

# Effects of Ethnic Match, Gender Match, Acculturation, Cultural Identity, and Face Concern on Self-Disclosure in Counseling for Asian Americans

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Client self-disclosure is a fundamental and critical process that must occur if counseling is to be successful. This study determined whether ethnic match and gender match affected various aspects of self-disclosure (disclosure of personal values/feelings, private habits, close relationships, and sexual issues) among Asian Americans in a counseling analogue situation. The study also examined whether individual differences in acculturation, cultural identity, and face concern were related to these four types of self-disclosure. Participants first completed the individual difference measures and then listened to an audio recording of a counselor describing himself/herself and what counseling entailed. Participants were randomly assigned to 1 of 4 experimental conditions in which they were either matched or not matched on gender and either matched or not matched on their specific Asian ethnicity (e.g., Chinese female listening to a Chinese male counselor constituted the gender mismatch and ethnic match condition). Gender match between participants and counselors facilitated self-disclosure about one's sex life. There were no ethnic match effects on the various types of self-disclosure. Face concern was a negative predictor of the self-disclosure of private habits, sex life, close relationships, and personal values/feelings. Implications for counseling clients from shame-based cultures are discussed.

*Keywords:* ethnic and gender match, face concern, acculturation, self-disclosure, Asian Americans

Self-disclosure is a crucial and fundamental process within counseling interventions (Jourard, 1964; Ridley, 1984). Counseling and psychotherapy can only be effective if clients are willing to disclose important and personal information about their problems and their relationships ((Stricker & Fisher, 1990). Omarzu (2000) indicated that self-disclosure involved interpersonal behaviors designed to communicate one's personal information across multiple dimensions and through different styles (e.g., Howell & Conway, 1990; Morton, 1978). Dimensions of self-disclosure include breadth of the topic, level of depth, and duration of the disclosure. Given the importance of self-disclosure, it is possible that variations in self-disclosure may account for disparities in health care because certain ethnic minority clients may be reluctant to disclose information due to the stigma associated with mental health problems (e.g., Yang & Kleinman, 2008) and/or distrust of the therapist (Horsman, Rodriguez, & Marini, 2009). Thus, it is important to examine factors that may facilitate or inhibit self-disclosure in counseling, especially among clients whose life and/or cultural experiences may affect the communication of personal information in these situations. This study tested whether ethnic or gender match between client and therapist affected self-disclosure, and determined whether individual differences in face

concern, acculturation, and cultural identity were predictive of self-disclosure among Asian Americans. Both clinicians and researchers (e.g., Chen & Danish, 2010) have suggested that the process of self-disclosure may be especially problematic for this ethnic minority clientele.

## Ethnic Match and Gender Match and Self-Disclosure

Researchers have shown that the match between clients and therapists on certain demographic characteristics can affect processes and outcomes in therapy. Ethnic or racial match increased the likelihood that clients trusted their counselors in initial counseling sessions and early in treatment (V. L. S. Thompson, Bazile, & Akbar, 2004; Wong, Kim, Zane, Kim, & Huang, 2003) and perceived their therapists as more credible (Meyer, Zane, & Cho, 2011). Other researchers have found that better treatment outcomes and retention occur when clients and therapists are ethnically or racially matched (Gamst, Dana, Der-Karabetian, & Kramer, 2001; Sue, Fujino, Hu, Takeuchi, & Zane, 1991). On the other hand, meta-analytic reviews indicate that ethnic match only played a minor role in therapy retention or outcomes, and it did not have lasting effects on therapy after the initial sessions (Cabral & Smith, 2011; Maramba & Hall, 2002). These reviews suggest that ethnic match mostly affects the early processes of counseling and therapy, and self-disclosure is a process that must occur very early in treatment for therapy to proceed. Gender match also has been related to positive treatment outcomes (Luborsky, Auerbach, Chandler, Cohen, & Bachrach, 1971; Wintersteen, Mensinger, & Diamond, 2005). For example, Wintersteen et al. (2005) examined the effects of gender match on therapeutic alliance and treatment retention among ethnic minority and White clients. They found that gender match positively predicted treatment retention and

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completion. Gender match also has been associated with higher levels of counselor empathy (Fiorentine & Hillhouse, 1999).

