British Journal of Guidance & Counselling
Vol. 38, No. 3, August 2010, 327–342

Routledge
Taylor & Francis Group

Therapist self-disclosure and the therapeutic relationship: a phenomenological study from the client perspective

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(*Received 10 August 2009; final version received 2 February 2010*)

Therapist self-disclosure is gaining empirical attention amidst theoretical discourse and ethical debate, particularly with regards to its influence on the therapeutic relationship. This paper presents part of a larger qualitative study that explored client experiences of therapist self-disclosure and specifically focuses on the therapeutic relationship in the context of receiving personal disclosure during therapy. Using a phenomenological approach, nine participants were interviewed about their experiences. An analysis of transcribed interviews demonstrated that therapist disclosure can have both facilitative and hindering effects with respect to the therapeutic relationship. Three main themes emerged from the analysis: early connection with therapist, therapist presence, and engagement in therapy. Implications of therapist disclosure's potential role and influence on the relationship are discussed as well as future research possibilities.

Keywords: therapist self-disclosure; therapeutic relationship; client perspective; phenomenology

The debate about therapist self-disclosure in therapy centres largely on the behaviour's effects on the therapeutic relationship. Although potential risks have been discussed from an ethics perspective (Peterson, 2002; Zur, 2007), therapist disclosure has gained empirical attention in recent years that has led to increasingly accepted forms of practice with therapeutic benefits for the client (Audet & Everall, 2003; Knox & Hill, 2003). Therapist disclosure is often conceptualised and utilised in the context of its influence on the client–therapist relationship, however less is known about client responses and perceptions of this approach and the practical implications based on client response.

Using qualitative inquiry, this study attempts to broaden our understanding of therapist disclosure's impact on the therapy relationship by drawing on clients' experiences of the phenomenon. Emphasis is placed upon non-immediate disclosure of personal information regarding the therapist's life outside the therapeutic encounter, such as life circumstances, past experiences, personal beliefs, values, or emotional struggles. This is in contrast to internal reactions or feelings to in-session events or to the client (Knox & Hill, 2003). Immediate disclosure – which maintains focus on the client in the here-and-now (e.g., 'I feel tension between us

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ISSN 0306-9885 print/ISSN 1469-3534 online

DOI: 10.1080/03069885.2010.482450
http://www.informaworld.com

right now') – has been viewed as the more acceptable form of disclosure due to its relational focus and specific therapeutic function of addressing therapist reactions to how clients relate to others (Myers & Hayes, 2006; Tantillo, 2004). Based on theoretical and ethical perspectives, it can be argued that disclosing personal information that does not always directly involve the client (e.g., 'I once experienced a panic attack during a presentation') is more contentious as it creates a greater risk for boundary transgressions.

Literature review

The significance of the client–therapist relationship in therapy is now rarely contested. From a common factors approach, the therapeutic relationship is deemed one of the essential elements to most, if not all, approaches to therapy (Sparks, Duncan, & Miller, 2008). A priority for therapists is to establish and maintain a therapeutic bond and a strong level of collaboration with clients, regardless of client presenting problems or therapist treatment approach (Castonguay, Constantino, & Grosse Holteforth, 2006). Furthermore, there is growing recognition of therapist and client contributions to the emergent relationship (Castonguay et al., 2006; Horvath & Bedi, 2002; Lambert & Barley, 2001). Based on a 2002 review of the disclosure literature and research, the American Psychological Association's Division 29 Task Force deemed therapist disclosure a 'promising and probably effective' therapist contribution to the therapy relationship (Steering Committee, 2002). Indeed, one recent study concluded that the greatest single effect of helpful as well as non-helpful disclosures was on the therapeutic alliance (Hanson, 2005). Therapist disclosure has become a burgeoning area of research in this context (Farber, 2006), leading to the advancement of ethical (Mahalik, Van Ormer, & Simi, 2000; Peterson, 2002; Zur, 2007) and practical (Audet & Everall, 2003; Knox & Hill, 2003) considerations for judicious use as a therapeutic intervention.

The role of therapist disclosure in facilitating a therapeutic connection is the basis of humanistic psychotherapies. Rogers (1961) and Jourard (1971) – both proponents of therapist disclosure – proposed that it could help establish rapport and build the therapeutic relationship through genuineness, empathy, and positive regard conveyed to the client. They also espoused that disclosure could foster honesty, understanding, trust, and openness between client and therapist. Beyond strengthening the therapeutic bond, cognitive-behavioural therapists disclose to engage the client in more effective ways of coping through a process of modelling and reinforcement (Dryden, 1990; Goldfried, Burckell, & Eubanks-Carter, 2003). Feministic therapists endorse self-disclosure as a means to positively shift power dynamics between the client and therapist (Mahalik et al., 2000; Tabol & Walker, 2008). The hope is to invite client engagement and corroboration facilitated by 'more human' exchanges that help demystify the therapist, compared to 'expert-to-patient' interactions that can contribute to the client feeling objectified.

