



## Counsellor deliberate self-disclosure and therapy seeking behaviours among Kenyan undergraduate students in Kenyan universities

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**Abstract**—The study examined the relationship between counsellor-deliberate self-disclosure and therapy-seeking behaviours among undergraduate students in Kenyan universities. The Social Comparison Theory informed this study. The study utilised convergent parallel mixed-methods design. A sample size of 352 students was obtained using stratified random sampling. Deliberate Self-disclosure and Intentions to Seek Therapy Inventories. The internal validity of the constructs in the questionnaires was tested by subjecting the survey data to suitability tests using the Kaiser-Meyer-Olkin measure of sampling adequacy (KMO Index) and the Bartlett's Test of Sphericity. Cronbach's alpha coefficient analysis was used to investigate the internal consistency of the questionnaires. Quantitative data were analysed using inferential statistics in the Pearson Correlation coefficient and simple linear regression analysis, while qualitative data was analysed thematically. The findings indicated a weak but positive correlation between counsellors' deliberate self-disclosure and Therapy seeking behaviour ( $r=.140, n=352, p=.008$ ) among university students. The study recommends that the university counsellors should be trained on the effective use of self-disclosure as a technique in therapy practice.

**Keywords:** Counsellor, Deliberate Self-Disclosure, Kenyan Universities, Therapy Seeking Behaviours, Undergraduate Students

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### I. INTRODUCTION

THERAPY, as a force in education and instruction, is an integral part of any educational system. To achieve university education's lofty objectives, the availability of formal guidance and therapy programmes becomes necessary for the students (Oladele, 2007). These programmes address the students' physical, emotional, social, vocational, and academic difficulties to complement learning and enhance academic performance and achievements. The programmes are planned to help individuals understand themselves, their needs, and their environment's demands to live effective lives and develop into responsible citizens. It is perhaps against this understanding that Riker (1995) pointed out that a group that has received guidance has better academic records, is better satisfied with their educational experiences, is progressive in their employment activities, and is confident with their lives. Bordin (1979) similarly agreed that counselled students are rated significantly higher than their non-counselled counterparts.

University students represent a significant population in which to study access to therapy services and care. Even though several undergraduates in the university are adults, Therapy is necessary to achieve their goals meaningfully. Most of these students are faced with anxiety and stress, thus the need for Therapy if they are to handle situations like these. According to Gonzalez, Tinsley, and Kreuder (2002), many environmental demands compel individual students to negotiate their way beyond their ability to cope, causing them to experience considerable distress. Given the negative impacts of stress on university undergraduates, it will be important that the available student therapy services be fully utilised. This, however, is not the case,

with the negative effects of stress still being witnessed among the students. The rampant violence and revolutionary behaviour among students are on the rise both nationally and internationally. Therapy services will be needed to offer lasting solutions to problems plaguing higher learning institutions for a long time. In a review of research literature on American college students' mental health, Hunt, and Eisenberg (2010) found that mental health problems are highly prevalent among students. Accordingly, they observed that one in every three undergraduates reported feeling so depressed that it was not easy to function due to this; at least one in ten reported seriously considering attempting suicide.

International students' underutilization of therapy services has been linked to many factors, including stigmatization and lack of awareness about the existing university therapy services, cultural norms, language barriers, and privacy and confidentiality (Hyun, Quinn, Madon, & Lustig, 2007; Tung, 2011). Seeking to improve the students' willingness to use psychological services then became the main project of the Practice Directorate of the American Psychological Association (APA, 2011). Identification of barriers to psychological therapy-seeking could significantly improve student education efforts. The student counsellor becomes a key figure in identifying and overcoming such barriers. Previous research indicated that a strong belief in individualism (Tata & Leong, 2011) and low interpersonal dependency are factors associated with people's reluctance to seek professional help. Disclosing personal problems to a counsellor ("stranger") may be seen by Nigerian students not only as a sign of weakness or sickness but also as leaking personal and family secrets (Oladele, 2007). According to Oladele (2007), the Nigerian culture is adult- and family-oriented, and there are established traditional ways of handling personal distresses and anxieties (i.e., through native healers, meeting with elders or family members).