The aforementioned findings provide evidence that ethnic match and gender match can facilitate positive outcomes that involve client retention, therapy completion, and therapist credibility. It is possible that some of these effects of match may be mediated by the self-disclosure process. Clients may feel more comfortable in communicating information to a counselor who is similar to them in sex or ethnicity. For example, African American clients tended to self-disclose less to a White American therapist compared with their African American counterparts (e.g., Morrison & Downey, 2000; Ridley, 1984). This may reflect a lack of trust in White therapists, given the history of racism in the United States. Ridley (1984) further explained that these problems in self-disclosure among African American clients can account for the disparities in mental health care for this population. Meyer et al. (2011) tested the effect of racial match on therapist credibility and found that racially matched individuals rated the therapist as more credible, and this match effect on credibility was mediated by experiential similarity, the perception that the therapist had similar life experiences. Perceiving one's therapist as a credible helper and similar in life experiences may facilitate greater disclosure on the part of the client. So ethnic or gender match or both may foster certain conditions conducive to self-disclosure. However, studies of match have tended to focus on one therapeutic process, therapist credibility, or therapist competence (e.g., Gim, Atkinson, & Kim, 1991; Kim & Atkinson, 2002). Only two studies (Acosta & Sheehan, 1978; C. E. Thompson, Worthington, & Atkinson, 1994) have actually focused on self-disclosure with respect to the effects of ethnic match, and no such studies have sampled Asian Americans.

### Within-Group Variations Related to Self-Disclosure

There is a great amount of heterogeneity within ethnic groups, so that the sole consideration of ethnic categories or variables based on such categories (e.g., ethnic match) provides limited information and carries the risk of glossing over or masking important cultural variations within ethnocultural groups (Trimble & Dickson, 2005). Specifically, for Asian Americans, there are a number of individual difference variables that have been hypothesized to be involved in Asian Americans' poor response to psychological treatment, including acculturation, ethnic identity, and face concern, among others.

One psychosocial factor that may influence self-disclosure in counseling involves face concern (Goffman, 1967; Holtgraves, 1990). Face concern refers to a person's set of socially sanctioned claims concerning one's social character and social integrity in which this set of claims or this "line" is largely defined by certain prescribed roles that one carries out as a member or representative of a certain social or reference group (Zane & Yeh, 2002). Moreover, there are consistent ethnic differences in face concern in which Asians and Asian Americans tend to be more concerned about face than Whites (Mak, Chen, Lam, & Yiu, 2009; Zane & Yeh, 2002). Face concern also seems to affect social behaviors such as help seeking (Gong, Gage, & Tacata, 2003). Individuals from shame-based cultures, such as Asian Americans, may be especially sensitive about disclosing information, due to greater concerns over maintaining one's face. Compared with North Americans, who are motivated to maintain and enhance positive

self-views, East Asian individuals construct their sense of self around the continual affirmations of relationships (Heine, Lehman, Markus, & Kitayama, 1999). For these individuals, maintaining a self-critical view and being aware of social consequences is central to self-esteem (Heine et al., 1999). As such, maintaining face is central for positive self-regard (Heine, 2004). Self-disclosure may pose a major threat to maintaining face and positive self-regard, as this behavior risks negative evaluations from others. Individuals with high face concern may engage in self-protective behaviors that may mitigate the disclosure of private, personal information, especially negative information that may impugn one's social integrity.

The extent to which individuals are acculturated to mainstream culture may also affect the disclosure of personal information. Acculturation is the degree to which individuals acquire and adapt to the cultural norms of the host culture (Berry, 1997). Cultures may differ on social norms concerning self-disclosure of personal information to strangers, even to care providers, because the self-disclosure of personal information may be considered socially threatening and unacceptable in these contexts. Liao, Rounds, and Klein (2005) found that individuals who were more acculturated had more favorable attitudes toward seeking counseling compared with their less acculturated counterparts. Clearly, those with more positive attitudes toward counseling may, in turn, self-disclose more to their counselors or therapists. Furthermore, more acculturated clients tend to experience more positive therapist-client relationships than less acculturated clients (Kim, Ng, & Ahn, 2005). Better therapist-client relationships may result in higher levels of client self-disclosure. Chen and Danish (2010) examined whether or not acculturation was related to self-disclosure, and they found that less acculturated Asians were less likely to disclose about the distress they were experiencing. In this study, distress disclosure involved information about unpleasant experiences, but little is known about how acculturation is related to the self-disclosure of different types of personal information, particularly in the context of counseling and psychotherapy.

