



Self disclosure as a nursing therapy technique for psychiatric patients
by Cleo Samantha Bishop Butler

A thesis submitted to the Graduate Faculty in partial fulfillment of the requirements for the degree of
MASTER OF NURSING
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Abstract:

The purpose of this study was to determine if a therapeutic dialogue with the nurse divulging personal items about herself will lead to the same level of revelation in the patient.

Six, female, Caucasian patients at Warm Springs State Hospital in Montana comprised the sample for this study which took place between January 18 and March 2, 1972.

Fourteen separate interviews were conducted with each of the six subjects that were included in the sample; the non self-disclosure approach was used by the nurse in seven of the interviews and seven of the interviews were initiated by the nurse using self-disclosure. The nurse used the Haymes Technique for Measuring Self-Disclosure from Tape-Recorded Interviews to score the self-disclosure of the subjects. The data collected was programmed on a calculator-computer at Montana State University using the Mixed Model rB-Measurement Replicated, Case VI, procedure.

The mean patient self-disclosure score was 141.83 for the interviews in which the researcher used the self-disclosure approach. The mean patient self-disclosure score was 53.50 for the interviews in which the self-disclosure approach was not used by the researcher.

This difference was found to be statistically significant ($F= 40.73$, $P < .005$).

According to the findings of this study the hypothesis is supported. Self-disclosure by a nurse will enable psychiatric patients to disclose more significant thoughts and personal feelings than when the process of self-disclosure is not used.

This study implies that a therapeutic dialogue with the nurse divulging personal items about herself will lead to more self revelation in the patient.

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Cleo Butler

Date

March 30, 1973

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PSYCHIATRIC PATIENTS

by

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A thesis submitted to the Graduate Faculty in partial
fulfillment of the requirements for the degree

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ABSTRACT

The purpose of this study was to determine if a therapeutic dialogue with the nurse divulging personal items about herself will lead to the same level of revelation in the patient.

Six, female, Caucasian patients at Warm Springs State Hospital in Montana comprised the sample for this study which took place between January 18 and March 2, 1972.

Fourteen separate interviews were conducted with each of the six subjects that were included in the sample; the non self-disclosure approach was used by the nurse in seven of the interviews and seven of the interviews were initiated by the nurse using self-disclosure. The nurse used the Haymes Technique for Measuring Self-Disclosure from Tape-Recorded Interviews to score the self-disclosure of the subjects. The data collected was programmed on a calculator-computer at Montana State University using the Mixed Model rB-Measurement Replicated, Case VI, procedure.

The mean patient self-disclosure score was 141.83 for the interviews in which the researcher used the self-disclosure approach. The mean patient self-disclosure score was 53.50 for the interviews in which the self-disclosure approach was not used by the researcher.

This difference was found to be statistically significant ($F= 40.73$, $P < .005$).

According to the findings of this study the hypothesis is supported. Self-disclosure by a nurse will enable psychiatric patients to disclose more significant thoughts and personal feelings than when the process of self-disclosure is not used.

This study implies that a therapeutic dialogue with the nurse divulging personal items about herself will lead to more self revelation in the patient.

CHAPTER I

INTRODUCTION

Most people do not share significant, personal thoughts with others. They have never been taught how. Even in childhood children are taught more about concealing their thoughts and feelings from others than how to disclose themselves to other people.

People still continue to play roles that they adopted almost before they can remember. Without practising self-disclosure, people cannot really know themselves. If people learn to deceive others, they also learn to practice self-deceit. If one never expresses his sorrow, his love, his joy, those feelings will be smothered in the person until they are almost forgotten that they were once part of that person.¹

People fear to disclose significant personal thoughts to others because they could become vulnerable to the others' whims.

Self-disclosure follows an attitude of love and trust.²

¹Sidney M. Jourard, "The Fear That Cheats Us of Love," Redbook Magazine, October, 1971.

²Sidney M. Jourard, The Transparent Self, Van Nostrand Reinhold Company, New York, 1971, p. 5.

There is ample evidence that interviewing techniques presently utilized by nurses with psychiatric patients are limited and new tools must be developed.³

In dialogue, each experiences the other as a person, "as the source and origin of his intentional acts. Each participant aims to show his being to the other as it is for him. Transparency, not mystification, is one of the goals."⁴

Self-disclosure is said to occur when the therapist discloses something of a private, personal nature about himself and the patient, in turn, discloses information on the same level about himself.

Self-disclosure is a basic component of the existential question of what it means to be a "real self being."⁵

The therapist uses self-disclosure about himself to show the patient that he is free to openly discuss

³Carol S. Henriksen, Self-Disclosure Modeled by a Nurse For Postpartum Patients, Unpublished thesis, University of California, Los Angeles, 1970.

⁴Sidney M. Jourard, Disclosing Man to Himself, Van Nostrand Reinhold Company, New York, 1968, p. 21.

⁵Sidney M. Jourard, The Transparent Self, Van Nostrand Reinhold Company, New York, 1971, p. 10.

his own problems. Jourard has found that "self-disclosure is a factor in effective counseling or psychotherapy."⁶

If it could be shown that self-disclosure by a nurse could effectively elicit self-disclosure from psychiatric patients, the implications could have great significance for psychiatric nursing.

STATEMENT OF THE PROBLEM

There has been a significant lack of research done by nurses to study patients' responses in the processes of self-disclosure. The problem presented within the contents of this paper is that psychiatric patients will communicate on a self-disclosure level if this is the level of communication established with them.

STATEMENT OF THE PURPOSE

It is the purpose of this study to determine if a therapeutic dialogue with the nurse divulging personal items about herself will lead to the same level of revelation in the patient.

⁶Jourard, p. 29.

