPC	-.18	.19	-.17	.07	-.18	.17	-.19	.16
RE	-.08	.07	-.10	-.09	-.10	-.01	-.10	-.01
RABBM	-.20*	.14	-.17	-.02	-.20*	.09	-.21*	.08
CBWFR	.06	.08	-.02	.04	-.01	.02	.01	.05
Total	-.15	.16	-.17	-.01	-.18	.09	-.18	.09

Note. \* $p < .05$

GRCS=Gender Role Conflict Scale; CRF=Counselor Rating Form; SPC=Success/Power/Competition; RE = Restrictive Emotionality; RABBM=Restrictive Affectionate Behavior Between Men; CBWFR=Conflict Between Work and Family Relations.

In sum, an examination of the Pearson Correlation Matrix demonstrates that although there were few significant correlations between GRCS and CRF variables in the NSD and GCSD therapist, it was apparent that GRCS factors were often negatively correlated with CRF variables in the NSD therapist while GRCS factors were often positively associated with CRF variables in the GCSD therapist.

Hypothesis 12: For the PSD therapist in the PSD versus GCSD condition, there will be significant positive correlations between attractiveness and gender role conflict variables. For the GCSD therapist, there will be significant negative correlations between GRCS variables and trustworthiness in the .3-.5 range.

Neither hypothesis was supported by the data. Specifically, the results of a series of Pearson correlations showed non-significant associations between GRCS and CRF variables in both self-disclosing therapists. Furthermore, GRCS variables and trustworthiness in the GCSD therapist, though insignificant, were positive instead of

negative as hypothesized. It may be noteworthy that a trend of positive, insignificant association between Success/Power/Competition and expertness, attractiveness, trustworthiness, and CRF total was found. Results of all correlations examined in the PSD versus GCSD condition are presented in Table 23.

Table 23

*Pearson Correlation Matrix Among CRF and GRCS Scores in the PSD Versus GCSD Condition*

GRCS Variable	Expertness		Attractiveness		Trustworthiness		CRF Total	
	PSD	GCSD	PSD	GCSD	PSD	GCSD	PSD	GCSD
SPC	-.02	.11	.02	.13	.04	.13	-.01	.13
RE	-.08	.09	-.10	.03	-.04	.05	-.07	.06
RABBM	.00	.03	.00	.03	.00	.02	.00	.03
CBWFR	.13	.04	.03	.06	.06	.05	.08	.06
Total	-.01	.10	-.02	.09	.01	.09	-.01	.10

GRCS=Gender Role Conflict Scale; CRF=Counselor Rating Form;  
 SPC=Success/Power/Competition; RE = Restrictive Emotionality; RABBM=Restrictive Affectionate Behavior Between Men; CBWFR=Conflict Between Work and Family Relations.

## CHAPTER FOUR

### Discussion

Research on therapist self-disclosure has made global claims about the generally positive effect of this therapeutic style for all people. However, all of this research has been gender-blind and has not considered the differential impact and effectiveness of therapist self-disclosure on men or women. Furthermore, research on self-disclosure has seldom examined gender dynamics that may arise in the therapy room. Good, Borst, and Wallace (1994) emphasized the importance of future research to differentiate and study different types of men, particularly men with high and low commitment to traditional gender roles. Many men's researchers, (Brooks, 1998, 2010; Heppner & Gonzalez, 1989; Scher, 2005) have emphasized specific male dynamics that appear when both therapist and client are male. Of particular note, Brooks (1998, 2010) posited that the challenges of male therapists working with male clients are lessened when the male therapist is able to adopt a "one down" position through self-disclosure. Brooks differentiated between the typical form of personal self-disclosure and a more gender-sensitive type of disclosure emphasizing the commonalities amongst all men. This research was designed specifically to determine whether higher levels of self-disclosure would actually be viewed positively by male clients and subsequently whether that preference would be differentially affected by the level of commitment to traditional gender roles. It was found that differentiating men on this variable made a critical difference, in that men with high and low levels of gender role conflict varied in self-disclosure preference and ratings. Without that differentiation, and generalizing findings to all men, an important difference would have

been overlooked in the relationship between self-disclosure and men's preferences for therapists.