The extent to which an individual identifies with a culture may also affect self-disclosure because cultural identification may involve following certain socialization practices or cultural norms that regulate affective expression and emotional displays. Oetting and Beauvais (1990–1991) indicated that cultural identification involves "psychological stake" in which individuals invest themselves in participating and developing competencies in a particular culture or society because they expect some type of reward (psychological or material) from this personal investment of time and effort. Cultural identification "implies systematic behavior engaged through time in a particular social context with the expectation of reward" (Ferguson, 1976, p. 67). The expression of intense feelings and the reporting of emotional experiences constitute core types of self-disclosure in counseling. Butler, Lee, and Gross (2007) found that women with bicultural Asian-European values suppressed their emotions more than women holding Western European values. Women holding Western European values viewed suppression more negatively compared with individuals with more Asian values. Moreover, suppression was associated with more self-protective goals and higher levels of negative emotion for the women with Western European values, whereas these associations were reversed for the women with bicultural

values. As such, cultural identity may affect certain types of self-disclosure, but no study has examined for this effect.

In the present study, we examined the effects of ethnic match and gender match on self-disclosure and determined whether individual differences in face concern, acculturation, and cultural identity were related to self-disclosure among Asian Americans. As a sample, Asian Americans were considered to be quite appropriate for this particular study because there is substantial within-group variation in acculturation, cultural identity, and face concern for this ethnic minority group (Mak et al., 2009; Zane & Yeh, 2002). Based on the previous research, we tested the following hypotheses: (a) ethnic match and gender match would facilitate self-disclosure of information in a counseling context; (b) face concern would be a negative predictor of self-disclosure; (c) acculturation would be positively related to self-disclosure; and (d) those who strongly identified with their East Asian ethnic cultures, or those who weakly identified with White American culture, would self-disclose less.

## Method

### Design Overview

We conducted an experimental study involving an analogue of a counseling situation. Asian American participants listened to an audio recording of a counselor who introduced himself or herself and described the counseling process. Participants were randomly assigned to one of four conditions in a 2 (ethnic match vs. ethnic nonmatch)  $\times$  2 (gender match vs. nonmatch) factorial design. For example, a Chinese female participant was randomly assigned to listen to either a Chinese female, Chinese male, White female, or White male counselor. Participants completed measures of acculturation, cultural identity, and face concern prior to the counseling introductions. Following the experimental procedures, participants completed measures of self-disclosure.

### Participants

Participants of this study included 110 Asian American college students from a southern California university. The mean age of the participants was 19.7 years ( $SD = 1.93$ ; range = 17 to 28 years). Participants identified themselves as belonging to one of the following four ethnic groups: 50 (45%) Chinese Americans, 20 (18%) Japanese Americans, 28 (26%) Korean Americans, and 12 (11%) Vietnamese Americans. Subgroup analyses for the three largest Asian ethnic groups were conducted on the independent and dependent variables (i.e., face concern, cultural identity, acculturation, and the various aspects of self-disclosure). Because there were no significant differences among these three groups on these variables, the Asian samples were combined in the subsequent analyses. There were 62 (56%) female and 48 (44%) male participants. Preliminary analyses indicated that none of the demographic variables were related to the individual difference variables, so there were no possible confounds with demographics in the subsequent analyses. Forty-seven (43%) of the participants were born in the United States and 63 (57%) were foreign born. Most of the foreign-born participants ( $n = 57$ ; 90%) were from Asia. The foreign-born participants had lived in the United States for an average of 14.8 years ( $SD = 5.80$ ; range = 0.5 to 26 years).

Preliminary analyses indicated that nativity was not related to any of the self-disclosure variables ( $ps > .10$ ), so the two subsamples were analyzed as one on all subsequent analyses. Most of the participants ( $n = 100$ ; 91%) had not received any previous counseling. Seven participants reported attending four sessions or less. One individual received 10 sessions, and two individuals did not report the number of sessions they had received. All of the Asian American students recruited to participate in this study were from introductory psychology courses. Respondents received course credit for participating in the study.

## Measures

**Demographics.** Demographic information obtained from the respondents included age, ethnicity, gender, place of birth, years lived in the United States, and previous counseling experience.

**Face concern.** Face concern was assessed using the Loss of Face (LOF) measure (Zane & Yeh, 2002), which has 21 items that assess face-saving behaviors and tendencies (e.g., "Before I make comments in the presence of other people, I qualify my remarks"). Participants indicate the extent to which they engage in each behavior using a 7-point Likert scale (1 = *strongly disagree* to 7 = *strongly agree*). Scores were summed across the 21 items to reflect the degree to which one is concerned with face loss. Zane and Yeh reported that this scale had high internal consistency ( $\alpha = .83$ ) and provided evidence for the measure's concurrent and discriminant validity. The measure's reliability was high (Cronbach's  $\alpha = .84$ ) for this study.

