FACTORS AFFECTING SELF-DISCLOSURE BY PSYCHIATRIC NURSES

By

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Kay Oliver Henson

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CHAPTER I

INTRODUCTION

The psychiatric nurse has advanced training in communication skills essential to meeting the therapeutic needs of the patient. One form of communication sometimes used to facilitate therapy is "self-disclosure". Self-disclosure is the voluntary act in which the psychiatric nurse chooses to make herself/himself known to the patient. This information is shared both verbally and non-verbally, but for the purpose of this paper, only the verbal behavior will be studied.

It is known that self-disclosure is used by psychiatric nurses to enhance the therapeutic process, and that psychiatric nurses increase their use of self-disclosure as they obtain more practical experience (Sosnovec, 1982). Even though self-disclosure is used by psychiatric nurses, a number of variables influence both the nurse's ability and decision to utilize self-disclosure discriminatingly. However, these variables have not been clearly defined nor researched; consequently, the value of self-disclosure is controversial and its use is not universally accepted within the nursing profession. This study explores a variety of factors related to self-disclosure as used by a group of psychiatric nurses.

The psychiatric nurse as a therapist seeks information about another person's private self. Several authors (Jourard, 1964, 1968; Mowrer, 1964; Rogers, 1961) assert that full patient disclosure is indicated for successful therapy. Truax and Carkhuff (1965) report significant correlations between therapist disclosure and patient disclosure: the more the therapist discloses, the more the patient discloses. Further, the more the patient discloses about him or herself to the therapist, the more favorable the therapeutic outcome for the patient (Truax & Carkhuff, 1965).

Since the psychiatric nurse uses self-disclosure to elicit information about another person's private self, the nurse has a responsibility to use self-disclosure in a purposeful and effective manner. Knowledge about a number of variables that influence self-disclosure is imperative. It is important that the nurse know how much she/he self-discloses in general so that this tendency can be modified to meet the therapeutic goals. For example, the prediction that pairs of high disclosers will disclose more to one another than will pairs of low disclosers has been confirmed in several studies (Jourard & Resnick, 1970; Taylor, 1968). Jourard and Resnick (1970) also found that when a low-disclosing subject is paired with a high discloser, the subject increases his disclosure output to match the level of the high discloser.

Family patterns and birth order are variables that have an effect on self-disclosure. Doster & Strickland (1969) found that, in general, high disclosers perceive their parents as more nurturing than do low disclosers, and, that, on reaching adulthood, first-born children disclose less than do later-born children (Dimond & Munz, 1967; Dimond & Hellkamp, 1969).

A person tends to disclose more easily to another whom he/she likes; thus, self-disclosure to a spouse is usually greater than to any other person (Jourard & Lasakow, 1958). It is not known whether self-disclosure behavior by psychiatric nurses to their spouses, or a significant other if they are not married, is related to their self-disclosure to patients. Self-disclosure by psychiatric nurses to patients may be related to a more general tendency by some nurses to disclose more or less to others and this might be reflected in their approach to patients.

This study will explore the possibility of a correlation between the psychiatric nurse's amount of self-disclosure in personal relationships and amount of self-disclosure in professional relationships.

Literature Review

This literature review covers three aspects of self-disclosure: variables which affect self-disclosure; advocacy and opposition to the use of self-disclosure; and self-disclosure as a therapeutic tool for psychiatric nurses.

Factors Which Affect Self Disclosure

Self-disclosure as a personality construct has been studied relative to sex, race, family patterns, mental health, personality traits, and liking.

Sex and race.

Jourard and Lasakow (1958) found that females have higher self-disclosing scores than do males. Other researchers (Dimond & Munz, 1967; Himelstein & Lubin, 1965; Hood & Back, 1971; Jourard & Landsman, 1960; Jourard & Richman, 1963; Pederson & Breglio, 1968; Pederson & Higbee, 1969) have reported the same findings. No study has shown greater disclosure scores by male subjects than female subjects. However, a few studies failed to find a significant sex difference in self-disclosure (Dimond & Hellkamp, 1969; Doster & Strickland, 1969; Plog, 1965; Rickers-Ovsiankina & Kusmin, 1958; Vondracek & Marshall, 1971; Weigel, Weigel, & Chadwick, 1969).

Research has isolated some factors contributing to these sex differences. The low disclosing scores of males have been associated with men's lower levels of empathy and insight relative to the women's (Jourard, 1964).

There are differences in the amount that persons of different races disclose. Blacks disclose less than Whites (Jourard & Lasakow, 1958: Dimond & Hellkamp, 1969) and Mexican-Americans disclose less than Blacks (Littlefield, 1968). These differences may be due to social class. Jaffee and

Polansky (1962) found no differences in disclosure between lower-class Blacks and lower-class Whites. Mayer (1967) reported that middle-class women disclose more about their marital difficulties than do working-class women regardless of race.

Family patterns.

Family interaction patterns have also been related to self-disclosure. Family relationships are more important in determining to whom a person discloses than whether or not the person will be a high discloser. Doster and Strickland (1969) found that high disclosers perceive their parents as more nurturant than do low disclosers. Subjects from low-nurturant homes disclose more to friends than to parents; whereas the reverse is true with subjects from high-nurturant families.

Another familial pattern is that first-borns tend to have greater affiliative needs than do later-borns, but they do not as readily establish close relationships with others as do the later-borns. Later-borns show higher self-disclosure than do first-borns (Dimond & Munz, 1967; Dimond & Hellkamp, 1969).

Mental health.

Jourard's extensive research on this topic has revealed that self-disclosure correlates positively with mental health. He claims that the ability to allow one's "real" self to be known to at least one "significant" other is a

prerequisite for a healthy personality (Jourard, 1959a). "Man can attain health and fullest personal development only insofar as he gains courage to be himself with others" (Jourard, 1964, p. 11). Further, Jourard concludes that disclosure should be negatively related to "clinical" maladjustment and positively related to "positive" mental health, or of self-actualization as Maslow (1954) conceptualized it. Relative to this association, Jourard proposes that low disclosure is indicative of a repression of self and of an inability to grow as a person. The criteria used to judge positive mental health in this research are difficult to determine (Smith, 1959). However, the consensus seems to be that self-actualization is the most appropriate criterion (Cozby, 1973).