Without mutual trust, it may be difficult for a Nigerian student to exhibit the considerable degree of openness and psychological sophistication expected in Therapy.

Counsellor Self-Disclosure (CSD) is gaining empirical attention amidst theoretical discourse and ethical debate, particularly regarding the therapeutic relationship's influence. The concept of self-disclosure was introduced into the specialty literature by Jourard in 1958, in 'A study of self-disclosure.' Stefan Boncu, in his book "Interpersonal Processes", defined self-disclosure as a process by which the individual communicates information about himself (Mihai, 2011). Self-disclosure symbolizes the communication of private, sensitive, and confidential information, with a view to social integration by opening to others without particularly aiming at influencing others. Self-disclosure attempts to let authenticity enter our social relationships, often linked with mental health and self-concept development (Tubbs & Moss, 2006). Self-disclosure is advantageous in therapy because it allows us to open and discuss more with people who disclose information, too (Steinberg, 2007). Secondly, it is a reciprocal process where the more one discloses to others, the more likely they will be willing to do the same (Steinberg, 2007). Thirdly, disclosure leads to trust that develops the relationship. However, self-disclosure can lead to rejection because of not being liked or accepted (Steinberg, 2007), since too much disclosure might be viewed as insecure. Therefore, counsellor self-disclosure of similarities with the client to increase their attractiveness may reduce the client's perception of the counsellor's competence and expertise. On the other hand, counsellor disclosure of differences in background, education, and experience from clients may lead to negative feelings, reduced attractiveness, or feelings that their problems are more serious than they had thought (APA, 2002).

The present study examined the relationship between deliberate disclosure and Therapy-seeking behaviours among university students. Deliberate self-disclosure refers to therapist's intentional, verbal, or non-verbal disclosure of personal information. It applies to verbal and other deliberate actions, such as placing a specific family photo in the office, office décor, or an empathetic gesture such as touch (Barnett, 1998; Mahalik, Van Omer, & Simi, 2000; Zur, 2007). Zur (2008) states that deliberate self-disclosure refers to the counsellors' "intentional disclosure of personal information. Counsellor self-disclosure serves several purposes. Lambe, Wittmann, and Spekman (2001) found that the most common reasons given by counsellors' for using self-disclosure are: strengthening the therapy alliance, normalizing the patient's experience, and providing the client with different ways of thinking. Counsellors have been shown to use self-disclosure as an intervention (Ziv-Bieman, 2013; Holqvist, 2015). There are two types of deliberate self-disclosure. The first is self-revealing, which is the disclosure of information by counsellors about themselves. The second type has been called self-involving, which involves counsellors' reactions to clients and occurrences set during sessions (Knox, Hess, Petersen, & Hill, 2001).

## II. THEORETICAL FRAMEWORK

The Social Comparison Theory informed this study. Social comparison theory was first proposed in 1954 by psychologist Leon Festinger and suggested that people have an innate drive to evaluate themselves, often compared to others. People make all kinds of judgments about themselves, and one of the key ways we do this is through social comparison or analyzing the self with others. Psychologist Leon Festinger believed that we engage in this comparison process to establish a benchmark by which we can evaluate ourselves accurately. The social comparison process involves people coming to know themselves by evaluating their attitudes, abilities, and beliefs compared to others.

In most cases, we compare ourselves to those in our peer group or with whom we are similar (Hatch, 2008). There are two kinds of social comparison. First, upward social comparison occurs when we compare ourselves with those we believe are better than us. These upward

comparisons often focus on the desire to improve our ability. We might compare ourselves to someone better off and look for ways to achieve similar results. Then, Downward Social Comparison occurs when we compare ourselves to others worse off than ourselves.

