Research Square

Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

Supporters' Vulnerability and Support-Seeker Disclosure in ESConv: A Preliminary Coding Study

Xiaoxuan Liu

20250702017@mail.gdufs.edu.cn

Guangdong University of Foreign Studies

Research Article

Keywords: Psychological therapy, counselling, emotional support, vulnerability, disclosure

Posted Date: November 23rd, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11530999/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License.
Read Full License

Additional Declarations: No competing interests reported.

Supporters' Vulnerability and Support-Seeker Disclosure in ESConv: A Preliminary Coding Study

Xiaoxuan Liu

Department of Chinese Language Culture, Guangdong University of Foreign Studies, Guangzhou, 510420, China

20250702017@mail.gdufs.edu.cn

Abstract: This study examined whether peer emotion supporters' vulnerability was associated with support-seeker disclosure in 130 ESConv conversations. Supporters' vulnerability is operationally defined as four behaviors (or behavioral characteristics): self-disclosure, authenticity, non-judgment, and non-directiveness. To facilitate the quantitative research, one author assigned six 0–5 ratings and calculated two total scores. This paper randomly selected 130 conversations from a public dataset named ESConv, using numerical scores to calculate the total scores for supporters' vulnerability and support-seeker disclosure. Then the data were analyzed using Python (3.13). The results suggested a linear correlation between supporters' vulnerability and support-seeker disclosure (r = .26, p = .003). Non-directiveness shows the most significant correlation with support-seeker disclosure(r=.343), but the present association for non-directiveness rests on a code with low intra-rater reliability and must be treated as provisional. The test for the quadratic term is not significant (p=.08), so the optimal range of supporters' vulnerability is not reflected in these data. In conclusion, supporters' vulnerability may facilitate support-seeker disclosure when it is calibrated appropriately.

Keywords: Psychological therapy, counselling, emotional support, vulnerability, disclosure

1. Introduction

People tend to open up with someone who is less domineering. People are more likely to show vulnerability to their best friends than to strangers. And often, this kind of behavior deepens their relationships with friends [1,2]. If vulnerability can facilitate interpersonal connection, does greater vulnerability necessarily produce greater openness? Probably not. So what kind of vulnerability is the most suitable in emotional support? How to operationalize supporters' vulnerability? And is there an optimal range of supporters' vulnerability? The question remains unresolved.

1.1. Therapists' Vulnerability

What does therapists' vulnerability actually mean? In previous research, there is a dearth of a separate definition of therapists' vulnerability, which has been developed primarily in clinical psychology. It is usually defined indirectly in some studies about therapists' self-disclosure, authenticity, genuineness, and use of self. Simonds and Spokes [3] suggested that when facing clients' eating problems, therapists' self-disclosure, which is a performance of vulnerability, can strengthen the therapeutic alliance, equalize the therapy relationship, and enhance clients' openness. Govrin stated that the role of therapists is one of the main parts of psychological therapy rather than an object onto which clients project themselves. In a word, therapists should show some human-like characteristics, including vulnerability during therapy [4]. In Ray et al. [5], "Researchers pose the concept of RD (Relational Depth) as a challenge for vulnerability and exceptional depth in practice, a call to utilize one's fully real self to facilitate reciprocal intimacy in the counseling relationship to generate healing at deeper and greater levels." [5]. Harris and his colleagues conducted an in-depth study to figure out how psychoanalysts found

the therapeutic relationship with their clients in such a complicated situation. Unlike the conventional idea that countertransference is a problem, they think that therapists' previous wounds should serve as a tool to breaks on and potentials for change in the process of psychoanalytic therapy [6].

Conversely, therapists' vulnerability is also recognized as an occupational health risk or a vulnerability to distress. MacKay [7] describes therapists' vulnerability as their sensitivity to vicarious traumatization, secondary traumatic stress, and burnout under demanding work. Moreover, she argued that therapists must strengthen their differentiation of self to protect against these problems. Straussner and colleagues stated that wounded healers who used to suffer emotional problems may be susceptible to vicarious trauma during their work with clients [8].

Apparently, there are both existing positive and negative sides of the definition of therapists' vulnerability. Therapists' vulnerability often emerges in articles as a feature of another therapy method or behavior instead of a separate therapy style. This construct is difficult to measure directly. Building on the conceptual foundation from clinical psychology, the present study examines whether similar relational dynamics operate in peer support settings. The present study is supposed to operationalize supporters' vulnerability using the concepts that are related to it.

1.2. Operationalization of Supporters' Vulnerability

Self-disclosure, authenticity, non-judgment, and non-directiveness are vital behaviors or behavioral characteristics for being a therapist [9,10,11]. They, or some of them, are frequently

discussed in the same study together.

A study conducted experiments to figure out if the therapist in a genuine and self-disclosing style could contribute to the establishment of a good therapy alliance, which explored how much influence authenticity and self-disclosure could have on the relationship between counselors and clients [12]. Therapists should take the clients' needs into consideration when they are self-disclosing, which suggested that self-disclosure should be combined with client-focus [10,13]. Burks & Robbins [9] discussed and summarized the definition of authenticity of therapists from previous academic research and stated that authenticity includes therapists' self-disclosure to some extent and is rewarding to the therapy outcome. In relational-cultural supervision, both supervisors and supervisees being authentic is important to their growth. Authenticity is a concept that relates to vulnerability. Self-disclosure is one of the primary tasks related to vulnerability [14]. Tursi and his colleagues [15] concluded that genuine, non-directive therapists could build trust with clients by reviewing therapy videos. This study examines both genuineness(authenticity) and non-directiveness as behavioral characteristics [15].

Although there are subtle differences in the definitions of self-disclosure, authenticity, non-judgment, and non-directiveness across various articles, it is observed that they are frequently discussed together.

It is undeniable that self-disclosure, authenticity, non-judgment, and non-directiveness all play important roles in a therapeutic relationship. Simultaneously, it seems that each of them can be regarded or interpreted as a performance of supporters' vulnerability.

Therapist self-disclosure is defined as a disclosure of feelings, historical or immediate

experiences, or opinions from therapists to clients during therapy [10]. The content of disclosure may relate to therapists' personal stories that have been significant to their lives [16]. That means therapists need to show their vulnerable or unbearable side to clients under the premise of considering clients' needs [17,18]. Burks and Robbins suggested that "If the client perceives the therapist as genuine, open, real, and authentic, a reciprocal process involving trust, safety, connection, and authentic exploration may result" [9].