Early studies on therapist disclosure portray a generally favourable view of moderate levels of non-immediate disclosure. Disclosure has been shown to contribute to perceptions of the therapist as empathic, warm, credible, and possessing positive regard (Hill & Knox, 2002). These studies primarily used analogue methodology, eliciting observer ratings of transcripts or recordings of brief mock therapy encounters. The decontextualised nature of this research has been

acknowledged and criticised for providing little insight into the experiences of real clients in natural settings (Hill & Knox, 2002).

Disclosure has also been quantitatively studied as an in-session therapist response mode in psychotherapy process research. The results suggest that appropriate disclosures support, reinforce, or legitimise the client's perspective by adding an element of comfortability, and are preferred to those that are challenging (Hill, Mahalik, & Thompson, 1989). A noteworthy trend in this and other studies is that clients seem to respond more favourably to disclosure that conveys similarity to, and extends immediately from, what they have shared with the therapist (Barrett & Berman, 2001; Myers & Hayes, 2006).

Although sparse, qualitative studies focusing on experiences of actual clients engaged in a therapy process have begun to illuminate implications of therapist disclosure for the client–therapist relationship. Participants from two such studies reported improvements in the quality of the therapeutic relationship. In one, participants who received therapy in a social work context indicated that disclosure facilitated rapport and generated positive perceptions of the therapist as being more involved, trusting, and understanding (Wells, 1994). Although the relationship could be improved through increased mutuality and connection, clients also felt burdened by their therapist's disclosure, less trusting of their therapist's competence, and inhibited in their exploration of treatment issues due to wanting to protect the therapist's feelings. In another early study limited to 'helpful therapist disclosures', participants perceived their disclosing therapist as more real, human, or imperfect, which was associated with an equalised therapeutic relationship (Knox, Hess, Petersen, & Hill, 1997).

Rationale for the current study

Disclosure's contribution to the client–therapist relationship is increasingly apparent, although still relatively unexplored in natural settings (Hanson, 2005). A disparity persists between ethicists who predominantly discourage the use of personal disclosure and those who endorse it theoretically. Indeed, the first author has experienced similar incongruence between theory and practice, which became the impetus for this study. During my formal training, I had personally disclosed to a client. While my supervisor focused on the contraindications of disclosing to clients and offered strategies to deflect disclosure requests in the future, the client identified my disclosure as the single most beneficial moment in her 12-session therapy. Beyond anecdotal evidence, it has also been observed that, regardless of the therapist's theoretical allegiance, clients tend to view disclosure more favourably than their disclosing therapist (Hill et al., 1988). These two points render exploration of the phenomenon from the perspective of the client even more relevant. Such research has been limited to date, including qualitative studies that could thicken our understanding of the phenomenon.

Rich descriptions of how clients experience therapist disclosure could inform the debate about the influence of disclosure on the therapeutic relationship. A phenomenological study could illuminate aspects not currently considered in counselling discourse and clarify the disparity observed between theory and ethics. It could also sensitise practitioners to the potential facilitative and hindering effects of disclosure related to client–therapist connection and the working relationship. Qualitative inquiry is considered particularly appropriate when a descriptive and

in-depth characterisation of a phenomenon of interest needs to be elucidated. This paper presents part of a larger qualitative study that broadly explored client experience of therapist self-disclosure in psychotherapy. The research question posed for this study is: 'How do clients experience the therapeutic relationship in the context of receiving therapist disclosure during therapy?' The objective is to honour how clients make sense of and interpret the therapeutic relationship when the therapist has shared a life circumstance, past experience, personal belief, value, or emotional struggle while in session.

Methodology

This qualitative study was guided by a phenomenological approach (Colaizzi, 1978; Merriam, 2002; Osborne, 1990) to obtain an in-depth understanding of clients' experience of therapist self-disclosure. A phenomenological method was chosen to ensure a discovery-oriented approach that would enable findings to emerge from the interviews by minimally imposing predetermined conceptualisations onto the data. It was deemed to be appropriate for the detailed exploration of participants' personal experiences, and the subjective meaning these experiences held for them.