## III. LITERATURE REVIEW

Literature on deliberate self-disclosure exists. Moreover, the literature on counsellors' self-revelation guidelines covers ethical aspects and clinical benefits (Barnett, 2011). A meta-analysis by Henretty, Currier, Berman, and Levitt (2014) reviewed 53 studies examining counsellor self-disclosure versus non-disclosure, all of which were experimental and quasi-experimental. Henretty et al. (2014) found that clients who had counsellors that self-disclosed rated themselves as more likely to disclose and rated their counsellors more favourably. Solomonov and Barber's (2018) study showed that most therapists disclosed their political stance (explicitly or implicitly), and most patients discussed politics with their therapists, which helped them recover. In a survey study, Kaufman (2007) found that vignettes featuring counsellors who self-disclosed a mental health condition were rated significantly more attractive and empathetic than those who did not disclose personal information. Somers, Pomerantz, Meeks, and Pawlow (2014) revealed that psychotherapists who disclosed were rated as having a higher level of favourable personal qualities and more likely to establish strong working relationships with clients and achieve success in Therapy. Interestingly, no significant difference was found between the types of psychological conditions disclosed (Somers et al., 2014).

Kircanski (2014) indicated that the therapist-participants used many forms of self-disclosure (self-involving disclosures that are not otherwise specified, personal self-disclosure, and demographic self-disclosures, in order of frequency) within and out of trauma discussions. Barrett and Berman (2011) indicated that clients paired with therapists who were instructed to heighten their use of self-disclosure reported lower levels of symptoms of distress and tended to like their therapists more than those who were paired with therapists who were instructed to refrain from using self-disclosure. Quillman (2012) posits that therapist self-disclosure is particularly important in (a) decreasing client anxiety about negative affect,

(b) helping the client to discover that negative affect is not only less dangerous than feared initially but can lead to a greater sense of connection and safety, and (c) increasing the power of positive affect for self-regulation and reconfiguring the client's internal world. Smith (2010) indicated that the initial therapeutic relationship influenced the intention behind therapist self-disclosures and the disclosures' actual content. Burkard, Knox, Groen, Perez, and Hess (2006) revealed that participants used therapist self-disclosure when their clients were coping with racism or oppression and to enhance or preserve the therapeutic relationship.

Additionally, Kronner (2013) maintained that therapist self-disclosure allows connections to occur when counsellors disclose their expertise in working with or being knowledgeable about a client's population. Vogel and Wester (2003) reported that participants' tendency to self-disclose distressing information and their comfort with and anticipated benefits of self-disclosure were all predictive of their attitudes toward seeking Therapy. Those who reported being less likely to self-disclose distressing information, who reported being less comfortable with such disclosure, and who less readily accepted the potential benefits of such disclosure tended to have fewer positive attitudes toward seeking therapy services. Audet's (2011) qualitative study indicated that therapist disclosure could, but does not necessarily, generate boundary issues, enhance or diminish perceived credibility and competence, and enhance or compromise the client's view of both therapist and client roles.

As violence continues to be experienced in Kenyan learning institutions, therapy's need become clear (Okech & Kimemia, 2012).

Additionally, the strain of the HIV/AIDS epidemic, the socio-economic demands, combined with an examination result-driven educational system, places further pressure on students (Blackburn, 2011; Okech & Kimemia, 2012), resulting in cases of occult practices, drug abuse, homicide, destruction of property, riots, strikes and unscheduled university closures (Nyutu & Gysbers, 2008). As violence continues to break out in universities, therapy's need becomes clearer (Okech & Kimemia, 2012). The notably low utilization of these undergraduates' therapy services would most likely be traceable to their days in high school, where the notion was that Therapy was for those with "problems" only (Ajowi & Simatwa, 2010). However, the university counsellors' self-disclosure would be able to portray a different picture of a counsellor and Therapy as a whole, far from what their experience at school was with their school counsellors, with conflicting roles of counsellor and subject teacher simultaneously. This, in effect, would allow them to reinvent their use of therapy services at the university and give therapy the right place in their lives.

