Exploring the Impact of Self-Disclosure on Trust, Professionalism, and Willingness to Cooperate in Crisis Negotiations

Johanna Freytag (s2947781)

Psychology of Conflict, Risk, and Safety

Behavioural Management and Social Sciences

University of Twente

1st Supervisor: Miriam Oostinga

2nd Supervisor: Jedidjah Schaaij

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Abstract

Suicide crisis negotiation requires negotiators to build trust and guide individuals toward safe resolutions under unpredictable and emotionally heightened conditions. A widely implemented trust-building technique in therapeutic and investigated settings is self-disclosure. This study investigated whether varying levels of self-disclosure by a negotiator influence perceived trust, willingness to cooperate, and perceived professionalism in suicide intervention scenarios. In a between-subjects design, participants (n= 80) were randomly assigned to one of three negotiation scenarios (no, moderate, or excessive self-disclosure) and then completed a survey assessing their impressions of trust and professionalism of the negotiator, as well as their tendency for cooperation. It was hypothesised that moderate self-disclosure would lead to higher trust and cooperation, compared to no and excessive disclosure, and that excessive disclosure would lower professionalism, compared to moderate and no disclosure. In contrast to expected findings, no statistically significant effects of self-disclosure were found for any of the outcome variables. These findings suggest that the effects of self-disclosure may not directly translate to crisis negotiation contexts. Yet, this study highlights the need for future research to use more immersive, ecologically improved design methods and targeted samples to further uncover potential effects of self-disclosure as a tool in high-stakes crisis communication.

Keywords: suicide crisis negotiation, trust, cooperation, professionalism, self-disclosure

Introduction

Suicide remains a global problem, accounting for around 1.3% of all global deaths, resulting in the loss of more than 720,000 individuals' lives each year (World Health Organisation, 2019). While these figures are alarming, they only capture completed suicides and do not fully represent the scope of the crisis. For every death by suicide, there are many more individuals who experience acute suicidal ideation (World Health Organisation, 2024). They often find themselves in severe psychological distress and in need of immediate intervention to prevent the risk of suicide. Common responders in such situations are specialised crisis negotiation teams.

Successful crisis negotiation depends on the negotiator's ability to communicate effectively and build a substantial alliance with the Person in Crisis (PiC) within an intense and short period of time. In life-or-death situations, crisis negotiators often rely on particular communication strategies, required to manage emotionally intense, high-stakes interactions. One such strategy is self-disclosure, the intentional act of revealing personal information to enhance interpersonal connection. In therapeutic and law enforcement contexts, evidence suggests that moderate self-disclosure enhances trust, likability, and cooperation (Collins & Miller, 1994; Goldfried et al., 2003; Larivière et al., 2022), highlighting the critical importance of trustfully engaging with the PiC to foster positive outcomes. When applied appropriately, self-disclosure can strengthen the relationship between negotiator and PiC (Dianiska et al., 2024).

However, excessive or poorly timed self-disclosure can have the opposite effect and compromise the intervention effectiveness or undermine the negotiator's professionalism (Abbe & Brandon, 2013). In such risky situations, these mistakes carry fatal consequences. Given the potential for both positive and negative outcomes, careful application becomes essential. Yet, the use of self-disclosure remains underexplored in the field of suicide crisis negotiations, identifying a gap in research and emphasising the need to better understand the nuanced role of self-disclosure within suicide crisis negotiations.

Accordingly, this study investigates how varying levels of negotiator self-disclosure, ranging from none, moderate to excessive, influence the PiC's perceptions of trust, their willingness to

cooperate with the negotiator to reach a peaceful resolution, and their perception of the negotiator's professionalism. By addressing this research question, the study will contribute both theoretically and practically to the field of crisis negotiation by exploring the optimal level of self-disclosure that fosters cooperation while maintaining the negotiator's credibility. The findings could directly support the development of training programmes that incorporate self-disclosure as a communicative tool in suicide interventions. On a broader level, this research contributes to a deeper understanding of self-disclosure's role in de-escalating suicide crises, potentially opening new avenues for future research.

The following sections provide further theoretical frameworks, beginning with an overview of crisis negotiation, followed by the concepts of trust, willingness to cooperate, and professionalism. Then focusing on the role of varying levels of self-disclosure and their relevance to suicide crisis negotiations.

Crisis Negotiation

Specialised crisis negotiation teams enforced by the law have been at the forefront in intervening in suicidal attempts. Since suicide-related incidents are among the most frequently managed cases by these teams (Rogan, 2011), there has been increasing emphasis on refining crisis negotiation strategies aimed at effectively mitigating acute crises (Jelaš et al., 2024).

These crises are unpredictable in nature, and cause long-lasting psychological consequences, making a suicide negotiation complex. To navigate this, negotiators must not only possess procedural strategies but also require a set of interpersonal skills. Truly effective negotiations depends on the negotiators ability to establish trust, offer emotional support, and help stabilise the person in need (Vecchi et al., 2005).

One model that reflects these core interpersonal elements is the widely recognised revised Behavioral Change Stairway Model (revised BISM; Vecchi et al., 2019), developed by the FBI's Crisis Negotiation Unit. The BISM comprises five progressive stages, namely, active listening, empathy, rapport, trust, and influence, capturing the psychological mechanisms underlying successful crisis negotiation (Vecchi et al., 2019). These stages must be achieved sequentially, ultimately guiding the PiC towards behavioural change (Vecchi et al., 2005). Crucially, trust serves as the pivotal

transitional phase that must be established before progressing to the final stage of influence, where the desired behaviour, cooperating with the negotiator to reach a peaceful resolution, can occur.

Trust

Trust refers to the self-assured belief that another person will behave in a trustworthy and positive way, along with a willingness to expose oneself in a vulnerable manner in that relationship. It is particularly important when the outcomes of one's actions depend on those of others, emphasising trust as a necessity in the crisis negotiation context (Druckman & Olekalns, 2012). In these high-stakes interactions, trust makes the PiC feel safe enough to engage with the negotiator and consider alternative courses of action.

Trust is rarely established at the onset of a crisis negotiation, which commonly shows in the PiC's initial resistance the negotiator's suggestions (Vecchi et al., 2019). As perceived trust increases, defensive responses tend to reduce, enabling more open communication and the chance of collaborative dialogue (Sikveland et al., 2019). A trustful relationship not only facilitates responsiveness but also helps the PiC shift from emotional distress to a more reflective and cooperative mindset, therefore creating the conditions for collaboration and paving the way for a peaceful resolution (Sikveland et al., 2019; Getha-Taylor et al., 2018). Ultimately, the main goal of crisis negotiation, ensuring the PiC's physical and psychological safety, depends to a great extent on perceived trust in the negotiator and the negotiator's ability to establish and maintain a trustful relationship between them.

According to Mayer et al. (1995), trust is conceptualised as a psychological state representing perceptions of ability (the perceived competence or expertise of the negotiator), integrity (the negotiator's adherence to principles and ethical conduct), and benevolence (the negotiator's perceived intention to act in the PiC's best interest). All of these qualities contribute to the PiC's perception of trust in the negotiator and ultimately, their willingness to cooperate. Research in public trust in the police shows that individuals who tend to trust the police, are more likely to comply with them (Block, 2016) underlining the broader connection between trust and cooperation, an outcome that will be explored in the following section.

Willingness to Cooperate

Willingness to cooperate reflects the PiC's readiness to engage with the negotiator's suggestions and follow their guidance toward a safer resolution. To ground it in the aforementioned Behavioural Change Stairway Model, willingness to cooperate describes PiC's development from passive resistance to active collaboration (Vecchi et al., 2005; Vecchi et al., 2019). Since the overarching goal of any suicide crisis negotiation is preventing the PiC from committing suicide, willingness to cooperate serves as an observable indicator of a negotiation's success and the PiC's movement toward safety.