HYPOTHESIS

Self-disclosure by a nurse will enable psychiatric patients to disclose more significant thoughts and personal feelings than when the process of self-disclosure is not used.

ASSUMPTIONS

1. One's concept of self is primarily dependent on the expressed view of others toward the self.

2. As a person moves through his social world, he encounters others who see him in strikingly different ways.

3. Self-revelation is a substantial part of psychiatric nursing.

4. An honest and open approach is therapeutic.

5. A nurse will be able to cope therapeutically with whatever behavior and experience such self-disclosure evokes.

DEFINITION OF TERMS

1. Appropriate self-disclosure. Self-disclosure which is appropriate has relevance and meaning for the event in which the discloser is participating. It does not introduce a mood or topic without a reason that is

obvious and/or acceptable to the receiver.⁷

2. Being. A permanent experience as a process of each man's existence and of man's existence. Being is the beginning, middle, and end of the existing which has meaning to an individual only insofar as he wills, endures, decides, chooses, suffers and agonizes.⁸

3. Counterbalancing Technique. Alternating two conditions in repeated sequence to control for the effects of the order of sequence.

4. Framework of the normal operation of the hospital. The patient is permitted to follow the treatment and milieu therapy as prescribed by his doctor.

5. Non-self-disclosure. Social conversation which includes such areas as the weather, and trivial comments relating to the immediate environment.⁹

⁷S. A. Culbert, "Trainer Self-Disclosure and Member Growth in a T-Group," Unpublished doctoral dissertation, University of California, Los Angeles, 1966.

⁸Wesley Barnes, The Philosophy and Literature of Existentialism, Barron's Educational Series, Inc., New York, 1968, p. 210.

⁹Joyce Travelbee, Intervention in Psychiatric Nursing: Process in the One-to-One Relationship, F. A. Davis Company, Philadelphia, 1969, p. 74.

6. Self-disclosure. Explicit communication by an individual to one or more others of some personal information that the individual believes those others would be unlikely to discover unless he himself discloses it. This information must be "personally private;" that is, it must be of such a nature that it is not something that the first individual would disclose to everyone who might inquire about it.¹⁰

LIMITATIONS OF THE STUDY

This study was an attempt to check the use of self-disclosure and non-self-disclosure approaches by a nurse with the responses of psychiatric patients. This scientific inquiry in action research was permitted to take place within the framework of the normal operation of a state psychiatric hospital. It is an impossible task to equate all people on all variables since in the final analysis each human being is different from every other human being. Methods of control and sampling techniques which are required for basic research projects in the laboratory setting were deemed unrealistic for this study.

¹⁰S. A. Culbert, op. cit.

JUSTIFICATION FOR THE STUDY

Certain concepts of self-disclosure by Sidney M. Jourard have been utilized as a basis for the present study.

Jourard writes in Disclosing Man to Himself that he no longer believes that there are dimensions of personality that exist in themselves. Id, ego, superego; self-concept, self-ideal, public selves; traits; drives and needs are the terms that we have used at length to describe personality.¹¹ A person has been conceptualized either as a whole or just some part of him, according to his strong or weak ego or the scores of his personality tests. Jourard states that this way of conceptualizing a person no longer has relevancy for him.¹²

People play different roles according to their perceptions of how their being-in-this-role will be experienced by the other. People today seem to be seeking meaningful relationships. Nursing is a profession

¹¹Sidney M. Jourard, Disclosing Man to Himself, Van Nostrand Reinhold Company, New York, 1968, p. 114,

¹²Ibid., p. 114

in which the ability to establish close relationships with others is a desired trait and requires some measure of interpersonal competence.

"Self-disclosure is a prerequisite for the formation of meaningful interpersonal relationships in a dyadic or in a group situation."¹³

The psychiatrist, Dr. Irving Yalom, writes that individuals are benefited by being fully known by others and that knowing another's process of becoming is a rich and often indispensable adjunct to knowing the person.¹⁴

R. D. Laing, noted psychiatrist and author, maintains that concealment from others is the foundation for mental illness in a person who has been pretending for years to be a real person while at the same time harboring the desire to reveal himself to others.¹⁵

Throughout the book, Intervention in Psychiatric Nursing, Joyce Travelbee emphasizes the "nurse's responsibility to break through the stultifying effect

¹³Irving D. Yalom, The Theory and Practise of Group Psychotherapy, Basic Books, New York, 1970, p. 271.

¹⁴Ibid., p. 122.

¹⁵R. D. Laing, The Divided Self, Pantheon Books, New York, 1969, p. 38.

of expected behavior and stereotyped stock questions and answers to assist the ill person to reveal himself. Conventionality is a barrier to self disclosure."¹⁶

Professional people whose work entails interviewing--psychologists, psychiatrists, physicians, counselors, nurses, teachers, social workers, personnel men--should reverse their usual interviewing procedures, and disclose themselves to their clients as fully as they expect the latter to reveal themselves.¹⁷

¹⁶Travelbee, p. 76.

¹⁷Sidney M. Jourard, Self-Disclosure, An Experimental Analysis of the Transparent Self, Wiley, New York, 1971, p. 105.

CHAPTER II

REVIEW OF RELATED LITERATURE

A review of nursing literature does not reveal any research regarding the use of self-disclosure by a nurse with psychiatric patients.

An annotated bibliography of Research in Self-Disclosure obtained from Dr. George Breed at the University of South Dakota lists no studies conducted by a nurse with psychiatric patients.

"On the contrary, many nursing books admonish the nurse to avoid introducing personal data into her conversations with patients."¹⁸

In 1970, Carol Henriksen studied the effects self-disclosure modeled by a nurse has on the depth of self-disclosure of postpartum patients. She hypothesized that "patients who are exposed to modeled self-disclosing behavior will exhibit more self-disclosure than will patients who are not so exposed."¹⁹ Henriksen studied forty postpartum patients hospitalized on the maternity

¹⁸Henriksen, p. 8.