In sum, authenticity requires therapists to present their real emotions and their understanding of clients' emotions rather than forever showcasing their logical, distant, and wise side. Also, Carl Rogers proposed client-centered therapy in the 1940s and 1950s of the 20th century [19]. Rogers's theory held that therapists should regard clients as unique individuals whose therapists' own experience cannot predict. The therapist should not be expert-like in providing clients with suggestions casually [11,19].

Consequently, self-disclosure, authenticity, non-judgment, and non-directiveness all suggest that therapists are also human beings with emotions, and they are not always perfect. However, what is missing is an integrated concept of how the behaviors above may collectively constitute an appropriate form of supporters' vulnerability. In this paper, I propose a working definition named " Supporters' vulnerability " to describe this supporter style. For ease of research, I narrowly define "supporter's vulnerability" as a supporter style that, under the premise of the boundaries of the peer support relationship and ethical principles, employs self-disclosure counseling techniques, demonstrates authenticity in the counseling process, and always centers on the support seeker and prioritizes their needs.

This paper is trying to find out the correlation between peer emotion supporters' vulnerability

and support seeker disclosure and identify whether an optimal range of supporters' vulnerability exists or not.

1.3. Support Seeker Disclosure

Support seeker disclosure has been operationalized in many different ways. Depending on the research and articles about it, it can refer to the opposite of clients' dishonesty. Hart and colleagues allowed the participants to access measures of their dishonest behaviors, the client-therapist relationship, and the therapeutic outcomes they perceived. The results suggested that clients' dishonesty is negatively associated with the other two variables [20]. Moreover, support seeker disclosure has been conceptualized in clients' emotional experience, expression, and regulation in the process of therapy. There is an analysis of 563 sessions of 37 clients with schizophrenia participating in the Metacognitive Reflection and Insight Therapy (MERIT) trial. The researchers found that the greater clients' emotional experience, expression, and regulation are positively correlated with the outcomes of sessions [21]. Achieving better therapeutic outcomes is the goal of every counseling session. According to existing research, a client's mind-openness is a significant variable influencing treatment effectiveness.

The present study focuses neither on the client's mind-openness at the level of thought, such as their receptiveness to counseling or therapy, nor on their openness at the level of personality. In the present study, support seeker disclosure represents a context-dependent relational process reflected in clients' disclosure of their emotions and historical events. It is also regarded as an essential factor of clients' engagement [15,20]. The disclosure of events focuses on whether the client provides experiences and facts relevant to the issue; The expression of emotions focuses on whether the client voices the emotions, feelings, and subjective

experiences associated with those experiences. During the counseling process, a client may display intense emotions while sharing little about past experiences, or conversely, provide a detailed account of events while exhibiting minimal emotional fluctuation. Both the expression of emotions and the disclosure of events serve as indicators of the support seeker disclosure.

Support seeker disclosure allows therapists to become aware of more information about their clients, so that they can process the therapy considering clients’ personalities and needs. Moreover, higher clients disclosure contributes to the establishment of a therapeutic alliance when therapists process appropriate responses and interventions to clients’ disclosure [22].

1.4. How to Improve Clients’ Openness

When therapists offer to disclose their own immediate or historical experiences, clients’ favorability toward therapists increases, making clients more willing to open up as well [18]. Apart from that, therapists’ self-disclosure also promotes clients’ willingness to disclose their emotions [17]. Tursi and his colleagues found that therapists who are more genuine and less direct can build clients’ trust. When trust develops, clients’ engagement in therapy improves. This means that clients tend to disclose more about themselves in therapy [15]. Non-judgmental counselling can break up silence and decrease the rate of clients' suicide even when the contents of therapy include some sensitive themes such as the use of guns and intimate partner violence [23,24].

This study operationalized “Supporters’ vulnerability” through four observed behavioral characteristics (specificity of self-disclosure, expressed authenticity, non-judgment, non-directiveness), while “support seeker disclosure” is operationalized through emotion disclosure

and event disclosure. This study addresses three research questions: (1) Is supporters' vulnerability positively associated with support seeker disclosure? (2) Which sub-dimensions of supporters' vulnerability contribute most to support seeker disclosure? (3) Does the association remain significant after controlling for conversation length?

2. Method

I decided to analyze and code supporters' vulnerability and support seeker disclosure based on counselling conversations. Wu and colleagues create relevant utterance-level prediction tasks and establish baseline models based on their analysis of a therapy dataset named AnnoMI at utterance, dialogue, and corpus levels, claiming that therapists' behaviors can be annotated and analyzed according to counselling dialogues [25]. A study identified the types and functions of therapists' self-disclosure using sessions from a therapy dyad database, suggesting that therapists' self-disclosure can be observed at the therapy-conversation level [26]. Genuineness(authenticity) was regarded as one of the operational definitions of therapists' competence in Melnick's study. It was rated by external judges while they were watching the videotaped recordings of every therapy session [27]. Non-directiveness can be observed in utterances as well. A detailed analysis of genetic counseling dialogues shows how therapists put the principle of non-directiveness into practice by constructing and initiating a "reflective frame" [28]. Moreover, based on experts' ratings of therapy recordings, Spina and colleagues developed RR-PSQ, which is a prototype to assess real relationships in therapy. "Therapist conveys a sense of non-judgmental acceptance." is one of the 20 most characteristics of the prototype, proving that non-judgment can also be observed and analyzed within therapy conversations [29]. Overall, there is sufficient evidence that self-disclosure, authenticity, non-

judgment, and non-directiveness can be identified and analyzed as therapists' behavioral characteristics based on therapy conversations.

I chose 130 dialogues (10% of the database) randomly from *ESConv (link:https://huggingface.co/datasets/thu-coai/esconv/resolve/main/ESConv.json)*, a database containing 1300 online emotional support conversations between trained peer emotional-support providers and support seekers [30]. All statistical analyses and data visualizations were performed and generated using Python (version 3.13). First, data preprocessing was conducted using pandas, allowing the format of the *ESConv* dataset to be transformed into *.xlsx*, which is more readable for humans.

This study operationally defines the supporters' vulnerability. It includes four behaviors or behavioral characteristics. They are self-disclosure, authenticity, non-judgment, and non-directiveness. To quantify them and visualize the correlation between supporters' vulnerability and support seeker disclosure more accurately and clearly, I selected six quantitative indicators corresponding to self-disclosure, authenticity, non-judgment, non-directiveness, and support seeker disclosure. These quantitative indicators can be observed and measured in text conversations [31,32,33].