Professionalism

Especially for individuals in positions of authority, such as negotiators or police officers, their perceived professionalism can significantly influence the outcome of high-stakes interactions. In real-world crisis negotiation settings, perceived professionalism influences whether individuals view the negotiator as a credible and trustful person to engage with (Stone & Travis, 2011). In line with this understanding, perceived professionalism is operationalised through the dimensions of ability and integrity of the trust model developed by Mayer et al. (1999), as these dimensions reflect core aspects of professionalism such as competence and ethical conduct, closely linked to overall trust.

The role of professional behaviour in high-stakes situations has been researched across many domains. For instance, the FBI's Crisis Negotiation Unit (CNU) emphasise active listening and ethical communication as essential elements of professional competence, and frequently apply them during police crisis negotiations (Vecchi et al., 2005). Furthermore, reviews on effective policing show that fairness and consistent ethical conduct significantly increase public trust and compliance (Thaler & Helmig, 2015).

In suicide crisis interventions, where negotiators have to balance emotional sensitivity and their technical skills, negotiators who demonstrate calmness and clarity are better able to navigate the interaction and guide individuals toward safety (Grubb et al., 2021). Moreover, it creates an environment of predictability and emotional security, helping individuals in crisis feel safe enough to communicate openly, increasing the likelihood of engagement.

Self-disclosure

One communication strategy used to enhance mutual trust and behavioural compliance is self-disclosure. In therapeutic contexts, self-disclosure refers to the clinician's intentional sharing of personal information with the client to strengthen the therapeutic alliance (Group for the Advancement of Psychiatry, 2001). As Tardy and Dindia (2006) claimed: "We can not initiate, develop, or maintain a relationship without self-disclosure" (p.138), revealing intimate information between two people is a main aspect of building close interpersonal connections. In suicide crisis negotiations, negotiators may use self-disclosure to develop such a connection between themselves and the person in crisis, cultivating positive outcomes. To better understand the impact of self-disclosure, it is essential to examine its effects at varying levels of intensity. These concepts are developed further in the sections that follow.

Moderate Self-disclosure

Studies in the field of psychotherapy have shown that appropriate self-disclosure fosters rapport, increases client openness, and ultimately strengthens mutual trust (Goldfried et al., 2003). Furthermore, clients respond more positively to therapists who self-disclose, underlining the benefits of this technique in situations where a positive relationship is necessary to collaborate effectively (Goldfried et al., 2003; Knox et al., 2001).

This aligns with Collins and Miller's (1994) meta-analytic review, which highlights the importance of the amount and the nature of personal information being disclosed. They found that a moderate amount of disclosure, neither too high nor too low, increases personal liking of the discloser and is most positively received to when it is balanced and appropriate to the situation (Collins and Miller, 1994). Recent research further shows that self-disclosure can reduce psychological distance and foster trust, which in turn increases individuals' willingness to cooperate (Junshu et al., 2024).

Applying self-disclosure has been shown to yield benefits in investigative settings, such as police interrogations. Larivière et al. (2022) highlights that self-disclosure of law enforcement officers during interrogations made them appear more human, approachable, and trustworthy.

In suicide crisis negotiations, the negotiator may use moderate self-disclosure to reveal personal experiences, emotions, or information that are relevant to the context of the suicide negotiation. As literature indicates, this may have the favourable effect of enhancing trust and minimising emotional distress, contributing to a peaceful resolution (Dianiska et al., 2024). It may humanise the negotiator in the eyes of the PiC and prevent initial resistance by establishing trust and providing a sense of interpersonal connection (Larivière et al., 2022; Vecchi et al., 2019).

Excessive Self-disclosure

While self-disclosure can be a powerful way of building trust, it should be implemented in a balanced manner. As Collins and Miller (1994) stated, interpersonal liking is expected to be strongest when the level of disclosure is moderate and weakest when the level is either extremely low or extremely high.

This is further supported by Social Exchange Theory (SET), which suggests that individuals weigh the social costs and benefits of disclosure (Homans, 1958). If disclosures are perceived as too intimate or contextually inappropriate, they may be evaluated negatively, reducing the likelihood of trustful engagement (Liu et al., 2016). As a result, excessive self-disclosure could disrupt the balance of social exchange, especially in sensitive scenarios such as suicide negotiations, where cooperation is the key element of a peaceful outcome.

Sharing overly personal information or a high amount of disclosure has been found to decrease the negotiator's perceived credibility and trustworthiness, which potentially hinders the process of a successful therapeutic outcome (Abbe & Brandon, 2013; Alrabiah et al., 2022). While sharing moderate personal information increases perceived trust and willingness to cooperate, excessively intimate disclosures could also cause discomfort, embarrassment, or perceived inappropriateness of disclosed information, mitigating behavioural compliance (Ma et al. 2024).

No Self-disclosure

In professional contexts like healthcare and negotiation, refraining from self-disclosure maintains neutrality and professionalism, yet research has shown ambivalent effects of employing

general self-disclosure. Research within physician–patient interactions has shown that while some patients perceived it as supportive, others found it invasive or distracting, shifting the focus away from their needs (Chang et al., 2022). Instead, showing empathy is suggested to be one of the most effective and fundamental elements for an interpersonal connection, which contributes to more positive patient health outcomes (Moudatsou et al., 2020; Crandall & Marion, 2009).

Alongside empathy, professionalism has been recognised as a core component of trust in professional relationships (Mayer et al., 1999; Michael & Monson, 2014). These findings outline the conceptualisation of the absence of self-disclosure as a neutral or professionally appropriate baseline, against which the effects of moderate and excessive disclosure can be effectively compared.

Current Study

Altogether, literature highlights the potential benefits of self-disclosure, if used in a balanced and context-appropriate way, yet simultaneously warns of potential risks, in case it is used inappropriately. Especially in emotionally sensitive interactions like suicide negotiations, where trust, cooperation, and professionalism play pivotal roles, the most effective utilisation of self-disclosure is elemental. Based on this theoretical and empirical foundation, the following hypotheses are proposed for the study:

H1: Moderate levels of negotiator self-disclosure will result in higher perceived trust from the PiC than either no or excessive self-disclosure.

H2: Moderate levels of negotiator self-disclosure will result in higher willingness to cooperate from the PiC than either no or excessive self-disclosure.

H3: Excessive levels of self-disclosure will result in lower perceived professionalism of the negotiator than either no or moderate self-disclosure.

Methodology

Design

The study employed a cross-sectional, between-subjects experimental design conducted via an online survey. The participants were instructed to read a role description and immerse themselves in the role of a person exhibiting active suicidal ideation. The independent variable, 'Self-disclosure', was experimentally manipulated across three levels: 'No Self-disclosure', 'Moderate Self-disclosure', and 'Excessive Self-disclosure', differentiating the extent of personal information the negotiator shared with the Person in Crisis (PiC).

Following the dialogue scenario, a series of questionnaires measured the dependent variables: perceived *trust* and perceived *professionalism* of the negotiator, as well as the participants' *willingness to cooperate* with the negotiator. These measures assessed the participants' responses, based on the disclosure level to which they were exposed to.

Additional dependent variables measured participants' perceived sense of rapport and their *willingness to disclose* with the negotiator, although they were primarily assessed by collaborating researchers and not further described in this report.

This study has been granted ethical approval from the Humanities & Social Sciences (HSS) Committee of the University of Twente (Reference number: 250557).

Participants

A total of 122 participants were recruited for this study using a combination of convenience sampling (contacting people in the researcher's social networks) and voluntary response sampling (distributing the survey link on the stories function via social networks like Instagram or Whatsapp). Of the whole sample, 16 people were recruited via the University of Twente's SONA credit system. University of Twente students participating via SONA received 0.25 SONA credits.

