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Therapists' lived experience of self-disclosure

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Abstract: The impact and challenges of therapist self-disclosure on the disclosing therapist was explored using Reflexive Thematic Analysis of five interviews with integrative psychotherapists. Three main themes were created: 'Ambivalent understandings', 'Risking rupture and transgression?' and 'Regrets, risks and rewards'. Therapist self-disclosure was revealed as a complex and multi-faceted phenomenon which evokes a range of feelings in therapists including regret, anxiety, vulnerability, guilt but also a driving belief that it can enhance client well-being. Therapist self-disclosure is seen as best used sparingly, appropriately, and in alignment with client well-being. A discussion draws out some implications for appropriate clinical practice.

Keywords: Therapist self-disclosure, therapist vulnerability, wounded healer, Reflexive Thematic Analysis

Therapist self-disclosure is a complex concept involving therapists' attitudes and affectivity. It includes perceptions of what is happening for both client and therapist within the therapeutic space in terms of transference processes encompassing complex implicit and embodied responses. Interpersonal processes operating within the intersubjective exchange are significant (Stolorow, Atwood & Brandchaft, 1987; Audet & Everall, 2010).

Therapist self-disclosure in the field of counselling psychology and psychotherapy remains controversial. Differences of opinion exist regarding how it should be used and whether it is ethical and effective as an intervention. Nevertheless, most schools of thought all concede that therapist self-disclosure appears to be widely used in individual therapy, even if it's only applied cautiously and infrequently (Brown & Walker, 1990; Farber, 2006; Goldfried, Burckell & Eubanks-Carter, 2003; Mahalik, Van Ormer & Simi, 2000; Audet & Everall, 2010).

Clinical literature affirms that therapist self-disclosure differs in nature and degree across theoretical orientations (Maroda, 1991; Yalom, 2002). Finlay (2019), for instance, suggests that disclosures, offered with the aim of raising the client's self-awareness, occurs more frequently in humanistic-integrative contexts, and less frequently in psychoanalytic and cognitive-behavioural practice. Research has explored therapist self-disclosure in relation to client personal growth and wellbeing. Empirical evidence demonstrates that the personal experience and impact of therapist self-disclosure on the disclosing therapist appears to be an under-researched area. Consequently, as disclosure implies a continuous two-way process, it is argued that therapist self-disclosure, although intended to benefit the client, may also impact the therapist.

Personal Significance of TSD

The original impetus for the research was driven by the first author's historic ambivalent relationship with self-disclosure. From her training, she was socialised into the idea that therapist self-disclosure was almost taboo and, perhaps even unethical. She acknowledged a personal hesitancy to engage

in self-disclosure as a therapist, because of the potential for personal vulnerabilities to be seen in the therapeutic relationship which, on occasion, had evoked an embodied response of real anxiety. However, in her experience as a therapist and client, therapist self-disclosure had been, at times, both helpful and at other times unhelpful. The ongoing struggle to feel comfortable with therapist self-disclosure fuelled a curiosity to engage in research activity that might reveal some depth of understanding about the experience of therapist self-disclosure and, ultimately, to increase clinically relevant knowledge about this challenging phenomenon.

Literature Review

Although therapist self-disclosure is regarded as a complex and under-researched phenomenon it appears to be a frequently occurring event in therapy. For example, Henretty and Levitt (2010) report that 90% of therapists self-disclose to their clients. Whilst therapist self-disclosure may be quite common its implications and impact on both therapists and clients are not straightforward.

Research on the historical context highlights the powerful influence therapists' theoretical orientations can have in relation to this phenomenon. It appears that individuals' theoretical orientation and training heavily influence therapists' decisions to engage or not engage in therapist self-disclosure. The differing schools of thought appear somewhat binary in their approach to this subject matter as depending on one's theoretical orientation, self-disclosure is perceived as therapeutic by some and harmful by others. Subsequently, it feels important to acknowledge its position within the historical context.