I selected specificity of self-disclosure(*sd*) as a quantifiable indicator of self-disclosure. Specificity of self-disclosure is one of the dimensions of therapist self-disclosure. It can be reflected directly in the text. Expressed authenticity(*ea*) is a quantifiable indicator of authenticity. While the expressions in the text meet the standard of authenticity, I cannot be certain whether that authenticity truly comes from the therapist's heart, so I name the quantitative indicator of authenticity as "expressed authenticity".

Non-directiveness is one of the core principles of client-focused therapy [34,35]. Some articles stated that non-judgmentalism is a manifestation of non-directiveness. Brodley wrote, “Client-centered therapy influences in a different way — by freeing the client to discover his or her own methods and processes of change while unopposed by therapist goals and expectations.” [36]. The way can also be recognized as the performance of non-directiveness and non-judgment, which means that therapists do not evaluate clients’ historical experience and mindset by their own point of view casually and do not pressure clients into a particular course of action. While non-judgment means that therapists don’t evaluate clients’ emotions or experiences they disclosed, non-directiveness embodies that therapists avoid forcefully imposing a course of action on the other party based on one's own subjective assumptions.

Accordingly, emotion disclosure(*ed1*) and event disclosure(*ed2*) are chosen to be the quantifiable indicators of support seeker disclosure.

2.1. Data Coding

Aiming to quantify the supporters’ vulnerability and support seeker disclosure, I decided to rate every quantifiable indicator from 0 to 5. So, I established a codebook to identify therapists’ or clients’ performance corresponding to every score. Take specificity of self-disclosure as an example: “Absolutely no identifiable personal information or experiences; maintains maximum ambiguity/non-self-disclosure” corresponds to a “0” score of this quantifiable indicator (eg, the supporter said: "Many people can find situations like this difficult."). And the performance corresponding to a “5” score of this quantifiable indicator is highly specific personal self-disclosure; includes explicit personal experiences, events, people, times, or details” (eg, "When I lost my father three years ago, I couldn't sleep for months."). A detailed coding manual,

including operational definitions and behavioral examples for each dimension, is provided in Appendix A.

I rate every quantifiable indicator of the performance of the supporter and the seeker in a conversation according to the codebook. I summed the scores of the four quantitative indicators to arrive at the total supporters' vulnerability score of each conversation. Since I was unsure of the extent to which each indicator influenced the supporters' vulnerability, I weighted each score equally in the formula. Similarly, I used this method to calculate the total support seeker disclosure score of each conversation.

$$\beta_{IV} = \beta_{sd} + \beta_{ea} + \beta_{nj} + \beta_{nd}$$

$$\theta_{DV} = \theta_{ed1} + \theta_{ed2}$$

Note. IV: independent variable (supporters' vulnerability); DV: dependent variable (support seeker disclosure); sd: specificity of self-disclosure; ea: expressed authenticity; nj: non-judgment; nd: non-directiveness; ed1: emotion disclosure; ed2: events disclosure;

2.2. Coding Reliability

Because the present study proposed a preliminary operationalization of supporters' vulnerability and support seeker disclosure, I conducted an intra-rater reliability test 2 months after the initial rating to verify whether the results are reproducible. Using a random number generator, I chose one-fifth of the conversations (26 conversations) I rated before. Subsequently, I rated them without seeing the score I had given before, according to the same codebook. After that, quadratic weighted Cohen's kappa was used as the primary reliability statistic. In addition, exact agreement, agreement within one scale point, and mean absolute

differences were calculated to provide a more detailed description of scoring consistency. Bootstrap 95% confidence intervals were calculated for the intra-rater kappa coefficients. This analysis intended to provide a preliminary assessment of consistency of the codebook rather than establish a fully validated framework.

2.3. Statistical Analysis

First, to ensure that the four quantifiable indicators capture four distinct behavioral dimensions of vulnerability rather than redundant constructs. Pearson correlation coefficients were calculated in pandas to examine the bivariate associations between the four behavioral dimensions of supporters' vulnerability (specificity of self-disclosure, expressed authenticity, non-judgment, and non-directiveness) and client openness using pandas.DataFrame.corr. The variance inflation factors (VIFs) of the four indicators are close to 1, which suggests that multicollinearity among the indicators is negligible. (Table 3, Model 2) So, all the indicators can be included in the following regression analyses.

Next, linear and quadratic regression models are estimated to examine the non-linear association between the overall vulnerability score and clients' openness. Pearson's correlation coefficient(r) and the corresponding two-tailed significance level(p) were calculated to quantify the strength and statistical significance of the association. A fitted regression curve was drawn to visualize the association.

Furthermore, I conducted a multiple linear regression model with clients' openness as the dependent variable and the four vulnerability indicators entered spontaneously as predictors to find out the independent contribution of each quantifiable indicator of supporters' vulnerability.

To examine whether supporters' vulnerability is correlated with support seeker disclosure after accounting for differences in clients' words within each conversation, the total number of words produced by clients across each conversation was included as a covariate, with support seeker disclosure as a dependent variable and supporters' vulnerability as a predictor. The regression coefficients, standard errors, *p* values, confidence intervals, and model R^2 were examined.

3. Results

3.1. Intra-rater Agreement

In Table 1, specificity of disclosure showed the highest intra-rater consistency, with the quadratic Cohen's kappa being 0.636, 95% CI [0.351,0.822]. Following that, expressed authenticity demonstrated a kappa coefficient of 0.552, 95% CI [0.088,0.751]. In detail, the exact agreement is 0.5, while the within-one agreement is 1.0. The kappa coefficient of the total score of supporters' vulnerability is 0.533, 95% CI [0.172,0.794], demonstrating moderate point-estimate agreement.

Table 1: Reliability of coding variables

Variable	N	Quadratic Weighted Kappa	95% CI Lower	95% CI Upper	Exact Agreement	Within-One Agreement	Mean Absolute Difference
IV1:DS	26	0.6358	0.3509	0.8226	0.3846	0.7692	0.9615
IV2:EA	26	0.5517	0.0876	0.7514	0.5	1	0.5
IV3:NJ	26	0.246	-0.0795	0.5238	0.3077	0.8077	0.8846
IV4:ND	26	0.189	-0.1603	0.499	0.2692	0.8846	0.8846

IV SCORE	26	0.5328	0.1723	0.7942	0.1923	0.4615	1.8462
DV SCORE	26	0.2803	-0.0283	0.506	0.3077	0.6154	1.0769

Note. N = 26 observations per variable. κ = quadratic weighted kappa. CI = confidence interval. Exact agreement and within-one agreement are the proportions of ratings in exact and adjacent agreement, respectively; mean absolute difference is reported in the original scale units. IV: independent variable (supporters' vulnerability); DV: dependent variable (support seeker disclosure); sd: specificity of self-disclosure; ea: expressed authenticity; nj: non-judgment; nd: non-directiveness

Whereas, lower coefficients were observed for non-judgment, κ = .246, 95% CI [−.080, .524], non-directiveness, κ = .189, 95% CI [−.160, .499], and support seeker disclosure, κ = .280, 95% CI [−.028, .506]. The confidence intervals for these coefficients were relatively wide, and several included zero, indicating uncertainty in the estimated level of coding stability. Non-directiveness and total disclosure scores showed low consistency when rated again, so their associations should be interpreted cautiously.