Many studies have been conducted on virtually every aspect of self-disclosure and mental health. The correlations that support Jourard's hypothesis, however, are weak; coefficients obtained were .28 in the Pederson and Higbee study (1969), and from .18 to .34 in the Taylor, Altman, and Frankfurt study (cited in Cozby, 1973). No study reports a correlation coefficient of more than .50.

Jourard's research has established that a curvilinear relationship exists between self-disclosure and mental health (Jourard, 1964). He suggests that there are varying levels of disclosure. The lowest level is represented by the individual who never discloses, and may be unable to

establish close relationships with others. A large portion of his self may be seen as threatening; hence, he represses it (Kaplan, 1967; Axtell & Cole, 1971). Another level of disclosure is represented by the individual who discloses a great deal about himself, not just to someone close, such as a parent or spouse, but to anyone. He may be perceived by others as maladjusted and unable to relate to others because of preoccupation with self. A third level of disclosure is moderate. The moderate discloser discloses a great deal to someone who is very close, generally maintaining a moderately close relationship with others. This third level of disclosure reflects a mentally healthy personality. The other two levels characterized by either high or low disclosure to virtually everyone in the social environment mark persons with poor adjustment.

Personality correlates.

The studies relating self-disclosure to personality traits generally produce low correlations and often contradictory results. The studies involving measures of sociability and extraversion are consistent, however, in revealing positive relationships with disclosure (Taylor, Altman, & Frankfurt 1965, cited in Cozby, 1973; Tuckman, 1966; Taylor & Oberlander, 1969).

Generally, as Cozby (1973) concluded from her review, the association of self-disclosure with personality characteristics is not well understood. Altman and Taylor (1973)

support this position; they suggest that expecting to find specific trait-dislosure relationships is unrealistic.

Self-disclosure and liking.

Positive attraction between people has been linked to self-disclosure. People select and discriminate in their choice of people to whom they disclose. No one discloses the same amount to all persons. From the hypothesis that self-disclosure is related to liking it may be deduced that disclosure to a spouse should be greater than to any other target person (Jourard & Lasakow, 1958), and this has indeed been shown to be the case. Jourard and Lasakow, as well as others, found that disclosure to mother and father correlates significantly with liking (r = 63 and .53, respectively) and that mothers receive more disclosure than do fathers (Himelstein & Lubin, 1965; Jourard & Lasakow, 1958; Dimond & Munz, 1967). Worthy, Gary, and Kahn (1969) showed that liking leads to disclosure to another and also that disclosure from another will lead to greater liking. However, Jourard found that the positive relationshp between self-disclosure and liking was evident in groups of women (Jourard, 1959b; Jourard & Landsman, 1960) but not significant when replicated with males.

Advocacy and Opposition to the Use of Self-disclosure

Self-disclosure has been viewed since the early 1960's by Jourard and others, predominantly as a "positive" and

desirable behavior. Innumerable "encounter" groups and "retreats" enhance personal self-disclosure as a "healthy" event, suggesting that the more one discloses, the more self-actualized one will be (Bennett, 1967). However, Simmel (1964) found that some marital difficulties are the result of too much self-disclosure creating boredom in interpersonal relationships. Simmel also found that maintaining a private area of the self has a functional significance in giving a person a sense of "individuality."

Although self-disclosure by the psychiatric patient is a primary goal of a therapeutic relationship, not all theorists agree that self-disclosure by the therapist to the patient is indicated. Varying degrees of self-disclosure and personal visibility are indicated and supported. Jourard (1971), Carkhuff (1969), Pociluyko (1979), and Yalom (1975) representing the existential-humanistic theoretical background advise a more revealing yet limited type of self-disclosure by psychiatric nurses. Some self-disclosure by the psychiatric nurse is important to impart genuineness on the part of the therapist for the benefit of the client - not the therapist. Longo and Williams (1978), Travelbee (1971), and Wilson & Kneisl (1979) advocate limited self-disclosure. They differentiate between social and therapeutic relationships. The therapeutic relationship encourages patient self-disclosure to the nurse. The nurse should not

discuss personal problems with the patient as this is characteristic of a social relationship.

The theorists from a background stressing an intrapersonal perspective maintain that total separation between the professional role and the social role is the most therapeutic position. This is the perspective of the classical psychoanalytic theorists and is advocated by Freud. Total neutrality by the therapist is essential (Freud, 1959), and self-disclosure by the analyst can only complicate the therapeutic process.

Self-disclosure as a Therapeutic Tool for Psychiatric Nurses

The literature clearly indicates that self-disclosure as used by psychiatric nurses in a therapeutic relationship is best used with discretion and with a clear idea about the purpose to be served by disclosing personal descriptive information. Self-disclosure must be used in a way that is therapeutically beneficial to the patient.

The psychiatric nurse's use of self-disclosure typically follows a pattern fitting the process of therapy. In the initial phase of the therapeutic relationship, disclosure by the psychiatric nurse prior to the patient's self-disclosure would be insincere. As the relationship progresses, self-disclosure by the psychiatric nurse increases

in response to the trust and self-exploration by the client (Carkhuff, 1969).

Psychiatric nurses' use of self-disclosure is best received by the patient when the information is offered in a positive manner and least when it is presented in a negative manner (Colson, cited in Cozby, 1973). Information from patients is also more easily elicited when the therapist maintains a positive response to the disclosure by the patient (Taylor, Altman, & Sorrentino, 1969).

Sosnovec (1982) found no relation between the theoretical framework used by a nurse to assess and treat patients, and the amount of self-disclosure used by that nurse. Nurses disclosed to patients mainly in the areas of work, tastes and interests, and attitudes and opinions. Nurses shared significantly less personal information such as information about income level, body, or personality. Nurses with master's-level education and nurse-practitioner certification disclosed more to male patients about all subject matter than did nurses without specialized training (Sosnovec, 1982). Psychiatric nursing experience made a significant difference in the amount of self-disclosure by nurses. Those nurses who had practiced longer as psychiatric nurses had higher self-disclosure scores (Sosnovec, 1982).

Conceptual Framework

Self-disclosure in interpersonal relationships has been studied extensively. Self-disclosure in interpersonal relationships in these studies is based in the context of social exchange and the social-penetration theory. "The growth of an interpersonal relationship is hypothesized to be a joint result of interpersonal reward/cost factors, personality characteristics, and situational determinants" (Taylor, Altman, & Sorrentino, 1969, p. 325). According to this theory, relationships proceed from nonintimate to intimate areas of exchange. The rate and amount of exchange are influenced by the reward/cost factors within the exchanges (Altman & Taylor, 1973; Taylor, Altman, & Sorrentino, 1969; Homans, 1961; Thibaut & Kelly, 1959).