The purpose of this study was to replicate a previous study by Jooma and Brooks (2011) with a larger sample, better sampling procedures, and better study conditions in order to confirm several results in the original study, including the finding that most men preferred self-disclosure over non-disclosure and that some dimensions of GRC determine how men rate counselors who use variations of self-disclosure. Originally, the current study separated low and high GRC men to determine between-group differences in self-disclosure ratings (i.e. whether low GRC men rated self-disclosures differently than high GRC men). However, after the data were gathered, these GRC groupings were used in several exploratory analyses. Exploratory analyses were used to examine within-group differences in ratings of therapist self-disclosure (i.e. whether there were significant differences between low and high GRC men's ratings of self-disclosure). Furthermore, exploratory analyses were used to determine whether men with different GRC levels preferred one type of self-disclosure (or non-disclosure).

A number of hypotheses were tested in the current study. Men were hypothesized to significantly prefer PSD over NSD and GCSD over NSD. Differences in self-disclosure preference between PSD and GCSD were hypothesized to be non-significant. Though the results were consistent with these hypotheses, exploratory analyses found that only low GRC men significantly preferred PSD over NSD and only high GRC men significantly preferred GCSD over NSD. There remained no significant differences within low and high GRC groups in preferences in the PSD versus GCSD condition.

It was hypothesized that PSD would be rated significantly more attractive than NSD and that GCSD would be perceived as significantly more expert, attractive, and trustworthy than NSD. These hypotheses were confirmed except that no significant difference in trustworthiness was found between NSD and GCSD. It was also hypothesized that PSD would not be rated significantly differently than GCSD in any category. However, PSD was found to be more attractive and GCSD was found to be more expert. Exploratory analyses illuminated these results further. This analysis found that both low and high GRC men found PSD to be significantly more attractive than NSD, but that low GRC men also found PSD to be more trustworthy. Only men with high GRC perceived GCSD to be significantly more expert and attractive than NSD. Men with low and high GRC found PSD to be more attractive than GCSD, but high GRC men also found GCSD to be more expert.

In reference to between group differences between low and high GRC in ratings of disclosure, several hypotheses were made about differences between therapist ratings in each of the conditions. Surprisingly, no significant differences were found between these groups in any condition. Lastly, several hypotheses were made about correlations between GRCS categories and CRF ratings in each condition. None of the hypotheses were supported though a few significant correlations were found in two conditions. These findings will be discussed in the following sections.

#### *Interpretation of Men's Preferences for Therapist Self-Disclosure*

Near the end of the study protocol, male participants were asked which of the two therapists they would prefer if they had the same problem as the male client in the video. In this study, when men were examined as a unitary category, they were found to prefer

the therapist who self-disclosed with PSD and GCSD over the therapist who did not disclose after a written description of the therapists' behaviors. However, instead of concluding that all men preferred self-disclosure, the study utilized an exploratory analysis and separated men with low and high levels of gender role conflict to determine if low or high GRC accounted for that effect. After the analysis, only a significant number of men with low GRC were found to prefer PSD over NSD; men with high GRC did not choose PSD a significantly greater number of times over the other. This is not to say that all men with high GRC levels would not prefer, benefit, or be socially attracted to a personally self-disclosing therapist, as the results do not suggest this. In fact, more men high in GRC endorsed the selection of PSD than NSD. Thus, many men with high levels of gender role conflict may still prefer PSD while many may prefer a non-disclosing approach. However, high GRC was not found to be predictive of men preferring PSD over NSD.

These findings suggest that PSD could be a better targeted and effective intervention for men low in the GRC continuum in particular. Men with low GRC levels may be more comfortable than men with higher GRC levels disclosing personal experiences and feelings. Their acceptance of this self-disclosure makes sense considering that GRC factors include Restrictive Emotionality and Restrictive Affectionate Behavior Between Men (O'Neal et al., 1986). Given that personal self-disclosure in this study involved a therapist self-disclosing specific experiences and feelings about those experiences, a man with lower gender role conflict may match better with a therapist utilizing this type of self-disclosure.

The initial finding that all men significantly preferred GCSD over NSD also appeared misleading, as high GRC participants' preferences seems to have accounted for this effect. Exploratory analyses of therapist disclosure preference found that although more men with low and high GRC independently preferred GCSD over NSD (post-description), only high GRC men's preference of GCSD over NSD reached statistically significant levels. As in the previous case, many low GRC men may prefer GCSD over NSD, though low GRC was found to not be predictive of men's preference of GCSD.