In contrast, it is expected that all students' turn-up for formal therapy help from the student counsellor; a turn-up of at least 50%, including referrals, would be considered acceptable (Hanson, 2005). Setiawan (2011), in a study of therapy services in Indonesian schools, found that educational, vocational, and social Therapy were lacking in schools even when many had well-demarcated rooms to offer such services. Although students would most often prefer face-to-face followed by making a telephone call to seek help, formal college help-seeking services are less utilized than informal services of help, such as from fellow students (Onditi, Moses, & Masatu, 2014). This begs the question as to the perception of the students on the counsellors' self-disclosure. Studies indicate that counsellor self-disclosure is significant to maintaining the counsellor-client relationship, thus ensuring effective use and implementation (Hill & Knox, 2003). However, stakeholder perceptions are not known within the Kenyan public universities.

#### IV. OBJECTIVE OF THE STUDY

The study examined the relationship between counsellor deliberate self-disclosure and therapy-seeking behaviours among undergraduates in public universities in the Lake Region of Kenya.

#### V. HYPOTHESIS

The null hypothesis was stated as follows:

H<sub>01</sub>: There is no significant relationship between counsellors deliberate self-disclosure and therapy-seeking behaviour of the undergraduates in public universities in the Lake Region of Kenya.

#### VI. METHODS

##### Research design

The study utilised a convergent parallel mixed-methods design. The researchers collected quantitative and qualitative data, analyzed them separately, and then compared the results to see if the findings confirmed or disconfirmed each other (Creswell, 2014). According to Mertens (2009), this involves collecting both types of data roughly simultaneously, assessing information using parallel constructs for both data types, and comparing results through procedures such as a side-by-side comparison in a discussion.

##### Participants

This study's total population comprised 28,048 full-time undergraduate students, student counsellors, and Deans of students. The sample size for the student population was then estimated by adopting a formula by Yamane (1967) for calculating sample size. A sample size of 352 students was obtained using stratified random sampling that stratifies the students as per their academic years to sample the students. Besides six student counsellors were also selected for the qualitative phase.

##### Research instruments

The Deliberate Self-disclosure questionnaire was adopted from a study of self-disclosure by Sidney M. Bourard and Paul Lasakow. The questionnaire had ten items on a 5-point Likert scale: Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D), and Strongly Disagree (SD). A ten-item Psychological and Interpersonal Concerns Subscale of the Intentions to Seek Therapy Inventory (ISCI) (Cash, Begley, McCown, & Wiese, 1978) was used to measure the students' intentions to seek Therapy based on their perceptions of the counsellor from each disclosure. The Intentions to Seek Therapy Inventory (ISCI) is a 17-item 96, multidimensional questionnaire assessing an individual's intentions to seek Therapy for common problems in a university population, including relationship difficulties, depression, and personal worries. The questionnaire had 17 items on a 5-point Likert scale: Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D), and Strongly Disagree (SD). Item responses were then summed to produce a total score, with higher scores indicating stronger help-seeking behaviours. Interview schedules were used to gather in-depth information to countercheck the information obtained through questionnaires (Mugenda & Mugenda, 2003). The information given by the interviewee could be evaluated directly, whether it was sincere or not, hence checking on the trustworthiness of the response (Borg, Gall, & Gall, 2007; Creswell, 2005). The Student Counsellor Interview Schedule (SCIS) was used to collect data from student counsellors. The SCIS captured the detailed descriptions and context of disclosure experiences, and a minimally structured interview format was used.

The internal validity of the constructs in the questionnaires was tested by subjecting the survey data to suitability tests using the Kaiser-Meyer-Olkin measure of sampling adequacy (KMO Index) and Bartlett's Test of Sphericity, as explained by Gravetter and Wallnau (2000). Kaiser (1974), as reported by Creswell (2014), states that the Kaiser-Meyer-Olkin measure of sampling adequacy index > 0.6 is of adequate internal validity. Equally, Creswell (2014) recommends that Bartlett's Sphericity test statistic be less than 0.05 for adequate internal validity. From the results, Bartlett's test for Sphericity is significant ( $p=0.000$ ), and Kaiser-Meyer-Olkin indexes are all > .6 for all the subscales of the questionnaire. Cronbach's alpha coefficient analysis was used to investigate the questionnaires' internal consistency since it is the most reliable test of inter-item consistency reliability for Likert scaled or rating scaled questionnaire. The Cronbach's alpha for all the subscales was above 0.70, which indicated that the instruments had adequate reliability for the study. Findings concurred with Oso and Onen's (2009) recommendation and Creswell (2014) that a coefficient of 0.60 and above is of adequate reliability, indicating that the instrument has an adequate inter-item consistency reliability standard.