**Acculturation.** A direct measure of acculturation was not available, so the number of years an individual lived in the United States was used as a proxy to assess acculturation. The length of stay in the United States is a good indicator of acculturation for immigrant groups (e.g., Hochhausen, Perry, & Le, 2010; Wallen, Feldman, & Anliker, 2002). For example, Chen and Danish (2010) found that the Suinn-Lew Asian Self Identity Acculturation measure of behavioral acculturation was positively correlated with the number of years an individual lived in the United States ( $r = .57$ ,  $p < .01$ ).

**Cultural identity.** The Orthogonal Cultural Identification Scale (OCIS) assessed participants' identification with both White American and specific Asian ethnic cultures (Oetting & Beauvais, 1990–1991). One set of four items assessed how participants identified with the White American way of life, and a parallel set of four items assessed identification with the specific ethnic Asian way of life (e.g., "Do you live by or follow the Chinese American [White American] way of life?"). Respondents indicated the extent of their identification using a 4-point Likert scale (1 = *not at all* to 4 = *a lot*). Oetting and Beauvais found that the OCIS had high internal consistency reliability (Hispanic American identity,  $\alpha = .80$ ; White American identity,  $\alpha = .88$ ; Native American identity,  $\alpha = .89$ ), with the ethnic and White identity dimensions correlating only  $-.10$ . Oetting and Beauvais also provided support for the construct validity of the OCIS. For this study, the reliabilities of the OCIS were  $\alpha = .79$  for White American identity and  $\alpha = .79$  for Asian ethnic group identity.

**Self-disclosure.** The Self-Disclosure Index (SDI; Miller, Berg, & Archer, 1983) and the personality subscale from the Jourard Self-Disclosure Questionnaire (JSDQ; Jourard & Lasakow, 1958) were used to assess participant self-disclosure. We

used the personality subscale of the JSDQ because the SDI did not seem to assess disclosure about one's personality traits or styles. Using both measures enhanced our ability to comprehensively assess different types of self-disclosure. The SDI is a 10-item measure (e.g., "Things I wouldn't do in public") that assesses one's tendency to disclose personal information. Participants reported the extent of disclosure on a 5-point Likert scale (0 = *discuss not at all* to 4 = *discuss fully and completely*). Miller et al. (1983) found that the SDI had high internal consistency ( $\alpha = .93$ ) and provided evidence for its concurrent validity. The JSDQ is a 60-item measure that assesses six types of self-disclosure, including 10 items that measure disclosure about aspects of one's personality (e.g., "What it takes to hurt my feelings deeply"). Participants report the extent of disclosure on a 3-point Likert scale (0 = *no disclosure* to 2 = *full and complete disclosure*). The JSDQ had an odd-even reliability of .94 (Jourard & Lasakow, 1958). Pederson and Higbee (1968) demonstrated both convergent and discriminant validity for the JSDQ.

A confirmatory factor analysis (CFA) was conducted to determine whether the original factors of the SDI and the JSDQ held for this current sample. Both the SDI and the personality subscale of the JSDQ were first examined as a single constructs. The CFA findings indicated that it was inadequate to assume single unitary factors for each measure. Next, exploratory factor analyses (EFAs) were conducted for both self-disclosure measures. A second CFA was then conducted to determine if the factors derived from the exploratory analyses fit the data well.<sup>1</sup> A three-factor model yielded the best fit for the items drawn from the SDI (root mean square error of approximation [RMSEA] = .05; comparative fit index [CFI] = .94; and a two-factor model demonstrated good fit for the personality subscale of the JSDQ (RMSEA = .04, CFI = .95). The first factor of the SDI included items that reflected the self-disclosure of private behaviors (e.g., "Things I wouldn't do in public"), so it was labeled Private Habits ( $\alpha = .83$ ). The second factor included items that involved the disclosure of personal values and self-perceptions (e.g., "What I like and dislike about myself"), so it was labeled Personal Values and Attitudes ( $\alpha = .85$ ). The third factor included items that reflected disclosures about one's personal relationships (e.g., "My close relationships with other people"), so it was labeled Close Relationships ( $\alpha = .77$ ). The first factor of the JSDQ personality scale included items about one's emotional experiences (e.g., "What it takes to hurt my feelings deeply"), so it was labeled Feelings ( $\alpha = .90$ ). The second factor included items that involved disclosure of one's sexual activities and preferences (e.g., "The facts of my present sex life—including knowledge of how I get sexual gratification"), so it was labeled Sex Life ( $\alpha = .83$ ). The personal values and attitudes factor of the SDI and the feelings factor of the JSDQ personality scale were highly correlated ( $r = .83, p < .01$ ), so they were combined to reflect the self-disclosure of Personal Values and Feelings ( $\alpha = .94$ ). In sum, the measurement model analyses yielded four variables of self-disclosure (i.e., private habits, personal values and feelings, close relationships, and sex life) that appear to nicely capture the important topic areas often addressed in therapy and counseling.