These findings suggest that GCSD may have benefits in developing therapeutic relationships for high GRC men, as these men are more likely to prefer it. These results may also imply that the content of GCSD applies more to high GRC men. Given that GCSD emphasizes the confusion men feel as a result of society's expectations on how men are supposed to act and feel, it seems more likely that high GRC men would experientially relate to this confusion. This message may not resonate as much for men who do not internalize masculine norms as much as men with high GRC.

Following the finding that both PSD and GCSD were equally preferred over NSD a critical question that arises is, "Is either of these self-disclosure types preferable to male clients who have male therapists?" The hypothesis that no significant difference in preference would exist between these self-disclosures, was supported by the data. Exploratory analysis examining preferences of men with low and high GRC also found that it did not matter whether men were high or low in GRC. In sum, men appeared to be evenly split on their preferences, and level of GRC was not predictive of self-disclosure choice.

For male therapists who are deciding between adopting a PSD or GCSD stance with their male clients, this finding may be confusing. The following subsections include discussions of men's CRF ratings of self-disclosure (and non-disclosure) in three categories (expertness, attractiveness, and trustworthiness), with an aim to elucidate the ways in which one style of male therapist self-disclosure may be more beneficial than another given the male client's GRC level.

In this study, men were asked to identify which style of self-disclosure they would prefer if they saw the same therapist in the video for the same problem as the male client in the video. They were asked to identify their preference before and after being given descriptions of the two disclosures they had just watched. The results found that men preferred self-disclosure (PSD and GCSD) over no self-disclosure after they were shown sample videos of these disclosures and given descriptions about the type of disclosure demonstrated by each clip. Though these findings were supported by hypotheses, the hypotheses that men would also prefer these types of self-disclosure *before* being given descriptions of them were unsupported. The study also found that low GRC men preferred PSD over NSD and high GRC men preferred GCSD over NSD post-description. Taken together, these results highlight that a number of men changed their preference from no self-disclosure to self-disclosure (PSD or GCSD) *after* they were given descriptions of each therapist response. One simple explanation of this phenomenon in the study is the low sound quality reported by many participants. Though participants who reported an inability to understand most of the content of the session were extracted from analysis, poor sound quality may still have impacted the other male



participants' ability to differentiate the two disclosure styles. Thus, an explanation of the therapist approaches they had just observed may have been critical for many participants.

Another explanation of men's preference of therapist self-disclosure only after a description is that many men may like the *idea* of therapist self-disclosure *but* are unable to recognize it in context (or at least not in the context provided by this study). This interpretation is supported in the literature on men and masculinity. A number of researchers and theorists have suggested that self-disclosure is not in the relational repertoires of many traditional men (Brooks, 1998, 2010; Jourard, 1971; Scher, 1981). When men do self-disclose in a personal and intimate manner, it is rarely with other men. Since self-disclosure is not a typical feature within the culture of masculinity (and possibly a novel idea for a number of men), the clips of self-disclosing therapists may have appeared unfamiliar at first while the clip of the non-self-disclosing therapist may have seemed more familiar. In this vein, the descriptions of the video clips may have clarified the self-disclosure participants had just watched, allowed them to digest and process the clips, given them a context to understand the videos, and finally allowed them to arrive at the conclusion that they preferred self-disclosure. Thus, men may only be able to prefer or properly form an opinion of therapist self-disclosure after they both experience it and are given the opportunity to fully understand and process its personal significance to them.

#### *Interpretation of Counselor CRF Ratings Before and After Dividing Participants into GRC Groups*

While the previous section discussed men's preferences for therapists exhibiting different stances on self-disclosure, this section provides a finer distinction than mere

preferences. It looks at three separate components of these men's views of the therapists - expertness, attractiveness, and trustworthiness. Consistent with findings from the previous section, exploratory analyses of men's ratings after differentiating low and high GRC men discovered that within-group differences were not necessarily identical in each group. In other words, men with low GRC did not always differentiate one type of therapist response from another in the same way as men with high GRC. Again, this finding highlights the need for male therapists to consider and examine GRC and its possible role in men's reactions to different forms of male therapist self-disclosure and non-disclosure. The degree of internalization of masculine norms may help indicate that some disclosures are more clinically indicated or effective than others. Similar to the previous section, this portion of the discussion section is organized by the disclosure conditions in the study: NSD versus PSD, NSD versus GCSD, and PSD versus GCSD.