The researchers aimed to obtain a sample with diversity in demographics including age, nationality, gender, education level, occupation, and prior experience with mental health crises. Inclusion criteria required participants to be at least 18 years old and to have sufficient proficiency in

either English or German, as the study was available in both languages. Due to ethical reasons, participants currently experiencing or with a history of suicidal ideation were not targeted.

In total, 42 participants had to be removed from the sample due to missing consent or incomplete data.

This resulted in a final sample of 80, of which 54 German participants, 18 Dutch participants, and 8 participants originating from other nations (*M*(age) = 27, *SD(*age) = 11). Data was collected from 50 participants, who identified as female (*n*= 50), male (*n*= 28), and preferred not to say (*n*= 2). Most participants reported their highest obtained educational level as upper secondary education (*n*= 41), others reported lower secondary education (*n* = 5), a Bachelor's degree (*n* = 18), a Master's degree (*n* = 14), or other educational levels (*n*= 3). Most participants reported to be students (*n* = 42), followed by employed (*n* = 34), and unemployed (*n* = 4).

Materials

The survey was created and distributed using the online survey programme Qualtrics. To avoid missing data throughout the survey, the response options in Qualtrics were forced. All obtained data was analysed, using the statistical and computational programme RStudio (Version 2024.04.2+764).

Role Description

Participants were asked to imagine themselves as vividly as possible in the position of a distressed individual contemplating suicide while standing at the edge of a bridge (see Appendix C). The scenario was consistently written in the second personal perspective ("You"), helping to enhance participant identification with the scenario and creating psychological involvement (Mildorf et al., 2016).

The content of the fictional description was grounded in empirical research on risk factors for suicidal ideation. The hypothetical PiC experiences a series of adverse life events such as unemployment, financial difficulties, and relationship breakdowns, which have been shown to significantly contribute to suicidal ideation (Buron et al., 2016). The role description incorporated a

broad range of suicide risk factors relevant across age groups and socioeconomic backgrounds. These included financial instability, romantic relationship problems, and insomnia commonly found among younger populations, as well as perceived burdensomeness, loneliness, and social isolation being particularly relevant among older adults (Nadorff et al., 2013). The overall emotional tone of the scenario was characterised by hopelessness, a key predictor of suicidal behavior (Beck et al., 1975).

The description progresses with further contemplations about PiC ending their life by jumping from a bridge aligning with a common method of suicide cases (Beautrais, 2007), underscoring the similarity between real-life cases and this role scenario. As the PiC is about to jump, they are approached by a police officer, who later is specified to be a trained crisis negotiator.

Dialogue Scenarios

To ensure a realistic environment, the previously described role scenario ends with an individual approaching the suicidal person, initially referred to as a police officer. This was done to align with common public perceptions of first responders in crisis situations, thereby ensuring immediate recognisability and realism.

In the subsequent simulated chat dialogue, the police officer was specified to be a trained (crisis) negotiator, named Alex, a gender-neutral name chosen to create a more personalised interaction and avoid potential gender-based biases. The chat followed a turn-based structure in which participants could select one of four pre-designed answer options in response to Alex's comment. The answer options varied in emotional tone and attitude such as dismissive or open, to ensure that participants were able to express a range of emotional reactions.

Depending on the scenario assigned to the participant, the dialogue included either no self-disclosure, moderate self-disclosure, or excessive self-disclosure from the negotiator's side interacting with the participant. The overall structure of the conversation remained constant across all conditions, with only the level of self-disclosure varying.

The experimental manipulation focused on the difference in Alex's utterances depending on the three levels of *self-disclosure.* In the *no self-disclosure* condition, the negotiator used only

professional and empathetic de-escalation techniques, such as active listening and emotion labelling (Jelas et al., 2024). The *moderate self-disclosure* condition included brief, personally relevant disclosures (e.g., *I do know what it feels like to struggle with hopelessness*). In contrast, the *excessive self-disclosure* condition was characterised by emotionally intense and highly personal revelations (e.g., *I went through a major depression… I tried to numb myself with alcohol*).

These conditions were designed based on findings from Collins and Miller's (1994) meta-analytic review which showed that moderate disclosure enhances interpersonal liking while excessive disclosure may violate conversational norms and reduce perceived trust or professionalism. By keeping the general flow, the structure of the dialogue, as well as the response options identical across all conditions, the study ensured that any differences in the participants' perception could be solely attributed to the degree of self-disclosure. See Appendix D for a full comparison of the negotiator's dialogue across the three experimental conditions.

Measures

Demographics

Participants were asked to report a range of demographic information to characterise the sample and conduct exploratory analyses. The demographic variables included age (open response), gender (categorical), and nationality (two response options: German and Dutch, with an open text field for other nationalities). Additional highest obtained education, occupational status, and prior mental health experience were assessed via multiple-choice items and grouped into the three most common responses for analysis.

Trust and Professionalism

In total, 16 items of the Trust Scale (Mayer et al., 1999) were used to evaluate the participants' perceived 'Trust' in the negotiator, rating their answers on a 5-Point Likert Scale (ranging from *strongly disagree* to *strongly agree*). Originally, the model was developed to assess trust in top management, including a total of 17 items. However, due to the item: "Top management has specialised capabilities that can increase our performance", not being applicable to this study's

context, it was excluded from the questionnaire. A trust score was measured by computing the mean of all sixteen item scores. A higher total score reflects a higher level of trust perceived by the participant toward the crisis negotiator.

Mayer et al. (1999) designed this measurement, categorising trust in three dimensions: Ability, Benevolence, and Integrity. Ability refers to competence, skills, or expertise; Benevolence describes willingness to act in the others' best interest or with good intentions; and Integrity relates to "responsibility, adherence to principles and ethical behaviour" (Mayer et al., 1999). Upon inspiration by Van der Klok (2023), the items were adapted, replacing the original version referring to top management with 'negotiator', as well as changing the items from present to past tense to match the crisis negotiation context more closely. For example, the item "I felt very confident about the negotiator's skills" supports the general point of making the trust measure more realistic and adhering to the crisis negotiation context (Appendix E).

As part of the trust measure, perceived *professionalism* was operationalised through the sub-scales *ability* and *integrity*, as they closely resemble core attributes of professionalism such as competent and ethical behaviour. The individual scores of these two subscales were used to assess the *professionalism* score. Higher scores on these subscales indicate higher perceived *professionalism* in the negotiator, with *ability* capturing perceived skills and knowledge, and *integrity* reflecting fairness and ethical consistency of the negotiator. Example items include "The negotiator had much knowledge about the work that needed to be done" (*ability*) and "The negotiator tried hard to be fair in dealings with others" (*integrity*).

Willingness to Cooperate

Participants' *willingness to cooperate* with the negotiator was measured using a single post-interaction item presented at the end of the survey. Specifically, the question "How likely are you to follow the negotiator's proposal to step down from the edge?" appeared as the final part of the conversation, indicating the participant's willingness for behavioural compliance.

Responses were reported on a 5-Point Likert Scale, ranging from one (*very unlikely*) to five (*very likely*), higher scores on this item indicated a greater willingness to comply with the negotiator's request, and therefore a higher level of *willingness to cooperate*.

Initially, a pre-item was included to measure the baseline inclination to cooperate with the negotiator before being exposed to the simulated chat. The score was measured on a scale ranging from 1-10, with 1 representing the least and 10 portraying the highest initial *willingness to cooperate*. The purpose of this item was to assess whether and how the simulated interaction influenced participants' level of cooperation. However, due to inconsistencies, with the pre-item having a response scale of 1-10 and the post-item exhibits a range of 1-5, only the post-item was used for the analyses. Combining these two measures would have introduced comparability issues, potentially distorting conclusions about any effect of change in willingness.