Overall, the results suggested that the coding reliability is variable across the study variables. Specificity of self-disclosure, expressed authenticity, and the composite score of supporters' vulnerability showed moderate to substantial intra-rater reliability. However, non-judgment, non-directiveness, and the total score of support seeker disclosure demonstrated weaker and uncertain stability. Thus, the codebook showed preliminary but uneven reliability across the study variables.

Table 2 shows the results of Pearson correlation coefficients; It indicates that there is almost no correlation between the four quantitative indicators of therapist vulnerability, except for the

correlation between non-judgment and expressed authenticity (.01<*p*<.05). However, it is observed that the Pearson correlation coefficient between expressed authenticity and non-judgment is .198, which illustrates that there is a statistically significant correlation between these two variables, and the correlation is significant at the 0.05 level (2-tailed).

Table 2: Descriptive Statistics and Correlations Among Study Variables

	IV1:DS	**IV2:EA**	**IV3:NJ**	**IV4:ND**	**DV1:ED1**	**DV2:ED2**	**IV SCORE**	**DV SCORE**
IV1:DS	1.000	0.168	0.061	0.083	-0.037	0.038	0.690	-0.001
IV2:EA	0.168	1.000	0.198	0.141	0.240	0.019	0.549	0.173
IV3:NJ	0.061	0.198	1.000	0.194	0.201	0.080	0.549	0.184
IV4:ND	0.083	0.141	0.194	1.000	0.231	0.303	0.557	0.343
DV1:ED1	-0.037	0.240	0.201	0.231	1.000	0.199	0.221	0.794
DV2:ED2	0.038	0.019	0.080	0.303	0.199	1.000	0.176	0.754
IV SCORE	0.690	0.549	0.549	0.557	0.221	0.176	1.000	0.258
DV SCORE	-0.001	0.173	0.184	0.343	0.794	0.754	0.258	1.000

Non-directiveness correlates with the total score of support seeker disclosure the most significantly among the four quantitative indicators of supporters' vulnerability (*r*=.343, *p*<0.001). Non-directiveness may have the greatest impact on support seeker disclosure compared with the other quantitative indicators of supporters' vulnerability.

3.2. Supplementary Analysis Controlling for Support Seeker Word Count

A multiple regression analysis was conducted to examine whether the association between supporters' vulnerability and support seeker disclosure exists after accounting for differences

in support-seeker word count across each conversation.(Table 3, Model 1) The overall regression model was statistically significant, $F(2, 127) = 14.94$, $p < .001$, and explained 19.0% of the variance in support-seeker dislcosure ($R^2 = .190$, adjusted $R^2 = .178$). Supporters' vulnerability remained positively associated with support seeker disclosure after controlling for support-seeker word count ($b = 0.131$, $SE = 0.045$, $t = 2.92$, $p = .004$, 95% CI [0.042, 0.219]). Support-seeker word count was also positively associated with support-seeker disclosure ($b = 0.0049$, $SE = 0.0011$, $t = 4.41$, $p < .001$, 95% CI [0.003, 0.007]). These findings indicate that the positive association between supporters' vulnerability and support-seeker disclosure remained statistically significant after accounting for differences in support-seeker word count.

Table 3: Ordinary Least Squares Regression Analyses Predicting Support seeker disclosure Score

Predictor	B	SE B	β	t	p	95% CI
Model 1						
Intercept	3.557	0.556	—	6.395	.001	[2.456, 4.657]
IV score	0.131	0.045	—	2.917	.004	[0.042, 0.219]
Client word count	0.005	0.001	—	4.410	.001	[0.003, 0.007]
$R^2 = .190$, adjusted $R^2 = .178$, $F(2, 127) = 14.94$, $p < .001$; AIC = 441.5, BIC = 450.1						
Model 2						
IV1: ds	-0.051	0.081	.053	-0.631	.529	[-0.211, 0.109]
IV2: ea	0.202	0.149	.117	1.362	.176	[-0.092, 0.497]

IV3: nj	0.156	0.128	.104	1.214	.227	[-0.098, 0.409]
IV4: nd	0.445	0.121	.311	3.664	.001	[0.205, 0.685]
R^2 = .146, adjusted R^2 = .119, F(4, 125) = 5.35, p < .001; AIC = 452.5, BIC = 466.8						

Note. N = 130. B = unstandardized regression coefficient; SE B = standard error of B; β = standardized regression coefficient; t = t statistic; p = p value; CI = confidence interval; AIC = Akaike information criterion; BIC = Bayesian information criterion.

Model 1 predictors were IV score and client word count; standardized coefficients were not reported for Model 1. Model 2 predictors were IV1: ds, IV2: ea, IV3: nj, and IV3: nd.

For Model 2, all variance inflation factors were below 1.08 (IV1: ds = 1.03; IV2: ea = 1.08; IV3: nj = 1.07; IV4: nd = 1.05), indicating no multicollinearity; for Model 1, Durbin–Watson = 1.95. Model 2 coefficients are not directly comparable with Model 1 because the two models use different predictor sets.

Figs. 1 and 2 are linear correlation models and quadratic regression models that visualize the association between supporters' vulnerability and support seeker disclosure. Pearson correlation coefficient(*r*) is .26, which indicates that there exists a weak to moderate correlation between supporters' vulnerability and support seeker disclosure. Moreover, the corresponding two-tailed significance level(*p*) is .003(p<.01). It suggests that the correlation between supporters' vulnerability and support seeker disclosure is significant.

