University of Alberta

Client Experiences of Therapist Self-Disclosure

by

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ABSTRACT

This qualitative study aimed to enhance our understanding of therapist self-disclosure from the client perspective. Basic qualitative inquiry was used to investigate experiences of 9 participants who underwent individual psychotherapy and whose therapist revealed information about their personal life and experiences. Participants described their disclosure experiences during a minimally-structured open-ended interview ranging from 50 minutes to 2 hours in duration. An analysis was conducted using verbatim transcripts of audiotaped interviews. Results are presented in three separate but inter-related papers, each addressing a specific aspect of therapist disclosure supported by the client perspective. The first paper focuses on client representations of disclosing therapists and their impact on the therapeutic relationship. Positive and negative influences on the relationship were categorized into 4 themes: engagement, equalizing effects, openness, and attunement, indicating potential significance for engaging clients in therapy, establishing an egalitarian relationship, fostering the dyadic effect, and conveying attunement to client needs and the therapeutic process. The second paper details hindering and beneficial disclosure experiences of 4 participants using a case summary format and identifies client expectations and disclosure delivery as influential to perceptions of therapist qualities, the therapeutic relationship, and therapy process. These findings emphasize the importance of a responsiveness approach by practitioners and practical implications are discussed. The final paper addresses the ongoing debate regarding therapist disclosure and therapy boundaries, professional qualities, and the therapist's role. Therapist disclosure either enhances or diminishes client perception of the therapist's professional qualities and can, but does not necessarily, compromise

client-therapist boundaries. Although cautious use of disclosure is advised in light of potential negative effects, the client perspective indicates there are contexts for which these conservative views may not apply. Study limitations and considerations for future research are discussed.

To my mom

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CHAPTER ONE

Introduction

Background to the Research

Inherent to most professional relationships is the asymmetry between the professional and the individual seeking the professional's expertise. The psychotherapy relationship is no exception. It is characterized for its one-way intimacy where the client is expected to openly discuss his or her personal life while the therapist generally reveals little about him or herself. Therapist disclosure generally involves the therapist sharing personal information with a client and has been regarded a "relatively uncommon but especially potent intervention" (Farber, 2003, p. 527). The extent to which therapists should self-disclose has been a source of ongoing debate and disagreement persists regarding its appropriateness and recommended use in psychotherapy. Strongly held viewpoints of therapist disclosure, both negative and positive, are evident among theorists and practitioners alike.

One perspective is that sharing personal information with clients has been conceptualized as a transgression from the expected unidirectional exchange and therefore as deviating from one's professional role (Barnett, 1998; Epstein, 1994). Some practitioners believe that disclosing behaviour can burden the client such as altering his or her expectations of therapy, generating role confusion, and in severe cases leading to role reversal (Simone, McCarthy, & Skay, 1998) which has been substantiated by client reports of therapy experiences (Audet & Everall, 2003; Wells, 1994). Therapist disclosure has also been viewed as the first step to violating boundaries in therapy that could lead to harming the client. Ethics cases confirm that considerable self-disclosure by

psychotherapists, particularly of personal life circumstances, to clients poses a risk for problematic therapy relationships and is "a common antecedent" to sexual misconduct (Epstein, 1994; Koocher & Keith-Spiegel, 1998). Consequently, some ethicists have encouraged the practice of risk management and suggest as a precaution that therapists avoid sharing personal information with clients (Barnett, 1998; Gutheil & Gobbard, 1999).

An opposing perspective of therapist disclosure emphasizes its clinical usefulness rather than how it can hinder the therapeutic process. There is empirical research that suggests therapist disclosure can be a therapeutically helpful intervention. Clients view disclosing therapists more favourably than nondisclosing therapists as disclosure can enhance the therapist's personal and professional qualities (Watkins, 1990). Therapist disclosure can also improve the quality of the therapeutic relationship (Hill & Knox, 2002; Knox, Hess, Petersen, & Hill, 1997; Wells, 1994), deepen client experience in therapy (Hill, Mahalik, & Thompson, 1989), and has positive implications for treatment outcome (Barrett & Berman, 2001).

Despite the cautions highlighted, therapist disclosure has gained support in recent years. Research studies indicate therapist disclosure can be therapeutic when used appropriately (Barrett & Berman, 2001; Hill et al., 1988; Knox et al., 1997; Ramsdell & Ramsdell, 1993; Wells, 1994). In 2002, the American Psychological Association's Division 29 Task Force concluded from their review of the literature and research that therapist disclosure is a "promising and probably effective" therapist contribution to the therapy relationship (Steering Committee, 2002). Moreover, therapist disclosure has been deemed a burgeoning area of research in this context (Farber, 2003), leading to

suggestions for practical (Audet & Everall, 2003; Knox & Hill, 2003; Wells, 1994) and ethical (Mahalik, Van Ormer, & Simi, 2000; Peterson, 2002) use of the intervention in psychotherapy.

According to Farber (2003), there are two forces behind the interest therapist disclosure is now receiving. A shift in focus from intrapsychic conflicts to interpersonal issues has placed emphasis on both members of the therapeutic dyad as cocreators of meaning in the therapy process rather than the therapist as the expert observing and analyzing client thoughts, feelings, and behaviours. Secondly, the therapeutic alliance has gained significance for its contribution to positive outcome, once again underscoring interpersonal factors in psychotherapy. Farber (2003) asserts that as a result of these trends, what is shared between therapist and client has become a focus in the therapeutic process, leading contemporary therapists to "question themselves about when, why, and what they should reveal to their patients" (p. 526).

In the past few decades, a plethora of studies investigating therapist disclosure in artificial settings from the viewpoint of nonclient observers have been conducted and discussed in reviews (Hill & Knox, 2002; Watkins, 1990). This body of research is followed by a few naturalistic studies that have only now begun to illuminate therapist disclosure's impact from the client perspective (Barrett & Berman, 2001; Knox et al., 1997; Hill et al., 1988; Wells, 1994). The intent of the present study is to contribute to these naturalistic studies by exploring more deeply client experiences of therapist disclosure in real therapy settings using the qualitative method of basic interpretive inquiry. The following sections situate the study by summarizing types of therapist disclosure and identifying the form of disclosure to be explored; theoretical

conceptualizations of therapist disclosure; and research findings from the therapist, nonclient, and client perspectives.

Types of Therapist Disclosure

Although personal information can be revealed nonverbally through the therapist's attire or office décor for example, this study focuses on verbal disclosures. Distinctions of disclosure identified in the literature relate to: (a) valence, that is positive or negative disclosures (Hoffman-Graff, 1977; Watkins & Schneider, 1989); (b) intimacy, referring to whether disclosures are personal or demographic in nature (Simonson, 1976); and (c) similarity (Murphy & Strong, 1972) or reciprocity (Barrett & Berman, 2001), referring to how congruent the therapist's disclosure is in response to the client's.

Knox and Hill (2003) recently categorized therapist disclosure into seven subtypes: (a) disclosures of facts/credentials that reveal information about the therapist's personal life (e.g., "I am married and have two children") or professional background (e.g., "I am a licensed psychologist with training in cognitive-behavioural therapy"); (b) disclosures of feeling that involve feeling words that describe the therapist's emotional experiences (e.g., "Sometimes when I meet new people, I feel anxious"); (c) disclosures of insight that demonstrate what the therapist has learned about behaviours originating from past experiences (e.g., "When I had difficulties making friends in my 20s, I realized it was because I feared new friendships would end up unsuccessful like the ones I had in high school"); (d) disclosures of strategy that reveal actions the therapist found beneficial when addressing a specific concern (e.g., "When I need to stay focused when studying, I list all distractions and attend to them once I've finished studying"); (e) disclosures of reassurance that support, reinforce, or legitimize what the client is discussing in therapy

(e.g., "I can appreciate your concern about sharing vulnerable feelings with your partner because I too have found that to be a risky and difficult thing to do with my partner"); (f) disclosures of challenge that put into question the client's perspective, way of thinking, or behaving (e.g., "When I have been declined for a job position as in your situation, I have had to reflect on my lack of qualifications that prevented me from getting the position"); and (g) disclosures of immediacy that reveal personal reactions to the client (e.g., "I have noticed that when you discuss events in your day with me I often feel overwhelmed and I wonder whether other people might experience you similarly").

Although the last category--disclosures of immediacy--does represent a form of therapist self-disclosure, the literature suggests important differences between disclosures of immediacy and the others, which are nonimmediate, that should be taken into account (Hill & O'Brien, 1999; McCarthy & Betz, 1978; Wachtel, 1993). Immediate disclosures reveal the therapist's personal reactions to the client as they occur in therapy whereas nonimmediate disclosures reveal personal information about the therapist such as past experiences or personal beliefs. While immediate disclosure maintains focus on the client in-the-moment and therefore is closely related to what is occurring in therapy, nonimmediate disclosure shifts the focus to the therapist's experiences and does not always involve the client or therapy. It has been suggested that functional differences between the two forms of disclosure generate differential effects in therapy (Watkins & Schneider, 1989).

The distinction between immediate and nonimmediate therapist disclosure has been a source of controversy that is worth noting. Wachtel (1993) and Epstein (1994) view nonimmediate disclosure as less acceptable compared to immediate disclosure. Wachtel

(1993) suggested that therapists who bring their experiences into therapy detract from the client's experience and demonstrate selfish behaviour that diminishes their appreciation for the client's needs. Epstein (1994) warned that frequent personal disclosure about intimate life problems is a boundary violation that may be qualitatively similar to sexual involvement with clients and may also be indicative of the therapist's inability to understand and maintain a professional role (p.201). Conversely, Wachtel (1993) argued that disclosing here-and-now reactions to the client conveys the therapist's attentiveness to the client's experience and his or her attempt to more fully understand the client's viewpoint. Peterson (2002) provided an ethical interpretation of this conceptualization by concluding that "self-disclosures about the therapist's experiences outside the therapy relationship are exploitative, whereas self-disclosures about reactions to the client are beneficent" (p.24).

Theoretical Conceptualizations

Theorists have clearly positioned themselves along a continuum with respect to therapist disclosure ranging from complete endorsement to total discouragement of its use. Hill and Knox (2002) conclude in their review: "The only consensus that emerges is one of marked respect for the intervention's potential impact" (p.532). Indeed, there has been much discussion on the multiple uses of disclosure across theoretical orientations (Hill & Knox, 2002; Knox & Hill, 2003; Peterson, 2002). Although there are some similarities among orientations, each has its distinctive perspective of therapist disclosure that allows for different boundaries between client and therapist and each deems their respective views as ethical and professionally acceptable. Therapist disclosure is briefly situated according to the most common theoretical orientations to provide a context for

the role of therapist disclosure in psychotherapy. The discussion focuses on nonimmediate therapist disclosure unless otherwise specified.

Therapist disclosure appears least compatible within psychoanalytic/psychodynamic orientations which have advocated for limited use of disclosure. The goal in traditional psychoanalysis has been for the therapist to maintain therapeutic neutrality by keeping his or her personal life, thoughts, and feelings hidden from the client. Presenting as a "blank screen" has been viewed as crucial to uncovering, analyzing, and working through the client's transference. Therefore, a nondisclosive anonymous stance is imperative for the transference process to be effective (Goldstein, 1997). Other reasons cited for the inappropriateness of therapist disclosure within the psychoanalytic framework include exacerbation of the client's resistance, disruption of therapeutic "bonding," and exposure of countertransferences to the client (Barnett, 1998; Rosie, 1980).

Although therapists who endorse a psychoanalytic model have traditionally supported the use of nondisclosive techniques, contemporary psychoanalysts acknowledge the difficulties in maintaining complete neutrality and have begun to consider ways that disclosing to a client might be appropriate (Bridges, 2001; Wachtel, 1993). Certain forms of disclosure such as disclosing subjective reactions or feelings of countertransference to the client have gained support. Moreover, some psychoanalysts believe that if aspects of the therapist as a real person are not revealed, then the therapeutic relationship would not have the firm basis necessary for the analysis of transference to take place (Billow, 2000; Rosie, 1980). Essentially, contemporary

psychoanalysis has witnessed a shift away from a neutral stance in therapy and now allows for discretionary use of disclosure with clients (Bernstein, 1999).

Humanistic therapists endorse self-disclosure as a means to build the therapeutic relationship, demonstrate genuineness, and facilitate the therapy process. It is believed that disclosure reveals the therapist's humanity by exposing imperfections and fallibility. It can also foster positive regard, empathy, intimacy, and trust that are the basis for a genuine relationship through which change can occur (Rogers, 1957; Truax & Carkhuff, 1967). Advocacy for the use of therapist disclosure is derived from its ability to promote client trust and openness. Therapist openness and honesty can create an atmosphere of mutual understanding between client and therapist that generates a strong and effective therapeutic relationship (Jourard, 1971).

Although existential theorists have similar views on therapist disclosure to those of humanists, what appears to distinguish existential therapies from others is the centrality of the therapist's disclosure to facilitate the therapeutic process beyond its occasional application. Therapist disclosure is "a way" of therapy supported by the existentialist belief that the process of revealing the personal self to the client is central for movement of any sort to occur. Referring to what he termed the "dyadic effect," Jourard (1971) suggested that disclosure begets disclosure and that the most effective way to invite authentic disclosure from another is to take the risky lead and offer it oneself--that is, to become transparent to the client. Therefore, therapist disclosure is an integral part of existential therapy such that genuine sharing can inform both therapist and client of how they choose to exist in the world.

Feminists acknowledge the power imbalance and hierarchical structure inherent to the psychotherapy relationship (Simi & Mahalik, 1997). Therefore, emphasis is on creating an egalitarian relationship that prevents the client from feeling subordinate in the therapy process. Purposeful disclosures of personal opinions, values, and feelings particularly about political issues are often provided so clients can make an informed decision in the process of selecting a therapist (Mahalik et al., 2000; Simi & Mahalik, 1997). Self-disclosure is also believed to generate more human rather than "expert-to-patient" exchanges, thus helping to demystify the therapist. Disclosure is essentially intended to communicate that the therapist is not invested in being the sole wielder of power in the relationship, thus empowering the client by facilitating the sharing of control or responsibility in therapy (Brown & Walker, 1990).

Disclosure is used in contemporary cognitive-behavioural therapy as a useful tool for strengthening the therapeutic bond and facilitating client change. It is also used for purposes of modelling and reinforcing therapeutic behaviours (Dryden, 1990; Goldfried, Burckell, & Eubanks-Carter, 2003). Therapists can serve as models to their clients whether modelling in-session behaviour such as openness, effective coping techniques, or new ways of thinking or behaving. Other uses are complementary to principles of cognitive and behavioural change such as normalizing client reactions, helping clients challenge negative interpretations about their experiences or erroneous thoughts about themselves and others, and enhancing positive expectations and motivation to change.

Psychotherapy research has demonstrated that no one theoretical approach to therapy is more effective than the other (Lambert & Ogles, 2004). Consequently, a conceptual shift has emerged emphasizing factors influential to the therapy process and

outcome, such as the therapeutic alliance and client and therapist characteristics that help or hinder the therapy process (Horvath & Bedi, 2002) rather than which approach yields the best outcome. Geller (2003) noted "data from various sources indicate that the personal styles and character traits of therapists who share the same theoretical point of view lead to substantial differences in our application of basic principles and techniques, including self-disclosure" (p.543). Furthermore, the client-rated outcome is a more accurate predictor of therapy outcome than therapist- or observer-rated outcome (Horvath & Symonds, 1991), demonstrating the significance of client expectations and perceptions of therapy. Conceptualizing therapist disclosure within this framework suggests it is the client's experience of the therapist's disclosing behaviour and the meaning he or she attributes to it that ultimately determines the intervention's efficacy irrespective of the theoretical underpinnings that guide the therapist.

Therapist Perspective

Whether practitioners deem therapist disclosure an appropriate part of their role is largely determined by their theoretical orientation (Edwards & Murdock, 1994; Simi & Mahalik, 1997; Simon, 1990). Studies exploring therapist criteria for disclosure demonstrated that psychoanalysts, who tend to value transference work, self-disclose minimally whereas humanistic therapists who see their work as based on a "real" and human relationship do not hesitate to self-disclose (Edwards & Murdock, 1994; Simon, 1990). Furthermore, one study distinguishing high disclosers from low disclosers found that the high disclosers labelled their orientations eclectic, humanistic, and existential (Simon, 1990). They viewed their work as based on a real human relationship, where "real" meant being genuine, honest, fully open and personally involved and not creating

illusions, and the therapeutic relationship was viewed as a human exchange with mutual personal sharing. Low disclosers considered use of transference as integral to their work and were, therefore, generally opposed to using self-disclosure. The same study indicated that behavioural therapists utilized disclosure almost as frequently as humanists primarily in the interest of modelling appropriate behaviour to clients.

Surveys profiling disclosure from the therapists' viewpoint provide information about prevalence of disclosure, disclosure content, and reasons for disclosing. Although therapist disclosure comprises an average of only 3.5% of therapist in-session behaviour (Hill & Knox, 2002), studies indicate it is widely used. Pope, Tabachnick, and Keith-Spiegel (1987) surveyed 456 members of the American Psychological Association psychotherapy division and found that at least 90% of respondents reported using self-disclosure at least on rare occasions thus labelling it "an almost universal behaviour." Another survey of therapists from a variety of orientations indicated 94% of respondents use self-disclosure to some extent (Edwards & Murdock, 1994).

Several studies examining content of therapist disclosure indicate therapists disclose most often about their professional qualifications and experience and least often about sexual practices and beliefs (Edwards & Murdock, 1994; Robitschek & McCarthy, 1991). Reasons for disclosing were identified as modelling appropriate client behaviours, increasing similarity between therapist and client, building and fostering the therapeutic relationship, promoting feelings of universality, normalizing issues, and increasing awareness of new perspectives (Edwards & Murdock, 1994; Simon, 1990; Simone et al., 1998). Disclosure was least used to increase trustworthiness, expertness, and attractiveness (Edwards & Murdock, 1994). Practitioners have also indicated reasons not

to disclose which are primarily to avoid blurring boundaries, to maintain focus on the client, and to prevent the client from feeling burdened or overwhelmed (Simone et al., 1998).

Nonclient Perspective

Theoretical support for therapist disclosure from the humanistic movement led to the systematic examination of the intervention during the 1970s and 1980s. Most studies conducted were analogue in nature where participants, generally college students, were asked to rate a video excerpt of an initial counselling interview. These studies attempted to elucidate disclosure conditions that impressed nonclient participants most favourably and often focused on variables such as disclosure frequency, level of intimacy, and similarity to the client. Studies examined the effects of these types of disclosures on in-session behaviour such as client disclosure (Halpern, 1977; Simonson, 1976), on perceived therapist professional qualities such as expertness, trustworthiness, competency, and effectiveness (Graff, 1970; Merluzzi, Banikiotes, & Missbach, 1978; Nilsson, Strassberg, & Bannon, 1979), and personal qualities such as attractiveness, likeability, empathy, and warmth (Hoffman-Graff, 1977; Mann & Murphy, 1975). Watkins (1990) and Hill and Knox (2002) acknowledge in their reviews of this research that findings for the most part are equivocal. However, they concluded that nonclient participants prefer disclosing therapists to nondisclosing ones and therapists are viewed most favourably when revealing moderate amounts of nonintimate information. They identify methodological limitations such as lack of distinction between different types of disclosure, using observer ratings from participants who are not "clinically invested" in the disclosing therapist-client dyad, and assessing disclosing therapists in brief mock

therapy encounters. Furthermore, they assert that although these studies indicate some support for the use of disclosure by therapists, the findings have limited generalizability to actual clinical settings and may therefore be of little consequence to how practitioners conduct therapy.

Client Perspective

Hendrick (1988) remarked, "It is interesting to note that few attempts have been made to ask the other central character in the therapeutic drama--the client--what kinds of self-disclosures if any would be welcomed from a counsellor or therapist" (p. 419). Hendrick conducted a survey to identify what types of therapist disclosures might be desired by potential clients. Specifically, they preferred hearing about professional issues such as training and experience, personal feelings, successes and failures, and interpersonal relationships to sexual issues and attitudes. Findings from another survey indicated that former clients regard therapist disclosure as beneficial to therapy even several years after treatment termination (Ramsdell & Ramsdell, 1993). These two studies revealed that clients are indeed interested in therapist disclosure but that further study on the topic from the client perspective was necessary.

Despite Watkins' (1990) call to "move therapist self-disclosure research into the field" (p. 494), there has been a paucity of disclosure studies based on clients in natural settings. A few studies have investigated therapist response modes and immediate outcome such as helpfulness and level of client experiencing. In one study, clients that underwent brief psychotherapy rated therapist disclosure as the most helpful among several interventions whereas therapists rated their disclosure as least helpful (Hill et al., 1988), suggesting clients may view the intervention differently than do therapists.