Validity and Attention check

A manipulation check assessed the participant's perception of the negotiator's level of self-disclosure. Participants were asked to indicate whether the negotiator had shared "no personal information", "moderate personal information", or "excessive personal information". This was done to confirm whether the intended manipulation of disclosure levels had been effectively identified to ensure the construct validity of the three experimental conditions.

To confirm the participants' attentiveness to both the role description and survey questions, an attention check was incorporated, asking which of the following sensory sensations were explicitly described in the role ("Warm sunlight", "Cold breeze", "Birds chirping", or "None of the above"), with "Cold breeze" being the correct answer. Thirteen participants selected incorrect responses. Additionally, the *integrity* subscale involved one reversed scale item to identify inconsistent response patterns, which may indicate inattentive responses. Only one participant responded a low score for the reverse-coded item, while most participants selected high agreement values on the 5-Point Likert Scale (M= 4.13). Comparisons between datasets including and excluding the 14 participants who failed the attention check revealed minimal differences, suggesting no meaningful impact on the results. Therefore, all participants were retained in the dataset.

The study also employed an imagination check, in which participants rated the extent to which they were able to imagine themselves as the PiC described in the scenario, using a scale ranging from 1 to 10. A high score represents a high extent of immersion. Scores of 3 or lower were pre-defined to detect insufficient immersion and potentially exclude these participants. Of the 13 participants who scored below the cut-off score on the imagination check, all of them passed the attention check. Furthermore, 12 out of 13 correctly identified the intended self-disclosure condition in the manipulation check. This suggests that participants may have misunderstood the item as a question about personal relatability with the suicidal character of the scenario, rather than imaginative engagement. Although these participants reported low immersion, their overall data quality was sufficient enough to retain them for the main analyses.

Procedure

Given the emotionally intense nature of the scenario, care was taken to include clear consent information, details about the anonymity of the participant's data, the option to withdraw at any time, and information about mental health resources (see Appendix B).

The participants were able to enter the study via a Qualtrics link. The duration of the study lasted approximately 20-30 minutes. Participants were first presented with a short introduction that briefly outlined the topic of the study. To avoid response or social desirability bias, information about the influence of self-disclosure was intentionally left out. Instead, it was stated that the study revolved around decision-making and thought processes happening during suicide crisis situations. This followed an informed consent declaration, including further information about confidentiality and anonymity of the participants' responses, and knowledge about their right to withdraw. Participants could only participate in the study after giving consent.

Participants first completed a short demographic questionnaire, including their age, gender, nationality, level of occupation, and highest obtained education, as well as their experience with prior mental health crises. They were then presented with the role description, followed by an attention check. Next, the pre-item measured their baseline inclination towards cooperating with a negotiator. Afterwards, participants were then randomly assigned to one of three experimental conditions that

varied in the level of self-disclosure used by the negotiator (1) no self-disclosure, (2) moderate self-disclosure, or (3) excessive self-disclosure. At the end of each dialogue, participants responded to a post-item assessing their willingness to comply with the negotiator's proposal to step away from the edge of the bridge. They then completed a series of questionnaires assessing their perceived trust and their perceived professionalism in the negotiator. After, participants rated how vividly they could imagine themselves in the described role and completed a manipulation check assessing their perception of how much personal information the negotiator shared.

Finally, the participants were debriefed about the whole purpose and nature of the study and the manipulation of self-disclosure levels. After the debrief participants had to fill out a second consent agreement, and only upon their second agreement their data was retained.

Results

Manipulation Check

To assess whether the participants were able to identify the correct self-disclosure condition to which they were assigned, a Chi-square test of independence was conducted between the assigned scenario and the respondents' perceived disclosure level. Table 1 below demonstrates how many participants were able to identify the assigned self-disclosure condition. Results highlight a significant association between actual and perceived disclosure levels ($\chi^2(4) = 64.20$, $p < .001$), indicating that approximately 81% of participants correctly recognised the no self-disclosure condition and 88% of participants reported the moderate self-disclosure condition accurately. However, recognition was particularly low for the excessive self-disclosure condition, with only around 45% of participants identifying it correctly.

Since the manipulation was statistically supported overall, the whole sample (n= 80) was used for the main analyses. This approach enhances confidence in results and reflects the variability in how individuals perceive self-disclosure. To assess the reliability of the results and address potential noise caused by misidentification, all analyses were also repeated with a filtered sample (n = 56) excluding participants who failed the manipulation check, which can be found in Appendix G. This exploratory

analysis allows for a more nuanced understanding if, and how the misidentification of self-disclosure level may the results.

Table 1

Assigned Self-disclosure Scenarios and Participants' Perceived Self-Disclosure Levels (*n*= 80)

Assigned Scenario	Perceived: No Self-disclosure	Perceived: Moderate Self-disclosure	Perceived: Excessive Self-disclosure	% Correct
No Self-disclosure	21	5	0	80.8
Moderate Self-disclosure	2	22	1	88.0
Excessive Self-disclosure	1	15	13	44.8

Note. "% Correct" refers to the percentage of participants of whose perception matched the assigned scenario.

Descriptive Statistics and Scale Reliability

Table 2 presents descriptive statistics and reliability estimates for the *Trust Scale*, including *ability*, *integrity*, and *benevolence* as subconstructs. Included are means (*M*), standard deviations (*SD*), Cronbach's alpha coefficients (α), and intercorrelations (*r*) of each variable. Cronbach's alpha values ranged from .83 to .91, indicating strong internal consistency across all subscales. Results indicate, that perceived trust ratings were generally high across the full sample. Interestingly, *willingness to cooperate* was not significantly correlated with any of the *trust* subscales. While it was expected that higher *trust* would be associated with increased *willingness to cooperate*, this result suggests that participants may have differentiated between feeling trust in the negotiator and actually acting on that trust through cooperation. These descriptive findings provide a general overview of participants' responses and serve as a foundation the main hypotheses analyses presented in the next section.

Table 2

Means, Standard Deviations, Reliability Scores, and Intercorrelations for Trust, Ability, Integrity, and Benevolence, and Willingness to Cooperate

Scales	*M*	*SD*	α	(1)	(2)	(3)	(4)	(5)
(1) Trust	3.76	0.44	.91					
(2) Ability	3.67	0.55	.87	.76**				
(3) Integrity	3.72	0.47	.85	.81**	.46**			
(4) Benevolence	3.90	0.64	.83	.81**	.39**	.50**		
(5) Willingness to Cooperate	3.50	1.03		.31	.28	.16	.30	

*Note. n = 80, ** p <. 001*

Hypothesis Testing

Trust

To test the hypotheses, one-way ANOVA's were run, of which the results can be seen in Table 3. The first hypothesis predicted that moderate self-disclosure would lead to higher perceived trust than either no or excessive self-disclosure. Results of a one-way ANOVA revealed that there is no significant difference of the level of self-disclosure on the trust $F(2, 74) = 2.30$, $p = .11$. Contrary to expectations, this suggests that the varying level of self-disclosure did not significantly influence the participants' perception of the negotiator's trustworthiness. Therefore, there is no statistical support for H1 and it must be rejected.

Willingness to Cooperate

The second hypothesis stated that moderate self-disclosure would lead to greater willingness to cooperate than no or excessive self-disclosure. Results revealed no statistically significant effect of any self-disclosure condition on the outcome variable, $F(2, 74) = 1.01$, $p = .37$. This indicates, unexpectedly, that the range of self-disclosure did not affect the participant's tendency to behaviourally comply with the negotiator's suggestions. Therefore, H2 is not statistically supported and cannot be accepted.