##### Procedure

A Research authorization permit was obtained from the National Council of Science and Technology and Innovation (NACOSTI) in Kenya. The researchers then formalised permission to the respective universities to collect data for the study. With this permission, they contacted lecturers and student leaders to administer the student questionnaires for data collection. The researchers established a rapport with the student counsellors and arranged an interview. The instruments were self-administered to the respondents to ensure the data was received firsthand. The questionnaires were given to the students in their lecture halls. They were given thirty minutes to fill in the questionnaires which were then collected at the end of the session.

##### Data analysis

Quantitative data obtained from the closed-ended items in the questionnaires were analyzed using inferential statistics in the Pearson Correlation coefficient and simple linear regression analysis. The null hypothesis was tested at the level of significance of 0.05. The Pearson correlation coefficient measures the strength of the linear relationship between two quantitative variables (Creswell et al., 2016). The analysis reveals the direction and strength of the relationship. It also showed the statistical significance of the relationship. Qualitative data obtained from the in-depth interviews with the student counsellors were

transcribed in an ongoing process, coded, and analyzed using thematic analysis. The thematic analysis involved clarifying, analysing, and reporting patterns (themes) within data (Matthews & Ross, 2010). It is minimally organised and describes the data set in detail. It goes further than this to interpret various aspects of the research topics (Matthews & Ross, 2010).

VII. RESULTS

Quantitative results

Biographical information

Regarding participants' biographical information, the study explored the respondents' ages, and the findings were summarised in Table 1.

Table 1: Respondents' Age (n=352)

Frequency	Frequency	Percent
Below 18 years	2	0.6
18- 19 years	51	14.5
20-21 years	141	40.1
22-23 years	91	25.9
Above 23 years	67	19.0
Total	352	100.0

The results in Table 1 indicated that on the ages of participants, the mean age of the sampled students was 21.8 years with a standard deviation of 2.6. A majority of 141, translating to 40.1% of the sampled students, were in the age group of 20-21 years, 22-23 years, 91 (25.9%), 67 (19.0%) represented those aged above 23 years, and the rest represented the students whose ages were below 20 years. The maximum age established was 34, while the minimum age recorded was 17. This indicated a fair representation of all ages in the study, implying that the findings' generalization is feasible. The participants' biodata in years of study is presented in Table 2:

Table 2: Respondents' Year of Study (n=352)

Frequency	Frequency	Percent
Year 1	140	39.8
Year 2	107	30.4
Year 3	64	18.2
Year 4	41	11.6
Total	352	100.0

Source: Research data (2019)

It is evident from Table 2 that all the years of study were represented in the study. However, year one students formed the highest representation at 140 (39.8%), while fourth-year students were least represented at 41 (11.6%). One hundred and seven, equivalent to 30.4% of sampled students, were second-year students, and 64 (18.2%) were third-year students.

Correlational analysis between students' counsellor deliberates self-disclosure and Therapy seeking behaviour

To assess the relationship between student counsellor deliberate self-disclosure and therapy-seeking behaviour, a Pearson Product Moment Correlation Coefficient was computed, with scores on perception of counsellor deliberate self-disclosure as independent Therapy seeking behaviour as the dependent variable. The scores of both variables, which were collected in the form of frequencies, were converted into ratio-scaled data by mean computing responses per respondent. The correlation analysis result was shown in SPSS output, as indicated in Table 3:

Table 3: Correlation results of counsellor deliberate self-disclosure and Therapy seeking behaviour

		Counsellor Deliberate Self-	Therapy Seeking Behaviour
Counsellor Deliberate Self-Disclosure	Pearson	1	.140**
	Sig. (2-tailed)		.008
	N	352	352

	Pearson	.140**	1
Therapy Seeking Behaviour	Sig. (2-tailed)	.008	
	N	352	352

\*\* Correlation is significant at the 0.01 level (2-tailed).