The relevance of reciprocity to self-disclosure in interpersonal relationships is harmonious with the proposition of social-exchange theory that outcomes exchanged will be of comparable value (Jourard 1959b). Early studies indicated that in a peer situation the amount disclosed by one person correlates highly with the amount of disclosure received from another (Jourard & Landsman, 1960). This indicator of reciprocity holds true between persons with various types of relationships: person and mother, person and father, person and best male friend, person and best female friend (Jourard & Richman, 1963) and person and spouse (Levinger & Senn, 1967).

According to the social-exchange theory the reward/cost factors affect the reciprocity of the self-disclosing behavior. Anxiety and trust are also influential variables which operate to produce a curvilinear relationship between the amount of disclosure and reciprocity. Thus, Levin and Gergen (1969) suggest that medium amounts of disclosure from one to another person indicate feelings of trust and a desire to develop a close relationship. A person who communicates a great deal about himself may be seen as lacking discretion and as untrustworthy. Information revealed by one person to another person is reciprocal to a point, then diminishes proportionately as the partner reveals more and more about himself. Self-disclosure and the reception of self-disclosure information from another imply that one is trusted. Also, more intimate information represents greater reward for the receiver (Worthy, Gary & Kahn, 1969). However, when anxiety surfaces after having revealed information one would rather keep private, or of having interacted with a person who is behaving in an unusual manner, the cost becomes greater than the reward, and reciprocity will diminish. Argyle and Kendon's (1967) description of increasing intimacy in interpersonal relationships until halted by anxiety again supports the view of a curvilinear relationship between disclosure and reciprocity. A study by Murdoch, Chenowith, and Rissman (cited in Cozby, 1973) found that subjects disclosed more to others with whom there was

no possibility of future interactions, suggesting a situation without the cost factors of anxiety and distrust. Hence, for the best therapeutic outcomes, nurses should avoid extensive self-disclosure so as not to produce high anxiety in the patient that might cause the patient to react by withdrawing.

Purpose of the Study

Self-disclosure has been studied extensively as it relates to the field of psychotherapy. Psychiatric nurses utilize self-disclosure as a tool in the therapeutic process. Each psychiatric nurse must choose and discriminate regarding the benefit and use of self-disclosure. The psychiatric nurse's use of self-disclosure as a therapeutic tool in interaction with patients may be somewhat related to the nurse's use of self-disclosure as a personal behavior style in personal relationships with significant others.

This study will explore selected factors affecting self-disclosure styles both in the psychiatric nurse's personal and professional relationships, and will attempt to determine the degree of similarity in the nurse's self-disclosure style in the two situations.

Hypotheses

I. The greater the amount of self-disclosure by the psychiatric nurse to a significant other, the greater the

amount of her self-disclosure to patients.

II. The difference in the amounts that psychiatric nurses disclose to spouses and to patients on more intimate topics will be greater than the difference in the amounts psychiatric nurses disclose to spouses and to patients on less intimate topics.

This study will also explore the amount of self-disclosure to patients by the psychiatric nurse, relative to the nurse's length of practice in nursing, the nurse's position in his/her family, and the economic status of the patients to whom the nurse discloses.

CHAPTER II

METHODS

Subjects and Setting

The subjects for this study were nurses with advanced education in psychiatric nursing. They were designated as Psychiatric Mental Health Nurse Practitioners or nurses having a Master's Degree in Psychiatric Nursing. They were currently licensed in the State of Oregon and had practiced in psychiatric nursing within the last two years.

A list of the names and addresses of psychiatric nurses licensed in the State of Oregon was obtained from the State Board of Nursing. From this list those nurses with advanced degrees in psychiatric nursing were selected to be included in this study. The entire population of 69 was invited to participate in this study. and 41 female nurses responded.

Design and Procedure

The basic design of this study was descriptive and correlational. This study examined the psychiatric nurse's use of self-disclosure with patients and with a significant other in her personal life. It also explored the relevance of the variables of birth order, number of years experience in psychiatric nursing, and the economic status of the patient with whom the nurse discloses.

A letter was sent to the subjects explaining the pur-

pose of this study, along with an informed consent form (Appendix A), and a 2-part questionnaire with instructions (Appendix B). The letter also included a self-addressed, stamped envelope in which to return the completed questionnaire. The instructions asked the subjects to return the completed questionnaire within one week.

Data and Data-Gathering Instruments

The data for this study were obtained from subjects responding to the 2-part questionnaire. The first part of the questionnaire elicited background information from the subjects. The second part obtained data on self-disclosure with patients and with significant others.

Background Information

The background information requested included the following demographic and practice-related items: 1) age, 2) sex, 3) marital status, 4) sex of spouse and/or significant other, 5) birth order, 6) years in practice, 7) number of years in current position, 8) whether currently practicing, and 9) economic status of patients (Appendix B).

Jourard's Self-disclosure Questionnaire (JSDQ)

Since it was originated in 1958, the JSDQ has been the most widely used instrument to assess self-disclosure differences (Jourard & Lasakow, 1958). Although subsequent variations of the JSDQ have been employed since 1958, these variations are equivalent to the original JSDQ. The origi-

nal questionnaire was designed to measure aspects of verbal self-disclosure. It consisted of 60 items, 10 items in each of 6 content areas each reflecting a differing degree of intimacy: Body, Personality, Money, Work, Tastes and Interests, Attitudes and Opinions. The subjects' responses to each item indicated to what extent they revealed information about themselves to four target persons: mother, father, best opposite-sex friend, and best same-sex friend. Items were scored as 0 (no disclosure to the target person), 1 (disclosure only in general terms), or 2 (full and complete disclosure about the item). The subscale score for each content area could vary from 0 to 20 and the total JSDQ score could vary from 0 to 120. The content areas of Body, Personality and Money are the most intimate topics, and Work, Tastes and Interests, and Attitudes and Opinions are the least intimate topics.