#### *No Self-Disclosure Versus Personal Self-Disclosure*

In the NSD versus PSD condition, there were no significant differences in ratings of expertness for men as a unitary group, for men with low levels of GRC, or for men with high GRC. Additionally, men with low and high GRC found PSD as more attractive. Though these findings were predicted, these particular results are not necessarily intuitive. Many therapists likely fear utilizing personal self-disclosure because of the belief that they will be perceived as less professional, reputable, knowledgeable, accepted, or respected. These fears are likely multiplied with male clients, as many men have a low opinion of any appearance of vulnerability or weakness (Brooks, 1998, 2010) and typically avoid intimate self-disclosure in the majority of their interactions, especially with other men (Scher, 1981). These fears may be even greater

with men who are more traditionally masculine and ascribe more highly to male gender roles. Furthermore, for male therapists who have been exposed to socialized gender norms and have had their own experiences with fathers, brothers, coaches, teammates, and male friends, self-disclosure in the male therapist-male client dyad may be even more intimidating. Thus, the finding that men neither found PSD as less expert and that all men found PSD as more attractive implies that this fear may not be justified, at least in male therapist-client dyads. Since men appear to find a PSD therapist as more attractive and no less expert than a non-disclosing therapist, PSD may be an advantageous option in helping to ensure a better alliance in the therapeutic relationship.

Ironically, though men who have been most affected by GRC (high GRC men) saw PSD as significantly more attractive than non-disclosure, a significant majority of these men did not answer that they would see the PSD therapist instead of the NSD therapist if they had to choose one for the same problem as the client in the study. Thus, it is probable that men who rated PSD as more attractive did not necessarily choose PSD over NSD. At first, this finding may appear puzzling. The research and literature on men and self-disclosure may shed some light. Numerous researchers have found that men disclose significantly less than women in their relationships (DeForest & Stone, 1980; Dindia & Allen, 1992; Jourard, 1971). Though self-disclosure research has not exclusively studied more traditional men, it appears likely that personal and intimate self-disclosure would be utilized even less. Intimate self-disclosure is not only absent from the relational schemas of men, but also “anathema to traditional men” (Brooks, 1998, 2010) and interferes with a need to appear confident, strong, and untroubled (David & Brannon, 1976; Heppner & Gonzalez, 1987; Scher, 1990). The finding that men may

find PSD more attractive and warm but are hesitant to choose a PSD therapist over a non-disclosing one may signify ambivalence. From a distance, men may be very attracted to watching a male therapist disclose personal information, but the thought of being in a more intimate environment may increase feelings of fear, weakness, and vulnerability. For these men, a less intimate form of self-disclosure that places their feelings in a context of masculinity may feel safer.

Along with observing PSD as more attractive than NSD, men with low GRC also rated PSD as significantly more trustworthy than NSD. In the self-disclosure clips, the PSD therapist relates the experiences and feeling that his male client is feeling to his own experiences and feelings in earlier parts of his life. Thus, the result that low GRC men found PSD to be more trustworthy may imply that low GRC men perceive a therapist who relates in these ways to be more open, honest, and sincere, components of trustworthiness defined by Strong (1968). They may also suggest that these types of men find a non-disclosing therapist as being *less* open, honest, sincere, and trustworthy. Men with low GRC may be more likely to base their ability to trust other men, or at least male therapists, on the other's willingness to be more open and sincere about feelings and experiences. Thus, for men with low GRC, whose openness about personal experiences and feelings may be a more normative part of their relational repertoires with other men, a male therapist who self-discloses in a personal way may be especially valuable for creating a solid foundation of trust; a non-disclosing counselor may create more distance in the therapy relationship.