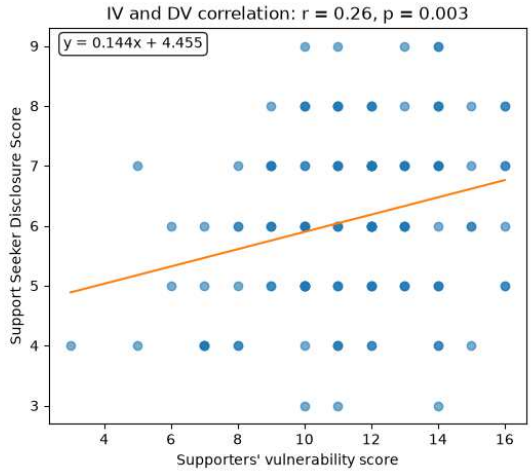


Fig. 1: Linear correlation between supporters' vulnerability and support seeker disclosure

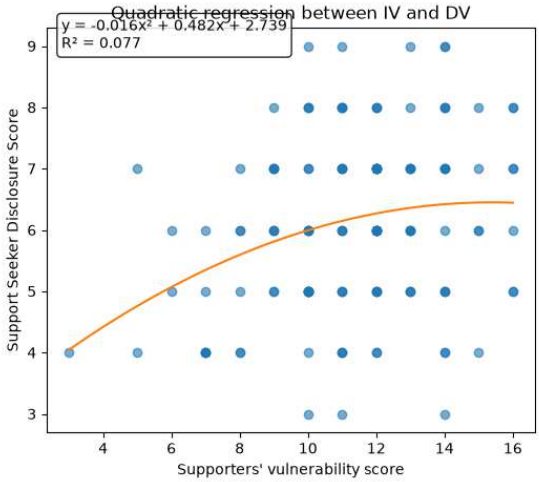


Fig. 2: Quadratic regression between supporters' vulnerability and support seeker disclosure

4. Discussion

4.1. Overview of the Present Study and Main Findings

This study proposes a working definition of supporters' vulnerability. There are four components of supporters' vulnerability: self-disclosure, authenticity, non-judgment and non-directiveness. Aiming to find out the correlation between supporters' vulnerability and support seeker

disclosure, I established a codebook to measure therapists' specificity of self-disclosure, expressed authenticity, non-judgment, non-directiveness, support-seekers' emotion disclosure, as well as event disclosure. The results of the data analysis suggest that greater supporters' vulnerability is associated with greater support seeker disclosure(r = .26, p= .003). In detail, non-directiveness is the only variable that shows a unique significant correlation with support seeker disclosure (r=.343, p<0.001). Moreover, it is observable that there is almost no correlation between specificity of self-disclosure and support seeker disclosure (r=-0.001). However, the exploratory quadratic analysis provided suggestive but inconclusive evidence of a curvilinear association (p=0.08), so the evidence is not enough to support the hypothesis that there is an optimal range of supporters' vulnerability.

4.2. Supporters' Vulnerability and Support Seeker Disclosure

Why might therapists who display greater vulnerability interact with support-seekers who disclose more? The following is one of the plausible explanations.

According to Rennie's study, when an imbalance of power exists in the therapy relationship, support-seekers tend to keep things unspoken while feeling uncomfortable with the therapists. Support-seekers withhold their thoughts and feelings from therapists; this withholding is one way they preserve power in the relationship [37]. It is possible that support-seekers regard their therapists as experts and worry about being criticized by them, which leads to the power differential. The same author also claimed that this power differential stems from therapists' unwillingness to self-disclose and support-seekers' deference to their therapists [38].

In addition, Patterson and Forgatch [39] found greater client noncompliance following teaching

and confrontation. This is a related background that therapists' behaviors are associated with support-seekers' performance. It is undeniable that one of the roles of therapists is guiding their clients. However, if a therapists consistently maintains the image of a judge, an instructor, or a superior who is always right, the imbalance of power will increase, leading to clients' unwillingness to express themselves.

In fact, therapists exhibiting vulnerability to clients is beneficial to the balance of power. Self-disclosure and authenticity are ways to display therapists' realistic, humanistic side, giving clients the power to observe and evaluate therapists, rather than therapists listening to and judging clients' previous experience throughout the therapy. Non-judgment and non-directiveness are the opposite of "teach" and "confront". They are likely manifestations of the therapists maintaining boundaries regarding power. Overall, every component of supporters' vulnerability may serve to increase the balance of power within therapeutic relationships. Thus, supporters' vulnerability was associated with support seeker disclosure. However, this mechanism remains speculative given the correlational design; future studies should test the factors that are associated with the balance of power within the therapeutic relationships.

4.3. Why Non-Directiveness May Matter

The results suggest that non-directiveness shows a unique significant correlation with support-seekers' disclosure (r=0.343, p<0.001). Non-directiveness refers to therapists' less dominant style. Support seeker disclosure is operationalized as event disclosure and emotional disclosure in the present study. Here is a plausible mechanism underlying this association. According to the SASB (The structural analysis of social behavior) model, the less dominant style of therapists is described as AFFIRM, whose complement behavior is DISCLOSE of

clients. Benjamin noted that "the therapist who shows uncomplicated listening behaviors will draw far more patient disclosure" [40], namely that therapists' non-directiveness may predict clients' self-disclosure.

Furthermore, support-seekers' reactions to supporters' style are also affected by their interpersonal characteristics. Moors & Zech [41] argued that "Dominant clients were found to be more satisfied with the dominant psychotherapist than the submissive one while submissive clients preferred only the warm psychotherapist." In other words, we cannot assert that directive and dominant supporters definitely lead to less disclosure of support-seeker. Support-seekers' preference should be taken into consideration as well.

4.4. Theoretical Implications

Rooted in Freud's notion, therapists should try to avoid disclosing personal emotions or experiences, but be a "blank screen" to reflect clients' emotions. Vulnerability is regarded as a departure from the counselor's neutrality and objectivity principles. However, the results of the present study indicate that supporters' vulnerability was associated with support seeker disclosure to some extent.

According to therapeutic alliance theory, a strong therapeutic alliance is closely linked to positive treatment outcomes. In a meta-analysis of 295 independent studies, the results indicate that the alliance infuses the whole process of therapy, regardless of the counselling approach [42]. The three dimensions of therapeutic alliance are goal, task, and bond [43]. And four dimensions of the working definition of supporters' vulnerability are able to strengthen the bonds between supporters and support-seekers.

4.5. Implications

Supporters' vulnerability isn't equal to being non-professional. In contrast, it probably is a kind of supporters' style that helps support-seekers to open up. It can decentralize power within the counseling relationship and make the relationship between supporters and support-seekers more equal. The supporter is not always a judge, an analyst, or an all-round expert. This study may encourage future researchers to deepen and refine the definition of supporters' vulnerability, and it may also inform the training and modulation of therapist style to better support high-avoidance support-seekers or to handle situations where therapy involves sensitive and private content. Also, the findings whose data are from real emotion support conversations suggest that training programs for emotion supporters and even therapists may benefit from incorporating the concept of "supporters' vulnerability" as a relational skill.