Pederson and Higbee (1969) show in their research that although the length of the questionnaire as well as target persons, instructions, and nature of the items used in the JSDQ questionnaire vary, the results are similar. For the purposes of this study the length was condensed from 60 items to 30 items, using only the odd numbered items from the original JSDQ. According to Jourard (1971) the resultant r, corrected, was .94, indicating that the Ss responded consistently to the questionnaire over all target persons when reduced to 30 items. Also, Johnson's study (1979)

recommends the use of this condensed version because his subjects found 60 items too tedious and time consuming. The four target persons in the original JSDQ will be reduced to two for this study: the patients of the psychiatric nurse and either the spouse of the nurse if married, or a significant other if not married. Hence in this study, possible scores for each of the 6 subscales may range from 0 to 10; and possible scores for the total JSDQ may range from 0 to 60.

The validity of the JSDQ has been substantiated by numerous research studies. Convergent and discriminant validity has been demonstrated by Pederson and Higbee (1969) by means of a multitrait-multimethod matrix (Campbell & Fiske, 1959). Several studies indicate that the JSDQ is independent of intelligence (Jourard, 1961; Halverson & Shore, 1969; Taylor, 1968) supporting the instrument's discriminant validity. Panyard (1971) tested and confirmed the validity of the JSDQ to a specific target person. Correlations between .61 and .95 ($p < .01$) were obtained between 26 pairs of subjects (friends) who indicated on the JSDQ the amount of information each disclosed to and received from the other.

The predictive validity of the JSDQ has been questioned by some researchers. The instrument has been criticized on the basis it reflects subjects' past history of disclosure, not present disclosure to parents or best friends. More-

over, studies attempting to find a relationship between the JSDQ scores and actual disclosure in a situation have been unsuccessful (Ehrlich & Graeven, 1971; Himelstein & Kimbrough, 1963; Lubin & Harrison, 1964; Vondracek, 1969a, 1969b).

Data Analysis

Hypothesis I was tested by correlating the nurse's total JSDQ score to patients ($JSDQ_p$) with the total JSDQ score to the spouse/significant other ($JSDQ_s$), using Pearson's product moment correlation coefficient. Hypothesis II was tested by using paired t-tests to determine if there is a significant difference between the amount of the nurse's self-disclosure with spouse/significant other and nurse's self-disclosure to the patient at each of the six levels of intimacy, Body, Personality, Money, Work, Tastes and Interests, and Attitudes and Opinions. Pearson's correlation coefficient was used to determine if any significant correlation exists between the length of time a psychiatric nurse has been in practice and the nurse's total $JSDQ_s$ score to her spouse/significant other. Paired t-tests were used to determine if there is a significant difference between the amount of self-disclosure by first-born nurses with patients or with spouse/significant other, and the amount of self-disclosure by all later-born nurses with patients or with spouse/significant other.

CHAPTER III

RESULTS AND DISCUSSION

Characteristics of the Subjects

The basic purpose of this study was to determine the degree of the relationship between the psychiatric nurse's self-disclosure to a significant other individual in comparison to self-disclosure to a patient.

The sample population for this study consisted of 69 psychiatric nurses in Oregon having a Master's Degree in Psychiatric Nursing or licensed as Psychiatric/Mental Health Nurse Practitioners. Forty-one nurses from the sample population returned the questionnaire within a week, as requested, and their responses form the basis for the following analysis. All 41 respondents in the study were currently licensed to practice in the State of Oregon.

As may be seen from Table I, all respondents were females, with an mean age of 42 years and a mean of 12 years of practice. All but four were currently practicing as psychiatric nurses. In addition, 68% of the respondents (28 individuals) indicated they were married, with their significant other individual being male. And finally, 61% of the psychiatric nurses involved in the study stated they were either first or second born children.

Table 1. Characteristics of the Subjects (N=41)

Characteristics	Values
Age in years	
Range	29-60
Mean	41.9
Standard deviation	8.7
Sex	
Male	0
Female	41
Marital Status	
Single-never married	6
Married	28
Living with partner	0
Divorced or separated	7
Widow/widower	0
Significant Other	
Married	
Male	28
Female	0
Not married	
Male	3
Female	10
Position in Family	
First born child	12
Second born child	13
Third born child	9
Fourth born child	2
Fifth or later	5
Years in Practice	
Range	.08-26
Mean	11.7
Standard deviation	6.4
Years in Current Position	
Less than one year	9
1-2 years	11
3-4 years	11
5 or more years	10

Table 1 (continued)

Currently Practicing as Psychiatric Nurse	
Yes	37
No	4
Years since practiced as a psychiatric nurse	
Less than one year	2
1-2 years ago	2
3-4 years ago	0
5 years or longer	0
Economic Status of Patients	
Welfare	15
Low income	11
Medium income	15
High income	0

Self-Disclosure of Psychiatric Nurses to Spouses or Significant Others

The nurses in this study were high disclosers to their spouses or significant other. Their mean $JSDQ_S$ score was 51.84, of a possible total of 60 points (see Table 2). This is an unusually high score. Jourard (1971) reported that the mean $JSDQ_S$ score of females disclosing to a significant male was 55.18 of a possible total of 120 points. The score for these psychiatric nurses was almost twice as high. This large difference in scores suggests that the training received by psychiatric nurses in self-disclosure may influence their self-disclosure scores. (Jourard's subjects were not professionally trained.)

The range of JSDQ subscores varied: 1-10 in the areas of Body and 4-10 in the areas of Work. The mean scores were generally high. The mean scores of the more intimate subscales of Body, Personality and Money were 8.02, 8.20, and 8.70, respectively, lower than mean scores of the less intimate areas of Attitudes and Opinions, Tastes and Interests, and Work which were 8.71, 8.95, and 9.26, respectively. The possible maximum score was 10 in each area. This indicates there was a tendency to be more open in some areas than others. Money, although considered an intimate topic, received a mean score of 8.70, close to the mean score of 8.71 of the subscale of Attitudes and Opinions, which is

considered much less intimate. This suggests that discussing money within the family is highly acceptable.

Self-Disclosure of Psychiatric Nurses to Patients

The psychiatric nurses were very low disclosers to their patients, as indicated by the mean $JSDQ_p$ score of 11.87. The lowest possible score is 0 (see Table 3). A study done by Sosnovec (1982) reports a mean JSDQ score of 26.2 to male patients and 28.1 to female patients. These scores are twice as high as the mean score in this study, 11.87. The subjects were from the same population and the target persons were the same, so the reason for this difference remains unclear.