Disclosures of reassurance were also preferred to challenging disclosures and led clients to experience themselves at deeper levels (Hill et al., 1989). In another study, Asian college students who volunteered as clients rated therapist disclosure received in a single session. Disclosures of strategy were perceived as more helpful than disclosures of approval/reassurance, facts/credentials, and feelings. Furthermore, disclosures were rated as more helpful when participants perceived them as "more intimate," although these disclosures were mostly in the moderately intimate range (Kim et al., 2003).

In their outcome study, Barrett and Berman (2001) investigated reciprocal therapist disclosure--that is disclosure in response or similar to concerns expressed by the client--in the first four sessions of therapy. Participants in the high-disclosing condition experienced less symptom distress and liked their therapist more than participants in the low-disclosing condition. The authors suggested the positive treatment effects of moderate disclosure stemmed from disclosure's enhancing effect on the quality of the relationship.

How clients view and experience therapist disclosure in the context of ongoing therapy and the evolving therapeutic relationship remains relatively unexamined. Two qualitative studies explored client experiences of therapist disclosure and have begun to illuminate therapist disclosure's impact on therapy. Wells (1994) interviewed 8 participants about their therapist disclosure experiences. Interestingly, although participants were given the option of which form of disclosure to discuss, none chose immediate disclosure. Wells found therapist disclosure had both beneficial and hindering effects. Participants reported their therapists' disclosures facilitated rapport, enabled them to perceive their therapist as more involved, trusting, and understanding, and empowered

them in therapy. An overall improvement in the quality of the relationship was experienced through increased mutuality and connection which in turn helped equalize the relationship. However, participants also felt burdened by their therapist's disclosure. Half reported decreased trust and confidence in their therapist mostly with regards to discomfort around whether boundaries had been violated, and consequently exploration of treatment issues was inhibited. Knox et al. (1997) conducted a content analysis on descriptions of client experiences of therapist disclosure during semistructured interviews. Findings were limited to examples of helpful therapist disclosure and indicated that clients saw their therapist as more real, human, or imperfect as a result of disclosure. These perceptions were associated with an improved or equalized therapeutic relationship. Other disclosure effects reported were modelling openness, normalizing issues, and increasing client insight or providing new perspectives.

Concluding Remarks

Research on therapist disclosure prior to the 1990s was predominantly analogue in nature and based on the nonclient perspective. Results from subsequent surveys generally supported those of analogue studies and provided a richer portrayal of the prevalence and purposes of disclosure from the practitioner perspective. Client-based studies remain comparatively under-represented despite recognition that the client's perception of therapy is a better predictor of positive outcome than therapist or observer perceptions (Wampold, 2001) and indications that clients and therapists may view therapist disclosure differently. Although findings from the nonclient perspective are intriguing, they may not reflect the true complexity of disclosure dynamics in therapy nor do they inform us of how actual clients experience therapist disclosure in the context of ongoing

psychotherapy. It has been argued that complex human phenomena--such as therapist disclosure--cannot be fully understood by quantitative-experimental means of research (Merriam, 2002).

The Current Study

Research has moved into naturalistic settings to encompass therapist disclosure as perceived by clients. The current study follows two qualitative studies by Wells (1994) and Knox et al. (1997) that have begun to illuminate client experiences of disclosure. What distinguishes the present qualitative study from the others is that it: (a) focuses on nonimmediate personal disclosures rather than specific subtypes to discover essential aspects of therapist disclosure; (b) aims to obtain rich descriptions of client experiences using a minimally-structured interview format to avoid predetermining client responses; and (c) uses a meaning-, as opposed to content-, based approach to obtain an understanding of therapist disclosure.

The main question posed in this study was: "What is a client's experience of therapist self-disclosure in psychotherapy?" Specifically, the objective was to obtain a deeper understanding of what it is like for clients to receive information of the therapist's personal life outside the therapeutic encounter while focusing on nonimmediate disclosures such as life circumstances, past experiences, thoughts and feelings, personal beliefs and values, and emotional struggles. Key aspects identified by the literature as relevant to therapist disclosure were explored such as the therapeutic relationship, process, and outcome. In particular, descriptions of client experiences of the therapist and the therapeutic relationship before, during, and after therapist disclosure occurred were sought, as well as any impact disclosure may have had on the client and his or her

perceptions of the therapist. To this end, the study aimed to (a) access client experiences in a way that transcends therapist intentions or theoretical notions that guide therapists in their use of disclosure and (b) to effectively capture client experiences and perceptions of the impact of therapist disclosure in a natural therapy setting.

Scope of Study

The present study focused on therapist disclosure experienced by clients in individual as opposed to group, family, or couples psychotherapy. This criterion ensured homogeneity since therapist disclosure may be experienced differently within different modes of therapy (Vinogradov & Yalom, 1990). Therapist disclosure was restricted to nonimmediate disclosure, that is personal revelations about the therapist's life outside of therapy, as opposed to immediate in-the-moment personal reactions towards the client. Nonimmediate disclosure was chosen because it has been the source of much debate due to the perception that it deviates from acceptable norms of therapist-to-client dynamics and therefore may be difficult to justify from an ethical standpoint (Epstein, 1994; Wachtel, 1993). Furthermore, therapist disclosures of facts/credentials, whether professional (e.g., years of training, therapy style) or personal (e.g., marital status, number of children), were excluded. The rationale for excluding such disclosures is that they tend to reflect societal norms regarding the sharing of personal information (Robitschek & McCarthy, 1991) and therefore may be considered as less significant to the therapy process by the client compared to other types of personal information. Lastly, the study was limited to adult clients 18 years or older. This criterion was necessary since therapist disclosure is integral to therapy with younger populations; Gaines (2003) referred to therapist disclosure as a "ubiquitous" part of work with children and

adolescents appropriate to their cognitive development and emotional needs, suggesting therapist disclosure serves a substantially different role with this population than in psychotherapy with adults.

Qualitative Method

The chosen method for this study was one that enabled access to client experiences of therapist disclosure and an understanding of the meaning the interaction holds for the client. The qualitative method of basic interpretive inquiry seemed appropriate for this objective. Interpretive qualitative research stems from the phenomenological notion that "people interpret...experiences from the perspective of the meaning it has for them" (p. 37, Merriam, 2002) and it seeks to understand how individuals experience, construct, and interpret their world. While natural science is an explanatory science, basic interpretive inquiry is descriptive in nature. Rather than seek objectivity in the positivistic tradition through control and prediction, the empirical approach aims to elucidate meaning and depth of understanding through descriptions of individual human experience.

Another characteristic of basic interpretive inquiry is that the researcher is the main instrument for the collection and analysis of data. It is acknowledged that researcher as "human instrument" has biases or subjectivities such as prior understanding of and personal investment in the phenomenon of interest that may be imposed onto the data. Some view such biases as undeniable and the task for the researcher becomes that of rigorous self-reflection on what it is he or she already knows and feels about the phenomenon. Furthermore, researchers are encouraged to identify and monitor ways in which they may be shaping the collection and interpretation of the data rather than attempt to eliminate biases (Merriam, 2002). To maintain fidelity to the phenomenon of

therapist self-disclosure as described by the participants, the researcher of the present study has identified biases and subjectivities related to therapist disclosure that she is aware of that stem from her training and experiences as a practitioner and a researcher. These preconceptions as well as reflections on how they might influence the data collection and analysis are presented in Appendix A.

In qualitative inquiry, researchers also aim to obtain rich descriptive accounts of participants' experiences to the point of fully illuminating the phenomenon under investigation, commonly referred to as "saturation" (Osborne, 1990). The number of participants needed to obtain saturation largely depends on whether the researcher judges that this goal has been accomplished using the data obtained from a given number of participants. The following conditions were considered when determining whether a sufficient number of participants had been included in the current study (Merriam, 2002; Patton, 1990): (a) the quality of the interview data typically based on the participants' abilities to articulate their experiences of therapist disclosure; (b) the researcher's sense of the data's substantiality in providing a view of essential aspects of therapist disclosure; (c) the researcher's interviewing experience and skills; and (d) resources such as participant availability. Given these conditions, a total of 9 participants were included to meet the evolving needs of the study.

One of the most important criteria for participant selection, apart from having had experience with the phenomenon being investigated, is the individual's ability and willingness to verbally describe their experiences to the researcher (Osborne, 1990). Purposeful sampling was used in the current study to ensure the inclusion of such participants as well as participants who varied on as many "nonessential" characteristics

as possible (Patton, 1990). Heterogeneity in participant samples is encouraged in qualitative research as "extreme contrasts among subjects [sic] help to illuminate the structure and constituents of phenomena" (Becker, 1986, p. 106). The use of highly variable samples tends to increase the validity and credibility of any themes that emerge from participant descriptions since such themes would appear to transcend differences across participants (Patton, 1990).

Participants

Potential participants were recruited through advertisements in community newspapers and from a university training facility for graduate-level counselling students. The following decisions were made with respect to the participant sample. There were no restrictions to participants' gender, cultural background, or presenting problem. Watkins' (1990) review of the disclosure literature indicates that participant perceptions of disclosing therapists do not vary according to therapist-client gender pairing. Although individuals from different cultural backgrounds may value different aspects of therapist disclosure (Constantine & Kwan, 2003; Kim et al., 2003), culture was not a criterion of selection. Moreover, some studies suggest diagnosis and level of client functioning can influence therapist use of disclosure (Simon, 1990; Simone et al., 1998); this study was concerned with client experience of disclosing therapists irrespective of their level of functioning. Inclusion of these variables was viewed as increasing the desired heterogeneity of the participant sample. Finally, no restrictions were imposed according to length of therapy or time elapsed since termination, although this information was recorded for consideration during data analyses. The essential criterion was that therapist disclosure was a part of the participants' therapy experience defined as "any instance

during therapy when the therapist shared or revealed information about his or her personal life."

Of the 16 individuals who expressed interest in the study, 9 fit the study criteria and volunteered to participate. The participant sample was comprised of 5 male and 4 female clients ranging from 22 to 56 years of age with a mean age of 35.7 years. Eight were Caucasian and one was Hispanic. Occupations of the participants were respiratory therapist, homemaker, advertising company, university student (2), computer programmer, and no declared occupation (3). Therapists were identified by participants as doctoral-level practicum students (4), chartered psychologists with 10 years or more experience (4), and psychiatrist (1). Participants were unable to specify their therapist's theoretical orientation. Therapist-client dyads included female therapist-female client (4), male therapist-male client (3), and female therapist-male client (2). Presenting therapeutic issues included depression, anxiety and bipolar disorder, self-esteem and developmental issues, indecision and coping difficulties, relationship and family issues, and alcohol addiction. Duration of therapy ranged from 5 to 100 + sessions and spanned 3 months to 8 years. One participant remained in therapy, while the others had been terminated from 1 week to approximately 2 years prior to the interview.

Procedure

Ethics approval was obtained from the University of Alberta's Research Ethics Board prior to conducting the study (Appendix B). Prospective participants contacted the researcher and were provided a verbal explanation of the nature and purpose of the study over the telephone. A study description (Appendix C) was mailed to each individual who expressed interest and fitted the criteria for participation. Written informed consent was

obtained prior to conducting the interview (Appendix D). Participants were invited to reflect on and/or write about their experiences of therapist disclosure prior to attending the interview.

To capture the full context of disclosure experiences and to produce data not confined to the interviewer's orientation and hypotheses, minimally-structured open-ended interviews were conducted. The audiotaped interviews ranged from 50 minutes to 2 hours in duration. Each interview began with the general request: "Tell me about a time during therapy when your therapist self-disclosed to you." A list of 15 open-ended questions was used to invite participants to reflect on aspects of therapist disclosure (Appendix E). The questions asked by the researcher supplemented what each participant spontaneously provided during the interview. Prompts were used to access descriptions and experiences of disclosure and its impact on the therapeutic relationship, process, and outcome. This interview style elicited context and additional information about the participants' overall therapy experience. Participants were encouraged to contact the researcher if they recalled or wished to change or omit existing information from their descriptions following completion of the interview. One did so and the information was added as data for analysis. Recorded interviews were transcribed to text for analysis. At the end of the interview participants were given an opportunity to review their transcript and provide feedback. Two participants requested and were sent a copy of their transcript with a cover letter but neither provided feedback despite the invitation to do so.

Data Analysis

A qualitative analysis was completed using procedures based on Colaizzi (1978), Osborne (1990), and Merriam (2002). A within-persons analysis was completed by

independently analyzing each interview in the following manner: (a) each transcript was read several times to gain an overall sense of the participant's experience; (b) excerpts of the transcript revealing aspects of the participant's experience were highlighted for analysis; (c) themes were derived from excerpts then reviewed to ensure that they did not omit any aspect of, or suggest anything not implied in, the individual transcripts; and (d) 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 personal experiences of therapist disclosure.

In this study, measures to monitor the quality and enhance trustworthiness of the results included consultations with colleagues and supervision regarding research processes, fit between emerging findings and the raw data, and interpretations of findings. Furthermore, the researcher engaged in reflective practice by continuously monitoring and recording in a research journal thoughts, feelings, and observations that reflected a changing awareness of biases and preconceptions towards therapist disclosure.

Significance of the Study

Although disclosure research is witnessing a gradual inclusion of the client perspective, our understanding of the phenomenon remains limited. This study provides a window into a client-informed meaning-based understanding of therapist disclosure's impact and potential role in therapy. Client experiences of therapist disclosure could further characterize and clarify ways in which the intervention impacts clients, the therapeutic relationship, and the therapy process and outcome, providing results that are potentially relevant to practice. Furthermore, patterns and themes associated with

beneficial versus hindering disclosures may inform practitioners of what works when, with whom, in therapy, promoting therapeutic use of the intervention and diminishing inappropriate use that may harm the client. A deeper understanding of the impact and various uses of disclosing behaviour may provide clinicians information to consider when positioning themselves with respect to the intervention that could guide them in their decision-making process when disclosing to clients. Lastly, findings from this study may also contribute to the developing body of client-informed empirically-supported suggestions for practice that may be used for training purposes.

Dissertation Structure

This dissertation is in a paper format and is structured in the following manner. The present chapter discusses the role of therapist disclosure in relation to different theoretical orientations, situates therapist disclosure in the psychotherapy research literature from the therapist, nonclient, and client perspectives, and introduces the study's objectives and method. The body of the dissertation is comprised of three papers each covering a different feature of therapist disclosure that emerged from the data. Although the findings presented in this dissertation stem from the same database, the results presented in Chapter Three are based on data from 4 of the 9 participants while results from Chapters Two and Four are based on data from all 9 participants. Chapters 2 and 3 focus on the therapeutic effects of therapist disclosure. Specifically, Chapter 2 focuses on client perceptions of disclosing therapists and their impact on the therapeutic relationship. The therapeutic relationship appeared to be an appropriate starting point given the theoretical and empirical support for therapist disclosure's role in developing and strengthening the client-therapist relationship. Furthermore, the therapeutic relationship is increasingly

accepted as a major contribution to therapy outcome (Lambert & Barley, 2002; Luborsky, 2000; Martin, Garske, & Davis, 2000) and psychotherapy research has shifted towards illuminating therapist and client factors that mediate the relationship (Horvath & Bedi, 2002). Findings from two client-based naturalistic studies suggest therapist disclosure can improve the quality of the relationship (Barrett & Berman, 2001; Knox et al., 1997). It seemed fitting to explore the issue further to gain an understanding of how therapist sharing of personal information with clients might affect how clients relate to their therapist. A poster presentation based upon the data from this study at the annual meeting of the Society for Psychotherapy Research (Audet & Everall, 2002) received strong interest. The paper titled "Client Representations of Therapists who Self-Disclose: Implications for the Therapeutic Relationship" was submitted to the Canadian Journal of Counselling sponsored by the Canadian Counselling Association.

Chapter 3 discusses practical implications to using disclosure therapeutically with clients based on the detailed experiences of 4 participants. Two positive and two negative client experiences are presented in a case summary format to effectively contrast helpful and unhelpful instances of therapist disclosure. This in-depth representation offers considerations for delivery of disclosure in the context of an evolving therapy. The paper titled "Counsellor Self-Disclosure: Client-Informed Implications for Practice" has been accepted for publication in the October 2003 issue of Counselling and Psychotherapy Research. The journal published by the British Association for Counselling and Psychotherapy seemed appropriate as it is a practitioner-oriented journal that promotes research-informed practice.

The fourth chapter shifts the focus from the therapeutic uses and effects of therapist disclosure to issues related to its appropriateness in therapy. Views of the intervention range widely from it being a deviation from the therapist's role that can negatively alter professional and expert appearance to being a beneficial technique that can relax therapy boundaries and "humanize" the therapist. This disparity is intriguing and inspired the final paper which examined the disclosure debate from the client perspective. "Violating Boundaries or Removing Barriers?: Client Perspectives of Therapist Self-Disclosure" is in preparation for submission to Psychotherapy: Theory/Research/Practice/Training, a journal of the American Psychological Association.

The final chapter is comprised of a summary of the main findings presented in each of the papers and a discussion of how those findings relate to current theory and practice of therapist self-disclosure. The relationship between the three separate contexts of therapist disclosure explored is emphasized. The chapter ends with consideration of the study's limitations, suggestions for areas of further research, and methodological recommendations for conducting future studies.

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Paper #1

Client Representations of Therapists who Self-Disclose: Implications for the Therapeutic Relationship

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CHAPTER TWO

Client Representations of Therapists who Self-Disclose: Implications for the Therapeutic Relationship

Although there is much debate about its use in therapy, therapist self-disclosure has gained empirical support in recent years. Therapist disclosure can enhance important therapist characteristics and the quality of the therapeutic relationship (Barrett & Berman, 2001; Hill & Knox, 2002; Knox, Hess, Petersen, & Hill, 1997) or can elicit negative perceptions of the therapist and hinder the therapeutic relationship (Wells, 1994). Both quantitative and qualitative studies have been conducted but yield inconsistent results. Research on therapist disclosure has been criticized for being predominantly quantitative and decontextualized from clinical settings (Hill & Knox, 2002; Watkins, 1990). Using qualitative inquiry, this study explores how clients experience their disclosing therapists and discusses implications for the therapeutic relationship.

Therapist disclosure generally involves the therapist sharing personal information with a client. Though as many as seven subtypes of disclosure have been identified (Knox & Hill, 2003), a distinction is made between disclosures of immediacy or self-involving statements that reveal within-session reactions versus personal disclosures about the therapist's life outside of therapy (Hill & Knox, 2002). Immediate disclosure maintains focus on the client in-the-moment and therefore is closely related to what is occurring in therapy whereas nonimmediate disclosure shifts the focus to the therapist's experiences that do not directly involve the client or therapy. Some view immediate disclosure as the more acceptable form of disclosure and suggest that it serves a different function thereby yielding different effects in therapy from nonimmediate disclosure

(Knox & Hill, 2003; Wachtel, 1994). Distinguishing between these two forms is necessary to enhance our understanding of how clients experience therapist disclosure. This study focused on the form of disclosure that continues to spawn controversy: disclosure that reveals personal aspects of the therapist's life outside the therapeutic encounter such as life circumstances, past experiences, thoughts and feelings, personal beliefs and values, and emotional struggles.

Models for understanding therapist disclosure have been identified in regards to its potential role in the therapeutic relationship. For example, therapist disclosure has implications for the exchange process between client and therapist. In therapy the client is generally the primary discloser while the therapist maintains a nondisclosive stance. These dynamics defy normal social interactions yet client openness is expected for effective therapy in spite of the therapist's lack of reciprocity. The "dyadic effect" purports that therapist's disclosing behaviour could naturally lead to increased client disclosure and that therapist's openness invites client engagement and greater self-exploration (Jourard, 1971). Modeling theory (Mann & Murphy, 1975) posits that when therapists disclose they display the behaviour or content to the client who learns through imitation.

Some theoretical orientations endorse therapist disclosure as having a positive impact on the therapeutic relationship. Humanists endorse therapist disclosure for its ability to build the therapeutic relationship and demonstrate the therapist's genuineness. Proponents believe disclosure can reveal the therapist's humanity by exposing imperfections and fallibility as well as convey empathy and positive regard, promoting client trust and openness. Jourard proposed that therapist openness could "encourage an

atmosphere of honesty and understanding between client and therapist, fostering a stronger and more effective therapeutic relationship" (cited in Barrett & Berman, 2001, p. 597).