4.6. Limitations and Future Directions

First of all, supporters' vulnerability is a working definition rather than an established construct. Maybe there are still more therapists' behaviors or behavioral features that can be included in the definition. When it comes to the selection of the database, ESConv includes dialogues between peer-trained supporters and emotional seekers instead of licensed therapists and clients. The reason for this selection is to avoid ethical concerns, but this also means that the research findings cannot directly guide therapist training. Moreover, I only chose the quantitative indicators of supporters' and support-seekers' behaviors that can be presented in the text because the category of data is purely text. There are still numerous dimensions of behaviors that cannot be presented in text but influence the results. Apart from that, the number of samples is not adequate (N=130). The codebook and the coding work were completed by

one person. Although the codebook was refined and modified in the first-round coding while the intra- rater reliability test was completed, it cannot be guaranteed to be absolutely objective and perfect.

This study, as an initial investigation, laid a foundation for future studies that establish systematic construct validation, methodological refinement, and examination of underlying mechanisms. Supporters' vulnerability is a working definition based on studies about self-disclosure, authenticity, non-judgment, and non-directiveness. Professional psychologists and counselors should be employed to evaluate whether the proposed behavioral dimensions can adequately represent supporters' vulnerability and whether additional dimensions should be included in future studies. For methodological refinement, future studies should involve multiple trained raters to evaluate the counselling conversations and establish an inter-rater reliability test, develop a more detailed codebook including behavioral examples, and improve rating consistency across raters. Apart from this, larger samples are required to increase the statistical power and robustness of the observed association. Furthermore, future studies can examine whether the association between supporters' vulnerability and support seeker disclosure exists across different counselling populations, therapeutic approaches, and cultural contexts. If an optimal range of supporters' vulnerability can be identified in the future, it may support the design of AI psychological counselors. However, such applications require direct examination in human–AI counseling contexts.

5. Conclusion

In 130 peer-support conversations, higher supporters' vulnerability scores were associated with greater support seeker disclosure. The findings are preliminary because some ratings showed

low repeat consistency, and no optimal range was established. The coding framework offers a starting point for studying text-based emotional support.

Declaration

Ethics Statement: This study involved secondary analysis of the publicly available Emotional Support Conversation (*ESConv*) dataset. No new human participants were recruited and no direct interaction with participants occurred in the present study. The original *ESConv* data collection was conducted with ethical oversight, including Institutional Review Board approval, transparent communication with crowd-workers regarding data use and study purpose, and compensation at a reasonable hourly rate [30].

Informed Consent Statement: No new participants were recruited for the present study, and informed consent was therefore not obtained directly by the authors. The study consisted exclusively of secondary analysis of the publicly available ESConv dataset.

Data Availability Statement: The data analyzed in this study are publicly available as part of the Emotional Support Conversation (ESConv) dataset [30]. The present study used a subset of the publicly released dataset.

Authors' Contributions: XX. L solely conducted the study, including its design, data collection, analysis, and manuscript preparation.

Disclosure Statement: The author(s) report no potential conflict of interest.

Funding: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

References

[1] Chen, Q., Zhang, Q., Zhao, S., & Li, C. (2024). Trusting strangers: The benefits of reciprocal self-disclosure during online computer-mediated communication and mediating role of interpersonal liking. *International Journal of Psychology*, *59*(1), 143–154. https://doi.org/10.1002/ijop.12957

[2] Liu, Z., Luan, M., Li, H., Stoker, J. I., & Lammers, J. (2024). Psychological power increases the desire for social distance but reduces the sense of social distance. *Journal of Experimental Social Psychology*, *110*, 104528. https://doi.org/10.1016/j.jesp.2023.104528

[3] Simonds, L. M., & Spokes, N. (2017). Therapist self-disclosure and the therapeutic alliance in the treatment of eating problems. *Eating Disorders*, *25*(2), 151–164. https://doi.org/10.1080/10640266.2016.1269557

[4] Govrin, A. (2019). Facts and Sensibilities: What Is a Psychoanalytic Innovation? *Frontiers in Psychology*, *10*, 1781. https://doi.org/10.3389/fpsyg.2019.01781

[5] Ray, D. C., Lankford, C. T., Malacara, A. B., Woehler, E., & McCullough, R. (2021). Exploring Counselor Experiences of Training in Relational Depth: An Interpretative Phenomenological Inquiry. *Journal of Counseling & Development*, *99*(1), 84–95. https://doi.org/10.1002/jcad.12356

[6] Harris, A., Levine, L., Schwartz Cooney, A., Foehl, J., & Hartman, S. (2024). Après Coup of "You Must Remember This." *Psychoanalytic Dialogues*, *34*(3), 393–414. https://doi.org/10.1080/10481885.2024.2346435

[7] MacKay, L. M. (2017). Differentiation of Self: Enhancing Therapist Resilience When Working with Relational Trauma. *Australian and New Zealand Journal of Family Therapy*, *38*(4), 637–656. https://doi.org/10.1002/anzf.1276

[8] Straussner, S. L. A., Senreich, E., & Steen, J. T. (2018). Wounded Healers: A Multistate Study of Licensed Social Workers' Behavioral Health Problems. *Social Work*. *63*(2), 125–135 https://doi.org/10.1093/sw/swy012

[9] Burks, D. J., & Robbins, R. (2012). Psychologists' Authenticity: Implications for Work in Professional and Therapeutic Settings. *Journal of Humanistic Psychology*, *52*(1), 75–104. https://doi.org/10.1177/0022167810381472

[10] Gibson, M. F. (2012). Opening Up: Therapist Self-Disclosure in Theory, Research, and Practice. *Clinical Social Work Journal*, *40*(3), 287–296. https://doi.org/10.1007/s10615-012-0391-4

[11] Hu, H., Zhou, Y., Si, J., Wang, Q., Zhang, H., Ren, F., Ma, F., Cui, L., & Tian, Q. (2025). *Beyond Empathy: Integrating Diagnostic and Therapeutic Reasoning with Large Language Models for Mental Health Counseling* (arXiv:2505.15715). arXiv. https://doi.org/10.48550/arXiv.2505.15715

[12] Schamong, I., Bollmann, S., Struck, N., Kube, T., D'Astolfo, L., & Brakemeier, E.-L. (2022). Can we Modulate Therapeutic Interpersonal Style Experimentally to Address Alliance? A Proof-of-Concept Study. *Cognitive Therapy and Research*, *46*(5), 873–888. https://doi.org/10.1007/s10608-022-10308-x