Selection and recruitment of participants

Purposeful sampling was used to ensure the inclusion of participants who varied on a wide range of characteristics (e.g., gender, age, background, presenting issue, and therapy duration). Themes that emerge from heterogeneous samples transcend differences across participants thus increasing the trustworthiness and credibility of the themes (Patton, 2002). Volunteers were recruited through advertisements in free community newspapers and from a university training facility for graduate-level counselling students. Prospective participants were screened for suitability according to the following criteria: (a) having received individual therapy from a mental health practitioner such as a counsellor or psychologist; (b) being 18 years of age or older; (c) experiencing therapist disclosure defined as 'any instance during therapy when your therapist shared or revealed information about his or her personal life'; and (d) willing and able to discuss their experience in an individual face-to-face interview.

Description of participants and researchers

During the recruitment phase, 16 individuals expressed interest in participating in the study. The final sample size of nine participants was based on saturation, that is, the point at which no new data emerged in an interview in comparison to data from all previous interviews. The participant sample consisted of five males and four females ranging in age from 22 to 56 years of age with a mean age of 35.7 years. Eight were Caucasian and one was Hispanic. Declared occupations were respiratory therapist (one), homemaker (one), advertising company employee (one), university student (two), computer programmer (one), and no declared occupation (three). Participants identified their therapists as doctoral-level counsellors-in-training (four), registered psychologists with 10 years or more experience (four), and psychiatrist (one). Information about therapist theoretical orientation was not accessible. Therapist–client dyads included female therapist–female client (four), male therapist–male client (three), and female therapist–male client (two). Presenting issues reported by

participants included depression, anxiety and bipolar disorder, self-esteem and developmental issues, relationship and family issues, and alcohol addiction. Duration of therapy ranged from 5–100 or more sessions and spanned 3 months to 8 years. All participants had completed therapy at the time of the interview.

Both researchers' orientation to therapist disclosure stems from experience as practitioners and counsellor educators. Each has worked in university counselling settings and are currently counsellor educators in graduate-level counselling programmes. The first author has shared, with judicious intent, past experiences with clients with the belief that using personal examples could engage the client more profoundly in the therapeutic process. They both see value in the thoughtful use of disclosure given their philosophy of 'client as expert' within a client-centred focus and believe that how the client experiences and interprets counsellor disclosure determines its effectiveness regardless of the therapist's intent or theoretical orientation. The first author conducted the interviews, transcriptions, and thematic analysis, while the second author served as auditor.

Data collection: interview preparation and procedure

Prospective participants contacted the researcher and were provided an explanation of the nature and purpose of the study over the telephone. A study description was mailed to individuals who met the criteria and expressed interest in participating in the study. Written informed consent was obtained prior to conducting the interview, which included reviewing the voluntary nature of involvement, permission to withdraw from the study at any time, and methods used to preserve anonymity, such as removing identifying information from transcripts and selecting a pseudonym. The consent process also arranged for resources in the event that sharing of disclosure experiences raised concerns for participants that they wish to discuss further with a counsellor. None of the participants expressed a need for such an arrangement.

To capture the rich descriptions and context of disclosure experiences, a minimally structured open-ended interview format was utilised. Fifteen open-ended questions were developed for the larger study, addressing three important areas of inquiry: therapist disclosure in the context of the therapy relationship, impact of therapist disclosure on therapy process, and implications for therapy outcome. Consequently, data pertaining to the therapy relationship were richly contextualised and extrapolated from the entire interview. Based on phenomenological tradition, the interviewer ensured that the interview questions did not reflect or impose any pre-determined orientation toward, or conceptualisation of, therapist disclosure. The questions included: 'What were your thoughts before, during, after your therapist self-disclosed?'; 'What were your feelings about your therapist's self-disclosure?'; 'What impact, if any, did your experience of the disclosure have on the therapy relationship?'

The interviewer established an interview environment by building rapport and ensuring the interviewees' comfort with the interview process. While acknowledging that 'knower cannot be separated from the known', the interviewer adopted a stance of 'naïve inquirer' and engaged in a process of 'being with' the participant during the interviews – that is, being fully present, merged, and empathic to facilitate the fullest emergence of participant experience possible (Heshusius, 1994).

Upon obtaining demographic and background information, the interview began with the general request: 'Tell me about a time during therapy when your therapist self-disclosed to you'. The interview protocol was used to invite further reflection from participants if needed. Audiotaped interviews ranged from 50 minutes to 2 hours and were transcribed verbatim for analysis. Each participant was sent a copy of their transcript, and invited to check the accuracy of its contents and make any necessary changes. One participant recalled additional details related to their disclosure experience. They provided a written account of what they wanted considered, which was then incorporated as data prior to the analysis.