All scores on the $JSDQ_p$ subscales were also low. The more intimate areas of Money, Body, and Personality had lower scores of 0.07, 1.34, and 1.80 respectively, and the least intimate areas of Attitudes and Opinions, Tastes and Interests, and Work had higher scores of 2.22, 2.90, and 3.54 respectively. The range varied, with the least intimate area of Money having the smallest range, 0-1, and the least intimate area of Work having the largest range, 0-10. This indicates that discrimination in self-disclosure was employed by the nurses both with regard to target persons and with regard to intimacy level. Nurses revealed less to patients than to significant others, and revealed

Table 2. Mean Self-Disclosure Scores of Psychiatric Nurses to Spouses or Significant Others.

$JSDQ_S$ Subscale & Total Scale Scores	Self-Disclosure Scores		
	Mean	(S.D.)	Range
Work	9.26	(1.30)	4-10
Tastes & Interests	8.95	(1.97)	2-10
Attitudes & Opinions	8.71	(2.24)	2-10
Money	8.70	(2.05)	3-10
Personality	8.20	(2.26)	2-10
Body	8.02	(2.13)	1-10
TOTAL SCALE	51.84	(11.95)	1-10

more on less intimate topics and less on the more intimate topics.

The ordering of content areas in terms of the amount of self-disclosure is very similar for both target groups, patients and significant others. The most self-disclosure was in the less intimate topics of Work, Tastes and Interests, and Attitudes and Opinions, and lowest in the more intimate areas of Money, Body, and Personality. The one difference in ranking concerned disclosure about money. Of the three intimate topics, money matters were the least disclosed to patients, but the most disclosed to significant others.

Comparison of Disclosure Patterns to Significant Others and to Patients

Jourard and Lasakow (1958) reported that the amount of self-disclosure to a spouse was greater than to any other target person. Hence it was anticipated that the psychiatric nurses would disclose more to their spouses and to their significant others than to patients. Indeed, this was true in the present instance, with psychiatric nurses disclosing vastly more to their significant others (mean $JSDQ_s$ score = 51.84 and mean $JSDQ_p$ score = 11.87, t (39) = 22.77, $p < .0001$). However, the question remains: Do those nurses who disclose more to their significant others also disclose more to patients than do nurses who disclose less

Table 3. Mean Self-Disclosure Scores of Psychiatric Nurses to Patients

$JSDQ_p$ Subscale & Total Scale Scores	Self-Disclosure Scores		
	Mean	(S.D.)	Range
Work	3.54	(2.07)	0-10
Tastes & Interests	2.90	(2.26)	0-8
Attitudes & Opinions	2.22	(2.49)	0-8
Money	1.80	(1.89)	0-7
Personality	1.34	(1.65)	0-5
Body	0.07	(0.26)	0-1
TOTAL SCALE	11.87	(10.62)	0-10

to their significant others? In short, is there a tendency to be more or less disclosing, quite generally, to others? The answer to that question is sought in the test of Hypothesis I.

Hypothesis I: The greater the amount of self-disclosure by the psychiatric nurse to a significant others, the greater the amount of her self-disclosure to patients.

To test this hypothesis, the nurses' total $JSDQ_p$ scores (total disclosure to patients) were correlated with their $JSDQ_s$ scores (total disclosure to significant other or spouse). As may be seen from Table 4, a Pearson product-moment correlation coefficient of .18 was obtained, indicating that the two scores were not significantly related; hence, the hypothesis was not upheld. Apparently, there is no relation between the amount a nurse discloses to her significant other and the amount she discloses to patients. There is no evidence, then, of a general tendency to disclose or not to disclose. Disclosing behavior may be specific to certain relationships and certain topics, and not to other relationships and topics. What determines the extent to which a psychiatric nurse discloses to her patients should not be attributed to a trait, but to some other factor such as education, particular experiences, or therapeutic perspective.

In a further analysis of the relation between the nurses' self-disclosure patterns to significant others and

Table 4. Correlation Between Psychiatric Nurses' Self-Disclosure Scores to Spouses or Significant Others and Their Self-Disclosure Scores to Patients.

JSDQ Subscale	Pearsonian Correlations of $JSDQ_S$ and $JSDQ_P$
Work	.39*
Tastes and Interests	.19
Attitudes and Opinions	.10
Money	.04
Personality	.30*
Body	.20
TOTAL SCALE	.18

*$p < .05$

to patients, separate Pearson correlation coefficients were calculated for each content area. The correlations between the nurses' $JSDQ_p$ and $JSDQ_s$ scores on each subscale are also presented in Table 4. It may be noted that those nurses who disclosed more to their spouses or significant others in matters of Money, Attitudes and Opinions, Tastes and Interest, and Body did not disclose more on those topics to patients than did nurses who disclosed relatively less on those topics to their spouses or significant others. However, there was a significant relationship between the amount nurses disclosed to significant others and to patients with regard to the areas of work (r (39) = .39, $p < .01$) and, somewhat surprisingly, to personality (r (39) = .30, $p < .05$). Work is not an intimate topic, but presumably personality is. These findings and issues are related to Hypothesis II.

Hypothesis II: The difference in the amounts that psychiatric nurses disclose to spouses and to patients on more intimate topics will be greater than the difference in the amounts psychiatric nurses disclose to spouses and to patients on less intimate topics.

This hypothesis suggests that the great difference in nurses' self-disclosure to spouses and to patients may be accounted for mainly by their lesser willingness to reveal intimate details to patients; and predicts there will be little difference in the amount of disclosing regarding

nonintimate topics. If this hypothesis is correct, then one would expect less of a difference in amount of disclosure in the nonintimate areas of Work, Tastes and Interests, and Attitudes and Opinions, and more of a difference in the "intimate" areas of Money, Body, and Personality. Table 5 presents the findings for this sample.

The difference in disclosures to the two target persons, spouse/significant other and patient, is particularly great in the content area of Money (8.63 points), with much less disclosure to patients (t (39) = 26.86, $p < .001$). The next greatest difference is with respect to Body (6.68 points, t (39) = 17.66, $p < .001$). The smallest difference may be noted in disclosures about Work (5.72 points), although this difference also remains very highly significant from a statistical viewpoint. Next smallest is the difference in the nonintimate area of Tastes and Interests. However, there appeared to be no greater reticence in disclosing Personality matters than Attitudes and Opinions. This latter finding is not in accord with the hypothesis. Overall, however, the findings appear to support Hypothesis II in that the differences in disclosure patterns are in part related to the intimacy of the topic, with individuals being generally more willing to disclose nonintimate details to others, regardless of relationship. However, it should be noted that for all areas, both intimate and nonintimate, there remained very large differences

in amount disclosed. These results suggest a considerable social and emotional distance between nurses and their patients; and point to the certain conclusion that patients are not significant others to their nurses providing psychiatric care.