¹⁹Ibid., p. 11.

unit of a general hospital assigned to an experimental and a control group. The approach to the subjects in the Experimental Group included self-disclosure modeled by the nurse. The nursing approach to the subjects in the Control Group did not include modeled self-disclosure. The results of this study show that patients exposed to modeled self-disclosure expressed significantly greater depth of problem expression than did patients not so exposed. One of the conclusions of this study was that "modeled self-disclosure on the part of a nurse may be a means of increasing the efficiency of patient-nurse interaction, enabling the nurse to determine the problems which really concern a larger number of patients in a shorter time."²⁰

In 1969, Haymes and Green conducted a study entitled "Sex, Self-Disclosure, Liking and Self-Esteem in the Acquaintance Process." Members of the same sex were paired and told to get acquainted. After six minutes each person filled in a liking questionnaire about the other. Then they spent the next fifty-four

²⁰Ibid., p. 34.

minutes discussing varied, suggested topics. The conversations were taped and scored for self-disclosure according to an instrument developed by the investigators. Then the subjects filled out another liking questionnaire after this conversation. The girls ended with the later liking scores higher and also, higher total self-disclosure scores.

The self-disclosure had a different distribution with the males. This showed a significant drop off in the second half of the hour. Initial liking in both sex groups appeared to be the best indicator of later liking but a male's personal self-disclosure and self esteem and the other's self-disclosure were also important indicators of later liking for the other. The finding was that the female's own self esteem and the other female's original liking for her were the most important indicators for later liking.²¹

Sidney Jourard reported on a 1961 study made with sophomore nursing students at the University of Florida

²¹Micheal Haymes and Logan Green, "Sex, Self-Disclosure, Liking and Self-Esteem in the Acquaintance Process" Unpublished honors research project, Cornell University, 1969.

College of Nursing. The students filled out self-disclosure questionnaires and upon completion of their clinical experience, were independently rated for their ability to establish and maintain close, communicating relationships with patients. Correlations were made with the students having the higher grade point averages in nursing courses at the University of Florida College of Nursing also receiving highest ratings for being significantly higher disclosers on the questionnaire that was obtained two years earlier.²²

R. D. Laing writes in The Politics of Experience that "psychotherapy must remain an obstinate attempt of two people to recover the wholeness of being human through the relationship between them."²³

In a story in Nursing Forum, the author writes that during the first part of her relationship with a cancer patient who was dying, she thought that she was

²²Jourard, p. 169.

²³R. D. Laing, The Politics of Experience, Ballantine Books, New York, 1967, p. 53.

contributing a great deal by simply sitting and talking with the patient. Then she realized that she was really taking more than she was giving. She said, "As I overcame my reluctance to reveal myself as a person, the relationship became much more meaningful."²⁴

Johnson and Noonan, Effects of Acceptance and Reciprocation of Self Disclosure on the Development of Trust, systematically studied two variables: (1) The expression of acceptance or rejection of the other and his statements and (2) the reciprocation or non-reciprocation of self disclosures.

Their hypotheses were that (1) a person will trust the other more when the other responds to the person's self disclosures with acceptance than when rejection is the response, and (2) a person will trust the other more when that other person reciprocates the self disclosures than when he does not.

The results of this study implied that a counselor will build a high level of trust with his client when he responds with acceptance to the client's self disclosures

²⁴Elizabeth Grace Nichols, "No Hope For Cure," Nursing Forum, Vol. XI, No. 1, p. 102.

and reciprocates the client's self disclosures with equally revealing self disclosures.²⁵

The Role of Self Disclosure in Interpersonal Attraction was studied by Walter Lawless and Stephen Nowicki. The authors of this study assessed the relationship between attraction and self disclosure.

Based on current theories and previous empirical work, various predictions were made regarding the association between similarity in self disclosing behavior of a stranger and the S's subsequent self disclosure to that stranger.

Forty-four white male undergraduates completed the Green self disclosure scales (sentence completion procedure for measuring self disclosure) in group sessions and were split on the basis of their scores into high and low self disclosure groups. One half of the high and low self disclosure groups listened to a tape recording of a high disclosing "stranger type,"

²⁵David Johnson and Patricia Noonan, "Effects of Acceptance and Reciprocation of Self Disclosures on the Development of Trust," Journal of Counseling Psychology, Vol. 19, No. 5, Sept. 1972, p. 411-415.

recording.

After hearing the stranger's self disclosures each subject was told to talk about himself for the same length of time. After this, the subject completed an interpersonal judgment scale composed of six 7 point Likert-type items that dealt with attraction toward the stranger (probable liking, probable enjoyment, probable enjoyment of having the stranger for a room mate).

The self disclosing talk of the subject, made in response to that of the stranger was rated for the degree of self disclosure.

A 2X2 factorial analysis of variance revealed a significant interaction showing that high disclosing S's exposed to the high disclosing stranger tape were more attracted to the stranger, in terms of having him as a roommate, than the high disclosing S's hearing the low disclosing tape ($p < .01$).

The results generally confirm the assumption that perceived similarity of the self disclosure behavior of S and target leads to greater attraction toward the target person than does dissimilarity. On the other hand, S's disclose more in response to someone who is lower in self disclosure behavior than when they hear someone who

is similar to them in the degree of self disclosure. These results indicate that further work is necessary to delineate more clearly the relation among S's history of self disclosure, interpersonal attraction of a stranger target, and subsequent S's self disclosure to that target.²⁶

In summary, the literature has shown that self disclosure is becoming increasingly interesting to those in professions whose concern is to study human relationships in order to enable them to work more effectively.