**Control variables.** Current mood states may affect self-disclosure, so the Mood Adjective Checklist was used to control for the respondents' emotional states at the time of the study. Participants indicated the extent to which they were experiencing

the nine emotions by rating themselves on each single mood adjective (i.e., stressed, happy, frustrated, alert, angry, sad, pleasant, fatigued, and anxious) on a 6-point Likert scale (1 = *not at all* to 6 = *a lot*). Nowlis (1965) reported adequate reliability and concurrent validity for the measure. The two moods with the largest variance (stress and pleasant) were chosen to represent negative and positive mood states, respectively. Shapiro, Jamner, Goldstein, and Delfino (2001) used this method to examine how negative and positive moods were related to mental and physical health. To determine if the presentations in the experimental conditions differed in the extent to which they were comprehensible, participants rated the clarity of the counselor's speech and the difficulty in following the presentation.

## Procedures

Participants first completed the demographic questionnaire, the LOF measure and the OCIS measures. They were then randomly assigned to one of the four experimental conditions involving ethnic match (ethnic match vs. ethnic nonmatch) and gender match (gender match vs. gender nonmatch). Random assignment resulted in the following sample sizes in the experimental conditions: gender match and ethnic match,  $n = 25$ ; gender match and ethnic nonmatch,  $n = 29$ ; gender nonmatch and ethnic match,  $n = 29$ ; and gender nonmatch and ethnic nonmatch,  $n = 27$ . Participants then listened to the audio recording of the counselor describing himself/herself and what counseling involved. This method was adapted from previous studies that examined the influence of counselor and client similarities (e.g., attitude, sexual preference, and assimilation) on counselor credibility and attractiveness (e.g., Atkinson & Alpert, 1981; Atkinson, Brady, & Casas, 1981; Furlong, Atkinson, & Casas, 1979). In this study, the counselors' gender and ethnicity were systematically varied across the audio presentations. One female and one male doctoral student in clinical or counseling psychology, with no distinct accent, portrayed the roles of the counselors with five different ethnic backgrounds (Japanese American, Chinese American, Vietnamese American, Korean American, or White). The counselor's last name was systematically changed to represent each of the different ethnic groups. Kim, Crawford, Yamamoto, Chang, and Nguyen were used to represent the Korean, White, Japanese, Chinese, and Vietnamese counselors, respectively. The counselors explicitly identified themselves as being from one of the five possible ethnic groups. If it was an Asian experimental condition, they also stated their place of birth and when they came to the United States. Each tape lasted for approximately 1.5 min. After participants listened to the audio recording, they were asked to report on the clarity of the counselor's speech, how difficult it was to follow the audio recording, and whether they could recall certain characteristics of the counselor (age, gender, ethnicity, and socioeconomic background). Lastly, participants completed the Mood Adjective Checklist and the self-disclosure measures. For the self-disclosure measures, they were instructed to indicate the extent to which they would disclose to the counselor they had just heard on the audiotape.

<sup>1</sup> Specific information concerning the CFA and EFA procedures and findings for the measurement model can be provided upon request.

## Data Analysis

We regressed each type of self-disclosure on the experimental variables, individual difference characteristics, and control variables. This approach yielded four separate regression analyses. Specifically, the full model included the effects of ethnic match, gender match, the ethnic match and gender match interaction, face concern, acculturation, both White American and ethnic cultural identity, as well as the effects of clarity of counselor's speech, ability to comprehend the presentation, current positive and negative mood, and previous counseling experience.

Each multiple regression analysis was performed, in which each set of predictors were entered into the model simultaneously to control for the effects of other predictors in the model. For each regression, the statistical significance of each effect was evaluated using an overall significance level of .05 and a Bonferroni adjustment to evaluate the individual effects, while controlling the overall Type I error. With *p* values based on two-tailed tests, statistically nonsignificant effects were dropped from the model, while retaining the estimated effects for the remaining predictors. The findings of this study were derived from the most efficient regression model, in which each type of self-disclosure was regressed on those variables that remained in the model.