These data indicate that psychiatric nurses discriminate among target persons with regard to the amount they disclose of themselves. They also discriminate with regard to what they disclose, disclosing more on less intimate areas than on the more intimate areas. Such discrimination in self-disclosing reflects relatively "good" mental health, according to the literature (Jourard, 1959a, Jourard, 1964, Maslow, 1954). The psychiatric nurses in this sample, then, may have been manifesting their good mental health.

Other Findings

Other questions that were explored in this study were the relations of self-disclosure patterns to the amount of time the nurse had been in practice, to the nurse's birth order, and to the socio-economic status of her patients.

The literature review suggested that the length of time a psychiatric nurse practiced would influence the amount she would self-disclose. Sosnovec's research (1982) indicated that psychiatric nursing experience did make a significant difference in the amount of self-disclosure by nurses.

Table 5. Difference in Psychiatric Nurses' Self-Disclosure Scores to Spouses or Significant Others and Self-Disclosure Scores to Patients.

JSDQ Subscale & Total Scale	Mean Self-Disclosure Scores			Significance of Difference (t-test)
	To Significant Other	To Patients	Difference	
Work	9.26	3.54	5.72	18.58*
Tastes & Interests	8.95	2.90	6.05	14.34*
Attitudes & Opinions	8.71	2.22	6.49	13.10*
Money	8.70	0.07	8.63	26.86*
Personality	8.20	1.80	6.40	16.51*
Body	8.02	1.34	6.68	17.66*
TOTAL SCALE	51.84	11.87	39.97	22.77*

* $p < .001$

Those nurses who had practiced longer as psychiatric specialists had higher self-disclosure scores. However, the findings of this study indicated that there was no relation between the self-disclosure scores and the length of time in practice (r (39) = .06, not significant). The sample used by Sosnovec and by this investigator were selected according to the same criteria. The writer cannot explain this discrepancy.

On the basis of the literature (Dimond & Munz, 1969; Dimond & Hellkamp, 1969) it was predicted that the birth order of psychiatric nurses would influence the amount of self-disclosure; that later-born nurses would show more self-disclosure than first-born nurses. In this study, the significance of the difference between first-born and later-born nurses in the amount they disclosed to significant others or spouses was tested by t-test, as was the difference between the two groups of nurses in amount disclosed to patients. The results appear in Table 6. Although the amounts disclosed by first-borns exceeded in absolute terms the amounts disclosed by later-borns to patients, the reverse was true regarding disclosure to significant others. However, in both instances, these differences were not statistically significant, with t's of 1.37, and .70, respectively. Thus birth-order was not a factor in self-disclosure for this sample. It may be that the education of nurses alters any tendency based on birth order. It may

also be that the literature primarily deals with self-disclosure to peers or to family but not to unequals such as therapists and patients.

The economic status of the patient did significantly affect the amount of self-disclosure by the subjects. They did disclose more to the 15 patients from medium or high economic status (mean $JSDQ_p$ score = 16.67) than to the 26 patients on welfare or lower with low incomes (mean $JSDQ_p$ score = 9.19). This difference in amount of disclosure is highly statistically significant (t (39) = 3.02, $p < .001$). The literature supports the idea of differences in amounts of disclosure between races, and attributes these differences to social class. Blacks disclose less than Whites (Jourard & Lasakow, 1958; Dimond & Hellkamp, 1969; Littlefield, 1968). No direct evidence was found in the review of literature to support the notion that the discloser chooses to disclose less to those of a lower economic class than the discloser. The fact that the nurses disclosed more to medium and higher socio-economic groups might have been influenced by the reciprocity factor. People tend to match the amount they disclose with the amount disclosed to them in interactions (Jourard, 1959b). The nurses may disclose less with the lower-class clients because the clients are more reticent to disclose. Also, nurses may disclose less with lower-class clients because they do not share the same world views, and are not peers. Another factor that may

Table 6. Self-Disclosure of First-Born Nurses and All Other Nurses to Spouses or Significant Others and to Patients

Self-Disclosure	First-Born Nurses (n=12) Mean	(S.D.)	All Other Nurses (n=24) Mean	(S.D.)	Significance of Difference (t-test)[a]
To Patients	9.16	(6.10)	13.06	(8.98)	1.37
To Significant Others	53.5	(7.50)	51.28	(9.79)	.70

[a] Differences are not statistically significant.

have attributed to this difference in disclosure relative to economic status is the degree of pathology of the patient. Agencies in which some of the nurses practice tend to draw patients from lower-class populations which include the chronically mentally ill. Self-disclosure as a therapeutic technique may not be exercised as much as other techniques such as behavior modification for these chronically ill patients.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The psychiatric nurse utilizes self-disclosure as a form of communication to enhance the therapeutic process in a nurse-patient relationship. The focus of this study was on factors that affect the amount of self-disclosure by the psychiatric nurse. Self-disclosure by the psychiatric nurse with both patients and spouse/significant other was measured by a shortened form of the Jourard Self-Disclosure Questionnaire. The factors that were examined in relation to her self-disclosure to patients and to spouse/significant other were: intimacy of the subject matter, birth order in her natal family, length of psychiatric nursing experience, and socio-economic status of the patient.

The subjects of this study were female psychiatric nurses with advanced degrees in psychiatric nursing. All subjects were currently licensed to practice in the State of Oregon and had been in practice within the past two years.

Hypothesis I stated that the greater the self-disclosure by the psychiatric nurse to a spouse/significant other, the greater the self-disclosure by the nurse to patients. The results indicated there was no significant relationship.

There was no relationship between the amount a nurse disclosed to her significant other and the amount she disclosed to patients. There was no evidence of a general tendency to disclose or not to disclose. Disclosure may be specific to certain relationships and certain topics, and not to other relationships and other topics. It does not appear to be trait related, but is instead possibly related to other factors such as education, particular experiences or therapeutic disclosure. There was a significant relationship between the amount nurses disclosed to significant others and to patients with regard to the areas of Work and to Personality.