²⁶Walter Lawless and Stephen Nowicki, "Role of Self Disclosure in Interpersonal Attraction," Journal of Consulting and Clinical Psychology, Vol. 38, No. 2, 1972, p. 300.

CHAPTER III

METHODOLOGY

This study was done with psychiatric patients in two locked wards in a state mental hospital in Montana. The sample consisted of six Caucasian female patients ranging in age from forty-four to seventy-four years. Three of the subjects were from one locked ward and the other three were from another locked ward in another unit.

The mean age of the women was 54.6 years.

The length of confinement in the hospital ranged from three months (.25 years) to thirty-one years and two months (31.16 years). The mean of the length of confinement was 9.6 years.

These data are shown in the following table.

TABLE I

Subjects	Age	Time in Hospital
1	44	15 years 2 months
2	47	6 years 6 months
3	48	3 months
4	56	4 years 6 months
5	59	31 years 2 months
6	74	5 months

TABLE II

Age Range	Time in Hospital Range
44-74 years	3 months-31 years 2 months
Mean Age	Mean Time in Hospital
54.6 years	9.6 years

PROCEDURE

Selection of the six subjects was determined by the researcher visiting six different wards for the long term-care patients. The researcher interviewed different patients who were reported by the registered nurse in charge of the unit to have some kind of problems in communication. The researcher selected the six subjects that she thought appeared to be the least talkative and the least friendly.

The following criteria for participation in the study were set:

1. There must be no immediate plans for the patient to be discharged from the hospital.

2. The patient must be accessible to the interviewer for two interviews a week.

3. The patient must agree to participate.

4. The patient must give permission to have the conversation recorded on a tape recorder.

Each patient was asked if she would be willing to meet with the nurse for twenty-five minutes, twice each week. The patients were informed that the meetings would be every week until the nurse left the hospital in March. The researcher said that the purpose of the interviews was to help with her education; that by talking with each other, the researcher and the patient would get to know each other.

At this time the nurse also explained that she would like to record each conversation on the tape recorder. The patient was informed that the conversations would be kept confidential, however, if in the nurse's judgment, she thought any information that was discussed must be communicated to someone, that this would have to be the nurse's decision. She explained that "the patient

would be told in advance exactly what would be communicated and for what reason."²⁷

She said that she would also share the tape-recorded conversations with her nursing professor who was assisting the nurse in her education and communication with psychiatric patients. All of the six subjects agreed to these conditions.

As the interviews were offered to the patients as part of the nursing education of the researcher, not as a research project, this eliminated the need for patient-consent forms. The nurse requested that no further information of a personal, private, medical or psychiatric nature concerning the patients from any of the hospital staff be provided to her at this time.

Fourteen separate interviews were conducted with each of the six subjects that were included in the sample. There was a total of eighty-four interviews conducted for

²⁷Lucy Diane Johnson Bolick, "A Study of the Effects of a Series of Nursing Interviews in Promoting Constructive Behavioral Change in a Group of Aggressive Female Psychiatric Patients," Unpublished professional paper, Montana State University, June 1972, p. 23-24.

this study.

Random selection for the first meeting to be self-disclosure or non-self-disclosure was determined by flipping a coin. After the use of random selection for the first six meetings, the counterbalancing method was used to assign the subjects to the remaining seventy-eight meetings.

Each of the six patients participated in seven self-disclosure meetings and seven non-self-disclosure meetings approximately twenty-five minutes in length for each meeting. The non-self-disclosure approach was used by the nurse in seven of the interviews and seven of the interviews were initiated by the nurse using self-disclosure. The interviews were conducted over a period of twenty-nine days, between January 18, 1972 and March 2, 1972, at Warm Springs State Hospital, Warm Springs, Montana.

Patients were assigned Ss numbers from one to six to assist in identification and in compiling the material. Each was requested to state the Ss number at the beginning of each tape-recorded session.

Patients were notified in advance for the first

two sessions that they would be interviewed.

A hand-written reminder notice of the dates, times and places for the first two meetings was given to each subject. See Appendix D.

A notice listing the names of the three participants and the times, dates and location of each meeting was also posted in the nursing office on each of the two wards. See Appendix E. At subsequent meetings, the nurse again reminded the subjects of the next meetings.

The investigator-nurse wore street attire and a name pin which identified her only as a registered nurse.

The nurse then initiated the interview with whichever nursing approach was appropriate, self-disclosure or non-self-disclosure. Following whichever of the two approaches, the patient was allowed to talk freely about whatever subjects she chose for the twenty-five minute period. The nurse would also use appropriate self-disclosure or non-self-disclosure during the session.

The interviews were conducted in a large dormitory area on the second floor used for sleeping by the three subjects in one ward. The nurse and patients sat on chairs that were side by side against a wall. In the other ward in the dressing room, the nurse and the subjects each sat on a chair facing each other with a small table between them. A tape recorder and microphone were used and were visible throughout the interviews.

To avoid interference with patient activities such as job assignments, mealtimes, training programs and beauty shop appointments, interviews were scheduled at different times to accommodate the patients.

A blue marking pen was used for color coding on the tapes for easy identification of the three patients in one unit. A pink marking pen was used in the same manner for the three patients in the other unit.

INDEPENDENT VARIABLE

There were two experimental conditions in this study. The self-disclosure approach by the nurse was initiated in the interviews with the nurse revealing some significant, personal information about herself.

The non-self-disclosure interviews were controlled by the nurse not divulging any personal information about herself. These approaches constituted the sole independent variable of the study.²⁸

METHOD OF DATA COLLECTION

The investigator acquainted herself with the Haymes Technique for Measuring Self-Disclosure from Tape-Recorded Interviews, then practised-rated six of the interviews used in the present study.