Therapist disclosure has also been advocated for its ability to reduce the power imbalance inherent in the client-therapist relationship (Mahalik, Van Ormer, & Simi, 2000). Feminists believe that exposing any personal information such as personal and political beliefs that may affect treatment is empowering and places more control of therapy with the client. An important distinction that has evolved by feminists regards the potential of disclosure to create an "egalitarian" relationship rather than an "equal" relationship acknowledging that some differentiation between client and therapist roles is needed for therapy to be effective (Brown & Walker, 1991). Additionally, disclosure is believed to generate more human exchanges, helping to demystify the therapist compared to "expert-to-patient" interactions.

Ways in which therapist disclosure might hinder the therapeutic relationship have been hypothesized. Inappropriate use of disclosure may result in boundary transgressions that adversely alter the client-therapist relationship (Epstein, 1994; Peterson, 2002). Therapist disclosure could confuse the client about his or her role in therapy or in extreme cases lead to role reversal where the therapist uses therapy time to discuss their own issues at the expense of the client (Brown & Walker, 1990). Furthermore, improper disclosure may burden the client unnecessarily or elicit perceptions of the therapist as unprofessional or lacking competence thus straining the relationship and jeopardizing the therapeutic process (Barnett, 1998).

The 1970s and early 1980s witnessed a plethora of quasi-experimental or analogue studies that investigated the impact of therapist disclosure on client perceptions of therapist characteristics. These studies entailed observer ratings of a transcript or videotaped excerpt of a therapy session that involved some manipulation of therapist disclosure and mediating variables. Reviews of this body of research portray a generally favourable view of disclosure where moderate use of nonimmediate disclosure can increase positive evaluations of the therapist (Watkins, 1990). Although results are inconsistent, the literature suggests that personal disclosures can enhance therapist attractiveness, positive regard, empathy, warmth, and credibility and increase client disclosure. In their reviews of disclosure studies Watkins (1990) and Hill and Knox (2002) report methodological limitations including definition of disclosure, use of nonclient participants in artificial settings, and assessing disclosure impact on brief therapy encounters. It has been acknowledged that results generated provide little insight regarding actual client experiences of therapist disclosure in natural settings (Knox et al., 1997).

Studies completed in the late 1980s onward demonstrated a trend towards utilizing real clients as participants in naturalistic settings. Several investigated therapist response modes and immediate outcome such as helpfulness and level of client experiencing. In one study, clients rated therapist disclosure as the most helpful among several interventions whereas therapists rated their disclosure as least helpful, indicating discrepant views on the intervention (Hill et al., 1988). Clients also had higher levels of experiencing immediately after their therapists disclosed which is an indicator of therapy involvement. Lastly, using a similar design Hill, Mahalik, and Thompson (1989)

determined that clients prefer disclosures of reassurance, that is disclosures that "support, reinforce, or legitimize the client's perspective, way of thinking, feeling, or behaving" (p. 291) to those that are challenging. Hill et al. (1989) speculated that reassuring disclosures made clients more comfortable and helped clients experience themselves more deeply.

Barrett and Berman (2001) investigated reciprocal therapist disclosure, that is disclosure in response or similar to concerns expressed by the client, using observer ratings in the first four sessions of therapy. Therapists engaging in modest levels of reciprocal disclosure were liked more by their clients, leading to lower client distress via the improved quality of the therapeutic relationship. Neither client openness nor intimacy of the client's disclosure increased as a result of therapist disclosure although the authors suggest it may be because no distinction was made between disclosures of factual information versus those of personal thoughts and feelings. They concluded that modest levels of therapist disclosure are not harmful but hypothesized that too much disclosure or disclosure unrelated to client concerns could have a less positive impact on treatment.

Qualitative studies exploring client experiences of therapist disclosure have begun to illuminate its impact on the therapeutic relationship. In her qualitative study, Wells (1994) found therapist disclosure had both beneficial and hindering effects on the therapeutic relationship. Half of the participants reported an improvement in the quality of the relationship through increased mutuality and connection which in turn helped equalize the relationship. Disclosure facilitated rapport and generated positive perceptions of the therapist as being more involved, trusting, and understanding and empowered clients in therapy. The same participants however reported feeling burdened by disclosure. Decreased confidence in the therapist's competence and wanting to protect

the therapist's feelings inhibited exploration of treatment issues. The remaining participants reported a significant decrease in trust and confidence in their disclosing therapist, mostly with regards to discomfort around whether boundaries had been violated. Knox et al. (1997) interviewed 13 participants and analyzed descriptions of disclosure experiences. Findings, which were limited to examples of helpful therapist disclosure, indicated that clients saw their therapist as more real, human, or imperfect as a result of disclosure. These perceptions were associated with an improved or equalized therapeutic relationship. Furthermore, 2 participants reported therapist disclosure had modeling effects such as facilitating openness.

What can be concluded from studies using real clients in real settings is that therapist disclosure has both helpful and hindering effects on the therapeutic relationship. There is growing recognition of the significance of the therapeutic relationship in psychotherapy (Norcross, 2002) and mediating factors such as therapist and client contributions to the emergent relationship (Horvath & Bedi, 2002). Indeed, the American Psychological Association's Division 29 Task Force has deemed therapist disclosure a "promising element" that can impact the quality of the therapy relationship (Norcross, 2002). Although research has been conducted in the past few decades, our understanding remains limited from the perspective of actual clients who have undergone therapy. The client perspective is an important one, especially given the discrepancy between client and therapist views of therapist disclosure (Hill et al., 1988).

This study explored client experiences of therapist disclosure to improve our understanding of how therapist disclosure impacts the therapeutic relationship. To effectively access client "inner experiences" without predetermining responses we

obtained descriptions from participants using an open and minimally-structured interview format. These descriptions revealed the clients' internal representations of their disclosing therapists (Orlinsky, Geller, Tarragona, & Farber, 1993), that is the clients' conscious memories reflecting the content and quality of disclosure events recalled even though the therapist is not objectively present. Client representations could deepen our understanding of how clients believe disclosure affects the therapeutic relationship. Furthermore, it could be helpful for practitioners to learn about what aspects of their disclosure are important to clients regardless of their theories of the intervention.

Method

Participants

Potential participants were recruited through advertisements in community newspapers and from a university training facility for graduate-level counselling students. Participants were screened for suitability according to the following criteria: (a) received individual therapy from a counsellor, psychologist, or psychiatrist; (b) were 18 years of age or older; and (c) experienced therapist disclosure defined as "any instance during therapy when the therapist shared or revealed information about his or her personal life." No restrictions were imposed according to presenting issue, length of therapy, or time elapsed since termination.

Of the 16 individuals who expressed interest, 9 met the study criteria for inclusion. The sample was comprised of 5 male and 4 female clients ranging from 22 to 56 years of age with a mean age of 35.7 years. Eight were Caucasian and one was Hispanic. Occupations of the participants were respiratory therapist, homemaker, advertising company, university student (2), computer programmer, and no declared occupation (3).

Therapists were identified by participants as doctoral-level practicum students (4), chartered psychologists with 10 years or more experience (4), and psychiatrist (1). Participants were unable to specify their therapist's theoretical orientation. Therapist-client dyads included female therapist-female client (4), male therapist-male client (3), and female therapist-male client (2). Presenting therapeutic issues included depression, anxiety and bipolar disorder, self-esteem and developmental issues, relationship and family issues, and alcohol addiction. Duration of therapy ranged from 5 to 100 + sessions and spanned 3 months to 8 years. One participant remained in therapy, while the others had been terminated from 1 week to approximately 2 years prior to the interview.

Procedure

Ethics approval was obtained from the university Research Ethics Board prior to conducting the study. Prospective participants contacted the researcher and were provided a verbal explanation of the nature and purpose of the study over the telephone. A study description was mailed to each individual who expressed interest and fit the criteria for participation. Written informed consent was obtained prior to conducting the interview. Participants were invited to reflect on and/or write about their experiences of therapist disclosure prior to attending the interview.

To capture the full context of disclosure experiences and to produce data not confined to the interviewer's orientation and hypotheses, minimally-structured open-ended interviews were conducted. The audiotaped interviews were performed by the first author and ranged from 50 minutes to 2 hours in duration. Each interview began with the general request: "Tell me about a time during therapy when your therapist self-disclosed to you." A list of 15 open-ended questions was used to invite participants to reflect on

aspects of therapist disclosure. Questions asked supplemented what each participant had spontaneously provided during the interview. Prompts were used to access descriptions and experiences of the relationship prior to disclosure and any impact therapist disclosure had on the therapeutic relationship. This interview style elicited much context and additional information about the participants' overall therapy experience. Participants were encouraged to contact the researcher if they recalled or wished to change or omit existing information from their descriptions. One did so and the information was added as data for analysis. Recorded interviews were transcribed to text for analysis.

Data Analysis

A qualitative analysis was completed by the first author using procedures based on Colaizzi (1978), Osborne (1990), and Merriam (2002). A within-persons analysis was completed by independently analyzing each interview in the following manner: (a) each transcript was read several times to gain an overall sense of the participant's experience; (b) excerpts of the transcript revealing aspects of the participant's experience were highlighted for analysis; (c) themes were derived from excerpts then reviewed to ensure that they did not omit any aspect of or suggest anything not implied in the individual transcripts; and (d) 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 personal experiences. Measures to enhance trustworthiness of the results included bracketing biases, journaling, and consulting and obtaining feedback from the second author during data analysis.

Results

Of the 9 participants, 5 reported having positive experiences of therapist disclosure, 2 reported negative experiences, and 2 had mixed experiences. The majority of participants saw their therapist's role as asking questions, listening actively, and providing advice, guidance, or solutions to their problems; only 2 expected therapist self-disclosure. Based upon participant report, the content of therapist disclosure included leisure activities, general interests/hobbies, demographic information and professional background, lifestyle, past career concerns, work-related anxieties, family/marital issues, religious beliefs, personal relationships/struggles, and strategies to cope with stress/social anxiety/conflict. Frequency of disclosure varied widely from occurring sporadically and judiciously to repeatedly in response to every issue presented by the client. Length of disclosures was described as ranging from "brief and to the point" to "lengthy with superfluous detail." Disclosures were provided at different stages of therapy occurring as early as the first session and as late as termination.

Participants related ways in which they believed therapist disclosure impacted the therapeutic relationship. Four main themes emerged from an analysis of their descriptions: engagement, equalizing effects, openness, and attunement which are explained below in terms of positive and negative implications for the client-therapist relationship. Individual quotes from participants help exemplify attributes of each theme. To preserve anonymity pseudonyms are used in lieu of actual names.

Engagement

Positive impact. Participants acknowledged that exchanges in therapy were primarily unidirectional prior to their therapist's sharing. Therapist disclosure balanced

out the asymmetry imposed by the one-way exchange creating interactions described as "more natural," "organic," or "like a regular conversation." Furthermore, the shift in focus to the therapist provided a temporary reprieve from being the center of attention that instilled a sense of relief or decreased discomfort. Participants described the shift as an opportunity to "sit back and relax" that provided variety to the session. Three participants, all male, referred to this experience as being removed from "the hot seat," "the witness stand," or "the spotlight."

> 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)

All 7 participants receiving disclosure in the first 3 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," "loosening things up," or "inviting humour and bantering" which had a "settling" effect. Moreover, the therapist was experienced as "welcoming," "more accessible," "approachable," or "easier to relate to." Of these participants, 5 indicated that initial disclosure diminished their reservations, hesitancy, feelings of intimidation, or barriers to revealing their thoughts and feelings. These effects were described as enabling a different kind of connection than if the therapist had not shared personal information.

Negative impact. Discomfort or hesitancy towards the therapist in the early stage of therapy occurred for 3 participants. Two interpreted initial therapist disclosures as "odd" or "surprising" that they attributed to altered expectations of both the therapist's

behaviour and disclosure content and generated uncertainty about the therapist and 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 indicated they questioned the disclosures in an attempt to comprehend the behaviour, discern the therapist's intentions, or assimilate the new information. One stated, "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?" (Mitch) Another deliberated about whether seeking a new therapist would be necessary, demonstrating a desire to disengage from therapy as a result of the disclosure. One participant receiving highly detailed, lengthy disclosures about the therapist's personal issues and coping strategies viewed the therapist as "chatty" and "like a friend or buddy." Indicating the disclosures were appropriate for "two people going out for coffee" he remained superficially engaged with his therapist, at times feigning interest or warding off boredom.

Equalizing Effects

Positive impact. Five participants described therapy interactions prior to receiving self-disclosure as "formal," "rigid," "impersonal," "authoritative," "clinical," or "doctor-to-patient," capturing an image of the therapist as cold and detached and adopting a superior or dominant role. These perceptions were altered after therapist disclosure and described as "less formal or clinical," "more natural," "personable," or "friendly." Furthermore, all 7 participants reporting positive disclosure experiences referred to ways

therapist disclosure added a human dimension to therapy. When hearing about the therapists' past personal issues or difficulties, participants viewed their therapist as "more human," "real," "imperfect," or "more like people." In addition, interactions were characterized as "talking one human being to another," "connecting as two human beings," or "just two people working together." One participant emphasized that the disclosure placed him and his therapist "on an equal footing...as opposed to professional and counsellee" while others indicated that they felt like less of a "case," "project," "experiment," or "appointment" demonstrating a shift towards a more egalitarian relationship.

Experiencing the therapist as human or imperfect did not alter perceptions of the therapist's professional qualities. Five of the participants reported it did not compromise their view of the therapist's professional role. One stated, "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) Another indicated, "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." (Jim) The therapist's humanness and reciprocal exchange facilitated a view of the therapist as not exerting superiority over the client. As one participant indicated "I got the feeling that my therapist was wise but not that she was better than me." (Lisa) Still another 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)

Negative impact. Two participants described ways in which therapist disclosure altered therapy dynamics that devalued the therapist's professional role. One participant receiving extensive disclosure reported that he felt his therapist was in a subordinate position to him. "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 he perceived his therapist as "crazier" than he was. At these times he struggled with whether he should help his therapist but then attempted to shift the focus back to his issue. A second participant criticized her therapist for making poor personal decisions. She expressed disappointment in the therapist's lack of personal success and consequently viewed her as unprofessional. In both of these cases, disclosure appeared to reveal imperfections beyond what the clients were willing to accept which ultimately diminished perceived effectiveness as well as reverence or respect for the therapist.

Openness

Positive impact. Seven participants described experiencing some form of openness within the therapeutic relationship as a result of their therapist's sharing. Participants viewed their disclosing therapists as "more open" and disclosing behaviour as an invitation or permission to respond in kind.

> I could see my therapist was open so that I could be open. That's how the relationship developed. My therapist's disclosure had a totally positive impact on our relationship. If she wouldn't have done any disclosure of her life or her situation, then we wouldn't have been as close. I wouldn't have felt that she was so approachable with things. (Jim)

Furthermore, therapist disclosure promoted discussion of the issues clients brought to therapy as well as increased the breadth and depth of topics addressed. All 7 participants conveyed that hearing about their therapists' experiences or past issues made them more willing or amenable to discussing their own problems. In the following example, the therapist's sharing reduced 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. (Mitch)

Therapist disclosure helped develop trust and safety in the relationship that enabled client openness about vulnerable information. Three participants reported that they divulged thoughts and feelings that were personally difficult to share. "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)

According to 4 participants, therapist openness enhanced closeness in the relationship and enabled a therapeutic bond that was "deeper," "spiritual," or "synergistic." The following demonstrates an atmosphere of honesty, genuineness, and sincerity enabled by mutual 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)

These experiences suggest that therapist disclosure can foster reciprocal sharing within the therapeutic relationship whereby clients extend themselves to match the therapist's disclosing behaviour, disclosure content, and level of intimacy.

Negative impact. Three participants expressed concerns about the frequency, breadth, content, and level of intimacy of therapist sharing. Inappropriate therapist disclosure shifted the therapy focus unproductively resulting in a spectrum of reactions that included decreased client openness and feeling overwhelmed. Extensive and superfluous sharing was perceived as "competitive" or monopolizing session time which impeded discussion of problems and engagement in helpful therapeutic tasks.

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)

All 3 reported feeling confused or overwhelmed by their therapist's disclosure. One participant struggled to understand her therapist's lifestyle choice that went against her personal 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. (Julia)

Subsequent to the "disappointing revelation," she felt uncomfortable discussing certain issues with her therapist due to diminished trust. Another participant felt overwhelmed by the level of intimacy generated by the 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)

Therapist disclosure in this case evoked feelings of vulnerability that lead to a desire to temporarily disengage from the therapeutic process to reduce emotional discomfort.

For these participants, disclosure content was too dissimilar or discrepant from what they had been discussing or were willing to hear. Consequently, the therapeutic relationship became strained as they tried to understand the disclosure. During such instances participants consciously shifted the focus back onto themselves with difficulty. Furthermore, negative feelings about the therapists' disclosures were not revealed in any of these cases and therefore were not addressed.

Attunement

Positive impact. Five participants had favourable experiences whereby they felt their therapists' disclosure conveyed attunement to their personal experiences, feelings, and therapeutic needs. Participants whose therapist disclosed information similar to their experiences, problems, and feelings felt the therapist understood them, could relate to them, or could identify with what they were experiencing. For example, one appreciated that his therapist could relate to him as a "married man as opposed to just a doctor listening." Therapists were perceived as attentive or interested in what was being discussed because of their expressed familiarity. In 2 cases, such disclosure abated initial concerns of being judged or perceived negatively by their therapist and had a normalizing effect.

> 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. (Andrea)

All 5 participants saw their therapist as respecting them, valuing the relationship, or being more empathic because of their disclosing behaviour.

> 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)

Moreover, all 5 referred to their therapist's disclosure as appropriate or optimal stating that it "was in the right dose at the right time," "was 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 descriptions suggest the therapist provided something desirable to or needed by the client at the time of the disclosure and therefore were appropriately responsive.

Negative impact. Disclosure that was too frequent, elaborate, or incongruent with client issues or beliefs indicated poor responsiveness to the client's process or therapeutic needs. Two participants described experiences in which each felt misunderstood and consequently had difficulty viewing their therapist as trustworthy. In one example, a therapist frequently provided detailed anecdotes about her social anxiety.

> 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)

The participant did not perceive the severity of the therapist's anxiety as comparable to his own and interpreted the discrepancy as his therapist either not understanding his situation or being unwilling or incapable of helping him address his problem. In other words, as not responding appropriately to his needs. He struggled with the disclosures' relevance while preferring to have explored the source of his problem and how to address it. He became progressively frustrated with and isolated from the therapeutic process as his therapist continued to offer disclosures of a similar nature.

Another participant struggled with a disclosure that revealed differences in personal values and beliefs. The relationship was not well established at the time of the disclosure which occurred several sessions after she had expressed disapproval over the disclosed

values. The therapist's values were difficult to accept, eliciting feelings of disappointment and 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. (Julia)

The participant preferred that the therapist had gotten to know her position on the values before disclosing them, suggesting that the disclosure was inappropriate.

Discussion

Results from qualitative studies cannot be generalized, however results of the current study may illuminate the experiences of others. Particularly, this study provides a window into positive and negative client representations of disclosing therapists and ways these representations can impact the therapeutic relationship. Wherever possible, descriptions of disclosures accompanying the representations are given. Similar to other findings (Knox et al., 1997; Murphy & Mann, 1975; Wells, 1994), a positive view emerged of therapists as open, approachable, honest, safe, and trusting. There appeared to be two sources to this representation. First, disclosures early in therapy had implications for setting a comfortable tone to the therapeutic relationship, facilitating client engagement. Second, disclosures of similarity enhanced openness in terms of breadth of topics discussed and deeper self-exploration, supporting the dyadic effect. Furthermore, Jourard's (1971) proposition that therapist openness could foster a deeper or stronger relationship between client and therapist resonated with some of the participants. No

changes were reported in client disclosure or intimacy although clients liked disclosing therapists more than nondisclosing ones in Barrett and Berman's (2001) study that was limited to observer ratings of client disclosure in the first 4 sessions. Our findings suggest that therapist disclosure may affect client disclosure differently in the context of ongoing therapy and the evolving therapeutic relationship. Moreover, client reports of the impact of therapist disclosure are likely dependent on the contextual meaning it holds for the client. These points have methodological implications that should be considered in future studies.

Conversely, clients who experienced their therapist as "too open" felt burdened by their therapist's openness. Excessive disclosure shifted the focus away from the client and inappropriately deformalized the relationship, occurring at the expense of the client's needs as it restricted engagement, openness, and self-exploration. A negative representation of the therapist emerged as deviating from his or her therapy role and as being less trustworthy, competent, or professional (Wells, 1994). As cautioned by feminists and others, therapist disclosure can devalue and undermine the therapeutic relationship (Brown & Walker, 1990; Epstein, 1994).