### *No Self-Disclosure Versus Gender-Context Self-Disclosure*

In this study, men as a whole seemed to perceive GCSD, which consists of the male therapist placing the client's issues in the context of masculinity and including himself within this context, as being more attractive and expert than NSD. However, further examination found that only high GRC men gave significantly higher attractiveness and expertness ratings to the GCSD therapist; men with low GRC rated GCSD and NSD similarly. A number of studies have found that therapist self-disclosures are viewed more favorably when they reveal similarity between the dyad (Hoffman-Graff, 1977; Hoffman & Spencer, 1977; Mann & Murphy, 1975). Given that low GRC men are more likely to be characterized as more comfortable with self-disclosure and feelings and less confined to the expectations of traditional masculinity, men with low GRC may not have identified with the GCSD approach. As discussed above, they might have identified more with an intimate and personally self-disclosing therapist. This lack of identification with GCSD may explain the absence of significant differences between ratings and preferences of NSD and GCSD for low GRC men.

For the men with high GRC, however, GCSD may have had higher appeal, explaining this group's significantly higher ratings of GCSD attractiveness compared to NSD attractiveness. As discussed previously, high GRC men also stated their preference for a GCSD therapist over a NSD therapist when asked to choose one if they decided to attend therapy. GCSD may have felt more applicable to their lives than the NSD approach. Men who are traditionally more masculine may have experienced a much needed sense of camaraderie emanating from the GCSD therapist, who recognized the client's issues as a "men's issues" and one that the therapist could also relate to as a

man himself. Additionally, the gender-affirming qualities of GCSD may have added to the appeal for high GRC men, who are proud of but also struggle with their adherence to strict masculine standards. Furthermore, GCSD may have struck a safe balance between personal and intimate self-disclosure and more traditional relating. If this were true, it would explain high GRC men's tendency to choose a gender-affirming disclosure over nondisclosure but not necessarily choose a personally self-disclosing therapist over a non-disclosing one.

As noted above, men with high GRC also observed GCSD as more expert than NSD, while men with low GRC did not appear to differentiate the expertness of the approaches. The expert appeal of GCSD for high GRC men may be attributed to a variety of factors. High GRC men's tendency to rate the GCSD therapist higher may be related to the possible familiarity of the language used by this therapist. The GCSD therapist utilizes a type of psychoeducation to frame the client's issues in a male socialization context, conveying that men have been given "conflicting information" about how "we should treat women." Mahalik (2001) argues that the role of the therapist as a teacher, expert, and professional are often fitting with traditional men's socialization. Thus, high GRC men may find GCSD more expert because of their familiarity and understanding of the "teacher" role exemplified by the GCSD therapist. In short, more traditional men may find the role of a teacher to inherently have qualities of expertness, professionalism, and confidence. Men that are less traditional may not make the same association. Since men with low GRC observed the GCSD therapist to be just as expert as the NSD therapist, the perception of therapist expertness for these men may not be tied to a therapist's ability to be in the role of an instructor or teacher.

Because men are often socialized to be attracted to the expert role, the expertness with which they perceived the GCSD therapist may also positively contribute to their attraction to this form of self-disclosure. Thus, the absence of teacher attributes in the NSD therapist may have resulted in lower ratings of expertness and possibly even lower ratings of attractiveness for men with high masculine ideals. For low GRC men who may be less attracted to the expert role, the feature of the teacher role in the GCSD may have contributed to less differentiation between NSD and GCSD ratings.

The GCSD therapist also shares his interest in men and masculinity issues, which could be interpreted as stating his credentials or revealing his specialized training. As high GRC men are more likely to value success, these credentials may have stood out. Strong's (1968) conception of expertness includes the perception of a counselor as rational and knowledgeable, reputable as an expert, and a valid resource based on his specialized training. Thus, the absence of the NSD therapist's mentioning of credentials as well as the absence of a psychoeducational approach may have decreased high GRC men's perceptions of this counselor's expertness. Additionally, men may simply find a non-disclosing therapist, who does not disclose when asked, as less confident and knowledgeable. Since high GRC men are more likely to be attracted to straightforward, logical, and rational responses (Mahalik, 2001; Scher 2001), the non-disclosing stance of the NSD therapist may have been perceived as avoidant to the client's questions or suggestive to the client that this therapist did not have an answer.