Table 3 showed a weak positive correlation between counsellors' deliberate self-disclosure and Therapy seeking behaviour (r=.140, n=352, p=.008) among university students. Given that a statistically significant relationship was established, the null hypothesis that "there is no significant relationship between counsellor's deliberate self-disclosure and therapy seeking behaviour of the undergraduates in public universities in the Lake Region of Kenya" was rejected.

Simple Regression Analysis of Counsellor Deliberate Self-Disclosure on Therapy Seeking Behaviour

The study also ascertained the extent to which deliberate counsellor self-disclosure accounted for therapy-seeking behaviour. Regression analysis was done; the results were shown in Table 4.

Table 4: Model Summary on Regression Analysis of the Influence of Counsellor Deliberate Self-Disclosure on Therapy Seeking Behaviour

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.140 <sup>a</sup>	.020	.017	.52367

a. Predictors: (Constant), Counsellor Deliberate Self-Disclosure

The model showed that counsellor's deliberate self-disclosure accounted for 2.0%, as signified by the coefficient of .020, of the variation in overall Therapy seeking behaviour among university students. This was a relatively low effect of a variable on the dependent variable.

Regression Coefficients of Counsellor Deliberate Self-Disclosure on Therapy Seeking Behaviour

The analysis of the regression model coefficients is shown in Table 5.

Table 5: Regression Coefficients of Counsellor Deliberate Self-Disclosure on Therapy Seeking Behaviour

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% Confidence Interval for B	
	B	Std. Error				Lower Bound	Upper Bound
(Constant)	2.039	.172		11.825	.000	1.700	2.378
Counsellor Deliberate Self-disclosure	.130	.049	.140	2.647	.008	.033	.226

a. Dependent Variable: Therapy Seeking Behaviour

$Y = \alpha + \beta X_1 + \epsilon$ , where Y= Therapy seeking behaviour; X1= Councilors' deliberate self-disclosure and  $\epsilon$  is the error term

$$Y = 2.039 + 0.130 X_1 + \epsilon.$$

The results in Table 5 show a positive unstandardized co-efficient of 0.130, as indicated by the coefficient matrix with a p-value = 0.008 and a constant of 2.039 with a p-value = 0.000 < 0.05. Therefore, the constant and counsellors deliberate self-disclosure contributes significantly to the model. Consequently, the model can provide the information needed to predict Therapy seeking behaviour from counsellors deliberate self-disclosure; for every one-unit improvement in deliberate counsellor self-disclosure, there is an ensuing .130 unit rise in Therapy seeking behaviour among university students. Similarly, with an improvement of counsellors deliberate self-disclosure by one standard deviation, there is a subsequent rise in Therapy seeking behaviour among university students by .140 standard deviations.

Qualitative results

The main themes emerged from the qualitative data through thematic narratives by student counsellors and deans of students. The results are grounded by interviewees' quotations to accurately describe the students' Therapy seeking behaviour as influenced by the counsellors' deliberate disclosure. Using excerpts from interviews, the

descriptions of the meanings and interpretations given to their experiences reflected the impact of the participants' views. The themes on the impact of deliberate self-disclosure help build rapport, gain improvement in winning the client's heart, give assurance to the client, help the client relax, and enable clients to avail information. The student counsellors' interviews revealed that deliberate self-disclosure is necessary for enhancing student therapy-seeking behaviour as it helps build rapport with the client. When there is a good rapport, the client and counsellor will enjoy the relationship, enhancing student therapy-seeking behaviour. This is what one counsellor had to say:

*"Deliberate disclosure needs to be done with the utmost care, but only if it will benefit the client with the presenting situation. Care needs to be taken so the client is not overburdened with information. If this is done, it will help the counsellor build rapport with the client and enhance the student therapy-seeking behaviour"* (Student Counsellor, 1).