Professionalism: Ability and Integrity

The third hypothesis proposed that excessive self-disclosure would lead to lower perceived professionalism in the negotiator, represented by lower scores of the subscales of ability and integrity. Again, no significant effect of self-disclosure on perceived ability, $F(2, 74) = 0.38$, $p = .69$, or integrity, $F(2, 74) = 1.63$, $p = .20$, was found, suggesting no influence of self-disclosure on the negotiator's perceived professionalism. Therefore, there is no statistical support found for H3.

Table 3

Means, Standard Deviations, and ANOVA for Trust, Willingness to Cooperate, Ability, and Integrity for Each Level of Self-disclosure

Measure	No Self-disclosure		Moderate Self-disclosure		Excessive Self-disclosure		*F* (2, 74)	*p*
	M	*SD*	*M*	*SD*	*M*	*SD*		
Trust	3.62	0.40	3.79	0.38	3.87	0.50	2.35	.10
Willingness to Cooperate	3.19	0.98	3.56	0.82	3.72	1.19	1.93	.15
Ability	3.60	0.55	3.66	0.53	3.73	0.59	0.38	.69
Integrity	3.62	0.42	3.69	0.43	3.84	0.54	1.63	.20

Note. No Self-disclosure (n= 26), Moderate Self-disclosure (n= 25), Excessive Self-disclosure (n=29)

Although none of the observed effects reached statistical significance, comparisons across conditions showed weak patterns. Scores of all dependent variables increased minimally from no, moderate to excessive self-disclosure conditions. However, due to insignificance, these observations cannot be further statistically interpreted.

To ensure transparency of the accuracy of the manipulation check, all analyses were repeated using a filtered sample excluding participants who failed the manipulation check (see Appendix G).

Exploratory analyses

Demographic effects were examined using the full sample ($n = 80$). The full sample was retained for each test without excluding participants from other categories. Independent-sample t-tests showed no significant gender differences in any outcome variable (all $ps > .44$), and Pearson

correlations indicated no significant relationships between age and the dependent variables (all *rs* = –.03 to –.14, *ps* > .20).

For nationality, the two most frequently reported nationalities were German (*n* = 54) and Dutch (*n* =18). The remaining 8 participants each reported a different nationality (e.g., Polish, American, British, Indian, etc.), and were retained as individual responses within the third category other. A one-way ANOVA including all nationalities was conducted where no significant differences were found for either trust, willingness to cooperate, ability, integrity, nor benevolence. One-way No significant effects were found for the three most indicated education levels, upper secondary education, bachelor's degree, and master's degree, on the other variables nor did the occupational status, student, employed, and unemployed have an impact on any outcome (all *ps* > .14). These results suggest that demographic factors did not meaningfully influence participants' evaluations of the negotiator.

Discussion

The purpose of this study was to discover how different levels of self-disclosure applied by a crisis negotiator, ranging from none, moderate, to excessive, influence perceived trust, willingness to cooperate, and perceived professionalism in suicide intervention scenarios. Contrary to expectations, the results did not state any statistically significant effects of the self-disclosure manipulation on the dependent variables. The lack of statistically significant findings in this study contradicts prior literature demonstrating that self-disclosure can positively influence outcomes such as trust and cooperation. In psychotherapy, appropriate self-disclosure fosters mutual connection, increases client openness, and strengthens therapeutic alliance (Goldfried et al., 2003; Knox et al., 2001). Similarly, in investigative interviews, self-disclosure was positively linked to perceptions of approachability and trustworthiness as well as engagement and cooperation (Larivière et al., 2022). More generally, moderate and appropriately timed self-disclosure was found to increase interpersonal liking (Collins & Miller, 1994).

However, the study's findings suggest that these effects may not adapt directly to the context of suicide crisis negotiations. This may be explained due to the fundamentally different situational and interpersonal characteristics of these environments. A trustful, therapeutic alliance in psychotherapy normally develops over an extended period of time including repeated sessions within a stable and predictable environment. Moreover, a therapist-client relationship is closely tied to a range of conditions, such as the financial commitment and the voluntary participation of the client. Crisis negotiators, however, do not have this relational basis, as the PiC rarely chooses to ask a negotiator for help and commonly shows initial resistance to cooperate. While police interviews are often brief, they are characterised by asymmetrical power dynamics and prioritise a different focus, which is usually information retrieval. In contrast, suicide crisis negotiations are emotionally unstable, time urgent, and focused on immediate de-escalation of the situation. In these unique circumstances, the PiC may be too emotionally overwhelmed to be able to process any connection building attempts such as the negotiator's self-disclosure. Furthermore, the behavioural change process proposed in the revised Behavioural Change Stairway Model (Vecchi et al., 2019) suggests that trust and influence build upon empathy and rapport, which are elements that may take longer to establish than the simulated or even real-life suicide crisis intervention allows.

Additionally, individual interpretations of self-disclosure may have played a role in influencing the observed results. This is underlined by prior literature suggesting that perceptions of self-disclosure are highly subjective and vary per individual interpretation and context (Abbe & Brandon, 2013). For example, therapist self-disclosure is ambivalently perceived positively or negatively depending on the perceived appropriateness (Tricia & Wells, 2010). Similarly, while some literature argues that excessive self-disclosure reduces perceived professionalism (Henretty & Levitt, 2010), others highlight that emotionally open communication can enhance trust and closeness (Goldfried et al., 2003). In this study, it is possible that not all participants perceived the excessive disclosure condition as inappropriate or unprofessional. For some, it may have evoked impressions of emotional genuineness or signalled efforts to build a human connection.

Notably, by being among the first to investigate the effects of varying self-disclosure in the context of suicide crisis negotiation, this study tackles a novel gap in research. While self-disclosure is widely studied in other fields, its role in acute crisis intervention has received little attention in research yet. This may explain why self-disclosure effects from other contexts did not replicate here.

Limitations and Implications for Future Research

This study highlights a meaningful contribution to literature, as it raises attention to the relations of self-disclosure as a negotiation tool in preventing suicide outcomes. Nevertheless, certain limitations must be acknowledged and addressed, shaping potential implications for future research. Firstly, the manipulation check revealed that the levels of self-disclosure were not perceived consistently by all participants, suggesting unclear distinctiveness among the disclosure conditions and questioning the construct of 'excessive disclosure' in the context of crisis negotiation. As discussed prior, it is possible that a high amount of self-disclosure does not necessarily play a significant role in suicide crisis scenarios, where emotional openness of the negotiator may be interpreted differently than in an investigative or therapeutic context. Therefore, it is recommended to refine the definitions of moderate and excessive self-disclosure by further investigating their contextual meaning and relevance in suicide negotiation contexts. Future studies may implement pilot testing with qualitative feedback from participants to understand how different levels of self-disclosure are perceived during simulated crisis negotiations.

The text-based online nature of the negotiation scenario made the study broadly accessible for participants, ensured efficient data collection, and made it possible to test cause-effect relationships. However, this survey design was not able to capture non-verbal elements reflected in real-life crisis interventions such as the negotiator's facial expressions, body language, or tone of voice. Non-verbal communication often conveys emotional states in interactions more effectively than verbal messages and may enhance emotional alignment (Bambaeeroo & Shokrpour, 2017; Weisel & King, 2007). This highlights the importance of non-verbal cues, particularly in suicide crises, where outcomes can be highly unpredictable and strongly impacted by heightened sensitivity. Therefore, future studies may employ immersive simulations, such as virtual reality, making it possible for individuals to connect

with a simulated negotiator in ways that closely reflect real-world crisis negotiations. Research found that people tend to respond to virtual characters similarly as they would to humans (Han et al., 2024). Integrating varying self-disclosure levels into virtual simulations, including non-verbal communication could be valuable to draw comparisons between text-based and virtual environment negotiations.