[13] Lichtenstein, O. (2025). Beyond the mirror: Theory and practice of therapist self-disclosure in clinical work. *European Journal of Psychotherapy & Counselling*, *27*(3–4), 282–297. https://doi.org/10.1080/13642537.2025.2539090

[14] Stargell, N., Craigen, L., Bradley, N., Whisenhunt, J., Campbell, E., & Kress, V. E. (2020). Relational-Cultural Supervision: A Humanistic Approach to Promoting Vulnerability and

Counselor Development. *The Journal of Humanistic Counseling*, *59*(3), 188–200. https://doi.org/10.1002/johc.12144

[15] Tursi, M. M., Sellers, C. R., & Marquis, A. (2022). Managing threats: A grounded theory of counseling engagement in clients with experiential avoidance. *Journal of Counseling & Development*, *100*(1), 14–26. https://doi.org/10.1002/jcad.12401

[16] Knox, S., & Hill, C. E. (2003). Therapist self-disclosure: Research-based suggestions for practitioners. *Journal of Clinical Psychology*, *59*(5), 529–539. https://doi.org/10.1002/jclp.10157

[17] Hill, C. E., Knox, S., & Pinto-Coelho, K. G. (2018). Therapist self-disclosure and immediacy: A qualitative meta-analysis. *Psychotherapy*, *55*(4), 445–460. https://doi.org/10.1037/pst0000182

[18] Ziv-Beiman, S., Keinan, G., Livneh, E., Malone, P. S., & Shahar, G. (2017). Immediate therapist self-disclosure bolsters the effect of brief integrative psychotherapy on psychiatric symptoms and the perceptions of therapists: A randomized clinical trial. *Psychotherapy Research*, *27*(5), 558–570. https://doi.org/10.1080/10503307.2016.1138334

[19] Kirschenbaum, H., & Jourdan, A. (2005). The Current Status of Carl Rogers and the Person-Centered Approach. *Psychotherapy: Theory, Research, Practice, Training*, *42*(1), 37–51. https://doi.org/10.1037/0033-3204.42.1.37

[20] Hart, C. L., Barnett, M., & Curtis, D. A. (2024). *Client deception in therapy is associated with worse therapeutic relationships and perceived therapeutic outcomes*. https://doi.org/10.1002/capr.12767

[21] Igra, L., Sened, H., Lavi-Rotenberg, A., Pijnenborg, M., Lysaker, P. H., & Hasson-Ohayon, I. (2022). Emotional experience and metacognition among people with schizophrenia:

Analysis of session by session and outcome of metacognitive-oriented psychotherapy. *Journal of Psychiatric Research*, *156*, 460–466. https://doi.org/10.1016/j.jpsychires.2022.10.048

[22] Solberg Kleiven, G., Hjeltnes, A., Natvik, E., & Moltu, C. (2023). Engaging with difficult topics and emotional experiences in psychotherapy: A study of helpful therapist acts. *Psychotherapy Research*, *33*(4), 428–441. https://doi.org/10.1080/10503307.2022.2132889

[23] Nelson, A., Allen, J., Cho, H., Yun, S. H., Choi, Y. J., & Choi, G.-Y. (2023). Intimate Partner Violence and Openness to Online Counseling Among College Students. *Journal of Family Violence*, *38*(4), 611–621. https://doi.org/10.1007/s10896-022-00396-4

[24] Knapp, S. (2023). Lethal Means Counseling for Suicidal Firearm Owners. *Journal of Contemporary Psychotherapy*, *53*(4), 279–287. https://doi.org/10.1007/s10879-023-09588-5

[25] Wu, Z., Balloccu, S., Kumar, V., Helaoui, R., Reforgiato Recupero, D., & Riboni, D. (2023). Creation, Analysis and Evaluation of AnnoMI, a Dataset of Expert-Annotated Counselling Dialogues. *Future Internet*, *15*(3), 110. https://doi.org/10.3390/fi15030110

[26] Levitt, H. M., Minami, T., Greenspan, S. B., Puckett, J. A., Henretty, J. R., Reich, C. M., & Berman, J. S. (2016). How therapist self-disclosure relates to alliance and outcomes: A naturalistic study. *Counselling Psychology Quarterly*, *29*(1), 7–28. https://doi.org/10.1080/09515070.2015.1090396

[27] Melnick, B. (1972). Patient-therapist identification in relation to both patient and therapist variables and therapy outcome. *Journal of Consulting and Clinical Psychology*, *38*(1), 97–104. https://doi.org/10.1037/h0032408

[28] Sarangi, S., Bennert, K., Howell, L., Clarke, A., Harper, P., & Gray, J. (2004). Initiation of Reflective Frames in Counseling for Huntingtons Disease Predictive Testing. *Journal of Genetic Counseling*, *13*(2), 135–155. https://doi.org/10.1023/B:JOGC.0000018823.60761.e0

[29] Spina, D. S., Aafjes-van Doorn, K., & Békés, V. (2024). Development of a psychotherapy process prototype for the Real Relationship. *Psychotherapy Research*, *34*(4), 449–460. https://doi.org/10.1080/10503307.2023.2191801

[30] Liu, S., Zheng, C., Demasi, O., Sabour, S., Li, Y., Yu, Z., Jiang, Y., & Huang, M. (2021). *Towards Emotional Support Dialog Systems* (arXiv:2106.01144). arXiv. https://doi.org/10.48550/arXiv.2106.01144

[31] Hill, C. E. (1992). An Overview of Four Measures Developed to Test the Hill Process Model: Therapist Intentions, Therapist Response Modes, Client Reactions, and Client Behaviors. *Journal of Counseling & Development*, *70*(6), 728–739. https://doi.org/10.1002/j.1556-6676.1992.tb02156.x

[32] Jalali, M. S., & Akhavan, A. (2024). Integrating AI language models in qualitative research: Replicating interview data analysis with ChatGPT. *System Dynamics Review*, *40*(3), e1772. https://doi.org/10.1002/sdr.1772

[33] Smink, W., Sools, A. M., Van Der Zwaan, J. M., Wiegersma, S., Veldkamp, B. P., & Westerhof, G. J. (2019). Towards text mining therapeutic change: A systematic review of text-based methods for Therapeutic Change Process Research. *PLOS ONE*, *14*(12), e0225703. https://doi.org/10.1371/journal.pone.0225703

[34] Rogers, C. R. (1942). *Counseling and psychotherapy: Newer concepts in practice*. Houghton Mifflin.

[35] Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Houghton Mifflin.