Hypothesis II stated that the difference in the amounts that psychiatric nurses disclose to spouses and to patients on more intimate topics will be greater than the difference in the amounts psychiatric nurses disclose to spouses and to patients on less intimate topics. A significant difference was found between the amount of disclosure to the two target persons, and the size of the difference varied according to the intimacy of the subject matter. The nurse disclosed more on less intimate topics than on more intimate topics both to spouse/significant other and to patients. The nurses were more willing to disclose nonintimate details to others regardless of the relationship. In both intimate areas and nonintimate areas there was a very large difference in the amount the nurse disclosed to patients and to

significant others. This suggests considerable social and emotional distance between nurses and patients. Also, as a general conclusion, the patients are in no way considered significant others to psychiatric nurses.

The birth order of the psychiatric nurse did not influence the amount of self-disclosure by the nurse to spouse/significant other or to patients. The economic status of the patient was the only factor with which the amount of self-disclosure of the subjects varied significantly. Nurses disclosed less to patients from a lower socio-economic group than to those from a higher socio-economic group. In contradiction to the findings from a similar study by Sosnovec (1982) on a similar sample, the present study found that the length of time the nurse had been in practice made no significant difference in the amount of self-disclosure.

Conclusions

From this study we may conclude:

1. The amount of self-disclosure by the psychiatric nurse to a patient is not related to the amount she discloses to her spouse/significant other.
2. The psychiaric nurse self-discloses (both to a spouse/ significant other and to patients) more on less intimate topics such as Work, Tastes and Interests, and Attitudes and Opinions than on more intimate topics

such as Money, Body, and Personality. However, the difference is more pronounced in cases of intimate topics than nonintimate topics.

3. The length of time the nurse has practiced psychiatric nursing does not influence the amount of self-disclosure to patients.
4. First-born nurses tend to disclose as much as later-born nurses.
5. Nurses self-disclose more to patients of medium or high socio-economic status than to patients of lower socio-economic status.

Recommendations

Since there was no relation between the amount the subjects disclosed to the patient and the amount disclosed to the spouse/significant other, other questions should be considered. We assume that nurses have advanced training in the practice of self-disclosure as a therapeutic technique. However, what that training is and how it is implemented is not clear. There have been no studies to determine whether the psychiatric nurse actually has a higher self-disclosure tendency than the general population. A study that explored this would be of interest.

In this study the subjects were asked to report on self-disclosure as a general behavior pattern with patients. The results might have been more accurate had the subjects

been instructed to report about a specific patient who required that self-disclosure be utilized to encourage and elicit personal information on intimate topics.

The survey method was used in this study to collect retrospective self reports. Direct observation of nurses with patients might produce more accurate data. The sample size was small and the sample was collected from a state where many of the psychiatric nurses had been educated in one program. This may have influenced the results.

Self-disclosure has not been demonstrated to be a personality trait in other studies and neither has it in this study. However, the personality traits of sociability and extraversion might be explored in relation to self-disclosure.

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APPENDIX A

Cover Letter

Dear

I am requesting your help in a study I am conducting in partial completion of a Master's in Nursing degree at the Oregon Health Sciences University. I am asking you as a psychiatric nurse in advanced practice to complete the enclosed questionnaire on the topic of self-disclosure. The aim of this study on self-disclosure is to further explore self-disclosure. It is important that a nurse know how much she/he self-discloses in general so that this tendency can be modified to meet the therapeutic goal of the nurse-patient relationship. From researching the literature it is not clear if there's any correlation between the psychiatric nurse's self-disclosure style in personal relationships and self-disclosure in professional relationships.

There is a two part questionnaire to provide descriptive data about yourself, and about the degree to which you self-disclose to patients and a significant other in your personal life. It will take about 15 minutes to complete the questionnaire and it is important that you answer all items. If you are uncertain about an answer, choose the answer that most nearly corresponds to your views.

Your anonymity will be maintained on all information you provide by using code numbers for identification. All information will be handled confidentially.

I would appreciate your completing the questionnaire and returning it in the stamped envelope to me within one week. Your participation will help provide knowledge about self-disclosure to better facilitate the therapeutic goals for the patient in the nurse-patient relationship. If you have any questions regarding this study please contact me at (503) 382-6205.

Sincerely,

Kay Oliver-Henson, R.N.,
P.M.H.N.P.
611 N.W. Drake Road
Bend, OR 97701

APPENDIX B

Background Information Form

Self-Disclosure Questionnaire

QUESTIONNAIRE

Part I:

Directions: Please place a check mark ( ) or fill in the space provided to indicate the answer that pertains to you...

1. What is your date of birth?

_____ _____ _____
day month year

2. What is your sex?
   ( ) male
   ( ) female

3. What is your marital status?
   ( ) single - never married
   ( ) married
   ( ) living with partner
   ( ) divorced or separated
   ( ) widow/widower

4. Please answer only one, either a or b.

   a. If you are married, is your spouse
      ( ) male
      ( ) female

   b. If you aren't married, is the person to whom you feel the closest
      ( ) male
      ( ) female

5. What is your position in your family?
   ( ) first born child
   ( ) second born child
   ( ) third born child
   ( ) fourth born child
   ( ) fifth born or later

6. What is the total number of years you have practiced as a psychiatric nurse?
   Years _____ Months _____

7. How long have you been practicing in your current position?
   ( ) less than 1 year
   ( ) 1-2 years
   ( ) 3-4 years
   ( ) 5 or more years

8. Are your currently practicing as a psychiatric nurse?
   ( ) yes
   ( ) no

9. If not currently practicing as a psychiatric nurse, how long has it been since you practiced as a psychiatric nurse?
   ( ) less than 1 year
   ( ) 1-2 years ago
   ( ) 3-4 years ago
   ( ) 5 years or longer

10. From what economic group are your patients for the most part?
   ( ) welfare
   ( ) low income
   ( ) medium income
   ( ) high income

Information Sharing

DIRECTIONS: People differ in the extent to which they share information with others. Please read each item on the questionnaire, and then indicate (circle) the number that best represents the degree to which you have talked about that item to each person - that is, the extent to which you have made yourself known to that person. If married, answer columns (a) and (b); if not married, answer columns (a) and (c). Use the following code:

0 = Have told the other person NOTHING about this aspect of me.

1 = Have talked in GENERAL TERMS about this. The other person has only a general idea about his aspect of me.

2 = Have talked in full and COMPLETE DETAIL about this item to the other person. He or she knows me full in this respect and could descsribe me accurately.

X = Have deliberately given an INCORRECT answer to the other person.