A last important consideration relates to the relatively small sample size and the type of participants recruited for this study. It is possible that the sample per self-disclosure condition was simply too small to identify possible effects of self-disclosure on any outcome variable. In future research, including a bigger and more targeted sample, for example, including trained crisis negotiators or individuals with relevant experience, could provide clearer and statistically powerful insights into whether and how self-disclosure affects trust, cooperation, or professionalism in suicide negotiations.

Conclusion

To date, little research has explored the effects of self-disclosure outside of therapeutic or investigative realms. This study takes an empirical step into that underexplored field by investigating how different levels of self-disclosure applied by a crisis negotiator influence perceived trust, willingness to cooperate, and professionalism in suicide intervention scenarios. Contrary to expectations, no statistically significant effects were found. Nonetheless, the findings offer an important starting point for researching self-disclosure in suicide crisis contexts, where communicative and interpersonal skills are needed for negotiators to navigate high-stakes conflicts effectively. It is recommended for future research to develop this foundation further by employing refined experimental designs and targeted samples to better understand if and how self-disclosure can support effective crisis negotiation.

References

Abbe, A. & Brandon, S. E. (2013). Building and maintaining rapport in investigative interviews. *Police Practice And Research*, *15*(3), 207–220. https://doi.org/10.1080/15614263.2013.827835

AlRabiah, S., Marder, B., Marshall, D., & Angell, R. (2022). Too much information: An examination of the effects of social self-disclosure embedded within influencer eWOM campaigns. *Journal of Business Research, 152,* 93–105. https://doi.org/10.1016/j.jbusres.2022.07.029

Bambaeeroo, F. & Shokrpour, N. (2017, 1. April). The impact of the teachers' non-verbal communication on success in teaching. https://pmc.ncbi.nlm.nih.gov/articles/PMC5346168/

Beautrais, A. (2007). Suicide by Jumping. *Crisis*, *28*(S1), 58–63. https://doi.org/10.1027/0227-5910.28.s1.58

Block, L. (2016). *Establishing trust despite the risk? An analysis of the need for trust in police cooperation*. In S. Hufnagel & C. McCartney (Eds.), *Trust in international police and justice cooperation* (Forthcoming). Hart Publishing. https://ssrn.com/abstract=2743939

Chang, H. A., Iuliano, K., Tackett, S., Treisman, G. J., Erdek, M. A. & Chisolm, M. S. (2022). Should Physicians Disclose Their Own Health Challenges? Perspectives of Patients With Chronic Pain. *Journal Of Patient Experience*, *9*. https://doi.org/10.1177/23743735221128675

Clugston, B., Meurk, C., Harris, M., Burgess, P. & Heffernan, E. (2023). Persons with mental disorders and suicidality in crisis or high-risk situations involving police negotiation: a systematic review. *Psychiatry Psychology And Law*, *31*(1), 57–75. https://doi.org/10.1080/13218719.2023.2175066

Crandall, S. J. & Marion, G. S. (2009). Commentary: Identifying Attitudes Towards Empathy: An Essential Feature of Professionalism. Academic Medicine, 84(9), 1174–1176. https://doi.org/10.1097/acm.0b013e3181b17b11

Dianiska, R. E., Simpson, E., & Quas, J. A. (2024). Rapport building with adolescents to enhance

reporting and disclosure. *Journal of Experimental Child Psychology, 238*, 105799. https://doi.org/10.1016/j.jecp.2023.105799

Druckman, D. & Olekalns, M. (2012). Motivational Primes, Trust, and Negotiators' Reaction to a Crisis. *Journal Of Conflict Resolution, 57*(6), 966–990. https://doi.org/10.1177/0022002712453707

Getha-Taylor, H., Grayer, M. J., Kempf, R. J. & O'Leary, R. (2018). Collaborating in the Absence of Trust? What Collaborative Governance Theory and Practice Can Learn From the Literatures of Conflict Resolution, Psychology, and Law. *The American Review Of Public Administration*, *49*(1), 51–64. https://doi.org/10.1177/0275074018773089

Goldfried, M. R., Burckell, L. A. & Eubanks-Carter, C. (2003). Therapist self-disclosure in cognitive-behavior therapy. *Journal Of Clinical Psychology*, *59*(5), 555–568. https://doi.org/10.1002/jclp.10159

Han, E., & Bailenson, J. (2024, May 22). Social Interaction in VR. Oxford Research Encyclopedia of Communication. Retrieved 23 Jun. 2025, from https://oxfordre.com/communication/view/10.1093/acrefore/9780190228613.001.0001/acrefore-9780190228613-e-1489.

Henretty, J. R., & Levitt, H. M. (2010). The role of therapist self-disclosure in psychotherapy: A qualitative review. *Clinical Psychology Review*, *30*(1), 63–77. https://doi.org/10.1016/j.cpr.2009.09.004

Jelas, I. G., Filipović, F. & Pranjić, I. (2024). Psychological techniques in crisis negotiation. *Archives Of Psychiatry Research*, *60*(2), 143–151. https://doi.org/10.20471/june.2024.60.02.08

Junshu Ma, Shumin Gao, Peng Wang, Yongfang Liu, High level of self-disclosure on SNSs facilitates cooperation: A serial mediation model of psychological distance and trust, Computers in Human Behavior, Volume 150, 2024, 107976, ISSN 0747-5632, https://doi.org/10.1016/j.chb.2023.107976.

Knox, S., Hess, S. A., Petersen, D. A., & Hill, C. E. (2001). A qualitative analysis of client perceptions

of the effects of helpful therapist self-disclosure in long-term therapy. In C. E. Hill (Ed.), *Helping skills: The empirical foundation* (pp. 369–387). American Psychological Association. https://doi.org/10.1037/10412-022

Kovacs, M., Beck, A. T. & Weissman, A. (1975). Hopelessness. *Suicide And Life-Threatening Behavior*, *5*(2), 98–103. https://doi.org/10.1111/j.1943-278x.1975.tb00317.x

L. Collins, N. L. C. & Carol Miller, L. C. M. (1994). *Self-Disclosure and Liking: A Meta-Analytic Review* (116. Aufl., Bde. 3–457–475). American Psychological Association, Inc. https://psycnet.apa.org/record/1995-09363-001

Larivière, C. D., Crough, Q. & Eastwood, J. (2022b). The Effects of Rapport Building on Information Disclosure in Virtual Interviews. *Journal Of Police And Criminal Psychology*, *38*(2), 452–460. https://doi.org/10.1007/s11896-022-09535-5

Liu, Z., Min, Q., Zhai, Q., & Smyth, R. (2016). Self-disclosure in Chinese micro-blogging: A social exchange theory perspective. *Information & Management*, *53*(1), 53–63. https://doi.org/10.1016/j.im.2015.08.006

Livnat, Y. (2004). On the nature of benevolence. *Journal of Social Philosophy, 35*(2), 304–317. https://doi.org/10.1111/j.1467-9833.2004.00241.x

Mayer, R., & Davis, J. (1999). The effect of the performance appraisal system on trust for management: A field quasi-experiment. Journal of Applied Psychology, 84(1), 123 136. https://doi.org/10.1037/0021-9010.84.1.123

Michael D. Brennan, Verna Monson, *Professionalism: Good for Patients and Health Care Organizations*, *Mayo Clinic Proceedings*, Volume 89, Issue 5, 2014, Pages 644-652, ISSN 0025-6196, https://doi.org/10.1016/j.mayocp.2014.01.011.