Analysis and trustworthiness measures

Each participant interview was first analysed independently, constituting a within-persons analysis, and subsequently compared to all other interviews in a between-persons analysis. The within-persons analysis was completed by analysing each interview in the following manner: (a) the transcript was read several times to gain an overall sense of the participant's experience of therapist disclosure; (b) verbatim excerpts revealing any aspect of the disclosure experience and the therapeutic relationship were highlighted; (c) only non-repetitive excerpts were included by removing excerpts with content represented more than once; (d) excerpts were paraphrased into 'meaning units'; (e) meaning units were categorised into themes; and (f) themes were clustered into higher order themes. A between-persons analysis was then conducted, which involved comparing higher order themes between interviews to gain an overall sense of common and unique aspects of disclosure experiences (Wertz, 2005).

Given the researcher is the instrument of analysis, the interpretation of qualitative data is inevitably a subjective endeavour. Findings should represent (as much as humanly possible) the phenomenon being researched, rather than the researcher's beliefs, preferred theories, or biases (Morrow, 2005). Although a member check is one of several means to mitigate researcher subjectivity, it has been suggested that member checks should not be treated as validation or verification, but rather as a continued part of the data collection process and an elaboration of emergent findings (Wertz, 2005). We offer an interpretation of participant experiences of disclosure that did not include member checks and that reflects the researchers as co-constructors of meaning integral to the interpretation of the transcript content obtained through participant interviews. We acknowledge that the trustworthiness of our interpretation of the data hinges on the extent to which readers feel that the thematic explications are reflected in the participant quotes and that the researchers' interpretations resonate with them. Our approach to managing our subjectivity and enhancing trustworthiness included transparency through an audit trail; making our implicit assumptions and biases as overt as possible through bracketing; engaging in reflexivity through continuous juxtaposition of bracketed material and emerging findings; journaling, consulting, and debriefing to assist with reflexivity; formulating narratives for each participant to delineate the commonalities and idiosyncrasies in structure and meaning of respective experiences; obtaining data saturation; and the second author conducting an independent audit of both the within-persons and between-persons analyses (Morrow, 2005).

Results

Three higher order themes emerged from an analysis of the data, with 12 corresponding themes. The three higher order themes are: early connection with therapist, therapist presence, and engagement in therapy. Themes for each higher order theme – characterised as either 'facilitative' or 'hindering' to the therapy relationship – are presented in Table 1 and explicated below. Interpretations of themes are accompanied by supporting quotes from participants. Pseudonyms are used to preserve anonymity.

Theme 1: early connection with therapist

'Facilitation': comfort

All but two participants who experienced disclosure within the first three sessions reported that it contributed to an atmosphere of comfort and general ease. 'Small talk' by the therapist about leisure activities or hobbies was perceived as 'breaking the ice', or 'loosening things up', which had a 'settling' effect. Moreover, the therapist was experienced as 'welcoming', 'more accessible', 'approachable', or 'easier to relate to'.

Participants acknowledged that exchanges in therapy were primarily unidirectional prior to their therapist's sharing. Therapist disclosure balanced the asymmetry imposed by the one-way exchange. Furthermore, the shift in focus from client to therapist provided a temporary reprieve from being the centre of attention and instilled a sense of relief or decreased discomfort. Three participants, all male, referred to this experience as being removed from 'the hot seat' or 'the witness stand'.

> It kind of gives you a little chance to relax and you don't feel like you're under the spotlights, like you're being interrogated which sometimes it can feel like if the counsellor doesn't say much, if they're just trying to draw everything out of you. (Jim)

'Facilitation': egalitarianism

Participants reported that therapist disclosure assisted in establishing a more egalitarian relationship through dynamics perceived as 'more balanced' and through the therapist's 'humanness'. Most participants described therapy interactions prior to the self-disclosure as 'formal', 'rigid', 'impersonal', 'authoritative', 'clinical', or 'doctor-to-patient', capturing an image of the therapist as cold and detached and exuding a dominant manner. These perceptions were altered after therapist

Table 1. List of higher order themes with corresponding 'facilitation' and 'hindering' themes.