An additional finding that resonated with other naturalistic studies (Knox et al., 1997; Wells, 1994) is therapist disclosure's equalizing effect on the therapeutic relationship. First, therapist disclosure shifted formalized and "rigid" interactions to person-to-person interactions. Second, exposing imperfections through disclosure led to views of the therapist as more human and real. Interestingly, according to clients this perception did not compromise the therapist's role as it generated a representation of the therapist as both imperfect human and professional with expertise. Moreover, therapist

willingness to reveal their humanity fostered an experience of the therapist as not exerting superiority. These findings indicate therapist disclosure can engender an egalitarian relationship where client and therapist roles remain differentiated but the client does not experience this difference as a power imbalance (Brown & Walker, 1990; Mahalik et al., 2000).

Lastly, from the client perspective therapist disclosure may have implications for how attuned the therapist appears to be to the client's needs and therapeutic process. Disclosure similar to the client's issues, experiences, or feelings that was well timed and context appropriate, generated positive representations of the therapist as attentive, understanding, and empathic. Furthermore, therapist similarity to the client had a normalizing effect and diminished client concerns of being judged. Conversely, when disclosures were too dissimilar or irrelevant clients represented their therapist as unable to understand them or meet their needs and as less trustworthy which strained the therapeutic relationship and hindered client engagement in the therapeutic process. An implication for therapy is that "fit" of disclosure can influence therapeutic resonance. Benefits specific to similarity or relevance of therapist disclosure are also reflected in Hill, Mahalik, and Thompson's (1989) study that indicates disclosures of reassurance are preferred over those that challenge the client as well as Barrett and Berman's (2001) study where disclosure in direct response to the client elicited positive views of the therapist. That the therapist's attunement to the client can be conveyed through disclosure is an important concept that may be worthy of further study.

Limitations

There are several limitations to this study. Although participants varied on some essential characteristics, those who volunteered to participate versus those who did not may represent some bias. All female participants were seen by doctoral-level students whereas all male participants who were seen by experienced therapists which may have had a bearing on disclosure experiences. There were no female participants under the age of 30, whereas 2 of the 5 male participants were in their 20's. In addition, experience of disclosure and overall satisfaction with therapy may be interdependent; 2 of the participants were dissatisfied with therapy and 7 were generally satisfied which was reflected in their experience of therapist disclosure. Similarly, views of therapist disclosure may have been impacted by other therapy behaviours; it would be naïve to ascertain that any benefit described by a participant such as increased openness or trust was exclusively due to therapist disclosure. Lastly, all but one participant had terminated therapy at the time of the interview which may be reflected in descriptions of disclosure experiences. Future studies could address these issues by including clients at various stages of therapy and post-termination.

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CHAPTER THREE

Counsellor Self-Disclosure: Client-Informed Implications for Practice

Never having learned about counsellor self-disclosure during my training, I was faced with a dilemma when the first client I had ever worked with asked me a fairly personal question. I let my intuition guide me and disclosed some intimate information, feeling surprisingly comfortable doing so. I recall during group supervision the collective apprehension towards the fact that I had disclosed. My supervisor promptly informed me that disclosure could contaminate professionalism and the therapy process and provided me techniques to sidestep having to make any personal revelations to future clients. I was left with the distinct message that I had handled the situation inappropriately. When terminating with my client, she revealed that the most impactful part of our work together had been my disclosure. I was intrigued by the discrepancy between my supervisor's and my client's feedback and began to reconsider the "taboo" that seemed to surround its use. I wondered: Is disclosing to a client really as bad as it's been made out to be?

-- Cristelle Audet

Counsellor self-disclosure is commonly viewed with caution due to the concern that it could interfere significantly with professionalism and the therapy process (Barnett, 1998; Peterson, 2002). Depending on orientation, theorists remain divided over the appropriateness of the intervention and the extent to which it should occur in therapy (Knox & Hill, 2003; Peterson, 2002). Psychotherapy process literature, however, depicts disclosure as a "promising element" in terms of the counsellor's contribution to the therapeutic relationship (Norcross, 2002). There is mounting empirical evidence that supports a generally favourable view of counsellor disclosure in individual psychotherapy (Hill & Knox, 2002; Knox & Hill, 2003). This research has been based upon the counsellor perspective but little has been undertaken to explore the impact of the intervention from the client perspective. The purpose of this paper therefore, is to expand our understanding of counsellor disclosure from the client perspective and to discuss practical implications for counsellor use of disclosure with clients.

Counsellor self-disclosure involves sharing information of a personal nature with a client. The literature distinguishes between self-involving statements that reveal the counsellor's in-session feelings in relation to the client versus self-disclosing statements that reveal the counsellor's life circumstances, experiences, or attitudes (Knox & Hill, 2003). The two forms of disclosure differ in their function and impact on therapy (Wachtel, 1993). This study will focus on disclosures about the counsellor's personal life outside of therapy.

Appropriate use of counsellor disclosure is an important topic of discussion from an ethical standpoint (Peterson, 2002). In the therapeutic encounter the client is the primary discloser while the therapist generally reveals little about him or herself. This asymmetry in the relationship is believed necessary for the client's change process. Revealing personal information may shift the attention away from the client and alter the therapeutic boundaries between counsellor and client. The client may become confused about what they should be doing in therapy or, in extreme cases, may adopt a caretaking role towards his or her counsellor. Indeed Barnett (1998) cautions that "the sharing of personal material by the counsellor could alter the client's expectations of psychotherapy and the process of psychotherapy and therefore must be done with great care" (p. 421). Despite suggested prudence in use, surveys consistently indicate that most practitioners utilize the intervention some of the time with only 6% responding that they never self-disclose to clients (Edwards & Murdock, 1994). Research on counsellor techniques indicates however that self-disclosure is a low-frequency intervention comprising an average of 3.5% of counsellor behaviour within a therapy session (Hill & Knox, 2002).

Analogue studies conducted in the 1970s and early 1980s primarily investigated dimensions of disclosure that influenced client perception of counsellor characteristics such as attractiveness, likeability, empathy, and warmth (see Hill & Knox, 2002). These dimensions included frequency, intimacy, and similarity. What has received limited attention has been client expectation of counsellor disclosure although researchers suggest that expectations and counsellor disclosure are interactive variables (see Watkins, 1990). Disclosing counsellors are perceived more favourably than nondisclosing counsellors particularly when disclosure is moderate, nonintimate, and conveys similarity to the client.

Surveys have identified the kinds of disclosure content practitioners generally provide as well as the kinds that clients desire. Practitioners disclosed most often about their professional qualifications and experience and least often about sexual issues and personal feelings (Edwards & Murdock, 1994). In addition to professional background, clients indicated interest in counsellors' personal feelings, coping with problems, handling of interpersonal relationships, and successes and failures. There was little client interest in beliefs or values and even less about sexual matters (Hendrick, 1990). When comparing these findings, it appears that clients are willing to hear about more intimate information than counsellors are prepared to provide. The discrepancy suggests that counsellors and clients possess a different view of acceptable topics for disclosure.

Counsellor's reasons for disclosing are mainly to increase similarity between themselves and their clients as well as foster the therapeutic alliance, normalize client experiences, model helpful behaviour, and provide new perspectives (Edwards & Murdock, 1994; Simone, McCarthy, & Skay, 1998). The most common reasons for not

disclosing are that it can remove focus from the client, burden or confuse the client, or blur the boundaries between counsellor and client (Mathews, 1989; Simone et al., 1998). Practitioners reported they either disclose in the early stage of therapy to build rapport or relieve client anxiety (Simone et al., 1998) or withhold disclosure until the later stages of therapy to avoid burdening the client (Mathews, 1989) suggesting that practitioners match disclosure to client needs. Clients interviewed about their experience of counsellor disclosure indicated counsellors should gauge when to disclose different types of information by assessing the strength of the therapeutic relationship (Wells, 1994). Implicit in these findings is the need for an idiosyncratic approach whereby disclosure is carefully evaluated for fit with the client (Peterson, 2002).

There is a small body of research investigating counsellor disclosure in actual therapy settings. The results provide a framework for understanding counsellor disclosure beyond its influence on client perception of counsellor qualities and illuminate the impact of disclosure on the therapeutic relationship, process, and to a lesser degree outcome. Disclosure has been shown to improve the quality of the client-counsellor relationship; it can help build rapport and trust as well as enable clients to perceive their counsellor as "more real and human" and the relationship as more equal (Knox, Hess, Petersen, et al., 1997; Wells, 1994). Counsellor sharing can enhance the therapeutic process by normalizing client issues, increasing client involvement, and providing insight and new ways of thinking and behaving (Knox et al., 1997). Although impact on therapy outcome is less clear, results suggest that counsellor disclosure can reduce symptoms of distress indirectly through its positive impact on the relationship (Barrett & Berman, 2001).

Less is known about the hindering effects of disclosure as experienced by actual clients. Those interviewed in one study consistently identified some degree of discomfort and inhibition around their counsellor's sharing related to "protecting" their counsellor from vulnerable feelings and feeling the therapeutic environment had been compromised in a way that precluded safe exploration of the client's issues (Wells, 1994). Concerns regarding therapeutic boundaries and feeling overwhelmed by what the counsellor had shared were identified (Knox et al., 1997; Wells, 1994).

Nutt-Williams and Hill (2001) state "practical experience may not always provide the most accurate information for the practitioner" (p. 336). In one study, clients who underwent psychotherapy rated disclosure as the most helpful among several counsellor interventions while counsellors rated their disclosures as least helpful (Hill et al., 1988), indicating that clients have a different viewpoint of the intervention than do counsellors. The client perspective is important given it has been a better predictor of successful therapy than the counsellor's perspective (Wampold, 2001). Both beneficial and hindering effects of counsellor disclosure have been explored but remain less well understood from the client perspective. The current study explores counsellor self-disclosure from the clients' perspective to expand our understanding of the intervention. Positive and negative experiences from 4 clients will be presented to highlight influential factors of counsellor disclosure in therapy and to emphasize practical implications.

Method

Participants

Potential participants were recruited through advertisements in local newspapers and from a university clinic serving the general public. Participants were screened for

suitability according to the following criteria: (a) had received individual therapy from a counsellor, psychologist, or psychiatrist; (b) were 18 years of age or older; and (c) had experienced counsellor self-disclosure defined as "any instance when the counsellor shared or revealed personal information about his or her life outside of therapy." There were no restrictions according to when therapy occurred, length of therapy, or presenting issues.

Of the 16 interested individuals, 9 met the criteria for inclusion and agreed to participate. Four participants were chosen from the sample for discussion in this paper based on the richness and diversity of their experiences, including positive and negative experiences. Participants in the subsample consisted of male (2) and female (2) Caucasian clients between the ages of 21 and 56 with a mean age of 35.8. Occupations were identified as university student, homemaker, disability, and undeclared.

Counsellors were identified by participants as including doctoral-level practicum students (2) and chartered psychologists with 10 years or more experience (2). Participants were unable to specify their counsellor's theoretical orientation. Counsellor-client dyads included female counsellor-female client (2), male counsellor-male client (1), and female counsellor-male client (1). Therapeutic issues included anxiety, self-esteem, indecision, and coping difficulties. The number of therapy sessions ranged from 5 to 17 and spanned from 2 to 6 months with an average duration of 13.5 sessions. None of the participants in this subsample were in therapy at the time of the interview; time elapsed between therapy termination and participation in the study ranged from 1 week to 1 month.

Procedure

Ethics approval was obtained from the university Research Ethics Board prior to conducting the study. Prospective participants contacted the researcher and were provided an explanation of the nature and purpose of the study via telephone. A study description was mailed to individuals who fit the participation criteria and expressed interest in being interviewed. Those who agreed to participate after reviewing the study description were invited to reflect on their experiences of counsellor disclosure prior to attending a face-to-face semistructured interview. Written informed consent was obtained from each participant prior to the interview.

Interviews of 1.5 to 2 hours in duration were audiotaped and began with: "Tell me about a time during therapy when your counsellor self-disclosed to you." A list of predetermined open-ended questions was used as needed to invite participants to reflect on their experience of counsellor disclosure in relation to the therapeutic relationship, process, and outcome. Once the interview was completed, participants were encouraged to contact the researcher if they recalled or wished to change existing information from their descriptions. One did so and the information was added as data for analysis. Recorded interviews were transcribed verbatim to text for analysis. At the end of the interview participants were given an opportunity to review their transcript and provide feedback. Two participants requested and were sent a copy of their transcript with a cover letter but neither provided feedback despite the invitation to do so.

Data Analysis

A qualitative analysis was completed based on procedures outlined by Colaizzi (1978) and Osborne (1990). Procedures comprised a within-person analysis in which

each interview was independently analyzed in the following manner: (a) the transcript was read several times to gain an overall sense of the participant's experience; (b) portions of the transcript that revealed aspects of the participant's experience were highlighted, creating excerpts for analysis; (c) excerpts were paraphrased from which themes were derived; and (d) themes were reviewed to ensure that they did not omit any aspect of or suggest anything not implied in the individual transcripts. Case summaries were then developed for each participant. For the purpose of this paper, an abbreviated version of each case study is presented illustrating the impact of counsellor disclosure at various points of the therapy process. Identifying information has been omitted or altered and pseudonyms are used.

The Researchers

The researchers' orientation to counsellor disclosure stems from their clinical and educational experience. The first author works in a university counselling setting and when appropriate has shared with students her past experiences and believes using personal examples to demonstrate therapeutic strategies can be beneficial. The second author has experience counselling adolescents and adults in both institutional and private settings. As practitioners who see value in judicious use of disclosure we remain curious about the ongoing theoretical debate on the issue. We were surprised at how little client representation appears in the literature and yearned to hear what actual recipients of counsellor disclosure had to say. Given our client-centred focus we believe that how the client experiences and interprets counsellor disclosure determines its effectiveness regardless of the therapist's intent. We greatly appreciated our participants' candour and their willingness to share their experiences.

Results

Participants provided descriptions of their experience of counsellor self-disclosure and their perceptions of the impact disclosure had on counsellor qualities, the therapeutic relationship, and therapy process. Experiences of 4 participants are summarized below to demonstrate the idiosyncratic nature of client responses to counsellor disclosure and nuances related to disclosure delivery. Background information is provided to contextualize participant experiences. Summaries depict both hindering and beneficial effects of counsellor disclosure.

Hindering Effects

Stan: Misuse of disclosure. Stan, age 34, had not been in therapy before and did not identify any expectations of his counsellor's role. He sought therapy to address anxiety manifested as agoraphobia that had kept him housebound for 2 years. He attended 17 sessions over 4 months and described his female counsellor as a "reputable" psychologist with over 10 years' experience. Disclosures pertained primarily to instances of his counsellor's social anxiety and related coping strategies and were provided throughout therapy in the form of lengthy anecdotes with superfluous detail.

Stan described his relationship with his therapist as "being like friends or buddies" from the very beginning of counselling and that at times he felt like "he was the counsellor and she was the client." Stan thought the disclosures were normal since he had no other counselling experience to compare to. Disclosures initially helped normalize his anxiety but this did not persist as disclosures became more frequent. When Stan presented an anxiety experience his counsellor immediately proceeded with an anecdote about her own anxiety experiences. These exchanges led Stan to view her as having a

competitive nature and trying to "outdo his stories." According to Stan, some of the anecdotes were up to 15 minutes long and laden with unnecessary details that he sifted through to determine their importance or relevance to his issue. He concluded that his anxiety was more severe than his counsellor's and viewed the strategies he extracted from the anecdotes as minimally relevant.

Given the frequent occurrence, lengthiness, repetitive content, and perceived lack of relevance to his issue, Stan's view of the disclosures became increasingly negative. Therapy remained "superficial" although Stan wanted to deal with his issue on a deeper level. On occasion disclosure also shifted the focus away from Stan's issue, generating a situation whereby he contemplated "taking care" of his counsellor. The repetitiveness and lack of relevance of disclosures led Stan to believe that his counsellor did not understand him and elicited feelings of boredom, frustration, and resignation. Towards the end of counselling, Stan felt apathetic and feigned interest in his counsellor's stories. Stan's involvement in therapy diminished over time precluding the exploration of the cause of his anxiety and the development of appropriate coping mechanisms.

Although Stan "lost reverence" for his counsellor, he did not view her as having malevolent intentions. Rather, he emphasized that she was "a nice enough lady" whose disclosing behaviour was "part of her flamboyant personality" and he wondered why she "needed to talk so much." Furthermore, Stan did not express his dissatisfaction to his counsellor despite concluding that her behaviour interfered significantly with his receiving help.

Julia: Differing values. Julia, age 56, had several therapy experiences. She experienced disclosure from a mid-aged female doctoral student receiving supervised

training. They met for 16 sessions over 4 months to address indecision and coping difficulties. Julia possessed rigid beliefs about how people should behave and did not cope well when these beliefs were challenged. Julia believed that counsellors who successfully negotiated their private life are also successful professionals, thus perceiving no difference between the two roles. Although Julia's counsellor rarely disclosed, one significant unfavourable disclosure was provided midway through therapy.

Julia indicated she did not feel a connection with her counsellor due to the short duration of their counselling. She described a reserved relationship in which she was reluctant to discuss certain topics. The impact of the counsellor's disclosure lay in its content and the meaning attributed by Julia. Several sessions after Julia had expressed disapproval regarding a certain lifestyle, Julia's counsellor revealed that she had adopted that same lifestyle. Julia was dismayed and disappointed about her counsellor's values and silently criticized her counsellor. She perceived her counsellor as unsuccessful in her personal life because of her "poor decision-making" which triggered doubts about her competence as a helping professional and strained the therapeutic relationship.

Values conveyed through the disclosure were highly incongruent from Julia's and she struggled to understand her counsellor's position, even after termination. Julia attempted to compartmentalize her negative feelings with difficulty by acknowledging that although she did not agree with her counsellor's values she needed to "look after her own self-interests," not allow her feelings to interfere too much, and try to maximize whatever benefits she could obtain from the sessions. Although she did not verbalize her discontent, she did express disagreement with the disclosure content which reportedly did not get processed in session.

Beneficial Effects

Ron: Counsellor modelling strategies. Ron, a 21-year-old university student, attended 5 sessions over 2 months with an experienced male psychologist to address social anxiety. Having no previous therapy experience, Ron was unsure what a counsellor's role entailed. Counsellor disclosure was used three times in therapy; disclosure regarding leisure activities occurred in the first session while the remaining disclosures specifically related to Ron's presenting problem occurred during the last two sessions.

At the onset of counselling Ron perceived his counsellor as "authoritative" and the relationship as "unequal like that of a doctor and patient." He identified this perception as a common one he possesses of helping professionals. Ron initially felt vulnerable due to a sense of dependency on his counsellor for help. Upon hearing about his counsellor's leisure activities and personal issues, he began to create an image of his counsellor as more personable, honest, and fallible.

Ron described the disclosures as brief and deliberately focused such that there was "no unnecessary sharing" and distinguished them by their relevance to his presenting problem. He valued the first disclosure about leisure activities because it built rapport, increased his comfort, and made the relationship "more equal" early in counselling. Subsequent disclosures were directly applicable to Ron's problem. After introducing strategies commonly used to overcome social anxiety, the counsellor provided personal strategies to further demonstrate ways he had addressed anxiety-provoking situations in his own life. The disclosures helped Ron to conceptualize and name his issue and to realize that he had previously overcome a similar instance of social anxiety. Ron

subsequently perceived resolution to his issue as more attainable than he had previously believed. The counsellor then invited Ron to consider applying the strategies to his own situation and developing concrete steps for doing so. Although initially surprised that a professional would disclose to a client, Ron viewed it as a valuable contribution to his counselling process that did not diminish his counsellor's professionalism.

Lisa: "Synergy". Lisa, a 32-year-old mother and homemaker, attended 16 sessions over 6 months with a female doctoral student under supervision. Lisa's presenting issue related to self-esteem and she regarded counselling as an opportunity for personal and spiritual growth. She initially perceived a counsellor's role as asking questions, analyzing responses, and providing solutions to her problems. She anticipated that her counsellor would be similar to other helping professionals she had seen and described as "rigid, cold, and impersonal."

According to Lisa, counsellor disclosure had its greatest impact on the relationship by strengthening the emotional bond with her counsellor. Although the first disclosure early in therapy was relatively impersonal, it prompted confused feelings and uncertainty as Lisa feared her counsellor's sharing was more representative of a friendship rather than a professional relationship. Upon assessing compatibility with her counsellor, Lisa contemplated whether seeing someone different would be necessary to fulfill her therapeutic needs. Despite initial doubts, she remained intrigued by her counsellor's disclosing behaviour which signalled the possibility of "a different experience."