Mildorf, J. (2016). *Reconsidering second-person narration and involvement*. *Language And Literature International Journal Of Stylistics*, 25(2), 145–158 https://doi.org/10.1177/0963947016638985

Moudatsou, M., Stavropoulou, A., Philalithis, A. & Koukouli, S. (2020). The Role of Empathy in Health and Social Care Professionals. Healthcare, 8(1), 26. https://doi.org/10.3390/healthcare8010026

Nadorff, M. R., Fiske, A., Sperry, J. A., Petts, R. & Gregg, J. J. (2012). Insomnia Symptoms, Nightmares, and Suicidal Ideation in Older Adults. *The Journals Of Gerontology Series B*, *68*(2), 145–152. https://doi.org/10.1093/geronb/gbs061

Rogan, R. G. (2011). Linguistic Style Matching in Crisis Negotiations: A Comparative Analysis of Suicidal and Surrender Outcomes. *Journal Of Police Crisis Negotiations*, *11*(1), 20–39. https://doi.org/10.1080/15332586.2011.523302

Stone, C., & Travis, J. (2011). *Toward a new professionalism in policing* (NCJ No. 232359). U.S. Department of Justice. https://academicworks.cuny.edu/cgi/viewcontent.cgi?article=1086&context=jj_pubs

Suicide data. (o. D.). https://www.who.int/teams/mental-health-and-substance-use/data-research/suicide-data

Tardy, C. H. & Dindia, K. (2006). Self-disclosure: Strategic revelation of information in personal and professional relationships. In *Routledge eBooks* (S. 239–276). https://doi.org/10.4324/9780203007037-15

Thaler, J. & Helmig, B. (2015). Do Codes of Conduct and Ethical Leadership Influence Public Employees' Attitudes and Behaviours? An experimental analysis. *Public Management Review*, *18*(9), 1365–1399. https://doi.org/10.1080/14719037.2015.1103890

Tschannen-Moran, M. (2009). Fostering teacher professionalism in schools. *Educational Administration Quarterly*, *45*(2), 217–247. https://doi.org/10.1177/0013161x08330501

Van Der Klok, N., BSc. (2023). *Temporal Dynamics of Behavioural Change in Crisis Negotiation: An Empirical Exploration of the Revised Behavioural Influence Stairway Model* (Von Psychology of Conflict, Risk, and Safety, University of Twente). https://essay.utwente.nl/94972/7/Van_der_Klok_MA_BMS.pdf

Vecchi, G. M., Van Hasselt, V. B., & Romano, S. J. (2005). Crisis (hostage) negotiation: Current strategies and issues in high-risk conflict resolution. *Aggression and Violent Behavior, 10*(5), 533–551. https://doi.org/10.1016/j.avb.2004.10.001

Vecchi, G. M., Wong, G. K. H., Wong, P. W. C., & Markey, M. A. (2019). Negotiating in the skies of Hong Kong: The efficacy of the Behavioral Influence Stairway Model (BISM) in suicidal crisis situations. *Aggression and Violent Behavior, 48*, 230–239. https://doi.org/10.1016/j.avb.2019.08.002

Wells, T. L. (1994). Therapist self-disclosure: Its effects on clients and the treatment relationship. *Smith College Studies in Social Work, 65*(1), 23–41. https://doi.org/10.1080/00377319409517422

Weisel, J. J. & King, P. E. (2007). Involvement in a Conversation and Attributions Concerning Excessive Self-Disclosure. *Southern Communication Journal*, *72*(4), 345–354. https://doi.org/10.1080/10417940701667639

Wheeless, L. R. & Grotz, J. (1976). CONCEPTUALIZATION AND MEASUREMENT OF REPORTED SELF-DISCLOSURE. *Human Communication Research*, *2*(4), 338–346. https://doi.org/10.1111/j.1468-2958.1976.tb00494.x

Appendix A

Survey Introduction

Dear Participant,

Thank you for taking part in this study! In this study, you will be asked to imagine yourself in the role of a person experiencing a suicidal crisis. You will then interact (hypothetically) with a negotiator through a simulated chat scenario. Lastly, you will be asked to answer a series of questionnaires about this interaction. Your responses will help us gain insights into decision-making and thought processes that occur during moments of suicidal crises. Your participation will help us gain a better understanding of these critical situations and potentially improve negotiation strategies in the future. You must be at least 18 years old to participate in this study. The study will take around 20-30 minutes to complete.

Appendix B

Informed Consent

Your participation in this study is completely voluntary. This means that you have the right to withdraw at any time, without facing any consequences, and without having to provide any reasons. If you choose to withdraw, your data will be erased. Your answers are completely anonymous. The researchers will not be able to identify any participants. The anonymised data will be stored for 10 years and will be handled confidentially according to the guidelines of the University of Twente.

This research is conducted within the scope of the Bachelor Theses of the Psychology Department of Conflict, Risk, and Safety by: Zoe S. Burek (z.s.burek@student.utwente.nl), Johanna Freytag (j.freytag@student.utwente.nl), and Julia Krämer (j.m.kramer@student.utwente.nl)

For comments and/or questions feel free to contact us.

The supervisors of this research are Dr. Miriam Oostinga (m.s.d.oostinga@utwente.nl) and Jedidjah Schaaij (j.g.schaaij@utwente.nl). If you have any questions, concerns, or complaints about your rights as a research participant, or if you would like to discuss ethical issues, please contact the Ethics Committee/ Domain Humanities and Social Sciences (ethicscommitee-bms@utwente.nl).

Risk of taking part:

In this study, you will have to immerse yourself in the role of a suicidal person which may result in feelings of distress. Keep in mind that you are free to withdraw from the study at any point if you wish to. If you struggle with suicidal thoughts and may want to reach out for further support please contact: Germany: 📞 Telefonseelsorge Deutschland: 0800 111 0111 or 0800 111 0222 (available 24/7, free of charge), Netherlands: 📞 113 Zelfmoordpreventie: Call 113 or 0800 0113 (available 24/7)

Appendix C

Role description

You are standing at the edge of a bridge, looking down at the rushing traffic below you. A cold breeze is hitting your face and the passing cars cause loud noises. However, you barely notice it. Your mind is lost in the overwhelming weight of everything that has led you here. Just a year ago, your life looked very different. You had a stable job in a company where you always wanted to work, a stable relationship that you thought would last, and a group of close friends that you could always lean on in difficult times. But then, one thing after another started to crumble. The pandemic hit, and the company you worked for faced financial struggles. After being able to work at your dream company, you are fired. After that setback, you desperately try to find another job as quickly as possible, as all your savings decrease in order to maintain your living costs. However, you are continuously confronted with rejections, and you feel increasingly hopeless about ever finding a suitable occupation again. The stress you experience during that time has a lasting impact on your relationship. All of a sudden, one evening your partner packs their things and decides that they want to leave. For you, that totally comes out of the blue. Not comprehending what just had happened, you were left alone - feeling completely helpless and anxious about what the future would bring for you. You reach out for help - first to your friends, later to a psychological counsellor. They listen and make an effort to help you, but nothing changes. The pain and the emptiness never leave as you start to continuously feel more and more hopeless and isolated. No matter what you have tried to keep going and see the positive things in life again, you are left in an endless spiral of hopelessness and sadness, causing you significant trouble to sleep at night. Until you decide that you cannot do it anymore. Now, you are standing at the edge of this bridge, convinced that this is the only way to make the pain stop. Right before you are about to jump, you hear a voice behind you, indicating that someone must have seen you and called for help. As you turn around, you see a police officer approaching you.