#### *Personal Self-Disclosure Versus Gender-Context Self-Disclosure*

Participants were asked to rate two types of self-disclosure in the PSD versus GCSD condition. PSD was found to be more attractive while GCSD was found to be

more expert when men were not distinguished by GRC level. However, when split into GRC groups, low GRC men observed PSD to be significantly more attractive but just as trustworthy and expert as GCSD. High GRC men also perceived PSD as significantly more attractive but additionally observed GCSD as more expert. As in the other conditions, differentiating GRC illuminated whether therapist ratings generalized to all men or differently with men on opposite ends of the GRC spectrum. For low GRC men, the use of PSD seems more advantageous than GCSD, as found by higher ratings of attractiveness. However, when asked their preference, low GRC men chose PSD nearly as much as GCSD.

Depending on which type of self-disclosure they choose with high GRC men, therapists are likely to discover different advantages. A personal and intimate self-disclosure is more likely to be perceived as more warm and attractive while a gender-context self-disclosure is more likely to be perceived as expert. For therapists choosing between the two approaches, they may want to consider which stance is more likely to be valued by the men they see and which type of disclosure may be more clinically advantageous. Though no research can currently support a combination of these disclosures, future research may find more benefits from examining men's perceptions of a disclosure integrating PSD and GCSD. As with low GRC men, men with high GRC also chose GCSD nearly as much as PSD when asked which therapist they would rather see.

### *Overall Findings of Self Disclosure Preferences*

Considering the results of the non-disclosure versus self-disclosure conditions, men with male therapists seem to prefer self-disclosure. There also seems to be no



advantage of using non-disclosure in any condition. Therapists who utilize either personal or gender-context self-disclosure with their male clients will likely be perceived as more expert, attractive, and/or trustworthy than if they do not self-disclose. However, this study found that matching the type of self-disclosure with the level of GRC makes a difference. Compared to non-disclosure, there appear to be more advantages of using GCSD for high GRC men and more advantages of using a personal and intimate form of self-disclosure with low GRC men. When deciding between the two types of self-disclosure, therapists working with low GRC men will find more advantages utilizing PSD. However, counselors seeing high GRC men will find advantages with both forms and may have to use their best clinical judgment to decide which will best benefit their particular client.

Many psychologists have documented the trepidation, shame, and defensiveness that many men feel when entering the therapeutic relationship (Brooks, 1998, 2010; Rabinowitz & Cochran, 2001; Scher, 1990; Wexler, 2008). These feelings often are more intense with a male therapist, and may greatly hamper the development of the necessary relational bond. This study's findings support the benefits of self-disclosure and also underline the need for male counselors to be cognizant of male gender roles and dynamics when choosing a particular type of self-disclosure. This study suggests that being aware of these roles can help male therapists choose an appropriate type of self-disclosure that may help male clients find comfort and trust in therapy, helping to create the alliance necessary to make gains outside of therapy. As therapist self-disclosure has been theorized to result in client self-disclosure (Jourard, 1971, Yalom, 1975), an appropriate disclosure for more and less traditional men may help men self-disclose in

therapy, one of the most significant challenges for the traditional “hidden man” (Scher, 1981). For a man high in GRC, a less intimate self-disclosure that places his problems in the context of the male gender role may be most effective while for a man low in GRC, a more personal and intimate form of self-disclosure may contain greater utility.

*Interpretation of the Between-Group Comparison of Counselor CRF Ratings by Gender Role Conflict Score*

The previous section interpreted within-group differences in counselor ratings of low and high GRC groups. This section discusses between-group differences in these groups’ ratings per disclosure condition.

In the NSD versus PSD condition, high GRC men were hypothesized to rate the NSD therapist significantly higher than men with low GRC. This hypothesis was unsupported by the results, as no significant difference was found between the two masculinity groups. This result seems to signify that men with low and high GRC perceive NSD and PSD more similarly than differently. The basis for the original hypothesis was the documentation of traditionally more masculine men as more fearful of intimacy and less comfortable to self-disclose (especially with other men) than less traditionally masculine men (Brooks, 1998, 2010; Scher, 1990). Based on these observations, high GRC men were expected to rate the less intimate disclosure, NSD, more favorably than low GRC men, who were predicted to react less favorably towards a less intimate approach. Though the current results suggest that men with low total GRC ratings rate NSD similarly to men with high total GRC ratings, future research may find differences if they differentiate low and high scores on specific factors of the GRC. Specifically, examining low and high scorers on the Restrictive Emotionality and

Restrictive Affectionate Behavior Between factors would be a more targeted approach to determining the impact of specific intimacy variables in men's ratings of disclosures that have different levels of intimacy.