Subsequent disclosures revealed similarity in spiritual beliefs and occurred at a point in therapy when Lisa felt confident about her counsellor. She experienced these disclosures profoundly and deemed them "timely and well chosen" relative to the

developing relationship and level of trust. Lisa felt disclosure equalized the relationship, facilitating a collaborative approach. She interpreted her counsellor's disclosing behaviour as a willingness and desire to connect in a meaningful way. This perception, in turn, generated a welcoming feeling to be more open and relate on a deeper level in a way that she believed did not overstep professional boundaries. Lisa asserted that reciprocal sharing was like a "slow unfolding" that added to the synergy of the relationship. She concluded that counsellor disclosure helped create a significant and memorable relationship that "enhanced her overall counselling experience by 50 percent."

Discussion

The cases presented emphasize a connection between therapeutic context and disclosure impact. Counsellor disclosure had both beneficial and hindering effects on perceived counsellor qualities and the counselling process and relationship (Knox et al., 1997; Wells, 1994). The impact varied even within a single therapy experience and hinged on client expectations and how the disclosure was delivered.

Client Expectations

Consistent with the literature, in this study counsellor disclosure and client expectations were interactive factors (Watkins, 1990). When clients received personal information from their counsellor, they engaged in a process whereby they evaluated either disclosing behaviour or disclosure content for fit with their perception of a counsellor's role and what it conveyed about their counsellor professionally. Having no preconceived expectations, novice clients accepted the behaviour as a normal part of therapy whereas one of the participants with previous therapy experience who did not expect counsellor disclosure initially experienced ambivalence towards her therapist.

Doubts were surmounted once trust was established, demonstrating that client expectations of disclosure can change over the course of therapy.

Participants formulated impressions of their counsellor's professionalism and competence after appraising disclosing behaviour and content. Specifically, participants who assessed their counsellors' disclosures as beneficial acknowledged that disclosure did not compromise their counsellor's professionalism. The opposite also held true; when disclosure hindered therapy, participants questioned their counsellors' professionalism and competence which diminished their expectations of therapy being helpful. Consistent with Barnett's (1998) caution, client impressions of therapy may be altered depending on the client's experience of counsellor disclosure.

Delivery of Disclosure

Perhaps of greater importance to clients is not *whether* disclosure occurs but *how* the counsellor reveals personal information. The nature of a disclosure seems determined by factors such as frequency, intimacy, similarity, and timing. Research has traditionally focused on determining the "optimal" frequency of disclosure which has resulted in the recommendation of its moderate use (Watkins, 1990). Findings from this study demonstrated that frequent counsellor sharing not only deprived the client of valuable therapy time but also interfered significantly with the therapy process by shifting the focus away from the client, reducing client involvement, and generating ambivalence about how to respond to the therapist's issues. These adverse effects can be understood intuitively, practically, and theoretically since the goal of therapy is to provide clients with an environment conducive to actively exploring and working through their own

issues. Indeed, practitioners have frequently cited these negative effects as reasons to not disclose (Mathews, 1989; Simone et al., 1998).

Notwithstanding common concerns of disclosing too much, one participant in this study who received minimal disclosure reported a particularly negative experience of disclosure that was significantly disruptive to her therapy. In her case, a single inappropriate disclosure was as deleterious as "too much" disclosure albeit through different processes. While most practitioners would acknowledge that frequent use of disclosure is counter therapeutic, they may overlook the negative impact even moderate use of disclosure could have if provided inappropriately. Clearly, frequency alone cannot be used to determine therapeutic use of disclosure.

Participants identified "extensiveness" of disclosure other than frequency that is rarely discussed in the research literature. Disclosure detail and repetitiveness were influential to the client experience. Extraneously detailed disclosures hindered the client's ability to extract the "therapeutic ingredient" compared to succinct disclosures, whereas repetitive disclosures resulted in boredom and gradual disengagement from the therapy process. Extensive disclosures also diminished the client's perception of counsellor competence. Although few practitioners would argue that amount of disclosure is an important factor, participants in this study implied that some practitioners may be unclear about what "too much disclosure" embodies on a practical level.

Exercising sensitivity to the strength of the therapeutic relationship is important when disclosing different types of information (Wells, 1994) particularly when sharing intimate information. Counsellors report disclosing to reduce anxiety about therapy and enhance the therapeutic relationship (Simone et al., 1998). In this study, less intimate

disclosures unrelated to client issues provided in the early stages of therapy did increase client comfort and facilitate rapport. Intimate disclosure about experiences and values that conveyed similarity with the client and occurred within a trusting therapeutic relationship deepened that relationship and facilitated a collaborative partnership. Conversely, intimate disclosure that occurred when the relationship was not well established resulted in negative perceptions of the counsellor and the counsellor's competence, particularly when the disclosure was incongruent with the client's values and beliefs. Counsellor disclosure and the therapeutic relationship appear interdependent whereby disclosure can strengthen the relationship and yet the strength of the relationship at the time of disclosure in turn can influence disclosure effectiveness. Furthermore, there may be interactive effects among disclosure intimacy, congruence of the disclosure with the client, and relationship strength. For example although Watkins (1990) encourages counsellors to maintain a low-intimacy stance, it appears that intimate disclosure can be beneficial providing it is appropriate to the relationship and not too incongruent from the client.

Counsellors primarily disclose to increase similarity between themselves and their clients (Edwards & Murdock, 1994). Consistent with Knox et al. (1997), participants viewed disclosure that conveyed similarity between themselves and their counsellor as an influential factor that helped normalize and validate their issues. When counsellors revealed similar life experiences and issues participants also felt understood and respected. Not surprisingly, when disclosure was appreciably different from their issues, values, or beliefs participants felt misunderstood, viewed the counsellor negatively, and lost confidence in the counsellor's ability to help which subsequently hindered their

involvement in therapy. Certainly disclosures conveying mild dissimilarity between counsellor and client can be beneficial by providing new perspectives. However, personal value and belief disclosures that seriously challenge beliefs that the client esteems may be too difficult to assimilate. As experienced by participants in this study, disclosure too dissimilar from the client became significantly disruptive to the therapeutic process and compromised the therapeutic relationship.

Counsellors have also used disclosure to model coping strategies to their clients (Simone et al., 1998). One interesting response in this study is that clients gauge the strategy for its applicability to their own issue. Participants discussed their reactions to disclosures in the context of relevance whereby the disclosure's helpfulness appeared contingent on how well they could connect or apply the counsellor's strategy to their own issue. Not surprisingly, when clients were able to envision ways to apply the strategies to themselves they found the suggestions helpful, while suggestions low in relevance reflected to clients that their counsellor did not fully understand their problem and subsequently diminished the client's confidence in their counsellor. A distinction needs to be made here between similarity and relevance. Whereas similarity is understood as having the ability to normalize issues and foster the therapeutic relationship, relevance of disclosures has implications for clients' direct involvement in addressing their issues.

The value of disclosure is largely contingent on how responsive the counsellor is to the client's needs at the time of disclosure and to the emerging therapeutic context. Timing of disclosure or its occurrence at a specific moment is an important aspect of responsiveness (Stiles, Honos-Webb, & Surko, 1998) that participants emphasized in this study. They characterized helpful disclosures as "timely and well chosen" or "the right

dose at the right time" compared to unhelpful disclosures described as indiscreet. As concluded by other authors (Peterson, 2002; Wells, 1994), a tailored approach is necessary where the counsellor should mindfully assess each opportunity for disclosure with the client on a situation-by-situation basis.

Stiles et al. (1998) suggest that responsiveness can be facilitated by client feedback. However, clients are generally reluctant to share immediate negative in-session experiences with their counsellor (Farber, 2003; Paulson, Everall, & Stuart, 2001), including reactions to counsellor disclosure. As in Wells' (1994) study, all participants with negative experiences of disclosure refrained from sharing these responses possibly as a means of protecting their counsellor or preserving the therapy. It is unfortunate that counsellors reportedly did not inquire about how clients felt about their sharing, precluding any opportunity to make appropriate adjustments to client requirements.

Researcher Learning

Use of a qualitative approach permitted us to develop a deeper understanding of the client's experience of counsellor disclosure and its impact in therapy. The impact of disclosure emerged as highly contextual, nonlinear, and contingent on multiple delivery factors that cannot be considered in isolation. The first time we disclosed to our clients, we did not have an appreciation for how complex sharing in a therapeutic context could be nor of the extent of its potential effects. We noticed a shift in our use of disclosure in therapy whereby each is more vigilant in how it might impact the client as an individual. Both the uniqueness of the client and the context of the evolving therapy are factored in to the decision.

As active practitioners who occasionally disclose to clients, we are intrigued by participant reports of unhelpful or inappropriate disclosures that hinder therapy, raising several questions for us. What motivated these counsellors' disclosures? Were they aware of their disclosures' negative impact? What interfered with their ability to use disclosure responsively? Participants reflected that unsuccessful use of disclosure by their counsellor arose from and demonstrated a lack of responsiveness. The process of providing disclosure is similar to that of selecting a treatment or therapeutic intervention: it must be approached thoughtfully, be consistent with client needs, and adjust to the emerging context.

Implications for Therapy

The effects of counsellor disclosure can be far reaching and therefore must be conducted in a judicious manner. Introducing specific guidelines for the appropriate use of disclosure may interfere with the responsiveness required for effective therapy but the following suggestions may be used as guiding principles. The strength of the therapeutic relationship should be considered when deciding to share personal information with a client. Caution may be particularly warranted during the early stages of therapy as the client acclimatizes to the process and is assessing his or her counsellor. Since the counsellor does not know the client's expectations, initially refraining from significant disclosure would enable the counsellor to learn about the client's expectations and anticipate reactions to disclosing behaviour and types of information provided. Some disclosures, however, clients generally welcome. Low-intimacy disclosure appears to be a suitable tool to build rapport compared to moderately intimate disclosure which would best be reserved for the well established relationship. Clients also seem to appreciate

hearing about how their counsellors are similar rather than dissimilar to them especially with regards to their issues and personal values.

Disclosure that is provided with "good intentions" does not ensure a positive or helpful experience for the client, necessitating a better understanding of the client's perspective of what he or she considers therapeutic. Counsellors should be purposeful with their disclosures and actively ensure that they are used in a therapeutic manner by facilitating client input on how to effectively utilize the disclosure once provided. For example, when disclosing strategies for the purpose of modelling, counsellors should not only consider how relevant their strategy might be prior to providing it but also use client feedback to confirm the strategy's applicability and to effectively implement it.

Lastly, client reluctance to voice their negative therapy experiences is problematic since such feedback could help counsellors make appropriate adjustments that better meet the client's needs. One way to address this issue may be to carefully monitor client responses to disclosures and be prepared to address them as they arise. If indeed clients withhold their reactions to preserve the therapy, then the onus would be on the counsellor to facilitate opportunities for feedback without compromising client safety or comfort within the relationship.

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Paper #3

Violating Boundaries or Removing Barriers?:

Client Perspectives of Therapist Self-Disclosure

In preparation to be submitted

to

Psychotherapy: Theory/Research/Practice/Training

CHAPTER FOUR

Violating Boundaries or Removing Barriers?:

Client Perspectives of Therapist Self-Disclosure

There is an ongoing debate in the psychotherapy literature regarding the role of therapist self-disclosure in therapy. Revealing personal life circumstances, experiences, and attitudes to a client has been endorsed by some as a fruitful intervention that can provide multiple therapeutic benefits when properly used (Audet & Everall, 2003; Hill & Knox, 2002; Knox & Hill, 2003; Watkins, 1990) while others consider it an inappropriate behaviour incongruent with the therapist's role (Barnett, 1998; Epstein, 1994; Goldstein, 1997). A main concern about therapists revealing personal information to clients is that it can infringe on client-therapist boundaries and mutate the therapist's role in ways that compromise perceived professionalism and competence. With the exception of what can be inferred from two naturalistic studies (Knox, Hess, Petersen, & Hill, 1997; Wells, 1994), there is limited discussion on this issue from the client perspective. In an attempt to address the issue, a qualitative study on therapist self-disclosure was conducted that yielded some interesting preliminary data about how clients view therapeutic boundaries as well as the therapist's role and appearance as a competent professional in the context of receiving therapist disclosure.

Although immediate disclosure about the therapist's in-session feelings or reactions is one of several types of disclosure identified, it is functionally different from personal revelations about life outside of therapy (Knox & Hill, 2003; Wachtel, 1993). Immediate disclosure is directly related to the client's experience in the "here-and-now" and has been used by therapists to reveal current reactions to clients about how their behaviour

affects other people. Conversely, personal disclosure about life circumstances, experiences, or attitudes removes the focus from the client. Given these differences, immediate disclosure has been perceived by some as less controversial (Wachtel, 1993) and will therefore be excluded from this discussion of therapist disclosure.

Clients and therapists have roles maintained by boundaries that result in a natural power differential in the therapeutic relationship. Traditionally the client has been the primary discloser expected to "bare all" for therapy to be effective while the therapist maintains a generally nondisclosive stance and applies his or her expertise to the issue at hand (Farber, 2003; Simon, 1990). The concern with reciprocal sharing is that it has the potential to shift the focus away from the client and invite social dynamics more conducive to a friendship than a professional relationship. These effects can alter client expectations of therapy and perceptions of the therapist's competence and professionalism (Barnett, 1998; Epstein, 1994).

Whether therapist disclosure is deemed an appropriate part of a therapist's role is largely determined by theoretical orientation (Edwards & Murdock, 1994; Mathews, 1988, 1989; Simi & Mahalik, 1997; Simon, 1990). There has been much discussion on the differences in use of disclosure by theoretical orientation (Hill & Knox, 2002; Knox & Hill, 2003; Peterson, 2002). It is interesting to note that each theoretical orientation has its distinctive perspective of disclosure that allows for different boundaries between client and therapist and yet each orientation deems their respective use of disclosure as ethical practice that is professionally acceptable.

Psychoanalytic and psychodynamic therapists are least disclosive (Edwards & Murdock, 1994; Simi & Mahalik, 1997). They view disclosure as blurring the well-

defined boundaries necessary for the transference process to take place and are thus most likely to perceive therapist transparency as interfering with their professional role. However, contemporary psychoanalysts have gradually admitted that it is impossible to maintain complete anonymity with clients and have begun to discuss acceptable ways disclosure can be used. Humanists permit more flexible boundaries encouraging personal openness and genuineness on the part of the therapist. Reciprocal sharing that reveals the therapist's fallibility as a human fosters this stance and is viewed as the basis for a genuine relationship through which change can occur. Feminists utilize disclosure as a proactive strategy to reduce the power imbalance inherent in the therapeutic relationship with the expectation that doing so will empower the client both within and beyond the therapy process (Mahalik, Van Ormer, & Simi, 2000; Simi & Mahalik, 1997). Disclosure also aids in "demystifying the person of the therapist and allows the client to experience therapy as an interchange between two humans rather than between 'expert' and 'patient'" (p. 146, Brown & Walker, 1990).

Therapist disclosure has also been considered from an ethical perspective, furthering our understanding of its role in psychotherapy beyond theory. Epstein (1994) provides a conservative view cautioning that disclosure, particularly of personal problems, can potentially blur client-therapist boundaries. He asserts: "The purpose for restraining revelation is to maintain a single-minded and strictly professional focus on the patient's problem" (p. 198). Similarly, Barnett (1998) emphasizes that disclosure can threaten the clearly defined rules necessary to maintain a professional relationship. Still others claim that therapist disclosure is always a boundary crossing. Gutheil and Gobbard (1999) state: "When a therapist begins to indulge in even mild forms of self-disclosure, it

is an indication for careful self-scrutiny regarding the motivations for departure from the usual therapeutic stance" (p. 238). According to this position, disclosure is acceptable only under exceptional conditions such as when the therapist's personal circumstances might affect treatment. In this context disclosure is portrayed as having a restricted role with the main goal of preserving the integrity of boundaries between professional and patient.

Lazarus and Zur (2002) offer a different position inspired by their unconventional support for dual relationships. They and other proponents (Dineen, 2002; Tomm, 2002) believe psychologists have actively maintained a professional distance between themselves and clients through unnecessarily strict boundaries that emphasize the power differential between therapist and client and promote a process of objectifying the client (Tomm, 2002). Similar to feminist theorists, this group views practitioners' general nondisclosive stance as a means of maintaining an "expert" appearance that preserves their position of power over clients. Lazarus and Zur challenge those supporting the "professionalization" of psychologists to reconsider their attitude towards boundary issues indicating that therapist disclosure would not compromise boundaries to the extent that is feared.

Peterson (2002) acknowledges that it is impossible, if not detrimental in some cases, to not self-disclose during a client's treatment and therefore the issue is not whether it is ethical to disclose but under what circumstances. The ethicality surrounding therapists' use of disclosure is complex especially since results of disclosure studies are mixed (Hill & Knox, 2002; Watkins, 1990). Peterson applied various ethical principles and guidelines from the American Psychological Association's "Ethical Principles of

Psychologists and Code of Conduct" (1992) to theory and research findings on therapist disclosure. He determined that ethical implications related to therapist disclosure are contingent on disclosure content, therapist reasons for disclosure, client traits, and specific circumstances related to the disclosure. Essentially, disclosures that are therapeutically helpful are beneficent and therefore considered ethical whereas disclosures that impede therapy or result in transgressions that harm the client violate the principle of nonmaleficence and are unethical. Peterson's interpretation suggests that use of disclosure is within the therapist's professional role as long as the outcome is therapeutic and no ethical principles are violated.

Feminist ethics address power inequities including those inherent in psychological practice. Therapist disclosure has always been integral to this mandate and therefore is commonplace in feminist practice (Simi & Mahalik, 1997). Consequently, guidelines have been developed for the appropriate and effective use of disclosure including ethical issues related to not disclosing information to clients based on principles of feminist theory and ethics (Mahalik et al., 2000) and can be found in the Code of Ethics of the Feminist Therapy Institute (1990). Thus, feminist ethical practice clearly endorses use of disclosure primarily as a means of reducing disparity between professional and client.

There are some data on practitioners' ethical and professional views of disclosure. Pope, Tabachnick, and Keith-Spiegel (1987) conducted a national survey that identified the frequency of various boundary-blurring activities among practicing psychologists. Results indicated that 69% of respondents used self-disclosure as a therapy technique from "sometimes" to "very often." Many respondents did not recognize disclosure to clients as a deviation from the standard of care suggesting they view it as an acceptable

part of their professional role. A survey by Edwards and Murdock (1994) investigating therapist's reasons for disclosing showed 96% of doctoral-level practicing psychologists who responded do not use disclosure for the purpose of increasing client perception of their expertness, although the most common type of disclosure was that of professional training and background. They, as well as Peterson (2002), commented that notwithstanding the common practice of this type of disclosure during informed consent, the results suggest that therapists are interested in making themselves appear more expert whether or not they are aware of this motivation. These two studies indicate that although many practitioners consider use of disclosure to be ethical behaviour, they also believe revealing personal information could somehow alter their professional appearance.

The issue of the role of therapist disclosure in ethical and professional practice is clearly divisive among theorists, ethicists, and practitioners. But what do we know about how clients perceive and experience therapist disclosure in the context of a psychotherapy relationship? In early analogue studies, nonclient participants evaluated disclosing therapists on professional dimensions such as expertness and competence. For example, Merluzzi, Banikiotes, and Missbach (1978) found that low-disclosing therapists were rated as significantly more expert than high-disclosing therapists. They remarked that the finding "seems to fit traditional notions of psychologists as aloof and somewhat personally distant from the client" (p.481). Nilsson, Strassberg, and Bannon (1979) found no evidence that disclosing therapists are viewed as less competent or less "mentally healthy." Implicit in these findings is that use of disclosure may impact perceptions of the therapist's expertness more so than the therapist's competence.

Studies exploring therapist disclosure from the perspective of real clients in therapy settings have begun to illuminate potential effects of disclosure on therapy boundaries and the therapist's professional role. Therapist sharing of personal information can, but does not always, cause client concern about therapy boundaries (Audet & Everall, 2003; Knox et al., 1997; Wells, 1994). Boundary issues were apparent in a qualitative study by Wells (1994) in which half of the 8 participants interviewed reported that therapist disclosure altered boundaries unfavourably leading to reduced credibility and confidence in the therapist's abilities and professionalism. Moreover, participants demonstrated awareness of the importance of appropriate boundaries and the need for their therapist to respect those boundaries. Positive effects of therapist disclosure on boundaries included a shift in the balance of power and thus client empowerment in therapy, and increased mutuality and respect. Knox et al.'s (1997) study focused on client experiences of helpful therapist disclosure and showed that clients perceived their disclosing therapist as "more real, human, or imperfect" (p. 279) which had an equalizing effect on the relationship. Although the focus was on helpful disclosures, one participant expressed concern about therapy boundaries.