Higher order themes	'Facilitation' themes	'Hindering' themes
Early connection with therapist	• Comfort	• Role confusion/ uncertainty
	• Egalitarianism	• Role devaluation/reversal
Therapist presence	• Attunement • Feeling understood/not judged	• Feeling misunderstood
Engagement in therapy	• Taking risks • Closeness	• Feeling overwhelmed • Impeding involvement

disclosure and described as 'less formal or clinical', 'more natural', 'personable', and 'friendly'. One participant stated, 'There's a natural kind of power imbalance there. And it's not that personal disclosure eliminates that, but I feel like it reduces it' (Andrea). Furthermore, all participants reporting positive disclosure experiences referred to ways therapist disclosure added a human dimension to the therapy. When hearing about past personal struggles, participants viewed their therapist as 'more human', 'imperfect', or 'more like people'. Interactions were also characterised as 'talking one human being to another', 'connecting as two human beings', or 'just two people working together'. This humanness and reciprocal exchange facilitated a view of the therapist as not exerting superiority within the relationship. As one participant indicated, 'I got the feeling that my therapist was wise but not that she was better than me' (Lisa).

Experiencing the therapist's humanness was not perceived to compromise the therapist's professional qualities. 'The dynamics changed from "I'm here to study you" to "I'm a human being too. I have some training in this area. Let's connect and see how we can get it to work"' (Lisa). Jim's account demonstrates that disclosure did not overshadow the counsellor's professional role: 'Instead of counsellor-counsellee we're just two people sharing and having a conversation. You still have it in the back of your mind that this is your counsellor, but it becomes a counsellor who is a real person'.

'Hindering': role confusion/uncertainty

Discomfort or hesitancy towards therapist disclosure in the early stage of therapy occurred for three of the participants. Initial therapist disclosures were interpreted as 'odd' or 'surprising'. The disclosure generated uncertainty about the therapist and the therapist's role.

> It was a brand new experience for me and it took me a few minutes to digest how I felt about the whole experience. I had a certain idea of what I thought a therapist was supposed to be like. And then to have them tell me some personal information, I wasn't sure how far we were going to go with that personal information. (Lisa)

Participants questioned the disclosures in an attempt to comprehend the behaviour, discern the therapist's intentions, or assimilate the new information. This process is reflected in Mitch's experience: 'You're kind of wondering what's going on. What's the point, you know? Why is he talking about himself and his life and his family?' The gravity of role uncertainty is heightened in Lisa's experience, as she deliberated about whether seeking a new therapist would be necessary. Although the disclosure generated a desire to cease therapy altogether, Lisa opted to 'keep an open mind' and reported therapeutic benefits from subsequent disclosures.

'Hindering': role devaluation/reversal

In contrast to instances when the therapist's humanness co-existed with professionalism, two participants described ways in which disclosure minimised the therapist's professional role. One participant experienced highly detailed and lengthy disclosures from the onset of therapy and described his therapist as 'chatty' and 'like a friend or buddy'. Persistent disclosures of personal issues and coping strategies evoked a

perception of the therapist as being in a subordinate position akin to a role reversal. 'It almost felt like a parent-child relationship . . . like I was the therapist and she was the patient getting everything off her chest. I wasn't asking her, "How does that make you feel?" but it's just I didn't do much talking' (Stan). There were also moments when Stan perceived his therapist as 'crazier' than he was. At these times he struggled with whether he should help his therapist, but consciously shifted the focus of therapy back to himself.

A second participant, Julia, viewed her therapist critically for making poor personal decisions. She expressed disappointment in her therapist's 'lack of personal success' and consequently doubted her abilities as a professional. In both examples, disclosure appeared to reveal imperfections beyond what each client was willing to accept, which ultimately diminished perceived respect for the therapist.

> Not that I didn't respect her, but I guess I didn't have reverence for her as therapist. She was more, 'Oh, I'm going to see my buddy'. It's not like I'm going to see the doctor or whatever like that. It's just, 'Well I'm going to go talk for an hour with her. Shoot the shit. And that'll be that.' (Stan)

Theme 2: therapist presence

'Facilitation': attunement

Five participants described their therapists' disclosure as resonating with their own personal experiences, feelings, and therapeutic needs. Disclosures in these instances were characterised as appropriate or optimal, such that they 'were the right dose at the right time', 'were the best thing my therapist could have done at that moment', 'came up naturally from what we were doing', 'flowed into the conversation', or 'came from the therapist's spirit or intuition'. These descriptors portray the therapist as providing something therapeutically desirable to, or needed by, the client at the time of the disclosure and as appropriately responsive to the emerging relationship.

'Facilitation': feeling understood/not judged

Participants receiving disclosures similar to their experiences, problems, and feelings felt their therapist understood them, could relate to them, or could identify with what they were experiencing. For example, one participant appreciated that his therapist could relate to him 'as a married man as opposed to just a doctor listening'. Therapists were perceived as empathic, attentive, or interested in what was being discussed because their disclosure conveyed familiarity with the issue or emotion. For two of the participants, disclosures conveying similarity abated initial concerns of being judged or perceived negatively by their therapist and had a normalising effect, as reflected in Andrea's experience:

> There were at least a few instances where before the disclosure happened, I had some sense of fear of not being understood. And then when my therapist disclosed, then it really took that away. And there was this feeling of relief and this person isn't going to think I'm a weirdo or I'm a screw up because they have this relevant experience of their own.