## Results

### Correlational and Descriptive Analyses

Table 1 shows the means, standard deviations, and intercorrelations of the independent and dependent variables. There were moderate correlations between the four types of self-disclosure. Consistent with previous research, Asian Americans who were more concerned with face identified less with the White American culture and had spent fewer years in the United States. Face concern was a negative predictor of self-disclosure with respect to private habits, sex life, personal values and feelings, and close relationships. Participants with a counselor of the same gender tended to self-disclose more information regarding their sex life. Ethnic match had no impact on one's level of self-disclosure. Finally, the longer an individual had been in the United States was related to more self-disclosure about one's close relationships.

### Experimental Condition Comparisons

A series of ANOVAs was initially conducted to assess whether participants' comprehension of the audio recordings (clarity of speech and difficulty level) were different across the experimental conditions involving ethnic and gender match. There was an ethnic match effect on the clarity of the speech. Greater clarity of speech was found in the ethnic nonmatch condition ( $M = 4.46, SD = .54$ ) than in the ethnic match condition ( $M = 4.26, SD = .44$ ),  $F(1, 109) = 4.75, p = .03$ . However, this possible confound would only be of a concern if ethnic match was significantly related to self-disclosure, which it was not. There were no differences among the experimental conditions on difficulty level in comprehension.

### Multiple Regression Analyses

Based on our hypotheses, the regression analyses tested for the effects of ethnic match, gender match, face concern, acculturation, Asian ethnic identity, and White American identity on the various aspects of self-disclosure. In the full regression model, Asian cultural identity, White cultural identity, both negative and positive mood, the control variables, and previous counseling experience were not significant predictors of any type of self-disclosure, so these variables were not included in the final multiple regression analyses (see Table 2). A number of hypotheses were supported. Face concern mitigated all four types of self-disclosure, whereas gender match facilitated self-disclosure of sex life. Participants with higher levels of face concern disclosed less information with respect to personal values and feelings, private habits, close relationships, and their sex life than those with lower face concern. Matching the participant with a same sex counselor increased participant disclosure of information about one's sex life. However, the remaining hypotheses were not supported. Ethnic match, acculturation, and cultural identity did not affect any type of self-disclosure.

### Post Hoc Mediation Analysis

In the correlation analyses, acculturation was significantly related to the disclosure of close relationships, but this effect was not significant in the final regression analyses. This may have occurred

Table 1  
Means, Standard Deviations, and Correlations of Hypothesized Variables and Self-Disclosure Topics (N = 110)

Variable	1	2	3	4	5	6	7	8	9	10	11
1. Gender match	—										
2. Ethnic match	-0.05	—									
3. Gender Match × Ethnic Match	0.55**	0.55**	—								
4. Acculturation (years in United States)	-0.08	0.01	-0.01	—							
5. White cultural identity	-0.16	-0.11	-0.18	0.55**	—						
6. Ethnic minority cultural identity	0.01	0.13	0.12	-0.49**	-0.31**	—					
7. Face concern	-0.07	0.20**	0.13	-0.29**	-0.29**	0.12	—				
8. Sex life	0.31**	0.00	0.16	0.01	-0.02	0.11	-0.30**	—			
9. Private habits	0.11	0.02	0.15	0.08	0.10	-0.06	-0.24*	0.56**	—		
10. Close relationships	0.18	0.00	0.07	0.20*	0.18	-0.03	-0.30**	0.63**	0.53**	—	
11. Personal values and feelings	0.14	0.10	0.19*	0.05	0.10	0.01	-0.25**	0.66**	0.72**	0.71**	—
<i>M</i>	—	—	—	14.82	11.29	12.08	86.80	2.02	2.71	2.50	3.04
<i>SD</i>	—	—	—	5.80	2.52	2.33	16.40	1.18	1.16	1.12	.90