Whether looking at therapist disclosure from a theoretical, ethical, or empirical perspective, there seems to be a chasm in our understanding of its impact on boundaries and its function in relation to the therapist's professional role. On the one hand, therapist disclosure is viewed as a boundary violation that deviates from the normal therapeutic stance and taints the therapist's appearance as professional and expert. On the other hand, therapist disclosure is accepted as a viable therapeutic technique that loosens client-therapist boundaries and "humanizes" the therapist. Our comprehension of the

intervention has been primarily from scholarly and practitioner viewpoints. The client perspective has received minimal attention but could provide a valuable contribution to the disclosure debate. Nine clients who experienced therapist self-disclosure during the course of their therapy were interviewed using qualitative inquiry. This study provided some insight into disclosure's impact on therapeutic boundaries and perceived therapist professionalism and competence from the unique perspective of the client. The author acknowledges that descriptions of experiences are based on participant recollection of disclosure events and likely represent salient experiences participants possess at the time of the interview. Moreover, although not always consistent with the practitioner's perspective, what is recollected is meaningful in its own right in the context of what it conveys of a client's understanding of therapy (Merriam, 2002).

Method

Participants

Potential participants were recruited through advertisements in local newspapers and from a university counselling clinic serving as a training facility for graduate-level students. Participants were screened for suitability according to the following criteria: (a) received individual therapy from a counsellor, psychologist, or psychiatrist; (b) were 18 years of age or older; and (c) experienced therapist self-disclosure defined as any instance during therapy when their therapist shared or revealed information about his or her personal life to them. No restrictions according to presenting issues, length of therapy, or time of termination were imposed.

Of the 16 individuals who expressed interest, 9 met the study criteria for inclusion. The sample was comprised of 5 male and 4 female clients ranging from 22 to 56 years of

age with a mean age of 35.7 years. Eight were Caucasian and one was Hispanic. Occupations of the participants were respiratory therapist, homemaker, advertising company, university student (2), computer programmer, and no declared occupation (3). Participants identified therapists as including doctoral-level practicum students (4), chartered psychologists with 10 years or more experience (4), and psychiatrist (1). Participants were unable to specify their therapist's theoretical orientation. Therapist-client dyads included female therapist-female client (4), male therapist-male client (3), and female therapist-male client (2). Presenting therapeutic issues included depression, anxiety and bipolar disorder, self-esteem and developmental issues, relationship and family issues, and alcohol addiction. Duration of therapy ranged from 5 to 100+ sessions and spanned 3 months to 8 years. One participant was in therapy at the time of the interview, while the others had been terminated from 1 week to approximately 2 years prior.

Procedure

Ethics approval was obtained from the university Research Ethics Board prior to conducting the study. Prospective participants contacted the researcher and were provided a verbal explanation of the nature and purpose of the study over the telephone. A study description was mailed to each individual who expressed interest and fit the criteria for participation. Written informed consent was obtained prior to conducting the interview. Participants were invited to reflect on and/or write about their experiences of therapist disclosure prior to attending the interview.

To capture the full context of disclosure experiences without predetermining any responses, minimally-structured open-ended interviews were conducted. The audiotaped

interviews ranged from 50 minutes to 2 hours in duration. Each interview began with the general request: "Tell me about a time during therapy when your therapist self-disclosed to you." A list of 15 open-ended questions was used to invite participants to reflect on aspects of therapist disclosure. Questions asked were geared to supplement what each participant had spontaneously provided during the interview. Participants were encouraged to contact the researcher if they recalled or wished to change or omit existing information from their descriptions. One did so and the information was added as data for analysis. Recorded interviews were transcribed to text for analysis.

Data Analysis

A qualitative analysis was completed using procedures based on Colaizzi (1978), Osborne (1990), and Merriam (2002). A within-persons analysis was completed by independently analyzing each interview in the following manner: (a) each transcript was read several times to gain an overall sense of the participant's experience; (b) excerpts of the transcript revealing aspects of the participant's experience were highlighted for analysis; (c) themes were derived from excerpts then reviewed to ensure that they did not omit any aspect of or suggest anything not implied in the individual transcripts; and (d) 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 personal experiences. Measures to enhance trustworthiness of the results included bracketing biases, journaling, and consultation during data analysis with research colleagues.

Results

The impact of both positive and negative disclosure experiences on client perceptions of therapeutic boundaries and the therapist's role and professional qualities will be outlined. The author understood these factors as being interdependent and therefore found them difficult to present in discrete categories. Therapist disclosures that were experienced positively versus negatively are briefly characterized since they impacted client perceptions differently. Positive or facilitative experiences arose from disclosure that was infrequent, low-to-moderately intimate, similar to client experiences, or responsive to client needs and the emerging therapeutic relationship. Disclosures contributing to negative or hindering experiences were described as too frequent, repetitive, lengthy with superfluous detail, incongruent with the client's issue or personal values, or poorly attuned to the client's needs or the therapeutic context. Of the 9 participants, 5 reported having positive experiences of therapist disclosure, 2 reported negative experiences, and 2 had mixed experiences. Only 2 participants expected therapist self-disclosure but the majority saw their therapist's role as asking questions, listening actively, and providing advice, guidance, or solutions to their problems.

Comments on Therapy Boundaries

All participants acknowledged the importance of therapists maintaining professional boundaries when disclosing. One indicated, "I need a certain distance to feel comfortable that I am in a professional relationship." Participants expressed concern that disclosure might change the relationship into a friendship which they viewed as inappropriate. "If it got almost where you're in a friendship in the therapy, that might be too much because it's not the right time at the right place." Or in the succinct words of

another participant, "I don't go there for a friend. I go there for help." Three participants speculated on the pitfalls of "too much disclosure" and distinguished risks such as emotional involvement that would blur boundaries, friendship dynamics that would alter the relationship unfavourably, and unwanted involvement that would burden them in therapy.

Positive Experiences

Positive experiences of therapist disclosure are based on 7 participant interviews. Five participants described their perceptions of their therapist prior to receiving self-disclosure. They used words such as "formal," "rigid," "impersonal," "authoritative," or "clinical," capturing an image of the therapist as distant and detached. Furthermore, based on interactions occurring prior to therapist disclosure participants saw themselves as "just an appointment," "another project," "a case to be analyzed," or "a guinea pig being experimented on." Implicit in these references is that clients have distinct views of their therapist and themselves upon entering therapy. The expectation of these participants was that the therapist possessed the dominant role while they as the client assumed a subordinate position, creating a gap or distance between therapist and client. However, early-therapy disclosures about the therapist's personal interests or past issues altered these perceptions. Participants experienced exchanges in therapy as "less formal or clinical" and "more natural or organic," "personable," or "friendly." Furthermore, all participants who had a positive experience of disclosure made reference to ways in which therapist disclosing behaviour added a human dimension to therapy. For example, participants experienced therapy interactions as "talking one human being to another," "connecting as two human beings," or "just two people working together to solve a

problem." One participant stated disclosure put him "on equal footing" with his therapist "as two human beings rather than professional and counsellee." Another participant characterized disclosure with his therapist: "It was like for that moment we jumped out of the role of counsellor-counsellee to almost like two friends sharing." Thus the therapist's disclosive stance helped humanize dynamics in therapy and in some cases moved the interactions beyond the client's understanding of discrete pre-established roles.

In addition to changes in therapy dynamics, disclosure influenced participants' perceptions of therapist qualities. Viewing their therapist as "more human or real" occurred following disclosures about past personal issues which exposed the therapist's fallibility and imperfection. Three participants indicated that although they knew subconsciously "even experts have problems," therapist disclosure confirmed this reality. Disclosing therapists were described as caring, respectful, and nonjudgmental. These qualities in conjunction with humanness facilitated a view of the therapist as not exercising superiority while in his or her professional role thereby promoting an egalitarian relationship. As one participant indicated "I got the feeling that my therapist was wise but not that she was better than me." Still another stated, "It didn't feel like my therapist was looking down their nose at me."

Five participants reported that disclosure did not alter their perceptions of the therapist's professional qualities. Disclosure generated affable qualities but did not compromise the acknowledgement of their therapist's skills, expertise, or professionalism. One participant stated, "My therapist is a human being whose area of expertise is there to guide me." Another participant initially intimidated by her therapist's skillfulness indicated "it helped me to know this is a person who cares about me and is

professional, yet still manages to just open up a little bit." Disclosure helped strengthen another participant's relationship beyond her expectations which she attributed to disclosure creating a "certain feel of friendship yet there was still the professional element." Moreover, experiencing both the therapist's professional and personal qualities in therapy appeared beneficial. As one participant explained, "It's that combination that's good. My therapist has the theory and analytical abilities, and if she's disclosing how she's lived her own life, and in her case quite successfully, I think it all helps." Still another participant stated, "The professional boundary is there, but you're still connecting as human beings and a little personal sharing enhances the experience."

Self-disclosure also influenced perception of therapist competence and credibility. For example, 2 participants initially thought their therapists were "too young and inexperienced" and questioned their professional competence. Disclosure helped diminish doubts, in one case through hearing about the therapist's "successful" life and the other through observing meaningful common experiences with the therapist. Three others viewed disclosures of strategies for similar issues as enhancing their therapist's credibility since the strategies were based on "real life experience" rather than "theory or a textbook."

An additional effect of disclosure reported by participants was that therapist disclosing behaviour implied the therapist saw them as "more than clients." For example one participant stated, "My therapist doesn't just see me with a narrow clinical kind of view as a case to be analyzed" while another revealed, "My therapist is not just treating me as a client. He actually sees me as a human being to be telling me these things about his life." Such statements indicate that the therapist's act of sharing may diminish client

feelings of being objectified. Four participants also interpreted their therapist's willingness to disclose as a sign of trust and confidence, of being worthy of respect and being cared for, and in one participant's case that he "must not be so bad." In other words, the therapists saw each participant as able or competent in spite of their problems. Overall, these participants reported a shift in their role as client from passively being "fixed by an expert" to an empowering position of actively collaborating with their therapist.

Negative Experiences

Negative experiences of therapist disclosure are based on descriptions from 4 participants. Boundary issues were apparent for all but varied in severity. One participant receiving disclosure in her first session was initially concerned the therapist's disclosure was representative of a friendship rather than a professional relationship and worried about the extent of her therapist's future disclosing behaviour. Another boundary issue regarded restricted time to discuss issues. Two participants reported feeling frustration in such cases, suggesting disclosure interfered with their basic client needs. One of the participants receiving frequent and detailed anecdotes about his therapist's coping with a similar issue experienced therapy exchanges as social and superficial like "going for coffee with a friend or buddy" or "two people chatting." Anecdotes prevented deeper exploration of the client's issue and development of coping strategies. As the participant reported, "It was like I was the therapist and she was the patient getting everything off her chest." Furthermore, the participant indicated, "there were moments when it seemed like my therapist was crazier than I was." At these times he briefly struggled with whether he should help his therapist and then attempted to shift the focus back to his

issue. In another qualitatively similar experience, a participant criticized her therapist for making poor personal decisions. She expressed disappointment in the therapist's lack of personal success and consequently viewed her as unprofessional. In this and the previous example, hindering disclosures led participants to feel less confident in their therapist's ability to be helpful and perceived therapist effectiveness was diminished.

Discussion

Therapy boundaries, roles, and professional qualities are interdependent making it difficult to isolate the impact of therapist disclosure on these factors. Participants from this study viewed disclosure as an appropriate part of the therapist's role on some level. Most distinguished between too much and too little disclosure. Furthermore, participants with negative experiences envisioned ways therapist disclosure could have been suitable while those with positive experiences speculated about ways therapy would have been less beneficial had their therapists not disclosed. This finding indicates that clients deem disclosure as an acceptable therapist behaviour in therapy, challenging views espoused by some ethicists (Barnett, 1998; Epstein, 1994; Gutheil & Gobbard, 1999) that it should be avoided unless under exceptional circumstances.

As with other naturalistic studies (Knox et al., 1997; Wells, 1994), therapist disclosure helped reduce the power imbalance inherent in the therapeutic relationship. Positive disclosure experiences narrowed the gap between client and therapist by "humanizing" interactions, rendering the therapy encounter less clinical. This effect altered the client's view of the therapist in a dominant role and of themselves in a subordinate role. Participants' preference for a warm, friendly professional to a formal, authoritative professional indicates that demystifying the "person of the therapist"

through disclosure can be beneficial (Brown & Walker, 1990). Furthermore, exposing humanness and imperfections did not compromise views of the therapist as skillful and possessing expertise. In other words, as in an egalitarian relationship, therapy roles remained differentiated while the distinction was not experienced as a power difference. This effect resonates with beliefs that revealing personal qualities to the client need not diminish the therapist's professional qualities and that clients are less likely to view their disclosing therapists as exerting power over them (Lazarus & Zur, 2002; Mahalik et al., 2000; Simi & Mahalik, 1997).

Therapist disclosure had both a positive and negative impact on perceived professional qualities such as competence and credibility. For example, disclosure reduced initially unfavourable impressions some participants generated of their therapists by enhancing perceived competence while therapists who substantiated therapeutic strategies with personal successes were perceived as more credible. Conversely, participants viewed themselves as better than their therapist when, from their perspective, the disclosure revealed "inadequacies" that diminished the therapist's credibility and competence. Whether disclosure has an enhancing or diminishing effect on professional qualities is likely dependent on the type of disclosure provided, the therapeutic context in which it is provided, and client expectations of therapy and his or her therapist.

One unexpected finding relates to how clients think their therapists perceive them by virtue of sharing personal information and the subsequent impact on the clients' perception of their role. Participants felt less objectified after their therapist's initial disclosures, enabling a positive perception of self as worthy of respect and as "functional" in spite of the problems discussed in therapy. Participants reported they

subsequently viewed their client role more favourably which helped them adopt an active and collaborative stance in therapy. Therapist disclosure may therefore have implications for how clients perceive themselves in therapy and could serve as a tool to empower the client in their therapy role.

Although there was less data on negative experiences of therapist disclosure, there were contraindications similar to those presented by ethicists (Barnett, 1998; Epstein, 1994) and Wells (1994) that therapist disclosure could adversely alter therapy boundaries and perceived professionalism. Effects varied in severity from confusion about therapy boundaries to role reversal. Participant reports indicated "equalizing effects" generated by therapist disclosure can be taken to extremes and devalue the therapeutic encounter by generating friendship dynamics. Therapist disclosure diminished elements that distinguish the therapist's role from the client's such as facilitating exploration of issues and enabling change. Findings from this study support concerns that disclosure can alter professional appearance (Edwards & Murdock, 1994) and minimize the therapist's role (Simi & Mahalik, 1997).

Considerations and Suggestions

Results from qualitative studies cannot be generalized but may illuminate the experience of others. Some of the unique experiences described in this study are intriguing and may generate interesting hypotheses. First, therapist disclosure as a contribution to the development of an egalitarian relationship is a consistent finding in studies using real clients. Second, client self-perception in relation to therapist disclosure is an unexplored avenue that could have interesting implications for empowering the client in his or her role. Third, though therapist disclosure can both enhance and diminish

professional qualities, there may be a need to distinguish between different qualities such as competence, credibility, and expertness when investigating the effects of therapist disclosure. Lastly, different types of disclosure may impact professional qualities differently which could be addressed in future studies.

Summary

According to participants in this study, therapist disclosure can both violate boundaries and remove barriers in the therapy process. Therapist disclosure has been discouraged because of its potential to alter boundaries, undermine the therapist's role, and diminish professional qualities. Although these effects have been observed, they are not always the outcome. It can be suggested from these findings that there are ways practitioners can share personal information without transgressing boundaries or negatively altering their professional role. However, therapist disclosure also poses a risk to the tenuous line that separates client from therapist. That therapist disclosure's potential effects are so widespread denotes the importance of exercising sensitivity when sharing personal information, while adhering to conservative guidelines that discourage therapist disclosure altogether seems unnecessary and would be akin to throwing the proverbial baby out with the bath water.

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CHAPTER FIVE

Summary and Discussion

This chapter consists of a summary of the main findings of the qualitative study conducted followed by a discussion of how the findings relate to the theory and practice of therapist self-disclosure, the questions they raise, and ways to address them. Each of the three papers represents a distinct yet inter-related aspect of therapist disclosure. The discussion will end with limitations to the study and considerations for future research.

Previous research on therapist disclosure focused primarily on the therapist or the nonclient observer perspective and utilized quantitative methodologies such as survey or analogue designs (Hill & Knox, 2002; Watkins, 1990). Although this body of research yielded findings of importance, the results are decontextualized from therapy experiences of actual clients and therefore have limited applicability to psychotherapy practice. The author identified only two naturalistic studies in the past decade that sought information on client experiences of therapist disclosure using qualitative methods (Knox, Hess, Petersen, & Hill, 1997; Wells, 1994). Using basic qualitative inquiry, the current study aimed to obtain a better understanding, from the client perspective, of experiences of therapist disclosure and the impact the intervention may have in therapy. The objective was to obtain and analyze descriptions of clients' experiences of their therapist's personal disclosures. Nine individuals who had been in therapy and whose therapist had disclosed about their personal experiences outside the therapy relationship were interviewed. Minimally-structured open-ended interviews were conducted to access descriptions of client experiences and to develop an understanding of the meaning the interaction held for those clients. Verbatim transcripts were generated from the audiotaped interviews and

a qualitative analysis of the transcripts completed using procedures based on Colaizzi (1978), Osborne (1990), and Merriam (2002). Client descriptions of disclosure experiences were analyzed according to three contexts: the therapeutic relationship, client-informed practice, and the therapist's professional role and are discussed below. Although results from qualitative studies cannot be generalized, results from this study may illuminate the experiences of others.

Summary of Main Findings

The data obtained was based upon the clients' recollection of what occurred in therapy as well as what clients deemed salient to their experience of therapist disclosure. Therefore rather than attempt to elucidate accurate accounts of client experiences, emphasis was on client representations of disclosing therapists and the meaning clients attributed to those representations. Furthermore, this study focused on the perspective of the recipient of therapist disclosure--the client--regardless of theoretical conceptualizations or intentions that guided the therapist's utilization of disclosure.

Disclosure content described by participants included leisure activities, general interests/hobbies, demographic information and professional background, lifestyle, past career concerns, work-related anxieties, family/marital issues, religious beliefs, personal relationships/struggles, and strategies to cope with stress/social anxiety/conflict. Frequency of disclosing behaviour varied from occurring sporadically and judiciously to repeatedly in response to every issue presented by the client while disclosure length was described as ranging from "brief and to the point" to "lengthy with superfluous detail." Disclosures were provided at different points of therapy occurring as early as the first session and as late as termination.

Descriptions of both positive and negative experiences of therapist disclosure emerged from participant interviews. Positive and negative experiences were not mutually exclusive; of the 9 participants, 5 reported having positive experiences of therapist disclosure, 2 reported negative experiences, and 2 had mixed experiences. Therapist disclosures that were experienced positively versus negatively are briefly characterized since they impacted client perceptions differently. Positive or facilitative experiences arose from disclosure that was infrequent, congruent with client experiences, or responsive to client needs and the emerging therapeutic relationship. Disclosures contributing to negative or hindering experiences were described as occurring too frequently, repetitive, lengthy with superfluous detail, incongruent with the client's issue, personal values, or expectations, or poorly responsive to the client's needs and the therapeutic context. Two participants expected therapist disclosure but the majority generally saw the therapist's role as asking questions, listening actively, and providing advice, guidance, or solutions to their problems.

Therapeutic Relationship

The first paper was based on representations participants provided of their disclosing therapists that had positive and negative implications for the therapeutic relationship. Four themes, discussed below, were identified: engagement, equalizing effects, openness, and attunement.

Engagement. The first order of business in therapy is engaging the client in the therapeutic process. Establishing rapport is an important step that facilitates working through the client's issues. Although level of endorsement of therapist disclosure varies across different theoretical perspectives, the intervention is often viewed as a means to

build the therapeutic relationship and facilitate the therapy process (Goldfried, Burckell, & Eubanks-Carter, 2003; Jourard, 1971; Rogers, 1957; Mahalik, Van Ormer, & Simi, 2000) and practitioners have cited building rapport as a reason to disclose to clients (Simon, 1990; Simone, McCarthy, & Skay, 1998). Furthermore, the ability of therapist disclosure to facilitate rapport, that is to help develop a bond between the client and therapist, has been demonstrated from the client perspective (Wells, 1994). Participant reports from this study reveal that therapist disclosure has implications for engaging the client in the early stage of therapy. Participants indicated that low-intimacy disclosure in the first few sessions made client-therapist interactions less formal and enhanced a view of the therapist as approachable, enabling clients to feel at ease and comfortable within the therapeutic milieu. However, therapist disclosure hindered client engagement, particularly when disclosure deviated from client expectations of therapy or the therapist. Such disclosures initially evoked doubt about the therapist and distanced the client from the therapeutic process. It thus appears that therapist disclosure can contribute to generating an atmosphere early in therapy that influences the process of connecting the client to therapy.