Not only did disclosure preclude feelings of judgement, it sometimes generated a sense of being valued by the therapist. Five participants saw their therapist as

respecting them and valuing the relationship simply by virtue of the disclosing behaviour, rather than the disclosure content.

> I felt that I could say what I wanted and still be respected. Because it was important enough for me to bring up my issue, it was important enough for my therapist to relate it to herself and discuss with me. (Heather)

'Hindering': feeling misunderstood

Participants interpreted disclosure that was too frequent, elaborate, or dissimilar from their issues as the therapist being poorly responsive to their process or needs. In one example that conveys feeling misunderstood, a therapist frequently provided detailed anecdotes about her social anxiety experiences.

> She was talking about everyday kind of simple anxieties that people deal with. But here I am with it where it gets so bad that I can't leave my apartment for a couple of years. It's kind of like my therapist has a broken finger and my whole arm is broken, and she says, 'But you know, we're the same'. (Stan)

Stan did not view the severity of his therapist's anxiety as comparable to his own. He interpreted the discrepancy as his therapist neither understanding his situation nor being willing or capable of helping him address his problem. He did not believe his therapist responded to his needs effectively.

A consequence of not feeling understood was that the therapist was seen as untrustworthy. A disclosure that revealed significant differences in personal values and beliefs proved difficult for Julia to accept and generated feelings of disappointment accompanied by a loss of faith in the therapist's effectiveness and trustworthiness.

> It's like I was in therapy for my own reasons so I didn't allow my therapist's disclosure to interfere too much. But it was a bit of a disappointment ... I think in a way it is important because when you feel disappointment with your counsellor, I guess you feel less confident in the advice or strategies that they may recommend for you.

Theme 3: engagement in therapy

'Facilitation': taking risks

Seven of the nine participants described experiencing some form of openness within the therapeutic relationship as a result of their therapist's sharing. Disclosing therapists were perceived to be accessible and the disclosing behaviour as an invitation or permission to respond in kind. Hearing about their therapists' experiences or past issues made them more willing or amenable to discussing their own problems. Not only did the disclosure seem to diminish reservations, hesitancy, feelings of intimidation, or barriers to revealing thoughts and feelings, it encouraged some clients to take risks by sharing vulnerable information they would not have otherwise shared. Furthermore, therapist disclosure promoted actual discussion of the issues brought to therapy as well as increasing the breadth and depth of topics addressed. For Mitch, his therapist's sharing mitigated his initial reluctance around discussing a particular issue.

> The sessions to that point had been more externally focused ... I wasn't pulling family into the sessions that much ... And so after my therapist disclosed about his own family, it made it easier for me to talk ... Broke down some barriers. Opened doors.

Three participants reported that they divulged thoughts and feelings that they felt were personally difficult to relay. 'Therapist disclosure made me feel that I could be honest with my therapist, even about the kind of stuff that you don't like to be honest with other people about' (Heather). Another participant felt safe enough to impart corrective feedback to his therapist. 'I'm more willing to tell him when I think he's off base, which is something that I don't do with all my doctors' (Mitch).

'Facilitation': closeness

As therapy progressed, open communication seemed to enhance closeness in the relationship and enable a therapeutic bond that was 'deeper', 'spiritual', or 'synergistic'. The following excerpts convey an atmosphere of honesty, genuineness, and sincerity enabled by meaningful reciprocal sharing.

> I think what self-disclosure did is instead of connecting at just a superficial level, it brought the connection deeper ... in our case especially because I was learning and growing on a spiritual level and her being able to connect with me there made it a synergistic experience. (Lisa)

> Sometimes I'd just not want the session to end because I'd feel like we were connecting on a real spiritual level. It's like with all the falseness and façade in the world that I contribute to, maybe I'd like this honesty to continue. (Doug)

'Hindering': feeling overwhelmed

Three participants expressed concerns about therapist sharing that led to feeling overwhelmed. Once again, referring back to Julia's struggle to understand her therapist's values:

> I just tried to sort of set that aside and say, 'Okay, I may not approve of her having done this. God knows why she did it'. But I try to get what I can out of the relationship, out of the counselling sessions ... In a way I'm looking after my own self-interest and try not to get too emotional about her decision.