Historically, the psychoanalytic and psychodynamic perspectives advocated in favour of the therapist operating as a 'blank screen' (Freud, 1912). Yet, the notion of the therapist's neutrality proved to be problematic, unattainable and unrealistic. Contemporary psychoanalysis, on the other hand, advocates a more relational and intersubjective perspective (Stolorow, Atwood & Brandchaft 1987), and acknowledges the significance of how selective and judicious countertransference self-disclosure impacts the client and the therapeutic relationship. The psychoanalytic perspective now concedes that therapist self-disclosure needs to be cautiously applied, considered and introduced for meeting the client's needs (Meissner, 2002).

Behavioural-cognitive therapists appear more reticent on the issue of self-disclosure. They recognise the benefits of therapist self-disclosure when used to build the therapeutic

relationship and support client self-awareness, making change possible. Nevertheless, they acknowledge dangers; therapist self-disclosure invites risks such as alienating the client; and/or clients perceiving therapists as shifting the focus away from the client and onto themselves (Goldfried, Burckell & Eubanks-Carter, 2003).

Humanistic therapists are known for holding a more welcoming, open view of therapist self-disclosure, as it is in keeping with Rogers' (1951) core conditions of worth (genuineness and unconditional positive regard). Both Rogers (1951) and Jourad (1971) highlight the importance of therapist self-disclosure when attempting to build and establish a therapeutic connection between therapist and client. Existential perspectives similarly argue that therapists need to be open to showing their coping strategies and beliefs in relation to existential concerns. In this way, they believe therapists are better equipped to support their clients to internalise and integrate those processes and practices (Jourad, 1971). The humanistic school's openness to embrace this phenomenon has, however, come under criticism with some commentators alerting us to potential risks, such as role reversal, as disclosure may result in clients being placed in the caretaking role. Zahm (1998) points out that clients may feel obliged to occupy the care-taking role and become concerned with adapting their behaviours to meet their therapist's approval.

Feminist therapists support therapist self-disclosure, arguing that it has the potential to reduce power imbalance in the therapist-client relationship. They argue that it empowers clients to make informed decisions about their choice of therapist (Mahalik, Van Ormer & Simi, 2000). Moreover, therapist self-disclosure encourages clients to own and view their difficulties with empathy and compassion, as opposed to remaining shame-based (Greenspan, 1986).

Recent research by Jolley (2019), employing a hermeneutic phenomenological research approach, reveals that self-disclosure was seen to enable a more equitable power relationship in therapy and to normalise clients' experiences and distress. Jolley (2019) also emphasised that her therapist-participants had an ambivalent relationship with therapist disclosure where potential risk and vulnerability were prominent underlying factors. So, therapist self-disclosure appears to be a significantly challenging choice for therapists. Finlay (2019) has similarly noted challenges where some therapists might over disclose in a problematic way and even when some clients actively invite therapist self-disclosure some may find the experience unsettling. She suggests that, 'therapists need to intuit *how interventions will be received*' (2019, p. 96).

Definitions of Therapist Self-Disclosure

Therapist self-disclosure takes many forms: it can be verbal and non-verbal, intentional and unintentional (Knox et al, 1997). Greenberg (1995) noted how therapists can reveal something of themselves consciously, unconsciously, wittingly and unwittingly, through their interaction with their clients. Research has distinguished several subtypes, such as differentiating between therapist self-disclosures that involve positive or negative feelings, thoughts or reactions toward client reactions, positive and negative experiences, and the acknowledgement of mistakes (Audet, 2011; Farber, 2006; Hoffman-Graff, 1977). Although the boundary remains difficult to define, the field experts (Audet, 2011; Farber, 2006; Knox et al, 1997) identify two types of therapist self-disclosure, namely immediate and non-immediate. This article is concerned with both immediate and non-immediate therapist self-disclosure and includes intentional, accidental, spontaneous, unavoidable, countertransference, implicit and explicit ways of being involving all statements, behaviours, verbal and non-verbal communication in which the therapist reveals non-obvious aspects of themselves to the client (Farber, 2006).