When the investigator was satisfied that she was able to consistently recognize the self-disclosure segments, she proceeded to rate the self-disclosure of the subjects in this study.

The investigator also re-rated the six interviews which were used for practise.

The taped interviews were listened to by the researcher. Self-disclosure was interpreted by the nurse-investigator by the way the patients spoke about themselves, their problems, and their feelings.

Self-disclosure was scored according to the

²⁸Henriksen, p. 16.

Haymes Technique for Measuring Self-Disclosure from Tape-Recorded Interviews and according to the changes suggested by Mr. Haymes. See Appendix O.

Self-disclosure was scored for each 30-second segment with the use of a watch with a second hand. A score of 0 was given for no disclosure; A score of 1 point was given for reflexive third person references, that is those statements in the third person in which the word "you" is an obvious substitution for saying "I." A score of 2 points was given to past tense disclosures; a score of 3 points was given to present tense disclosures. Examples of segments from the interviews are shown in Appendices B and C.

Since the instrument for scoring was borrowed intact with the incorporated changes suggested by Mr. Haymes, the empiric validity and reliability were accepted by the investigator.

METHOD OF DATA ANALYSIS

The data collected in this study was computed at Montana State University on a calculator-computer. A Mixed Model rB-Measurement Replicated analysis of

variance procedure was selected as appropriate for the present study.²⁹ This procedure was used in order to test the hypothesis that self-disclosure by a nurse will enable psychiatric patients to disclose more significant thoughts and personal feelings than when the process of self-disclosure is not used.

It was assumed that the nurse's self-disclosure of her own relevant real-life experience would serve as a stimulus to mutual self-disclosure by the patient.

The problem was to determine if the interviews in which the nurse used self-disclosure contained significant more self-disclosures by the patient when compared to the interviews in which the nurse did not use self-disclosure.

The scores of the patients' self-disclosure in each self-disclosure interview and in each non-self-disclosure interview were listed separately. See Table III.

²⁹Quinn McNemar, Psychological Statistics, John Wiley and Sons, New York, 1969, p. 354.

TABLE III

Self-Disclosure of Ss in Each Non-Self-Disclosure
Interview B_1 (NSD)

<u>Ss</u>	c_1	c_2	c_3	c_4	c_5	c_6	c_7
r_1	14	3	7	0	12	7	11
r_2	10	3	14	6	7	8	12
r_3	10	10	8	5	3	7	6
r_4	6	6	11	14	17	3	0
r_5	13	9	0	5	0	7	0
r_6	12	10	11	9	8	6	11

Self-Disclosure of Ss in Each Self-Disclosure

Interview B_2 (SD)

<u>Ss</u>	c_1	c_2	c_3	c_4	c_5	c_6	c_7
r_1	25	13	25	28	19	6	6
r_2	33	94	12	10	22	12	17
r_3	34	13	17	21	7	0	3
r_4	51	29	18	16	11	3	3
r_5	19	15	23	15	9	34	17
r_6	17	27	23	35	40	22	22

TABLE IV

Analysis of Variance of Patients' Self-Disclosure Scores

Source	Sum of Squares	df	Mean Square	F	Probability
<u>Ss (r)</u>	813.77381	5	162.75476	1.18706	>.05
Treat- ment (B)	3536.01190	1	3536.01190	40.73188	<.005
rXB	434.05952	5	86.81190	1	>.05
Measure- ment Error	9871.71429	72	137.10714	--	

The mean patient self-disclosure score was 141.83 for interviews in which the investigator used the self-disclosure approach.

The mean patient self-disclosure score was 53.50 for the interviews in which the self-disclosure approach was not used by the investigator.

This difference as indicated in Table IV was found to be statistically significant ($F = 40.73$, Probability $< .005$).

TABLE V

Total number of self-disclosure points for each of the six subjects in the non-self-disclosure interviews.

Ss 1-----54

Ss 2-----60

Ss 3-----49

Ss 4-----57

Ss 5-----34

Ss 6-----67

$$\bar{X} = 53.50$$

Total number of self-disclosure points for each of the six subjects in the self-disclosure interviews.

Ss 1-----102

Ss 2-----200

Ss 3-----95

Ss 4-----131

Ss 5-----132

Ss 6-----191

$$\bar{X} = 141.83$$

CHAPTER IV

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

SUMMARY

The main purpose of this study, as stated in Chapter I, was to determine if a therapeutic dialogue with the nurse divulging personal items about herself will lead to an increased level of revelation in the patient. It was hypothesized that self-disclosure will enable psychiatric patients to disclose more significant thoughts and personal feelings than when the process of self-disclosure is not used.

The subjects in the sample in this study were six female Caucasian patients between the ages of forty-four through seventy-four years. All of the subjects were patients in two different locked wards at Warm Springs State Hospital, Warm Springs, Montana.

Four of the subjects had diagnoses of schizophrenia, one had a diagnosis of organic brain syndrome with alcoholic deterioration, and one had a diagnosis of an inadequate personality. Refer to Appendix A.

The mothers of four of the subjects had died six years prior to the subjects' admission to the hospital. However, this finding had no significant effect on the results of the study.

The Haymes Technique For Measuring Self-Disclosure From Tape-Recorded Interviews with the changes suggested by Mr. Haymes incorporated into it was used to measure self-disclosure.

CONCLUSIONS

The findings presented in the previous chapter reveal that the independent variable of the nurse's self-disclosure does affect the dependent variable, the amount of self-disclosure on the part of the six patients in the sample. "This happens to confirm one of the more interesting properties of nature which statisticians discovered some time ago, that is, characteristics of a population can be represented by a sample, and in many instances, a small sample may reasonably represent the entire population."³⁰

³⁰John B. Edwards, "An Introduction to Modeling and Simulation," Conference on a Health Manpower Simulation Model, Proceedings and Report, U.S. Dept. of Health, Education and Welfare, National Institutes of Health, Vol. 1, December, 1970, p. 1.