In the NSD versus GCSD condition and the PSD versus GCSD conditions, it was hypothesized that men with high GRC would rate the GCSD therapist significantly higher than men with low GRC. These hypotheses were also unsupported by the results as no significant differences were found. These hypotheses were based on the observations of masculinity researchers and theorists that therapeutic interventions better designed for and catered to more traditional men may be more appealing, appropriate, and effective (Brooks, 1998, 2010; Rabinowitz & Cochrane, 2001; Scher, 1990; Wexler, 2010). The GCSD disclosure was an attempt to create a disclosure with a moderate level of intimacy with which men who ascribe more to male gender norms could relate. The finding that men with low and high GRC rated these two disclosures similarly in both conditions might suggest that GCSD is equally appealing and relevant to all men, no matter their level of GRC.

#### *Interpretation of Correlations Between Gender Role Conflict and Counselor CRF Ratings*

Many hypotheses concerning correlations in each condition were made. In the NSD versus PSD condition, it was hypothesized that there would be significant positive relationships between Restrictive Affectionate Behavior Between Men (RABBM) and expertness for the PSD therapist. GRCS factors and trustworthiness for the NSD therapist were hypothesized to be negatively correlated. In the NSD versus GCSD condition, it was hypothesized that GRC and CRF factors would be positively correlated

for GCSD. Lastly, in the PSD versus GCSD condition, it was hypothesized that GRC factors would be positively correlated with PSD attractiveness and GRC factors would be negatively correlated with GCSD trustworthiness. Out of all of the above hypotheses, no significant correlations were found.

Overall, there were few correlations between Gender Role Conflict Scale factors and Counselor Rating Scale factors. The absence of significant correlations seems to suggest that gender role conflict is mostly linearly unrelated to men's perceptions of counselor self-disclosure or that there are no clear relationships between the two constructs.

In the NSD versus PSD condition, Restrictive Emotionality (RE) was negatively correlated to PSD expertness, indicating that the greater a man's RE, the lower he will rate PSD expertness; the less RE a man has, the higher he will rate PSD expertness. These results imply that men who are adept at expressing their feelings likely perceive therapists who openly display their thoughts and feelings (like a PSD therapist) as more expert. Perhaps men with lower RE base their opinion of a therapist's expertness on his understanding and comfort with communicating and relating his emotions, characteristics that seem apparent in the PSD counselor. Oppositely, men with higher RE who have trouble expressing their emotions may also have less respect for feelings and view emotion expression as less professional. As Mahalik (2001) and Scher (1990) note, traditional men are more attracted to logic, reasoning, and rationalization. If men with more difficulties with expressing emotions value logic, reasoning, and problem solving, they may also perceive a therapist who relates through disclosing his thoughts and feelings as less expert.

In the NSD versus GCSD condition, Restrictive Affectionate Behavior Between Men (RABBM) was negatively correlated with NSD trustworthiness and expertness. These results indicate that the more restrictions a man has about sharing his feelings and thoughts with other men, the less trustworthy and expert he will perceive a non-disclosing male therapist to be. The less restrictive a man is with his thoughts and feelings with other men, the more trustworthy and expert he will perceive a NSD therapist to be. These results imply that a man who has more difficulty disclosing his feelings with other men may feel more guarded and defensive with a male therapist who does not self-disclose. A therapist's non-disclosing stance may lessen this type of male client's feelings of trust and the client's perceptions of his therapist's expertness

Interpreting correlations between masculinity role conflict and counselor ratings is difficult because of the head-to-head design employed in this study. For example, the negative correlation between RE and PSD expertness above must be considered with the fact that men in the study watched both PSD and NSD. Thus, the most accurate reporting of the correlation is that RE was negatively correlated with PSD expertness *when participants watched both NSD and PSD scenarios*. In other words, the negative correlation between RE and PSD expertness was likely affected by a man's perception of PSD in relation to his perception of NSD. Future research on this topic could make clearer conclusions when examining correlations between masculine role conflict and counselor ratings by only showing one type of disclosure.