Therapist Self-Disclosure: Risks and Rewards

Although Farber (2006) acknowledges that self-disclosure is inevitable, he concedes that defining this phenomenon remains problematic, as “disclosures involve negotiating an appropriate balance between the helpfulness of sharing a part of ourselves with another and the inappropriateness or even danger of overdoing it, or perhaps sharing too much too soon” (Farber, 2006, p.1). This view alerts therapists to the potential risks and dangers of therapist self-disclosure. Casement (2019) similarly warns that therapists can unwittingly reveal aspects of their own thinking that may cause ruptures to the analytic process. Thus, sometimes the therapist’s interpretation of a given moment and the client’s interpretation of the therapist’s thinking can reveal to the client what has been sitting in their therapist’s mind. This may alarm clients, causing them to become hypervigilant, distrusting of their therapist, and to behave differently in order to feel ‘safe’ in the presence of their therapist (Casement, 2019).

Casement (2019) provides a modern, relational psychoanalytic counter-position regarding self-disclosure, in relation to the historic blank screen notion of a therapist's neutrality. He highlights the potential dangers of working in a ‘detached way’ and how ‘obsessive neutrality’ can adversely impact the client and the therapeutic relationship and compromise the analytic process. Self-disclosure is thus a doubled-edged sword and is potentially both beneficial and harmful. Given this conflicted position, it is legitimate to wonder how therapists feel about themselves after making a disclosure.

Yalom (2002, p.83) states that “there is every real reason to reveal yourself to the patient and no good reason for concealment”. This position appears unboundaried and thus could potentially be considered as neglectful of the possible harm to the client (and by implication, the personal and professional self of the therapist). In contrast, Watchel (2008) contradicts Yalom’s (2002) position and warns against the dangers encompassed in such an unbridled stance by highlighting the “misperception that to work relationally means to disclose relentlessly” (Watchel, 2008, p. 245).

Negative outcomes of therapist self-disclosure have been associated with frequency of use, repetitive and lengthy disclosures, poor attunement or incongruence with the client’s issues (Audet, 2011; Gibson, 2012). In these instances, clients potentially feel criticised or emotionally injured, and left with a sense that they (client) are wrong, rather than holding the view that their position is different and equally valuable (Zahm, 1998). These negative outcomes may also lead to ruptures and hinder progress or continuation in therapy (Safran & Muran, 2000).

Self-revelation can also pose problems when attempting to distinguish between transference and objective realities involving the analytic relationship (Casement, 2019). Nevertheless, Casement (2019, p.78) continues to hold a both/and position as he states that sometimes “it helps the patient to know enough of the analyst’s reality to be able to recognise when it is transference that is predominating in the analytic relationship and when it is not”. To this end, therapists’ non-defensive honesty may allow clients to feel more able to use their therapist as a ‘good enough’ (Winnicott, 1965) self-object (Kohut, 1971), when early caregivers may have been unwilling or unavailable to meet the client’s developmental needs. In this sense, self-revelation may offer the client a different and corrective emotional experience (Alexander, 1961). In consensus with Zahm (1998), Casement (2019, p.74) alludes to the burden that self-revelation by the analyst may place on the client – leaving the client feeling manipulated by their therapist’s direct response or “anxious about the analyst’s ability to contain him/her, and therefore others”. Given the ambiguous nature of this phenomenon, there is a consensus amongst the majority of perspectives that therapist self-disclosure needs to be applied cautiously and with the therapist remaining “attentive to the consequences” (Watchel, 2008, p. 247).

Considering the complexity encompassed in this phenomenon, it can be argued that therapist self-disclosure should not be viewed in binary terms, as it remains an unavoidable phenomenon within the therapeutic dyad. Instead, particular attention should be placed on ‘when’ and ‘how’ to disclose (Spinelli, 2002) or withhold from disclosing.