	Statements	PATIENT (a)	SPOUSE (b)	PERSON TO WHOM YOU FEEL CLOSEST IF NOT MARRIED (c)
1.	What I find to be the worst pressures and strains in my work.	0 1 2 X	0 1 2 X	0 1 2 X
2.	What I enjoy most and get the most satisfaction from in my present work.	0 1 2 X	0 1 2 X	0 1 2 X
3.	What I feel are my special strong points and qualifications for my work.	0 1 2 X	0 1 2 X	0 1 2 X
4.	My ambitions and goals in my work.	0 1 2 X	0 1 2 X	0 1 2 X

	Statements	PATIENT (a)	SPOUSE (b)	PERSON TO WHOM YOU FEEL CLOSEST IF NOT MARRIED (c)
5.	How I feel about the choice of career that I have made - whether or not I am satisfied with it.	0 1 2 X	0 1 2 X	0 1 2 X
6.	How much money I make at my work, or get in benefits.	0 1 2 X	0 1 2 X	0 1 2 X
7.	Whom I owe money to at present; or whom I have borrowed from in the past.	0 1 2 X	0 1 2 X	0 1 2 X
8.	Whether or not others owe me money; the amount, and who owes it to me.	0 1 2 X	0 1 2 X	0 1 2 X
9.	All of my present sources of income; wages, fees, allowance, dividends, etc.	0 1 2 X	0 1 2 X	0 1 2 X
10.	My most pressing need for money right now, e.g., outstanding bills, some major purchase that is desired or needed.	0 1 2 X	0 1 2 X	0 1 2 X
11.	My feelings about the appearance of my face - things I don't like and things I might like about my face and head - nose, eyes, hair, teeth, etc.	0 1 2 X	0 1 2 X	0 1 2 X
12.	My feelings about different parts of my body - legs, hips, waist, weight, chest, or bust.	0 1 2 X	0 1 2 X	0 1 2 X

Statements	PATIENT (a)	SPOUSE (b)	PERSON TO WHOM YOU FEEL CLOSEST IF NOT MARRIED (c)
13. Whether or not I now have any health problems - e.g., trouble with sleep, digestion, female complaints, heart condition, allergies, headaches, piles, etc.	0 1 2 X	0 1 2 X	0 1 2 X
14. My past record of illness and treatment.	0 1 2 X	0 1 2 X	0 1 2 X
15. My present physical measurements, e.g., height, weight, waist, etc.	0 1 2 X	0 1 2 X	0 1 2 X
16. The aspects of my personality that I dislike, worry about, that I regard as a handicap to me.	0 1 2 X	0 1 2 X	0 1 2 X
17. The facts of my present sex life - including knowledge of how I get sexual gratification; any problems that I might have with whom I have relations, if anybody.	0 1 2 X	0 1 2 X	0 1 2 X
18. Things in the past or present that I feel ashamed and guilty about.	0 1 2 X	0 1 2 X	0 1 2 X
19. What it takes to get me feeling real depressed and blue.	0 1 2 X	0 1 2 X	0 1 2 X

Statements	PATIENT (a)	SPOUSE (b)	PERSON TO WHOM YOU FEEL CLOSEST IF NOT MARRIED (c)
20. What it takes to hurt my feelings deeply.	0 1 2 X	0 1 2 X	0 1 2 X
21. My favorite foods, the ways I like food prepared, and my food dislikes.	0 1 2 X	0 1 2 X	0 1 2 X
22. My likes and dislikes in music.	0 1 2 X	0 1 2 X	0 1 2 X
23. The kinds of movies that I like to see best; the TV shows that are my favorites.	0 1 2 X	0 1 2 X	0 1 2 X
24. The style of house and the kinds of furnishings that I like best.	0 1 2 X	0 1 2 X	0 1 2 X
25. My favorite ways of spending spare time, e.g., hunting, reading, parties, dancing, etc.	0 1 2 X	0 1 2 X	0 1 2 X
26. What I think and feel about religion; my personal religious views.	0 1 2 X	0 1 2 X	0 1 2 X
27. My views on the question of racial integration in schools, transportation, etc.	0 1 2 X	0 1 2 X	0 1 2 X

	Statements	PATIENT (a)	SPOUSE (b)	PERSON TO WHOM YOU FEEL CLOSEST IF NOT MARRIED (c)
28.	My personal views on sexual morality how I feel that I and others ought to behave in sexual matters.	0 1 2 X	0 1 2 X	0 1 2 X
29.	The things that I regard as desirable for a woman to be - what I look for in a woman.	0 1 2 X	0 1 2 X	0 1 2 X
30.	The things that I regard as desirable for a man to be - what I look for in a man.	0 1 2 X	0 1 2 X	0 1 2 X

AN ABSTRACT OF THE THESIS OF

KAY OLIVER-HENSON

For the MASTER OF NURSING

Date Receiving this Degree: June 14, 1985

Title: Factors Affecting Self-Disclosure by Psychiatric Nurses

Approved: _____

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The psychiatric nurse utilizes self-disclosure as a form of communication to enhance the therapeutic process in a nurse-patient relationship. The focus of this study was on factors that affect the amount of self-disclosure by the psychiatric nurse with both patients and with spouse/significant other. The factors that were examined in relation to her self-disclosure to patients and to spouse/significant other were: intimacy of the subject matter, birth order in her natal family, length of psychiatric nursing experience, and socio-economic status of the patient. Two hypotheses were tested.

The subjects for this study were 41 female psychiatric nurses with advanced degrees in psychiatric nursing that were currently licensed and had been practicing in the State of Oregon within the past two years. The Jourard Self-

Disclosure Questionnaire was utilized to measure self-disclosure scores.

It was expected that the greater the self-disclosure by the psychiatric nurse to a spouse/significant other, the greater the self-disclosure by the nurse to patients. Pearson's product-moment correlation was used to test this hypothesis and no relationship was found between the amount a nurse discloses to her significant other and the amount she discloses to patients. Psychiatric nurses were more willing to disclose on less intimate topics of work, tastes and interest, and attitudes and opinions than on the more intimate topics of money, personality, and body to both patients and significant others.

The length of time a nurse had been in practice did not influence the self-disclosure scores. Birth order was not a factor in self-disclosure. The economic status of the patient did affect the amount of self-disclosure by the psychiatric nurse. She disclosed more to patients from a medium or high economic status than she did to patients from welfare or a lower income status. Recommendations for further study are offered.