#### *Limitations*

The analogue design of this study was a primary limitation. The sample was not composed of actual psychotherapy clients in a naturalistic setting, but instead involved

male participants watching videos of simulated psychotherapy with less context than would be provided in an actual therapy session. Thus, the generalizability of the study to male clients in psychotherapy may have been limited.

Another limitation of this study concerns the utilization of exploratory analyses. Because a priori hypothesis testing was not employed in the data analysis examining low and high GRC men's preferences for self-disclosure and within-group differences in counselor ratings of low and high GRC men, the findings and interpretations of these analyses should be considered cautiously.

Additionally, the creation and use of a modified version of the CRF-M presents another limitation. As this modification of the instrument has neither been previously used before nor tested for reliability and validity, the results should be interpreted with careful consideration. However, the advantages of using this scale for head-to-head comparisons seem plentiful, and future research may benefit from creating counselor ratings scales that allow for the type of study design used in the current experiment.

Lastly, while the head-to-head design of the study allowed many unique observations and conclusions about men's perceptions of and preferences for self-disclosure, this design seemed to make correlations between the GRCSD and CRF-M more difficult to interpret. Future research studying these disclosure types separately may better clarify the relationships between GRC and CRF factors, allowing researchers to make more definitive conclusions about each disclosure separately instead of each disclosure in relation to another type of disclosure.

### *Future Directions*

The results of the study found that self-disclosure is more beneficial in the male therapist-male client dyad than non-disclosure. Furthermore, this study determined that masculinity role conflict can be used to predict men's perceptions of male therapist non-disclosure, personal self-disclosure, and gender-context self-disclosure as defined by this study. Given the finding that men who experience different levels of negative outcomes from masculine norms prefer different types of disclosures and rate them differently, further empirical exploration studying gender role conflict's effects on other forms of interventions for male clients seems to be a worthwhile endeavor. This type of research is relatively new and needed. The hope of this kind of research is to help tailor interventions to men who struggle in therapy and utilize numerous defenses that prevent therapy from being effective. Studies examining the utility of interventions in male therapist-male client dyads are almost nonexistent. This lack of research leaves no empirical basis for male therapists to choose interventions appropriate to their male client's level of internalized gender role. Thus, future research on this topic has great potential for practical use for male dyads.

Though this study involved an analogue design with the limitations addressed above, the study did find significant findings concerning men's attraction to and perceptions of self-disclosure over no disclosure. In one study, Hardin & Subich (1985) found that non-client participants responded similarly to client participants, concluding that studies with analogue designs are appropriate for determining whether new research areas are worth further exploration. The results of the current study suggests that

replication of the self-disclosures examined in this study may be worthy of experimentation in naturalistic counseling settings to determine generalizability.

As mentioned in the limitations section, future studies also examining NSD, PSD, and GCSD independently instead of in a head to head design may better clarify associations between GRC and ratings of expertness, attractiveness, and trustworthiness. Additionally, research testing the reliability and validity of the CRF-M may help researchers more easily utilize head-to-head designs when examining counselor effectiveness. Given several significant findings discovered using exploratory analyses in the current study, future studies testing these hypotheses with a similar study design would help properly determine whether the results gathered in this study could be confirmed. Confirmation of these results would help further highlight the importance of considering male norms when therapists choose whether or not to self-disclose and how to disclose.

This study determined different advantages of utilizing personal and intimate self-disclosure versus gender-context self-disclosure with men with high gender role conflict. Since men with high GRC found PSD to be more attractive but GCSD to be more expert, future experimentation may find further utility with a combination of these approaches. Furthermore, more research about preferences of men in therapy, from interventions to therapist personality types, could help male psychotherapists frame therapy to better match interventions to the men they see treat.

In this study, low and high GRC groups were based on total GRC scores. The two total GRC categories were used to determine self-disclosure preference, within group differences in self-disclosure ratings, and between-group differences in self-disclosure



ratings. Since the three disclosure types also consisted of disclosures of different levels of intimacy and emotional expression, future research may be able to determine whether Restrictive Emotionality and Restrictive Affectionate Behavior Between Men are more predictive of men's attractiveness towards different disclosures. Extending research to also explore other parts of masculinity role conflict, such as Success/Power/Competition or the various subscales of the Conformity of Masculine Norms Inventory, may help isolate particular gender norms that predict or partially determine men's preferences for male therapist disclosure.

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