In this case, disclosure was too discrepant from the client's values and beliefs. Doug, on the other hand, appeared challenged by the level of intimacy generated by his therapist's openness:

> After a while I'd want to run away from the intimacy of the moment. I didn't want to be in it too long. Things would come up and I'd be like, 'Oh this is too flowery or too touchy-feely for me' ... So it was kind of that feeling sometimes where ... it almost got to be like ... too much emotion in one day and I just wanted to numb out from it. (Doug)

In both experiences, the therapeutic relationship was strained as each client attempted to reposition themselves within the relationship.

'Hindering': impeding involvement

Julia indicated that subsequent to her therapist's 'disappointing revelation', she refrained from discussing certain issues due to diminished trust. In Doug's case, therapist disclosure evoked feelings of vulnerability that led to a desire to temporarily disengage from the therapeutic process to reduce emotional discomfort. Still another participant, Stan, indicated that extensive and superfluous sharing was perceived as 'competitive' and monopolising session time. He reported that his therapist's disclosures felt appropriate for 'two people going out for coffee' and fostered superficial involvement with his therapist. At times he feigned interest or attempted to ward off boredom. He also struggled with the lack of relevance of his therapist's disclosures. While preferring to devote session time to exploring the source of his problem and ways to address it, Stan became progressively frustrated with, and isolated from, the therapeutic process.

'Unwelcome' extraneous disclosure compromised the therapy process and meaningful discussion of issues by obliging these participants to attempt to assimilate the disclosure or to consciously shift the focus back onto themselves.

> Sometimes my therapist's disclosure was a problem because he'd go too far ... Sometimes I just wanted to talk about *my*self and what was going on in *my* life for a bit. And he wouldn't shut up about his life ... And sometimes I just wanted to talk, get things off my chest because once I'd hear myself talk I'd feel better and know the answer related to my problem. But he'd always interrupt ... And I'd be like now I gotta try and relate this to my experience – which I can do, but it's just not as helpful as just being able to talk it out. (Doug)

Discussion

Participant descriptions in this study provide a window into how clients may experience their disclosing therapists; disclosure's influence on the therapeutic relationship; and the contextual elements that distinguish disclosures which benefit, as well as detract from, the therapeutic relationship. Therapist disclosure seemed to have multiple and far reaching effects. Although in some cases disclosure events appeared to have a crucial presence in the success or failure of the therapy as a whole, it is difficult to discern through the interviews the extent to which the quality or effectiveness of the relationship was purely attributable to disclosures received. It is unlikely, given the complexity of therapy and the synergistic interactions between therapist and client, that descriptions offered by participants singularly reflect the effects of disclosing behaviour. However, these findings do reflect the reality of certain clients and how they believe disclosure can shape the therapy relationship amidst the therapy process. Three distinct types of disclosure effects did emerge: (a) *forming a connection* with the client in the early stages of therapy; (b) the therapist *conveying presence* through attentiveness and responsiveness to the client in the therapy process; and (c) *engaging the client* in a meaningful working relationship. Findings are connected to the disclosure literature and discussed below.

Participants keenly observed disclosure as contributing to the early development of the client–therapist relationship. Consistent with the primary reason endorsed by many therapies, 'light' disclosure can help build rapport between the client and therapist and add to client comfort in the therapy setting by simply shifting from formalised to more personable interactions. In this and previous naturalistic studies (e.g., Knox et al., 1997), therapist disclosure also demonstrably influenced the power

relations between client and therapist. Early disclosure unveiling the therapist's 'humanness' fostered a perception of the therapist as not exerting superiority within the relationship. What is noteworthy is that there are circumstances where exposure to therapist imperfections or 'realness' did not always compromise the therapeutic relationship. In fact, some participants openly appreciated the coexistence of 'imperfect human' and 'professional with expertise'. As suggested by feministic perspectives (Tabol & Walker, 2008), therapist disclosure can engender egalitarianism within the relationship where client and therapist roles remain differentiated but the client does not experience a disadvantageous power imbalance through this differentiation. Unfortunately, this is not always the case. Similar to beneficial disclosures, clients appear to assess the therapist's disclosing behaviour for its relevance and therapeutic intent. Instances of disclosure that depart significantly from what is expected or desired from a therapist may detract from what is therapeutically meaningful to the client. Such departures may pressure clients to 'reposition' themselves in relation to their therapist. Consistent with risk management recommendations and client experiences shared in this study, indiscriminate disclosure can certainly transgress therapy norms and compromise the integrity of the therapeutic relationship. Regardless of whether early disclosures benefited or hindered the relationship in the early stage, it seemed to contribute to the overall tone of the emerging therapy.