This response reveals that deliberate self-disclosure provides a free environment for the client to freely present the issue with an expectation that the counsellor will provide help. From qualitative findings, another theme of deliberate therapist disclosure was winning the client's heart. The counsellors reported that deliberate self-disclosure is of great help in student therapy-seeking behaviour as it helps the counsellor win the client's heart. The result is that the client will gain confidence in the counsellor and Therapy altogether. This is what one counsellor commented:

*"Deliberate self-disclosure helps the counsellor gain the upper hand in winning the heart of the client. This is a powerful skill necessary for winning the client"* (Student counsellor, 2).

This means that when the counsellor opens, he can win the client's confidence and trust, who will open up about the issue. This will promote student therapy-seeking behaviour and enable the clients to benefit more from the sessions.

From qualitative findings, another theme on deliberate therapist disclosure was 'make clients open up'. The student counsellor agreed that deliberate self-disclosure would make the clients open up more. In one excerpt from the interviews, the student counsellor noted that.

*"The client will relax and open more. This is the best form of disclosure, especially after assessing the situation"* (Student counsellor, 3).

This means that it makes the client reveal every piece of information that will help the counsellor help him/her with the issue at hand. Another student counsellor noted that:

*"Most students are timid during therapy due to the challenges they face; hence deliberate disclosure helps them open up more and gain confidence, thus benefit from the sessions"* (Student counsellor, 5).

This means that it will enhance the student's potential to benefit from the sessions and promote good student therapy-seeking behaviour among the undergraduates.

### VIII. DISCUSSION

The study reported a significant positive but weak relationship between counsellor's deliberate self-disclosure and therapy-seeking behaviour of the undergraduates in public universities in the Lake Region of Kenya, with an increase in counsellor's deliberate self-disclosure resulting in a rise in Therapy seeking behaviour among the university students. These findings resonate well with the results of a survey conducted by Kaufman (2007), which established that vignettes that featured the counsellors who self-disclosed a mental health condition were rated as significantly more attractive and empathetic than the vignettes of the counsellors who did not disclose any personal information. This finding agreed with Blackwell (2017), which indicated that when counsellors use self-disclosure, it inspires participants to open up and model their counsellors' behaviour. Similarly, Burkard et al. (2006) revealed that therapist self-disclosure helped clients to feel genuinely understood. Therapist self-disclosure provided space to discuss intimate issues focusing on racism and normalized the client's therapy experience. This finding also agreed with Kronner (2013), which maintained that therapist self-disclosure allows connections to occur

when counsellors disclose their expertise in working with or being knowledgeable about a client's population.

From qualitative results, the findings indicate that deliberate disclosure helps to improve Therapy seeking behaviours among clients. This finding concurred with Kaufman (2007), which found that vignettes featuring counsellors who self-disclosed a mental health condition were rated as significantly more attractive and empathetic than the vignettes of the counsellors who did not disclose personal information. Similarly, Henretty et al.'s (2014) meta-analytic review of experimental and quasi-experimental research found that counsellor self-disclosures that contained negative content revealed similarity between them and were related to intra- or extra-therapy experiences resulted in more favourable perceptions of the counsellor. On the contrary, Barrett and Berman (2011) reported that instances of reciprocal self-disclosure, unrelated to client concerns or not made in response to a client disclosure, may produce different, less positive outcomes.

### IX. CONCLUSION AND RECOMMENDATIONS

It was concluded that there is indeed a weak positive relationship between counsellor's deliberate self-disclosure and therapy-seeking behaviour of the undergraduates in public universities in the Lake Region of Kenya, with an increase in counsellor's deliberate self-disclosure resulting in a rise in Therapy seeking behaviour among the university students. The study recommends that university counsellors be trained on the effective use of self-disclosure as a technique in therapy practice. Future studies could examine university attributes and how they impact students' Therapy-seeking behaviour.

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