Self-disclosure also occurred in the non-self-disclosure sessions indicating that factors other than the process of self-disclosure by the nurse were operating.

The researcher suggests that the development of trust, see Appendix B, examples 9 and 10, and the establishment of rapport between the researcher and patient built up during the period of the study was a factor in itself in leading to self-disclosure at the non-self-disclosure session.

No attempt was made in this study to determine what other factors were present. This may be a reflection of the patient's faith in the psychologically helping relationship.³¹

The author believes that honesty in communication about one's own life need not be devastating. Furthermore, she believes that this

³¹Jerome I. Berlin and Benjamin L. Wyckoff, Human Relations Training Through Dyadic Programmed Instruction, American Personnel and Guidance Association Convention, (Mimeo., Human Development Institute, Atlanta, Georgia), 1964, p. 23.

accounts for the significant differences in the amount of self-disclosure which occurred at the self-disclosure and non-self-disclosure sessions. The data from the self-disclosure sessions suggest that the subjects will disclose significant personal thoughts and feelings if this is the level of communication.

What this study has demonstrated is that there is a significant (non-chance) difference in the amount of patient self-disclosure, relating to the amount of the self-disclosure of the nurse. In addition, it suggests a generalization that has future implications for nursing theory: self-disclosure as nursing therapy for psychiatric patients facilitates nurse-patient communication.

RECOMMENDATIONS

Given the results of this study, a revision is suggested that a control group and an experimental group be used to check whether self-disclosure would operate in the control group if the investigator does not use self-disclosure.

It is difficult to give full credit to the self-disclosure of the nurse as the primary controlling

factor in the patient's self-disclosure, but it is thought that this self-disclosure needs to be explained systematically in future research.

It is recommended that a similar study be done using a control and experimental group employing an instrument specifically geared to measure self-disclosure responses of psychiatric patients.

Another avenue of research would be for further refinement of a tool that could be used to measure self-disclosure from tape-recorded interviews with psychiatric patients.

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APPENDIX A

<u>Subjects</u>	<u>Diagnosis</u>	<u>Reason For Commitment</u>	<u>Age of Patient At Death of Mother</u>
1.	Schizophrenic reaction, chronic, undifferentiated type	Apprehensive, violent without cause, noisy and quarrelsome	23 years old (occurred 6 years before patient admitted)
2.	Schizophrenic, paranoid type, acute paranoid reaction	Uncontrollable temper, and imagination, complaints from her neighbors	35 years old (occurred 6 years before patient admitted)
3.	Inadequate personality	Constantly depressed, unable to care for herself or her property, urinated on rugs in nursing home	42 years old (occurred 6 years before patient admitted)
4.	Schizophrenic, chronic, undifferentiated type, CES associated with unknown type	Irrational thought patterns and behavior, out in snowstorm seeking a person she was told was dead	25 years old (occurred 26 years before patient admitted)
5.	Schizophrenic, paranoid state	Thinks she's hypnotized by a man she met on a train when she was 25 years old	24 years old (occurred 4 years before patient admitted)
6.	Organic Brain Syndrome with alcoholic deterioration	Chased another older person with a hatchet, threw a knife at another, turned on her gas jets	32 years old (occurred 42 years before patient admitted)

APPENDIX B

Patient Self Disclosure Examples

1. My feet were getting warm and here they were freezing.
2. You know I keep a diary and you are not allowed to keep one here.
3. I wouldn't want my friends to know I'm in here.
4. My sister has cancer and I got word that she is in the hospital and will not live.
5. I get \$90 from railroad retirement, \$50 from the V. A. and \$90 from Social Security every month.
6. When I was little I cursed myself for that clubfoot, that I wouldn't amount to anything and wished that I was dead.
7. I worry alot about my folks and about getting out of here and what the outcome will be and what the rest of my life will be like.
8. My mother is dead.
9. I don't mind you knowing me but I don't want everyone to know my secrets, you understand.
10. What's between us is our secret, okay?
11. It's awful to wake up and find yourself still here.
12. You ask and you scream and you holler.
13. I am hateful and despiseable (sic) and I would end it all.

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APPENDIX C

Patient Non Self-Disclosure Examples

1. Sun is coming out today, did you notice?
2. It really does look dark and gloomy, doesn't it?
3. Honey, did you ever eat a dish of them pears?
4. They're having sauerkraut and wieners today and how I love them!
5. How do you like that for a hunting hat for a boy?
6. When I get through here, I think I'll go take my bath.
7. I get my pork chops done on one side and then I sliver me some garlic on them and I use an awful lot of celery salt.
8. In speedwriting you go by the sound and in shorthand you go by the spelling.
9. Yes, this color of fingernail polish does match my dress.
10. This yarn is supposed to be from somewhere in California.
11. We play lots of pinochle in the afternoon.
12. You look so nice today.
13. This is the book that we're using now.

APPENDIX D

Notice Given to Patient

Participant, _____ (Patient's name)

I will be here at Unit _____ (number) for our first
meeting on _____ (day of the week),
_____ (month, date of month) at _____ (time).

I shall be looking forward to seeing you
Tuesday, January 18 at 9:15 A. M.

Cleo Butler, R. N.

APPENDIX E

Notice Posted in Ward Office

Self-Disclosure Sessions

Unit (number)

Appointments for the week of January 17.

Patient's Name	Patient's Name	Patient's Name
Monday, Jan. 17 9:30 A.M.	Monday, Jan. 17 10:30 A.M.	Monday, Jan. 17 1 P.M.
Wednesday Jan. 19 9:30 A.M.	Wednesday Jan. 19 1:00 P.M.	Wednesday Jan. 19 12:30 P.M.