Equalizing effect. A consistent finding across naturalistic studies is that therapist disclosure has an equalizing effect on the therapeutic relationship (Audet & Everall, 2003; Knox et al., 1997; Wells, 1994). Equalizing the power difference between client and therapist is a main objective for feminist practitioners; purposefully disclosing opinions, values, and feelings particularly related to political issues is a common means to assist clients in assessing compatibility with their therapist (Mahalik et al., 2000). However in this current and Knox et al.'s (1997) studies, equalizing effects on the

relationship appeared to be derived from perceptions of the disclosing therapist as real, imperfect, fallible, and more human, rather than from providing information that enhanced the client's process of selecting a therapist. A factor contributing to equalizing effects revealed by participants that is supported by feminist conceptualizations regards the impact of therapist disclosure to shift "expert-to-patient" interactions to more personable interactions (Brown & Walker, 1990). Both humanness and less formal interactions facilitated perceptions of therapists as an individual not exerting superiority in therapy which reportedly empowered clients and engendered a collaborative approach to therapy.

Rather than generate client-therapist dynamics of an egalitarian nature, inappropriate disclosure brought about dynamics that clients viewed as questionable relative to the therapist's role. Extraneous disclosures and therapist transparency of personal issues and opinions, values, or feelings too incongruent from what the client expected led to perceived deficiencies in the therapist as an individual and strained the therapeutic relationship. Two participants indicated therapist disclosure elicited feelings of wanting to take care of the therapist and contemplated doing so. These findings are consistent with contraindications identified by feminists and ethicists that sharing personal information with a client can blur therapy boundaries and diminish the client's view of the therapist as an effective or competent helper (Brown & Walker, 1990; Epstein, 1994; Wachtel, 1993).

In sum, in addition to revealing therapist imperfections and fallibility, therapist disclosure can help clients experience therapy interactions as less formal and more personable. These factors can contribute to a view of the therapist as assuming a less

dominant role in therapy. An important distinction however is that therapist disclosure does not engender a relationship where client and therapist are equal to one another. Rather disclosure can give rise to an egalitarian relationship in which each member's role remains differentiated but the distinction between roles is not experienced as a power imbalance. Finally, it should be cautioned that inappropriate use of disclosure could lead to diminished perceptions of the therapist and undermine the therapist's role in the relationship.

Openness. According to participants, therapist openness through disclosing behaviour enhanced their openness as clients. They viewed their therapist's behaviour as an invitation to respond in kind which reportedly increased the breadth and depth of topics addressed than might have occurred in the absence of therapist disclosure. In sum, participants appeared to extend themselves to match the therapist's disclosing behaviour and disclosure content, supporting the dyadic effect which maintains that therapists can model openness to their clients through their own disclosing behaviour (Jourard, 1971).

Increased willingness to address difficult personal issues was also reported by participants, suggesting they felt safer to discuss their concerns within the context of their therapist's sharing. Similar findings have been noted in earlier analogue studies (Bundza & Simonson, 1973; Nilsson, Strassberg, & Bannon, 1979; Thase & Page, 1977) which found therapist disclosing conditions elicited greater willingness from nonclient participants to self-disclose than nondisclosing conditions. Although it has been hypothesized that therapist disclosure begets client disclosure (Jourard, 1971; Simonson, 1976), analogue researchers indicated that differences in reported likelihood of disclosure do not necessarily denote actual differences in amount of client disclosure. Client self-

report in more recent naturalistic findings (Knox et al., 1997) also reveal experiences of increased openness and disclosure. However, one quantitative study found no change in client disclosure in response to therapist disclosure (Barrett & Berman, 2001). These findings suggest client internal experiences may be different from their actual behaviour and beg the question of how "openness" should be defined. Perhaps amount of client disclosure does not increase with therapist disclosure but rather what the client discloses in response to the therapist's sharing becomes more intimate or profound.

Some participants described reciprocal and intimate sharing with their therapist in later stages of therapy as leading to deeper self-exploration and contributing to a spiritual or synergistic experience. These experiences reflected the viewpoint that therapist openness encouraged honesty and mutuality between client and therapist (Jourard, 1971) and contributed to a stronger therapeutic relationship (Barrett & Berman, 2001). The impact of therapist disclosure on the relationship's level of intimacy remains unexplored.

Disclosing therapists can run the risk of being perceived as "too open" however, particularly if the therapist discloses too frequently or too intimately for the given therapeutic context. In this study, such disclosing behaviour increased the likelihood of negative perceptions of the therapist as deviating from their role and therefore as being less helpful therapeutically. Specifically, participants noted that excessive therapist disclosure led to restrictions in their own disclosure and diminished their willingness to discuss issues due to viewing the therapist as less trustworthy or competent. These experiences are consistent with practitioner reasons to not disclose (Edwards & Murdock, 1994) and contraindications outlined in the literature (Brown & Walker, 1990; Epstein, 1994; Koocher & Keith-Spiegel, 1998; Wachtel, 1993).

Attunement. Participants indicated that therapist disclosure could convey how attuned the therapist was in therapy. A distinction arose between therapist attunement to the client and to the therapy process. Attunement to the client arose from disclosures similar to client issues, experiences, or feelings. Such disclosures contributed to positive perceptions of the therapist as attentive, interested, empathic, and understanding. Moreover, this therapist representation enhanced the overall relationship by diminishing client concerns of being judged, increasing mutuality, and enhancing trust and safety. Disclosure too discrepant from client experiences, values, beliefs, led to perceptions of the therapist as unable to understand the client.

Attunement to the therapy process arose from disclosures that participants deemed well timed and flowing naturally from the therapy. Such disclosure conveyed therapist responsiveness to the participant's needs at that point in therapy and resonated with the therapeutic context. Disclosures of strategy, which revealed steps the therapist had taken and found beneficial when addressing a personal concern, demonstrated attunement to the therapy process particularly well. This type of disclosure was evaluated for its applicability to issues being addressed; strategies were most helpful when participants were able to envision ways to apply them to their situations. Conversely, uncertainty about the relevance of disclosures of strategy reflected the therapist's inability to understand the participant's problem or therapeutic needs. In other words, disclosures too dissimilar from the client or discrepant from the client's needs could convey that the therapist was poorly attuned to the therapy process. Such disclosure reportedly diminished confidence in the therapist's ability to help, straining the therapeutic relationship.

Other studies have indirectly identified benefits related to the dimension of similarity. Hill, Mahalik, and Thompson (1989) found that clients prefer disclosures of reassurance that support, reinforce, or legitimize what the client is discussing in therapy over those that challenge them. Barrett and Berman (2001) demonstrated that reciprocal disclosure--disclosure in direct response or similar to the client--improved the quality of the therapeutic relationship.

An implication of the current study's findings is that clients assess therapist disclosure for its compatibility with the therapeutic context. There appears to be an association between disclosure similarity and therapist attunement; how well a disclosure fits with the client's experiences, feelings, or needs can influence therapeutic resonance or harmony. That attunement can be conveyed through therapist disclosure is an important concept worthy of further study. Investigating the dimension of similarity may be a relevant starting point.

Concluding remarks. The American Psychological Association's Division 29 Task Force has concluded that therapist disclosure is a promising influence to the therapeutic relationship (Steering Committee, 2002). The capacity of therapist disclosure to enhance the quality of the relationship has been shown in other studies (Barrett & Berman, 2001; Hill & Knox, 2002) but the present study elucidates ways in which this can occur. In the context of the therapeutic relationship, clients suggest that therapist disclosure is important for its ability to impact client engagement in therapy, establish an egalitarian relationship, foster client openness, and convey attunement to client needs. It is possible that therapist disclosure and the therapeutic relationship may be interdependent whereby

disclosure can strengthen the relationship and yet the strength of the relationship at the time of disclosure in turn can mediate disclosure impact.

Client-Informed Practice

Findings from the first paper demonstrated from the client perspective that therapist self-disclosure can enhance or diminish the quality of the therapeutic relationship. The second paper comprised a closer examination of what distinguishes positive experiences from negative ones. Two main factors influential to perceived therapist qualities and therapeutic effects were revealed: client expectations and therapist delivery of disclosure.

Client expectations. Only a few studies have investigated the impact of client expectations of therapist disclosure on therapy and these have yielded mixed results (Derlega, Lowell, & Chaikin, 1976; Peca-Baker & Friedlander, 1987; VandeCreek & Angstadt, 1985). Watkins (1990) concluded from his review that therapist disclosure and client expectations are interactive factors. Reports from the current study suggest that clients engage in an internal process whereby they assess therapist disclosing behaviour and disclosure content for compatibility with their expectations of therapy. Participants without prior therapy experience initially accepted therapist disclosure as normal, whereas participants with prior experience who did not expect disclosure as part of the therapist's role reported ambivalence and disruption to the therapy process. Irrespective of previous therapy experience, participant expectations changed over the course of therapy depending on the perceived effectiveness of subsequent disclosures. Positive experiences of disclosure enhanced the therapy process, however as cautioned by Barnett (1998) disclosures perceived as hindering the therapy process can alter client expectations of the therapist and therefore of the therapy's efficacy.

Although these findings are consistent with Watkins' (1990) conclusion that therapist disclosure and client expectations are interactive, client expectation is an area that remains relatively unexplored. Some elements that may warrant attention based on participant reports in the current study include: (a) client expectations of therapist disclosure upon entering the therapy relationship and responses to initial therapist disclosure given the expectations the client possesses; (b) development of impressions of the disclosing therapist over time based, in part, on evaluations of subsequent disclosures; and (c) the ability of therapist disclosure to alter client expectations of therapy.

Delivery. Whether clients perceived disclosure as beneficial to therapy was contingent, in part, on how the therapist delivered the disclosure. Positive and negative disclosure experiences were differentiated by how well the disclosure emerged from and fit with the therapeutic context. Participants identified disclosure amount, level of intimacy, similarity, and timing as influential to the therapy experience.

It has been speculated that "too much" disclosure can burden the client and interfere with the therapeutic process (Barnett, 1998; Epstein, 1994). Although breadth and duration of disclosure have been identified as relevant disclosure variables (Cozby, 1973), studies investigating disclosure amount have focused primarily on frequency within a single session and indicate that moderate levels of disclosure generate the most favourable views of therapists compared to nondisclosing or high disclosing therapists (Watkins, 1990). These results were consistent with those of the current study; reports of disclosure experiences during ongoing therapy as opposed to a single session indicated that therapists who disclosed "frequently" were also viewed less favourably compared to those who disclosed "occasionally."

Knox and Hill (2003) described therapist disclosure as "one of the rarest but potentially most potent techniques" (p. 533), suggesting that the impact of therapist disclosure arises from its infrequent use. Although there is likely a frequency threshold beyond which most clients would consider disclosure a hindrance, there is indication that a single disclosure deemed inappropriate by the client can be detrimental to the therapeutic process. It can be concluded that although frequency should be carefully monitored, it would be risky to assess effective use of therapist disclosure by frequency alone.

The level of detail and repetitiveness, both of which impacted perceived therapist competence, also characterized negative experiences of therapist disclosure. Interestingly, these factors and their effects have, to the author's knowledge, not been documented in the literature. Compared to succinct disclosures, participants found extraneously detailed disclosure hindered them from extracting information of therapeutic relevance. Furthermore, detailed and repetitive disclosure resulted in boredom, frustration, and "tuning out" from the therapy process. These findings suggest that client experience of therapist disclosure may be contingent on the intervention's frequency as well as its conciseness.

A common perception in the therapeutic community is that nonintimate disclosures of credentials and demographic information are more acceptable than intimate disclosures of personal beliefs, feelings, or past experiences (Edwards & Murdock, 1994; Knox & Hill, 2003; Watkins, 1990). However, clients may be more comfortable with information more personal in nature than the therapist may be willing to provide (Hendrick, 1988; Hill et al., 1988). Participants revealed in the current study that nonintimate disclosure

such as "small talk," hobbies, or leisure activities in the early stages of therapy facilitated rapport and engaged them in therapy. What could be considered more intimate disclosure about personal past experiences and values deepened the relationship and fostered a collaborative approach to therapy when occurring within a trusting relationship. Conversely, intimate disclosure participants regarded as disagreeable and that occurred when the relationship was not well established led to negative perceptions of the therapist's personal and professional qualities.

Although generally contraindicated, intimate disclosure can be appropriate providing the disclosing practitioner exercises sensitivity to the strength of the therapeutic relationship (Wells, 1994) and the disclosure is not too dissimilar from the client (Audet & Everall, 2003). In other words, it appears that clients could benefit from disclosures that are intimate providing they are context appropriate. A practical implication however, is that the onus would be on the therapist to gauge the degree of intimacy their client would be receptive to.

Influential to client experiences of therapist disclosure is similarity of the therapist's disclosure to the client. Consistent with results from Knox et al.'s (1997) study, participants in this study indicated that disclosure that conveyed similarity between them and their therapist normalized their personal issues and fostered feelings of understanding and respect. Conversely, disclosure appreciably different from or incongruent with their issues, values, or beliefs led to feeling misunderstood, generated negative views of the therapist, and decreased confidence in the therapist's ability to help. Disclosure too dissimilar or incongruent also became significantly disruptive to the therapeutic process as indicated by participants' attempts to comprehend or assimilate the therapist's personal

information. This finding resonates with other studies that indicate that clients do not like disclosures that challenge them (Hill et al., 1989) or that are low in reciprocity (Barrett & Berman, 2001). Disclosure similarity appears to be influential to the client's experience. Indeed, an inverse relationship between disclosure similarity and client perceptions of the therapist has been put forth suggesting that "as...disclosure becomes more discrepant from the client's experience, the perceptions of that disclosure will likely become progressively less favourable" (Nilsson, Strassberg, & Bannon, 1979, p. 403).

A commonly accepted viewpoint of therapist disclosure is that it is a complex intervention and therefore should be used judiciously (Knox & Hill, 2003; Peterson, 2002; Watkins, 1990). Judicious use of disclosure implies that timing is important. Study participants emphasized timing as impacting their disclosure experiences, characterizing helpful disclosures as "timely and well chosen" or "the right dose at the right time" compared to disclosures depicted as indiscreet or "not thought out." Occurrence of an intervention at a specific moment is reflective of the therapist's responsiveness (Stiles, Honos-Webb, & Surko, 1998), a construct that has been deemed important to psychotherapy practice but has not been researched in the context of therapist disclosure.

Concluding remarks. Therapist disclosure is a complex intervention with multiple dimensions to consider such as amount, intimacy, similarity, and timing. Each opportunity for therapist disclosure should therefore be evaluated by the therapist to ensure appropriateness of the disclosure to the therapeutic context and that the disclosure resonates with the client's expectations. Indeed, participants suggested positive experiences of therapist disclosure arise from "good" or appropriate timing. These findings are best understood within the concept of therapist responsiveness (Stiles et al.,

1998). On a practical level, a responsive approach would necessitate that practitioners conduct a "psychological cost-benefit analysis of the value of specific self-disclosures" (Farber 2003b, p. 525) whereby each disclosure opportunity with a client is mindfully assessed on a situation-by-situation basis and may be facilitated by client feedback (Stiles et al., 1998). However, a considerable obstacle to obtaining feedback is that clients are generally reluctant to share immediate negative in-session experiences with their therapist (Farber, 2003b; Paulson, Everall, & Stuart, 2001), including negative experiences of therapist disclosure (Audet & Everall, 2003; Wells, 1994). This observation is discussed in the Other Findings section.

Therapist's Professional Role

Clients seek out the practitioner's expertise or knowledge that they believe will address the problems for which they desire help. The therapist by definition is in a dominant role, creating a power difference in the therapeutic relationship (Simi & Mahalik, 1997). A main concern held by practitioners and ethicists related to use of disclosure is that it may negatively alter client views of therapist professionalism or, in severe circumstances, the therapist role (Barnett, 1998; Epstein, 1994; Gutheil & Gobbard, 1999; Wachtel, 1993). Furthermore, ethical cases indicate therapist disclosure is the first violation towards more serious transgressions such as sexual misconduct (Gutheil & Gobbard, 1999; Koocher & Keith-Spiegel, 1998). Although practitioners generally do not endorse use of disclosure to increase their expert appearance, they frequently endorse it as a means to increase similarity with the client (Edwards & Murdock, 1994). This observation yields a potential contradiction since professional

qualities such as expertness tend to differentiate the therapist from the client rather than convey similarity between them. It is this discrepancy that inspired the final analysis.

The third paper provided a preliminary look at the perceived impact of therapist disclosure on the therapist's professional qualities and role from the client perspective. A consistent finding from naturalistic studies is that therapists who self-disclose appear more human to clients (Knox et al., 1997; Wells, 1994). Humanness was conveyed by disclosing behaviour as well as disclosure content that revealed, for example, activities outside of therapy or personal imperfections. Similar to Knox et al.'s (1997) findings, in this study humanness helped equalize the power difference in the relationship. Participants elaborated on this experience indicating that appropriate disclosure revealing humanness also helped diminish preconceptions of the therapist's dominant role. This shift in perceived dominance however, reportedly did not compromise therapist professional appearance. This concept has been broached by feminists (Mahalik et al., 2000) and Tomm (2002) who believe many professionals unnecessarily maintain a general nondisclosive stance to promote a process of objectifying the client and preserving the power differential between therapist and client.

Notwithstanding the positive disclosure effects, revealing imperfections may pose a risk as some study participants interpreted "poor use" of disclosure as a deficiency in the therapist rather than as conveying humanness (Audet & Everall, 2003; Wells, 1994). Other negative disclosure effects on professional qualities were reported. Consistent with Wells' (1994) study, hindering disclosures negatively altered client views of the therapist's ability to be helpful. In severe cases, participants in this study viewed their

therapist as less competent and less professional, enabling participants to perceive themselves as "better than" their therapist in some respects.

The therapist disclosure literature has emphasized the intervention's impact in the context of therapist qualities. An intriguing finding emerged from the data that suggests therapist disclosure may also have implications for how clients perceive themselves in their own role in therapy. Participants reported negative associations with their role as client in therapy reflective of a submissive or subordinate position to the therapist. These negative associations were attributed to perceptions of the client and therapist roles and formalized interactions upon entering therapy. Therapist disclosure shifted these perceptions to one of greater empowerment for participants due to feeling less objectified, respected, and valued by the therapist. Although feminist theory discusses purposeful use of disclosure by therapists to reduce the power imbalance by rendering interactions more personable (Brown & Walker, 1990), the client perspective appears to lend support for this theory.

Concluding remarks. Therapist disclosure may alter client perceptions of therapist professionalism either positively or negatively, depending upon the fit between disclosure and the evolving therapy or client expectations. Appropriate therapist disclosure has implications for easing or relaxing interactions within the therapeutic dyad. Although caution is still warranted when sharing information with clients, it should be acknowledged that important boundaries that define each member's role may be maintained while providing disclosure. The enhancing effects of therapist disclosing behaviours on the client's perceived role have not been the focus of any disclosure studies to date and are worthy of further exploration.

Lastly, these results raise some interesting questions: What distinguishes therapist disclosure that conveys humanness from that which conveys a deficiency in the therapist? How should professional practice be evaluated in the context of sharing personal information with clients? How would a practitioner assess their own professional use of disclosure given the importance of the client's perception of the behaviour and its unpredictable impact on therapy?

Other Findings

There are other findings that did not get addressed in the body of the dissertation but may be of potential significance for research and practice and will be discussed briefly. They include client attentiveness and negative reactions to therapist disclosure as well as therapist disclosure's impact on the therapeutic process and outcome.

Client Attentiveness

One observation noted by several participants was that at the time of therapist disclosure they experienced a "perking up" or increased attentiveness, primed to listen to what the therapist was about to say. Hill et al. (1988) concluded that clients demonstrate higher levels of experiencing associated with the intervention of therapist disclosure. Higher levels of experiencing is reflective of increased involvement in therapy which is a desirable client behaviour in therapy. Participants in this study indicated increased attentiveness to their disclosing therapist was a response to the unexpectedness of the intervention when it first occurred, to its infrequent occurrence, to the fact that therapist's sharing of personal information defied normal rules of engagement in therapy, and to the disclosure content itself. Several distinguished therapist disclosure from other interventions stating it got their attention because it was "based on real life" rather than

"out of a textbook." Participants appeared to value or appreciate interventions buttressed with the therapist's personal experiences, indicating that it enhanced therapist credibility by demonstrating greater relevance and feasibility of the intervention. That therapist disclosure may have the ability to impact clients on an experiential level and guide their attention in the therapy process may be worth exploring further.