Another consequence of the client assessing the suitability of therapist disclosure is that it demonstrated how attuned the therapist was to the client's issue and therapy needs. Similarity, context appropriateness, and pertinence of disclosure were important elements gauged by the client. If congruent with the needs and expectations of the client, disclosure was experienced as attentiveness and understanding. If deemed too incongruent, disclosure could be interpreted as an egregious lack of understanding and responsivity by the therapist. The enhancing effects of 'congruent' disclosure on the therapy relationship are also reflected in Barrett and Berman's (2001) study. It is not surprising that reciprocal disclosure relevance is significant to clients. However, beyond increased comfort and therapist likeability, participants from this study spoke strongly about therapist responsivity and the resonance that disclosure fostered within the relationship. Notably, this resonance seemed to have a bearing on client confidence in the therapist's abilities and the working relationship, creating conditions that either supported or hindered therapeutic engagement. That disclosure can serve as an indicator of the therapist's 'presence' is an important concept worthy of further study. The significance of disclosure congruence also makes us curious about 'best practices' related to whether and how a therapist might gauge disclosure relevance for a particular client, and the extent to which the client should be involved in that process of discernment.

That therapist disclosure may have a bearing on client involvement in the therapy tasks at hand is worthy of elaboration. Participants in this study viewed their therapists' disclosing behaviour as an invitation to extend themselves in kind. Perhaps by virtue of a working relationship established through rapport and responsivity, disclosure can influence the extent to which clients are willing to share and process information that is therapeutically relevant to them. Beyond facilitating deeper and broader exploration of issues, therapist disclosure may motivate some clients to the point of taking risks beyond their own disclosure threshold. Perceiving the therapist as non-judgemental and respectful seemed to be the vehicle for this risk-taking. However, discomfort with a therapist's disclosing behaviour could elicit

feelings of vulnerability and distrust, straining the working relationship. While in Wells' (1994) study client inhibitions to exploring issues stemmed from wanting to protect the therapist's feelings, in this study disengagement appeared to be a deliberate means for clients to protect themselves from potentially harmful effects from the disclosures, to create space for emotional regulation, and to ward off boredom. Meaningful client engagement is necessary for therapy to be effective. The potential role disclosure can have in facilitating client involvement in therapeutic endeavours is also worthy of further exploration.

Overall, we were struck by the participants' resilience to what at times appeared to be extremely deleterious effects of disclosure on the relationship. It is interesting to note that despite hindrances such as role confusion/reversal and disengagement from the therapeutic process, participants did not terminate therapy as a result of their therapist's disclosures. Rather, they appeared to engage in strategies to preserve or maximise the potential they believed therapy had to offer. This observation has led us to wonder about how clients negotiate disclosures that threaten the therapy relationship, and the extent to which they are willing to do so.

Critical considerations

Bearing in mind the specific group of participants in this study, it may be necessary to cautiously gauge the findings' applicability to the multitude of client populations and therapy contexts that exist. The lack of cultural representation in the sample may also restrict the findings to the experiences of Caucasian clients, as the phenomenon of disclosure and its given meanings are likely culture-bound (Cashwell, Shcherbakova, & Cashwell, 2003; Constantine & Kwan, 2003). However, adhering to a phenomenological approach, we believe that themes emerging from a more culturally diverse sample might have reflected the 'essential aspects' of therapist disclosure more closely and enhanced the trustworthiness of the results.

Client experience of disclosure and overall satisfaction with therapy may be interdependent, having a synergistic bearing on the therapy relationship. A phenomenological approach is not intended to separate the influence of disclosure and non-disclosure events on the client–therapist relationship. Although naïve to ascertain that the relationship is exclusively shaped by therapist disclosure, the interactive effects of disclosure and non-disclosure events are nevertheless relevant to the client experience. Furthermore, these researchers were intrigued by how participants engaged in a process of assessing therapist disclosure for its therapeutic relevance and value. They are now curious about how clients go about interpreting the personal disclosures they receive and what influences their perceptions of the therapist and subsequent positioning within the therapy. Further qualitative investigation using a grounded theory approach could yield a framework depicting how clients negotiate personal disclosure from their therapist throughout the therapy process.

This study was conducted in response to previous disclosure research that is largely decontextualised and from the perspective of non-clients. It is clear from the experiences of these participants that therapist disclosure does have a bearing on the quality and therapeutic value of the client–therapist relationship. Naturally, disclosing to clients does not guarantee the benefits it is capable of engendering. Hopefully these findings will invite practitioners to reflect with intentionality on how the nature and delivery of their disclosure might affect the relationship, how their

client might receive the disclosure in a given context, and how they might share their personal self with clients in a manner that maximises therapeutic relevance.

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