Will you please post this in the ward office?

My thanks. C. Butler, R. N.

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APPENDIX F

Letter From Army Psychiatrist



DEPARTMENT OF THE ARMY
WALTER REED GENERAL HOSPITAL
WALTER REED ARMY MEDICAL CENTER
WASHINGTON, D.C. 20012

IN REPLY REFER TO

MEDEC-CPE

9 November 1971

Cleo Butler, R.N.
Rt #2 Box 28
Bosman, Montana 57915

Dear Mrs. Butler:

We do not have any ongoing research in the area of self therapists. A number of our psychologists are using group technique somewhat similar to those you mentioned in your post card but they are not researching the matter.

Enclosed is a list of papers which have been published or accepted for publication since July 1970. Our principle project is a computer research project at this time. A number of other projects are also underway.

I regret that we can not be of more help to you. Best of luck in your research.

Sincerely yours,

A handwritten signature in cursive script that reads "Donald W. Morgan".

DONALD W. MORGAN, M.D., D.M.Sc.
LTC, MC
Director, COMPSY
Department of Psychiatry & Neurology

APPENDIX G

Letter To And From Sidney Jourard

Copy

Route 2, Box 281
Bozeman, Montana
November 11, 1971

Sidney M. Jourard
Psychology Department
University of Florida
Gainesville, Florida

Dear Dr. Jourard:
May I use some of the items on your self-disclosure
questionnaire on pages 161-163 in your book, The
Transparent Self?

I am in the graduate program in psychiatric nursing
at Montana State University. I want to do my research
about the process of self-disclosure.

Any suggestions from you would really be appreciated.

Sincerely,

Cleo
(Ms) Cleo Butler

*Dear Ms Butler: yes - use the
questionnaires any way you wish.*

Good luck

S Jourard

APPENDIX H

Letter From Sidney Jourard

Dear Self-Disclosure Researcher:

Thank you for your recent inquiry into the work we have been doing here. I no longer have any reprints, but all the research that I have done and that my students have done over the past 12 years is now put together as a book:

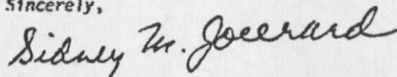
Jourard, S. M. SELF-DISCLOSURE: AN EXPERIMENTAL ANALYSIS OF THE
TRANSPARENT SELF. New York: Wiley, 1971

You may obtain a copy of this book by ordering directly from Wiley,
605 Third Avenue, New York, N.Y. 10016.

For an annotated bibliography of all available research in self-disclosure, write to Dr. George Breed, Department of Psychology, University of South Dakota, Vermillion, S. D.

I would very much like to receive a copy of any research that you do in this area, so that we can maintain a complete and up-to-date library of work that has been done in this area.

Sincerely,



Sidney M. Jourard
Department of Psychology
University of Florida
Gainesville, Fla. 32601

SIJ/rh

APPENDIX I

Copy of Letter to Dr. Breed

Route 2, Box 281

Bozeman, Montana

Nov. 21, 1971

Dear Dr. Breed,

Will you please send me a copy of the annotated bibliography of all available research in self disclosure?

I'm in the graduate program in nursing at Montana State University and I want to do research in self disclosure.

Sincerely,

Cleo Butler

APPENDIX J

Copy of Letter to Dr. Jourard

Route 2, Box 281

Bozeman, Montana

December 3, 1971

Dear Dr. Jourard,

Can you send me information about or a copy of M. Haymes, Self Disclosure and the Acquaintance Process, unpublished article?

Thank you for sending me the address of Dr. George Breed. I have written to request the annotated bibliography. However, I have not received it yet.

I've also read (bought it) Self Disclosure, An Experimental Analysis of the Transparent Self.

I'm attempting to set up my research design to use Haymes technique for measuring self-disclosure from tape-recorded interviews. I'll be working with different kinds of people at our state hospital.

Has most of your self-disclosure work been done with college students?

If you can send me Haymes, I'll pay for it. Would you believe a misspelled word (overrought) on page 218 in your new book?

Sincerely,

Cleo Butler

APPENDIX K

Letter From Sidney Jourard

UNIVERSITY OF FLORIDA
GAINESVILLE, 32601

DEPARTMENT OF PSYCHOLOGY

Rec'd
12/13/71

Dear Cleo Butler

You can write + phone Michael Haynes

— 7058 N. Paulina St.

Chicago, Ill.
60626

Good luck

Sidney Jourard

APPENDIX L

Letter to University of California, Los Angeles
Psychology Department (copy)

Route 2, Box 281

Bozeman, Montana

December 3, 1971

Dear Sir:

Could you please send me a copy of Culbert,
S. A. "Trainer Self-Disclosure and Member Growth in
a T-Group?" This is the unpublished dissertation,
U.C.L.A., 1966.

(That is, if you don't think the cost of
a copy is exorbitant for a student, like under \$5).

I am going to do research on the process of
mutual self disclosure with psychiatric patients
for my thesis for the Master of Nursing degree.

Impatiently yours,

(Ms.) Cleo Butler

APPENDIX M

Letter to Micheal Haymes

Route 2, Box 281
Bozeman, Mont.
Dec. 13, 1971

Dear Mr. Haymes,

Will you please send me any extra information you have about your Technique for measuring self-disclosure from tape-recorded interviews (also permission to use it)?

I want to do a project on self-disclosure with psychiatric patients for my Master's thesis.

I've read everything that I could find that Mr. Jourish has written & Mr. Bred has sent me an annotated bibliography on self-disclosure.

Sincerely,
(Ms) Cleo Butler, I.P.N., R.N., B.S.N.