Client Negative Reactions

Another observation worth noting is that none of the participants claiming negative disclosure experiences shared their reactions with their therapist nor did therapists in these cases inquire about their client's experience of the disclosure. Withholding negative reactions to therapist disclosure was also observed in Wells' (1994) study and hypothesized to be a means of protecting the therapist or preserving the therapy. In this study, despite believing their therapists did not have malevolent intentions, clients did not share or address negative disclosure experiences with their therapists. That negative reactions did not get processed in therapy may indicate that therapists lack awareness or understanding of their disclosing behaviour's potential negative impact in therapy or are ill equipped to handle client reactions.

Literature on client disclosure indicates that clients are generally reluctant to share immediate negative in-session experiences with their therapist (Farber, 2003a; Paulson, Everall, & Stuart, 2001). However, participants in the current study who perceived therapist disclosure as threatening or compromising their progress demonstrated a resiliency to such disclosure and attempted to maximize gains from the therapeutic process in spite of the perceived obstacle. An implication for research is that client reluctance poses a potential obstacle to obtaining critical feedback. Practically, therapists

should provide their clients the opportunity to identify or explore the disclosure impact should the client deem it relevant. A closer examination of negative effects of disclosure based upon client feedback may help practitioners establish ways to address client experiences of disclosure.

Therapy Process

When conducted in a context-appropriate fashion, it appears that therapist disclosure can have a catalytic effect on the therapeutic process. For example, desirable effects such as increased comfort, openness, and trust or important therapy processes such as building rapport, modelling, and providing new perspectives are expedited. Conversely, therapist disclosure can hinder or strain the therapy process, delaying or even preventing the occurrence of the above-mentioned therapeutic benefits. A comparison of experiences from two participants' demonstrates this point particularly well. One participant speculated that nonintimate disclosure early in therapy facilitated rapport and disclosures of strategy enabled him to envision therapeutic behaviours he needed to engage in. In this participant's words, therapist disclosure sped up what probably would have occurred naturally had no therapist disclosure taken place. The other participant indicated that extraneous and repetitive therapist disclosure he deemed low in relevance to his issue cluttered the therapeutic process and impaired his ability to extract therapeutic elements intended by the disclosures. Although therapist disclosure may advance or accelerate important elements in therapy, disclosure should not be used to hasten the therapeutic process. Moreover, if poorly executed, therapist disclosure can impede or "slow down" the therapy process.

Therapy Outcome

Conspicuous by its absence was participant discussion of the impact therapist disclosure had on the overall therapy outcome. Responses to the interview question "What impact, if any, did your therapist's disclosure have on the outcome or overall results of your therapy" were generally vague, receiving responses such as "it helped" or "yes it had an impact." It may be that participants did not know how to respond to the question. It was apparent to the researcher that therapist disclosure had a significant impact on therapy outcome for two participants, one positive and one negative, though neither interviewee reported this effect when asked directly. Perhaps it was difficult for interviewees to discuss overall outcome because it was too elusive to address experientially or from memory. These observations raise the question of whether client self-report via qualitative inquiry is an appropriate method to specifically assess the effects of therapist disclosure on overall outcome and are addressed in the Considerations for Future Research section.

Limitations

There are several methodological limitations to consider; four main limitations are presented here. First, there are limitations related to the participant sample. Individuals who volunteered to participate versus those who did not may represent some selection bias. Within the participant sample, all female participants were seen by doctoral-level students whereas all male participants who were seen by experienced therapists which may have had a bearing on disclosure experiences. There were no female participants under the age of 30, whereas 2 of the 5 male participants were in their 20's. In addition, the experience of therapist disclosure and overall satisfaction with therapy may be

interdependent; 2 of the participants were dissatisfied with therapy while 7 were generally satisfied which may have been reflected in their experience of therapist disclosure.

Second, duration of therapy and number of sessions attended prior to the study interview were not criteria for selecting participants although this information was recorded for consideration during data analyses. Yet, findings from this study suggest that therapist disclosure can have an impact throughout the therapy process, shedding light on potential factors to consider at early versus later stages of therapy. In a similar vein, all but one participant had terminated therapy at the time of the interview. Time elapsed between termination and when the interview was conducted may be reflected in descriptions of disclosure experiences since time can alter recollection. Future studies could address these issues by focusing on client experiences of disclosure at various stages of therapy and at post-termination.

Thirdly, client experience of therapist disclosure may have been impacted by other therapy behaviours. It would be naïve to ascertain that any benefits or favourable evaluations described by participants were exclusively due to therapist disclosure since the impact of any intervention cannot be purely isolated.

Fourth, it was the researcher's experience during interviews that participants were reluctant to share their negative experiences of therapist disclosure. Descriptions of negative experiences commonly included justifications, explanations, and--from a clinical perspective--minimizations of the therapist's behaviour. This observation is consistent with another naturalistic study on therapist disclosure (Wells, 1994) and parallels findings in research on client disclosure that clients tend to withhold negative reactions regarding

their therapy (Farber, 2003b). Therefore it is difficult to determine whether negative disclosure experiences were justly portrayed in the current study.

Considerations for Future Research

This study explored client experiences of therapist self-disclosure that occurred in natural therapy settings using basic qualitative inquiry. Outlined below are aspects of the intervention that analyses of participant interviews revealed and may be worthy of further exploration. Suggestions to address methodological concerns in researching therapist disclosure are also presented.

Hindering Effects

Therapist disclosure studies to date have focused on the advantageous effects of the intervention in therapy (Knox & Hill 2003; Peterson, 2002). Less is known about the negative impact of therapist disclosure other than findings from studies by Audet and Everall (2003) and Wells (1994). Client reports of negative disclosure experiences can provide a window into hindering effects of the intervention. An example from this study that appears counterintuitive from a clinical perspective is that a single disclosure could be disruptive to the therapy process and contribute to negative views of the therapist. Investigating negative experiences may inform us of therapist disclosure's role in strains or ruptures in the therapeutic relationship which, if unaddressed, can have detrimental effects in therapy. Similarly, negative experiences could be contrasted to theories put forth by ethicists about boundary crossings such as therapist disclosure's contribution to role confusion, role reversal, or diminished views of therapist professional qualities. Although identifying therapeutic effects has been emphasized in disclosure research,

studying hindering effects could help illuminate therapy conditions or mediating variables that contribute to those hindrances.

Egalitarianism and Professionalism

One area of study of potential importance based on a consistent finding in naturalistic studies is the ability of therapist disclosure to decrease the power difference between client and therapist. Client perception of the therapist's role has been the focus in studies addressing how therapist disclosure can influence power differences in therapy while less is known about the impact of therapist disclosure on client perception of his or her own role in therapy. Participant reports that therapist disclosure can lead to positive perceptions by diminishing feelings of objectification or submissiveness in the therapy process are intriguing and should be explored as an additional factor involved in decreasing the therapist-client power differential.

Another related area of study involves boundary issues and risks associated with utilizing disclosure with clients. One example is that "inappropriate" use of therapist disclosure can compromise the therapist's professional appearance and perceived helpfulness. Given ethical concerns in this regard, it would be important to study circumstances under which therapist disclosure does and does not compromise professional qualities such as competence and credibility. A natural extension of this research would be to investigate the ethicality of therapist disclosure from the client's perspective. Do clients view the practice of therapist disclosure as ethical? Under what circumstances would clients perceive therapist disclosure as unethical? How one evaluates ethical use of therapist disclosure may be a question that would need to be addressed first.

Responsiveness

According to clients, therapist disclosure can convey the therapist's attunement or responsiveness to the client's arising needs and the therapeutic process. How the intervention is delivered influences perceived responsiveness. Aspects of delivery to consider when investigating responsiveness could include disclosure amount, succinctness, relevance, similarity, intimacy, and timing.

According to Stiles et al. (1998), researching responsive components in psychotherapy "should (a) include both therapist and client variables and acknowledge therapist-client interaction; (b) consider sequences or patterns of events rather than isolated events; (c) incorporate context, and; (d) recognize that not all events are equally important" (p. 447).

Immediate Outcome

Interviewee responses about impact on overall therapy results were conspicuously absent, which makes intuitive sense since it is difficult to envision that a single intervention such as therapist disclosure would have a significant contribution to overall therapy outcome. It may be more beneficial to focus on immediate outcome, that is post-intervention or post-session outcome, rather than overall outcome. Focusing on critical incidents or significant events, as identified by clients may be an appropriate approach, particularly when investigating delivery aspects of therapist disclosure in psychotherapy practice or when using qualitative inquiry to explore client perspective. An immediate outcome or significant event approach may be more valuable for therapy practice as suggestive of the trend in psychotherapy research described by Norcross (2002) and Stiles et al. (1998).

Final Remarks

This study aimed to deepen our understanding of client experiences of therapist self-disclosure in individual psychotherapy. Clients may experience therapist disclosure both positively and negatively which, in turn, can impact perceived therapist qualities and the therapeutic relationship. Influential to the clients' experience is how the therapist delivers the disclosure, suggesting the intervention is context-specific and requires a responsive approach when utilized. Continued consideration of therapist disclosure in psychotherapy research could expand upon and help provide a contextualized understanding of the intervention. Investigating therapist disclosure from the client perspective and as it occurs in natural therapy settings may be advantageous means to approaching this goal.

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Appendix A

Researcher Bracketing

I first became interested in therapist self-disclosure while in a Masters program in Counselling Psychology. Sharing personal information with a client was never formally taught during my training and I had not considered the issue until a client I was working with during my practicum asked me a personal question. I clearly remember feeling caught off guard by the request, debating whether or not I should answer the question, and feeling unprepared to handle the situation. I decided to answer as honestly as I could while filtering aspects I thought were less relevant to our work. When I brought up the issue in supervision I was essentially discouraged from providing any personal information to future clients. In fact, I was taught some techniques that would enable me to deflect providing such information in response to client requests. I quickly recognized that there were very few, if any, circumstances in which disclosing to a client would be considered "appropriate" and that any disclosure provided should at the very least be done with caution.

During termination my client emphatically shared that my disclosures were the most helpful aspect of our 15-session therapy. The event impacted us both; I have since found myself challenging reservations evident in the professional community regarding use of disclosure in therapy. Through my own reflections on and intuitive use of disclosure with clients I began to reconsider the "taboo" that seemed to surround its use. I wondered whether disclosing to a client was as bad as it seemed. Having had a successful disclosure experience with a client was proof enough to me that it had its place in therapy, yet it appeared to be a source of controversy that I could not fully appreciate. I

wondered: On what basis would a practitioner endorse or dismiss using disclosure as an intervention?

Experience with Self-Disclosure

I have never been in the role of client and therefore have no firsthand experience of a professional helper self-disclosing to me. I have had experiences in a supervisory relationship that perhaps parallel those of a client. Although the personal revelations were brief and inconsequential, I did find myself wondering why my supervisor had shared the information with me, whether I actually wanted to hear the information, and how I should respond to it. I am aware that this is but one possible experience of the phenomenon of disclosure that may or may not be reflected in this study. I need to respect that participants in my study will have a range of experiences to which I must remain receptive.

For the past 5 years I have worked in a university counselling setting serving the student population. I have used disclosure to build rapport, especially with clients who appear to have reservations about being in counselling, and to facilitate the therapeutic relationship. Normalization of difficult experiences and emotional struggles by conveying similarity to a client is another reason I choose to share personal information.

I have witnessed clients receive my own disclosures in session from which I have obtained both direct and indirect feedback. I have engaged in self-evaluations of these disclosures, consciously reflecting case-by-case whether and how the intervention was helpful or effective for the client. I believe this reflexive practice guides my use of disclosure and informs me of my beliefs of what clients view as helpful or unhelpful in regards to disclosure. I am aware of the necessity to "suspend" these observations to

remain open to what participants have to offer and to not impose my beliefs. I also need to be mindful of what I have come to identify as "appropriate" versus "inappropriate" use of self-disclosure in therapy which implies that some types of disclosures are more effective than others. I need to keep these conceptualizations in abeyance while interviewing participants and analyzing the data.

Presuppositions, Preconceptions, and Biases

My theoretical allegiances in part influence my use of disclosure with clients. The setting I work in requires a brief therapy model that is often solution focused but requires a generalist approach to be able to meet the diverse needs of clients. My orientation endorses a combination of humanistic, experiential, interpersonal, and cognitive-behavioural perspectives. My counselling style has evolved over the years into one that appreciates the need to establish a good working relationship early in the process and to be highly responsive to the client. I believe joining the client early in therapy and collaboration are crucial for the therapy process to be effective. A responsiveness approach to using disclosure encourages me to consider my disclosure to clients on a situation-by-situation basis. Client characteristics and expectations are also important considerations to the therapeutic use of the intervention. I also endorse humanist and feminist viewpoints of therapist disclosure as they relate to the therapeutic relationship; I believe disclosing behaviour can enable clients to perceive the therapist as genuine and trustworthy, placing him or her in a more "human" light, as well as reduce the power differential between client and therapist.

My presuppositions and biases related to using self-disclosure as I have come to understand them through my own experiences, orientation, and review of the literature are outlined as follows:

(a) Therapist disclosure is inevitable and is generally an intervention to be chosen among others, as opposed to a ubiquitous mode of interaction;

(b) Disclosure's powerfulness comes from its infrequent, judicious, well-timed use.

(c) Helpfulness or appropriateness of therapist disclosure is determined by the client and the meaning he or she attributes to it based on their expectations of therapy and regardless of the therapist's intentions;

(d) Use of disclosure can impact the therapeutic relationship which, in turn, can influence therapeutic outcome for a client.

Although I can appreciate ways disclosing to clients can hinder therapy, my view of therapist disclosure is primarily supportive. I believe special consideration will be needed to suspend my positive outlook on the role I assume therapist disclosure to have in the therapeutic relationship. Failure to do so may lead me to inadvertently follow a line of inquiry that favours the expression of positive elements of receiving therapist disclosure. Data obtained under such circumstances might not represent the participant's experience fully or accurately.

The Research Process

I have concerns about being a novice qualitative researcher that may influence the collection and analysis of data. Conducting research interviews has been paralleled to counselling interviews since they require similar processes and skills such as building rapport to increase the interviewee's comfort and selecting a method of interrogation that

is harmonious with the interviewee's characteristics and personal style. I believe my counselling background will serve me well in the process of conducting the research interviews. However, one distinction is that my interviewing style in counselling involves an ongoing process of interpretation based on working hypotheses that I generate. I will thus need to bracket any hypotheses and interpretations as they arise during the interview to remain true to the participant's description and allow the data to "speak for themselves."

My research experience previous to this study was in the use of quantitative methods to investigate client and therapist response modes; speaking turns of session transcripts were coded using different client and therapist behaviour scales and then analyzed. Given my extensive training in quantitative methods, I will need to be mindful of not applying positivistic, deductive notions to the collection and analysis of descriptive data. To counteract some of these concerns, I conducted a pilot study in which I interviewed one individual about their experience of therapist self-disclosure and analyzed descriptions of the experience under the guidance of an experienced qualitative researcher. During the pilot study I monitored how I negotiated the research process and identified and addressed aspects in my approach that needed further development.

Appendix C

Study Description for Participants

I am a doctoral student in the counselling program at the University of Alberta's Department of Educational Psychology. As part of my doctoral dissertation, I would like to interview you on the topic of counsellor self-disclosure. I am particularly interested in the client's view of counsellor self-disclosure for which there is little information available. Counsellor self-disclosure is any instance during your sessions when your counsellor reveals or shares personal information to you about his or her own life outside of counselling. By having the opportunity to interview you, I hope to gain a better understanding of clients' experiences of counsellors that self-disclose to them in therapy.

Your participation in this study will be in the form of an interview with me that will be approximately an hour long. Following an explanation of the nature and format of the interview, any questions you may have will be answered in full.

Should you have the time before our interview takes place, I would like you to think about your experiences as they relate to the topic that we are exploring. Specifically, think about instances when your counsellor shared personal information with you during therapy. The personal information shared with you should be about the counsellor's life outside of your therapeutic relationship. Some disclosures may stand out in your mind more than others. For each of these disclosures, I would like for you to think about the thoughts, feelings, and any bodily reactions or sensations that you experienced during the course of the interaction. Also, reflect on the context within which each encounter occurred, as well as your behaviour and the behaviour of your counsellor at that time. As you think about your experiences, you may want to write down any important thoughts or details so that you can refer to them during the interview.

During our interview, I will ask you to describe your experiences of counsellor self-disclosure in therapy. Please tell me about your experiences just as they happened. Remember, there are no "right" or "wrong" responses. I want to learn about your experiences, whatever they may be for you. The interview will be approximately one hour long and will be audiotaped for transcription purposes.

Should you be interested in the results of our interview, I would be happy to share them with you in a second meeting. At this point, you would have the opportunity to add or change any information that you feel does not fit with your experience of counsellor self-disclosure. If you wish, once the study is completed I will share my findings with you in the form of a finished document.

Your participation in this study is completely voluntary. Also, all information will be kept strictly confidential and you can withdraw from the study at any time without penalty. If you decide that you no longer want to participate in the study, all information obtained from you will be destroyed. Should any concerns arise from discussing your

experiences during the interview that you wish to discuss further with a counsellor, I will suggest individuals that you may contact.

If you have any questions or if you would like to discuss the study further, please feel free to phone me at 450-1517 or my supervisor, Dr. Robin Everall, at 492-1163.

Respectfully,

Cristelle Audet
M.Ed.

Appendix D

Consent Form for Study Participation

Consent Form for Participation in Counsellor Self-Disclosure Study
Department of Educational Psychology, University of Alberta

I, _____, am aware that the purpose of this study is to gain an understanding of people's experience of counsellor self-disclosure in therapy. Through the use of an interview format, I will be asked to describe my experiences in as much detail as possible. I understand that the present study is being conducted as part of a doctoral dissertation requirement by Cristelle Audet under the supervision of Dr. Robin Everall of the Department of Educational Psychology at the University of Alberta.

I agree to participate in the study and I am willing to share my experiences with the interviewer. I am aware that as part of the data collection process one interview of approximately one hour in length will be tape-recorded and may be transcribed for later analysis. Another briefer interview may take place after analysis of the information I have provided is complete to ensure that the results accurately depict my experience of counsellor self-disclosure. I realize that my participation in the interview is completely voluntary and that I can withdraw from the study at any time without penalty. If I choose to withdraw from the study, any information about me or any data that I provide will be destroyed. I am also aware that if discussion of my experiences raises any concerns for me that I wish to discuss further with a counsellor, Cristelle Audet will suggest individuals that I might contact.

I am aware that all information associated with this study is strictly confidential and that my identity, or that of any persons that I mention, will be known only to the researcher and will not be revealed at any time. When transcribing the interview recordings, the researcher will use pseudonyms (i.e., false names) for my name and for those of any persons that I mention. These pseudonyms will also be used in writing the dissertation and any related publications or presentations. Any details in the interview recordings that might identify me or any persons that I mention will also be changed during the transcribing. Furthermore, the researcher will be the only person with access to the tape recordings and interview transcripts, and these will be stored in a secure place.

I am also aware that the information obtained from the interview will be used by the researcher solely for the purposes outlined.

_____
Date

_____
Signature of Participant

_____
Signature of Researcher

Appendix E

Interview Questions

1. What do you believe is the counsellor's role in therapy?
2. Could you please describe an instance of counsellor self-disclosure that stands out in your mind. That is, a time when your counsellor revealed information to you about his or her personal life outside of counselling.
3. Describe your relationship with your counsellor at the beginning of therapy.
4. What was happening in the session before the counsellor self-disclosed?
5. What were your thoughts and feelings before the counsellor self-disclosed?
6. What were your thoughts and feelings while the counsellor was disclosing to you?
7. What were your thoughts and feelings after the counsellor finished disclosing to you?
8. What happened in the session after the counsellor self-disclosed?
9. Can you describe any impact that your experience of the disclosure may have had on your counselling relationship?
10. What impact, if any, did your experience of the disclosure have on your counselling process?
11. What impact, if any, did your experience of the disclosure have on the overall results of your counselling?
12. Can you describe any other times during therapy when the counsellor self-disclosed?
13. What, if anything, did you appreciate the most about the counsellor's disclosure?
14. What, if anything, did you appreciate the least about the counsellor's disclosure?
15. How do you feel about counsellors self-disclosing in therapy?