Appendix D

Self-disclosure Scenarios

Table 4

Utterances of Negotiator Across Three Self-Disclosure Conditions

No Self-disclosure	Moderate Self-disclosure	Excessive Self-disclosure
"Hello my name is Alex and I was called by someone who was passing by and they expressed their worries about you. I am here to help you. I would like to know what has led you here."	"Hello, I am Alex and I got called by someone who was passing by and expressed their worries about you. I see that you are in a critical state at this moment. I am here to help you. I would like to know what has led you here today."	"Hello, I am Alex and I got called by someone who was passing by and expressed their worries about you. I see that you are in a critical state at this moment. I am here to help you. Although right now everything must be feeling overwhelming, I would like to know what has led you here today."
"I hear you. It sounds like you are feeling overwhelmed and exhausted. But I want you to know that you are not alone in this. Do you feel comfortable sharing more about what is making you feel that way?"	"I hear you. It sounds like you are feeling overwhelmed and exhausted. But I want you to know that you are not alone in this. And I am not trying to pretend to know what you are going through, however I do know what it feels like to struggle with hopelessness. A few years ago, I went through one of the hardest times of my life and I felt that no one could understand or help me. But eventually I was talking to someone about it and it helped. And that is why I am here, to talk to you and help you. Do you feel comfortable sharing more about what is making you feel that way?"	"I hear you. It sounds like you are feeling overwhelmed and exhausted. But I want you to know that you are not alone in this. A few years ago, I went through a major depression. I found myself having dark thoughts, pushed everyone around me away, and tried to numb myself with alcohol. I was considering suicide as well and thought about ending it all. I went through one of the hardest times of my life and I felt that no one could understand or help me. But eventually I was talking to someone about it and it helped. And that is why I am here, to talk to you and help you. Do you feel comfortable sharing more about what is making you feel that way?"

“I am here for you and will do all to support you, I promise. You may feel like you were alone before, but now I am here and I will do everything to find a way moving forward together.”	“I am here for you and will do all to support you, I promise. You may feel like you were alone before, but now I am here and I will do everything to find a way moving forward together.”	“I am here for you and will do all to support you, I promise. You may feel like you were alone before, but now I am here and I will do everything to find a way moving forward together. I swear that I understand you. I know the pain and I remember how bad and exhausted I was feeling during that time.”
“Thank you for telling me that. I’ve documented what you've shared so far. My goal here is to keep you safe and support you in making the next decision calmly and clearly. We can approach this step by step.”	“Thank you for telling me that. I’ve documented what you've shared so far. I felt emotionally stuck as well - like nothing I did made a difference. It was hard to talk about it, but when I finally opened up, it helped me find perspective. That’s why I’m here, to help you if you let me. We can approach this step by step.”	“Thank you for telling me that. I've documented what you said so far. You know… what kept me from jumping was actually my little daughter. I carried this picture her in my jacket. When I pulled it out and looked at it, I remembered that she makes my life worth living. I am telling you this because I want you to know that I really know what pain you are in, but I believe that there is always something that can give life meaning again. We can approach this step by step.”

Note. The table visualises comparison between the negotiator’s chat dialogue across all self-disclosure levels.

Appendix E

Items of Trust Scale

Table 5

Adapted items of Mayer et al.'s (1999) Trust Measure

Item	Trust factor
1. The negotiator was very capable in performing his or her job.	Ability
2. The negotiator was known to be successful at the things he or she tries to do.	Ability
3. The negotiator had much knowledge about the work that needed to be done.	Ability
4. I felt very confident about the negotiator's skills.	Ability
5. The negotiator was well qualified	Ability
6. The negotiator was very concerned about my welfare.	Benevolence
7. My needs and desires were very important to the negotiator.	Benevolence
8. The negotiator would not knowingly do anything to hurt me.	Benevolence
9. The negotiator really looked out for what was important to me.	Benevolence
10. The negotiator would go out of his or her way to help me.	Benevolence
11. The negotiator had a strong sense of justice.	Integrity
12. I never had to wonder whether the negotiator will stick to his or her word.	Integrity
13. The negotiator tried hard to be fair in dealings with me.	Integrity
14. The negotiator's actions and behaviours were not very consistent.	Integrity
15. I liked the negotiator's values.	Integrity
16. Sound principles seemed to guide the negotiator's behaviour (they acted based on clear ethical values).	Integrity

Note. Item 14 is reversed.

Appendix F

Debriefing

First off, thank you so much for taking part in our study! We really appreciate your time and effort. Now that you have completed it, we want to give you a little more insight into the aim of this research study. As you have already noticed, this study is about crisis negotiation, specifically, suicide negotiations, trying to explore the relation between different levels of self-disclosure (the negotiator sharing personal information during the crisis negotiation), how they may influence factors like your perceived trust in them, your perceived sense of rapport (a state of mutual interest and positivity), your willingness to share information with the negotiator, and your willingness to actually cooperate with the negotiator. To examine that, you were placed in one of three groups: one where the negotiator did not disclose anything at all, one where the negotiator shared a moderate amount of personal information with you, and lastly, one where the negotiator excessively shared a lot of personal experience with you. We aim to find out how these different approaches impact the way people respond in suicidal crises.

Remember that this study is only for research purposes, therefore solely focuses on self-disclosure and does not fully reflect real-life crisis negotiation tactics. If anything in this study brought up distressing feelings for you, please do not hesitate to reach out for support. Here are some resources that can help:

Germany: 📞 Telefonseelsorge Deutschland: 0800 111 0111 or 0800 111 0222 (available 24/7, free of charge), Netherlands: 📞 113 Zelfmoordpreventie: Call 113 or 0800 0113 (available 24/7)

If you have any questions about the study or just want to know more, feel free to reach out to us via:

j.m.kramer@student.utwente.nl

z.s.burek@student.utwente.nl

j.freytag@student.utwente.nl

Appendix G

Additional Analysis with Filtered Sample

To account for participants who failed the manipulation check, all analyses were repeated using a reduced dataset (n = 56), filtering all participants who perceived the wrong level of self-disclosure. Table 2a displays the descriptive statistics and intercorrelations for this sample. The results closely matched those of the full dataset. However, the reliability for the *integrity* subscale was reduced (α = .61), suggesting lower internal consistency in the filtered sample. Intercorrelations among the subscales were significant and positive, consistent with the full dataset. *Willingness to cooperate* remained uncorrelated with *trust* and its subconstructs.

Table 2a

Means, Standard Deviations, Reliability scores, and Intercorrelations for Trust, Ability, Integrity, and Benevolence (Filtered Sample)

Scales	*M*	*SD*	α	(1)	(2)	(3)	(4)	(5)
(1) Trust	3.76	0.41	.91					
(2) Ability	3.68	0.56	.87	.76**				
(3) Integrity	3.68	0.45	.61	.81**	.46**			
(4) Benevolence	3.92	0.58	.83	.81**	.39**	.50**		
(5) Willingness to Cooperate	3.45	0.97		.30	.28	.16	.30	

*Note. n = 56, *** p <. 001*

Hypothesis Testing with Filtered Sample

To explore the potential influence of misidentification of the disclosure condition, the hypothesis testing was repeated using the filtered sample (see Table 3a). The outcome of means had similar values to the full dataset, although no differences reached significance (*trust*: $F(2, 53) = 0.31$, $p = .74$., *willingness to cooperate*: $F(2, 53) = 0.93$, $p = .40$, *ability:* $F(2, 53) = 0.23$, $p = .80$., and *integrity:* $F(2, 53) = 0.12$, $p = .89$. These findings further confirm that excluding participants who failed the manipulation check did not meaningfully change the results.

Table 3a

Means, Standard Deviations, and ANOVA for Trust, Willingness to Cooperate, Ability, and Integrity for Each Level of Self-disclosure (Filtered Sample)

Measure	No Self-disclosure		Moderate Self-disclosure		Excessive Self-disclosure		*F* (2, 53)	*p*
	M	*SD*	*M*	*SD*	*M*	*SD*		
Trust	3.70	0.37	3.78	0.35	3.81	0.56	0.31	.74
Willingness to Cooperate	3.24	0.89	3.50	0.80	3.69	1.32	0.93	.40
Ability	3.67	0.56	3.64	0.52	3.77	0.65	0.23	.80
Integrity	3.65	0.43	3.68	0.41	3.73	0.59	0.12	.89

Note. No Self-disclosure (n= 21), Moderate Self-disclosure (n= 22), Excessive Self-disclosure (n=13)