Dear Ms. Butler,

I have enclosed a copy of my paper in which my scoring

system was used. I have marked
 the relevant portions of the text.
 I recommend scoring 0 = no disclosure,
 1 = third person disclosure (see manual)
 2 = past tense disclosure
 3 = present tense disclosure.

Score each 30 sec. segment.
 Have S's identify themselves by
 number in the beginning of the
 tape to facilitate scoring (It's
 sometimes hard to tell the voices
 apart.)

Please return the paper
 immediately (within a week or two)
 since I have very few. Also, it's
 being considered for publication so
 you may cite but not quote it if
 you need to. Good luck!
 and have fun. Michael Haynes

APPENDIX N

Letter From Dr. George Breed



DEPARTMENT OF PSYCHOLOGY

November 30, 1971

Cleo Butler
Route 2, Box 281
Bozeman, Montana 59715

Dear Miss Butler:

Due to the costs of printing and mailing there is a small charge for the enclosed bibliography. The amount is \$1.50. I am sure you will want to take care of this matter immediately.

Thank you,

George Breed
George Breed
Department of Psychology
University of South Dakota
Vermillion, South Dakota 57069

k1

Enclosure

APPENDIX O

Haymes Technique for Measuring Self Disclosure

From Tape Recorded Interviews

Code and Scoring Manual for Self Disclosure

Self Disclosure Will Include Four Major Categories of

Response:

1. Expressions of emotion and emotional processes.
2. Expressions of needs.
3. Expressions of fantasies, strivings, dreams, hopes.
4. Expressions of self-awareness.

Self-disclosure will specifically exclude opinions about objects other than self unless the person obviously intends the opinion to be saying something about himself. Since this experiment deals with the acquaintance process, it is only rarely that one comes across such inferential statements without their being followed up by a clarifying remark which is scorable under one of the categories below.

Although much self-disclosure of the types described below is stated in the first person singular, it is possible to make self-disclosure statements in the third person. Examples of both types are included below.

Scoring Procedure

A score of 2 points will be given to disclosures of the defined types when they are first person references.

A score of 1 point will be given to the disclosures of the same types when they are reflexive third person references. These statements in the third person in which the word "you" is an obvious substitution for for saying "I."

Non-reflexive third person references, such as "people always....," in which the person is not really revealing any information about himself will not be scored.

For this experiment, ratings will be given for each 30 seconds of interaction. In any 30-second segment,

only the score for the maximally disclosing statement will be used. In other words, if a person makes 1, 2, or 10 2-point disclosures in any 30-second segment his score is 2 points for that segment. This avoids inaccurately scoring for speech pattern repetitions. Similarly, if a person makes a 1-point statement, and a 2-point statement in the same 30-second segment, his score is 2 points for that segment.

Examples

1. Expressions of emotions and emotional processes:

Irritation--"It really bugs me..." "You get peeved at..." "It makes me sick when..." "It drives me crazy..." Also references to being agitated, irritated, testy, etc.

Anger, rage, hostility, hate, bitterness, resentment--"It gets me very angry when..." "You (I) just naturally hate people like her."

Excitement, involvement, concern, etc.--"I get all caught up in..." "It gets to me..." "I'm really close to my father." "I'm excited by..." Also opposite of involvement. "I can't seem to get into the material." "Boredom is one of my big problems."

Sad, blue, apathetic, cheerless, depressed, grief, mournful, pensive, gloomy, etc.--"It depresses me when..." "I get blue frequently.."

Happy, contented, delighted, feeling great, secure, feeling well (strong, confident, etc.), assured, pleased, jovial, elated, euphoric, merry--"I feel great when she..." "You really feel good when..." (Also the opposite of feeling well and strong, i. e., discussion of health problems, physical complaints, expression of general lack of the feeling of well being.) expressions which have been leached of their emotional content are not scored.

2. Expressions of needs, demands made upon others in contact with self:

"I demand a great deal of attention." "I don't feel too motivated to do much of anything." "All I want is..." These will frequently be expressed in statement of self-awareness (see below).

3. Expressions of self-awareness, internal forces, processes, capabilities, and/or the lack of them. "you (I) tell yourself that..." "I rationalize that by..." "That's one of my handicaps." "I don't panic easily." "I get mad at myself..." "I have the worst time with writing." "It's not a natural thing for me..." "It's easy for me to..." "It's really bad for me when I..." "I'm torn between..." "I'm not mature." "I'm not too hot at..." "I can't possibly integrate all that stuff." "You (I) adjust to things..." "I can think logically but math is impossible." "I identify with people who..." "I get very sentimental when..." "I'm a night-time person." "I dream of the day when..."

4. Expressions of fantasies, hopes, strivings, long-range plans, etc. "I've always wanted to be a doctor since I was five years old." "I frequently dream that I'm..." "I dream of the day when..."

Surprise, shock, astonishment, amazement.

"She really shocked me terrifically with her openness." "I love being surprised."

Sorry, repentant, ashamed, guilty, etc. "I feel very guilty about..." "I always feel sorry when..."

Pride, self-esteem, feelings of fulfillment, self-confidence.

"I feel good about what I did for her." "I've been feeling great lately."

Confused, perplexed, puzzled, cloudy, incoherent, disoriented, uncertain, etc. To be scored the statement must indicate some emotional disorientation or confusion. (i. e., "My math homework confuses me" is not scored.)

"Situations like that puzzle the hell out of me." "I just don't know how I feel about it."

Anxious, tense, afraid, on-edge, overwrought, upset, distressed, worried, etc. "I get really tense in situations like this." "It worries me when..." "She scares me." "You (I) get frightened when..."

Love, tenderness, affection, warmth, caring-for another, passion, arousal (sexual), etc. "I loved her before she..." "I was so hung up on her that I couldn't even..." (Colloquial).