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

Table 2  
Multiple Linear Regression Results Predicting Self-Disclosure

Variables	Personal values and feelings <i>B</i> [95% CI]	Sex life <i>B</i> [95% CI]	Private habits <i>B</i> [95% CI]	Close relationships <i>B</i> [95% CI]
Gender match	.02 [−.43, .50]	.30* [.12, 1.29]	−.05 [−.73, .49]	.23 [−.06, 1.08]
Ethnic match	.06 [−.32, .57]	.10 [−.35, .81]	−.07 [−.76, .45]	.11 [−.33, .80]
Gender Match × Ethnic Match	.18 [−.26, 1.06]	−.02 [−.89, .77]	.24 [−.19, 1.53]	−.08 [−1.03, .59]
Face concern	−.29** [−.03, .01]	−.32** [−.04, −.01]	−.26* [−.03, .01]	−.26* [−.03, .01]
Acculturation (years in United States)	−.03 [−.03, .03]	−.06 [−.05, .03]	−.00 [−.04, .04]	.14 [−.01, .06]
<i>R</i> <sup>2</sup>	.12	.19	.10	.14
<i>F</i>	2.70*	4.78**	2.06	3.41**

Note. *N* = 110. *B* is the standardized path coefficient. CI = confidence interval.

\* *p* < .05. \*\* *p* < .01.

because of the meditational effect of another variable included in the model, so we examined for any independent variables that were related to acculturation as well as to self-disclosure of close relationships. Because face concern was negatively correlated with both variables, we tested if it mediated the relationship between acculturation and the self-disclosure of close relationships. We applied Baron and Kenny's (1986) criteria for a mediational effect and used the Sobel test to examine for the indirect effect. The indirect effect was significant ( $z = 2.03$ ,  $p = .04$ ), with face concern significantly mediating the effect of acculturation on self-disclosure. Individuals who were more acculturated tended to have less face concern, and those with less face concern disclosed more about their close relationships.

In sum, participant–counselor ethnic match was not predictive of self-disclosure. Only gender match resulted in more self-disclosure about one's sex life. Face concern seemed to have the greatest effect on self-disclosure. Individuals with higher face concern disclosed less information across the four personal domains. Moreover, face concern seemed to mediate the influence of acculturation on the self-disclosure of close relationships.

## Discussion

In this experimental study, we directly tested whether ethnic match and/or gender match affected self-disclosure in an analogue of an initial counseling session. The study also examined if Asian ethnic identity, White American identity, level of acculturation, and face concern predicted levels of self-disclosure. Results indicated that gender match influenced disclosure about one's sex life. Awareness and knowledge of the counselor's gender appeared sufficient to affect the participant's level of disclosure about intimate sexual issues. This is consistent with previous studies that have examined sex differences in self-disclosure. Dindia and Allen (1992) conducted a meta-analysis on sex differences in self-disclosure, and they found that individuals tended to self-disclose more when matched with a same-sex partner. The finding also provides empirical evidence in support of the clinical practice of same-sex pairing of clients with counselors to deal with very sensitive issues involving sexual trauma and sexual disorders.

Contrary to our hypothesis, ethnic match did not affect client self-disclosure. Because ethnic match did not affect self-disclosure, this may help explain why ethnic match is not always predictive of treatment outcomes. It is possible that the ameliorative effects of ethnic match on counseling may be mediated by

processes other than self-disclosure. For example, Meyer et al. (2011) found that racial match led to greater perceptions of similarities in life experiences that enhanced treatment credibility in counseling. Previous reviews of ethnic match research indicate that these effects can be small or inconsistent. This pattern may be partially due to the possibility that ethnic match only affects or is salient for certain individuals. In other words, certain cultural characteristics such as cultural identity, acculturation level, or value orientation may moderate the effect of ethnic match on self-disclosure. Post hoc analyses indicated no such interactive effects between ethnic match and the individual difference variables on the different types of self-disclosure in this study. However, such interactions still may occur in clinical samples in which ethnic matches between counselors and actual clients may be more salient and important.

Consistent with our hypothesis, face concern mitigated self-disclosure among Asian Americans. Individuals with higher face concern were more reluctant to self-disclose the four types of personal information than those with lower face concern. Maintaining face involves the careful monitoring of conversations and interactions, which may inhibit the disclosure of personal information. Therapy has been compared with the process of "airing dirty laundry" (Boyd-Franklin, 1989), so many Asian American clients and other clients from shame-based cultures or subcultures (e.g., White clients from Midwestern agricultural regions) may experience great difficulty in providing important personal information to their counselors. The study's findings strongly suggest that if face issues are not effectively addressed, this may constitute a major impasse in counseling or therapy, with the counselor or therapist pressing for more disclosure with a client who may perceive such interventions as culturally inappropriate, socially gauche, and/or personally intrusive. Clinical impasses such as these may help explain the consistent finding in mental health disparity research that Asian Americans continue to have high premature termination rates and lower utilization rates than White American clients. We also found that less acculturated individuals tended to self-disclose less because they tended to be more concerned about face loss. As such, the face threatening nature of counseling and its subsequent effect on self-disclosure may partially account for the mental health disparities among Asian Americans, especially among recent immigrant clients.