[36] Brodley, B. T. (2006). Non-directivity in Client-Centered Therapy / Nicht-Direktivität in der Klientenzentrierten Therapie La no directividad en la terapia centrada en la persona. *Person-Centered & Experiential Psychotherapies*, *5*(1), 36–52. https://doi.org/10.1080/14779757.2006.9688391

[37] Rennie, D. L. (2000). Aspects of the Client's Conscious Control of the Psychotherapeutic Process. *Psychotherapy Research*, 10(2), 181–194. https://psycnet.apa.org/record/2000-05272-002

[38] Rennie, D. L. (2010). Humanistic psychology at York University: Retrospective: Focus on clients' experiencing in psychotherapy: Emphasis of radical reflexivity. *The Humanistic Psychologist*, *38*(1), 40–56. https://doi.org/10.1080/08873261003635856

[39] Patterson, G. R., & Forgatch, M. S. (1985). *Therapist Behavior as a Determinant for ClientNoncompliance:* A Paradox for the Behavior Modifier. *Journal of Consulting and Clinical Psychology*, 53(6), 846–861. https://psycnet.apa.org/record/2001-01472-016

[40] Benjamin, L. S. (1996). Introduction to the special section on structural analysis of social behavior. Journal of Consulting and Clinical Psychology, 64(6), 1203–1212. https://doi.org/10.1037/0022-006X.64.6.1203

[41] Moors, F., & Zech, E. (2017). The Effects of Psychotherapist's and Clients' Interpersonal Behaviors during a First Simulated Session: A Lab Study Investigating Client Satisfaction. *Frontiers in Psychology*, *8*, 1868. https://doi.org/10.3389/fpsyg.2017.01868

[42] Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy*, *55*(4), 316–340. https://doi.org/10.1037/pst0000172

[43] Hatcher, R. L., & Gillaspy, J. A. (2006). Development and validation of a revised short version of the working alliance inventory. *Psychotherapy Research*, *16*(1), 12–25. https://doi.org/10.1080/10503300500352500

Appendix A

Table A: Codebook

Dimension Name	Score	Operational Definition	Example / Behavioral Performance
Disclosure Specificity	0	Absolutely no identifiable personal information or experiences; maintains maximum ambiguity/non-self-disclosure	"Many people can find situations like this difficult."
	1	Very generalized personal/relational expression, revealing almost nothing about oneself	"I can understand why that might feel difficult."
	2	Contains self-reference or personal stance, but does not explicitly reveal specific personal experiences	"I can relate to some of what you're describing."
	3	Explicitly acknowledges having similar personal experiences, but remains relatively general	"I've experienced something similar myself."
	4	Explicitly reveals personal experiences and includes some specific information, but without extensive detail	"I went through a similar breakup myself, and it was very painful."
	5	Highly specific personal self-disclosure; includes explicit personal experiences, events, people, times, or details	"When I lost my father three years ago, I couldn't sleep for months."
Expressed Authenticity	0	Completely mechanical, template-based, and clearly disconnected from the current content	Generalized clichés, no response to the client's specific expressions
	1	Primarily formulaic responses, with very little specificity	"I understand. That must be hard."
	2	Some degree of genuine response, but still relatively generalized and superficial	Able to respond to basic emotions, but lacks specific relational investment
	3	Clearly personalized and natural responses to the client's current expressions	Accurately responds to their specific situation or emotions

	4	Highly genuine and consistent, the counselor demonstrates a clear sense of personal involvement and relational presence	Natural, specific, and shows genuine concern
	5	Extremely high degree of genuine relational investment; highly individualized and consistent responses, clearly demonstrating the counselor's own authentic presence as a participant in the relationship	Accurately responds to the client while naturally presenting a personal relational stance
Non-judgment	0	Explicitly criticizes, blames, shames, or morally judges the client	"You shouldn't have done that."
	1	Clearly implies judgment; suggests the client is wrong, immature, or unreasonable	"You need to realize that this way of thinking is wrong."
	2	Contains mild correction or normative evaluation, although in a gentler tone	"Maybe you're overreacting a little."
	3	Basically neutral, without explicit evaluation or denial, but also without actively conveying acceptance	Objective response, inquiry, or discussion
	4	Explicitly accepts and verifies the client's subjective experience	"Given what happened, it makes sense that you felt hurt."
	5	Highly unconditionally accepts; even when faced with sensitive, contradictory, or easily judged content, explicitly upholds the legitimacy and dignity of the client's experience	"You can have conflicting feelings about this. Feeling angry doesn't make you a bad person."
Non-directiveness	0	Mandatory command, directly deciding for the client	"You must leave this relationship immediately."
	1	Explicit directive suggestion, offering almost no choice	"You should call your parents and tell them."
	2	Providing a clear action plan, though in a gentler tone, the counselor primarily decides the direction	"I think the best thing for you is to talk to your boss."
	3	Providing suggestions or direction while acknowledging other possibilities	"One thing you could consider is talking to your boss."

	4	Providing direction through invitation, exploration, and choice, clearly retaining the client's agency	"Would it feel helpful to explore whether talking to your boss might be an option?"
	5	Highly client-led; counselor primarily facilitates exploration, with the client determining direction, meaning, and action	"What feels like the right next step for you?"
Emotional Disclosure	0	No emotional expression	"I went to work yesterday."
	1	Extremely vague expression of emotion/state	"I don't feel good."
	2	Explicitly names the basic emotion, but does not elaborate	"I feel sad." / "I'm anxious."
	3	Explicitly states the emotion and provides a reason or context	"I feel anxious because I don't know if I'll pass the exam."
	4	Deeply expresses complex or personal emotions and explains their meaning	"I'm scared of failing because I feel like it would prove I'm not good enough."
	5	Highly in-depth disclosure of vulnerable emotions; reveals core fears, shame, self-worth, inner conflicts, etc., and conducts deep self-exploration	"I'm terrified that if I fail, everyone will finally see that I'm not as capable as they think I am, and I feel ashamed that I care so much about proving myself."
Event Disclosure	0	No personal event or experience shared	"I don't know."
	1	Very vague mention of an event	"Something happened recently."
	2	Mention of a specific type of personal event, but with little detail	"I had an argument with my parents."
	3	Description of a specific personal event, providing some background or detail	"I argued with my parents last night because they criticized my grades."
	4	Sharing a more detailed, personally significant, or sensitive experience, including background, people, and events	"Last night my father saw my grades and told me I had disappointed him. We argued, and I left the house."
	5	Sharing a highly specific and in-depth important, sensitive, or highly	Detailed accounts of highly personal events such as family

		personally significant experience, revealing previously concealed or difficult-to-discuss events	conflicts, traumatic experiences, and relationship breakdowns.