Given the robust relationship between face concern and self-disclosure, a major implication of the current study centers on how

counselors should address face issues to facilitate client self-disclosure. Face concern is more salient among certain cultural groups such as Asian Americans (Zane & Yeh, 2002). For such clients, one pathway to culturally competent treatment may involve counselors learning face-saving strategies and skill sets to help manage and/or restore face, which, in turn, may facilitate self-disclosure in treatment. "Facework" refers to communicative strategies that individuals use to counteract face threats to the self and others (Goffman, 1967). The stigma associated with mental illness, as well as the therapist's focus on problems and conflicts in significant relationships, may naturally create face-loss experiences in treatment. According to Brown and Levinson (1987), recipients of disclosed information (e.g., therapists) are given the role of helping to manage the speaker's potentially "spoiled identity." Addressing feelings of shame, preventing the client from feeling embarrassed, and affirming how self-disclosure is a natural process within therapy may be ways to facilitate this process among individuals who are concerned with face. Littlejohn and Domenici (2006) point out that facework is often not easy or straightforward because it often goes beyond the individual client "as it can also address others who may not be present at the . . . session, as well as relationships among participants and nonparticipants" (p. 228). They offer a face restorative strategy that involves reframing personal issues as solving specific problems as opposed to reducing "personal" symptoms or managing a "personal" disease. They note that the "problem-solving orientation invites participants to show competence, intelligence, and open-mindedness" (p. 239). Clearly, more research is needed to develop, identify, and determine which specific clinical strategies can best restore and maintain face in the context of mental health treatment.

Extensive self-disclosure helps form effective and lasting relationships (Altman & Taylor, 1973). However, most studies have examined self-disclosure in the context of day-to-day social exchanges, not therapy. Our findings strongly suggest that a promising pathway to improve cultural competence in psychotherapy involves effectively addressing face-loss issues to optimize self-disclosure. Unfortunately, most clinical and counseling programs have seldom focused on face-saving and face restoration strategies in training therapists and counselors. Focusing on a construct that is culturally salient and empirically related to a critical process in psychotherapy and counseling moves clinical work beyond "glossing" over minority clients from a particular ethnic group, and instead concentrates the clinician's attention on a specific clinical issue (face loss). Moreover, because constructs such as face concern refer to individual difference variables, they also can capture important variations within any ethnic group. In this way, the study of these specific constructs may lead to tangible clinical strategies that can be truly tailored to the needs of the client.

The findings should be interpreted within the limitations of the study, which used a convenience sample and an analogue design. Studies that have simulated counseling situations have several limitations (Kim & Atkinson, 2002; Wang & Kim, 2010). First, this design may limit the external validity of the findings to actual real counseling settings. The analogue may not capture or adequately invoke important dynamics and processes that occur in actual counseling or therapy situations. Second, most of the participants were not in acute distress, so the motivation to self-disclose may have been lower than that found for actual clients. Third, the experimental match effects may have been somewhat

muted because participants only received information from the counselor and could not engage in an actual interaction. However, it could be argued that concerns about shame and face loss may actually be more salient within actual counseling situations. In vivo psychotherapy and counseling involve individuals who are in great distress, and many are ambivalent or unfamiliar with psychotherapy. Under these conditions, interpersonal issues such as face concern may have more substantial effects on self-disclosure. Moreover, analogue research designs are appropriate and useful when examining issues on which previous research has been quite limited (Heppner, Kivlighan, & Wampold, 2008).

Mental health providers have long recognized the need to improve cultural competence in psychotherapy. Great efforts have been made to address cultural and ethnocultural issues in treatment. These include the training of therapists to competently handle the major concerns that ethnic minority clients bring to therapy by addressing such issues as marginalization, racism, microaggressions, culture shock, acculturative stress, and ethnic identity conflicts. However, these strategies and approaches often lack an empirical basis. Clearly, these efforts would benefit from research that examines exactly how these issues affect key processes in therapy such as self-disclosure. Future research can expand on this promising approach by investigating the influence of face concern and other ethnocultural factors on other key treatment processes, such as the development of the working alliance, enhancing catharsis, making interpretations, and learning new ways to regulate emotions, among others. In this way, more specific and effective strategies can be developed to improve the experiences of ethnic minority clients in psychotherapy and counseling.

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