The Benefits of Non-Disclosure

Given the uncertain outcomes that stem from moments of therapist self-disclosure, it feels important to acknowledge the positive contribution non-disclosure offers. It allows therapists the opportunity to “model attending to safety, personal limits, and the existence of rules” (Sweezy, 2005, p.88). Clients can be supported to manage relational boundaries within the therapeutic space and learn to integrate these processes so that they experience healthier relational interaction with the outside world. Furthermore, non-disclosure offers therapists protection/safety over their personal information, as the asymmetric nature of the therapeutic relationship does not offer therapists the protection of confidentiality regarding what they choose to share (Maroda, 1991).

Empirical Research

Qualitative research indicates that the immediate effect of therapist self-disclosure is positively correlated with clients regarding it as helpful, which in turn results in reciprocal client self-disclosures (Knox et al, 1997; Knox & Hill, 2003). Furthermore, clients perceive their therapists as real, human and imperfect (Bugental, 1987). Therapist self-disclosure can improve the therapeutic relationship, normalise how clients perceive their problems, difficulties and results in increased self-awareness on the part of the client (Knox et al, 1997; Knox & Hill, 2003).

In an analogue study utilising ratings of video-taped therapy sessions, Myers and Hayes (2006) reported that when the therapeutic alliance was seen as positive therapist self-disclosure was associated with therapist expertise and deeper clinical work. However, when the therapeutic alliance was seen as negative the therapist was seen as less expert and the clinical work as shallower. Therapist self-disclosure can be both positive, facilitating a deeper relational meeting/exchange with clients, or negative, leaving the therapist feeling exposed or judged (Audet, 2011; Faber, 2006). Empirical studies indicate that therapist self-disclosure is a co-created process (Stolorow, Atwood & Brandchaft, 1987) between client and therapist, aiding the development of empathy, warmth, credibility and positive regard (Knox & Hill, 2003).

A quantitative study carried out by Barrett and Berman (2001) involving Caucasian, undergraduate students as therapy clients found that therapists who self-disclosed in response to client self-disclosures were perceived more favourably than therapists who did not engage in therapist self-disclosures. This study also highlighted a correlation between therapist self-disclosure and client increased well-being. However, there

was insufficient attention paid to the content of the disclosures, and this may have had a significant bearing on the outcome. Another criticism focuses on the marginalised sample size, which subsequently rendered the findings not generalisable to the larger population.

Using a Consensual Qualitative Research (CQR) approach Knox et al, (1997) reported that clients believed that therapists self-disclosed to reassure them and to normalise their experiences. As a consequence, it was reported that clients gained new insights and perspectives. This study is criticised for its one-sided approach, hence neglecting explorations into the impact unhelpful therapist self-disclosure may have on clients. On the whole, research findings appear to favour therapist self-disclosure and hence, further studies indicate that therapist self-disclosure increases the reciprocal exchange of client self-disclosure (Knox & Hill, 2003; Watkins, 1990).

Pinto-Coelho, Hill & Kivligha (2016) used a CQR approach to study the quality of therapist self-disclosures. They reported that disclosures of facts were rated of low quality and therefore less likely to be rated as therapeutic. In contrast disclosures of feelings and insight were rated as higher in quality as they were more directly related to client material.

In relation to therapist self-disclosure’s appropriateness, success of client personal growth and the therapeutic relationship, results appear mixed. Thus, in order to iron out this issue further, more research on its longer-term effects is needed (Audet, 2011, Farber, 2006; Gibson, 2012; Knox et al; 1997; Knox & Hill, 2003). This phenomenon brings into the frame ethical considerations, such as therapist-client boundaries, therapist skill and professional qualities. Studies indicate that although widely examined, the subject of therapist self-disclosure remains problematic to explore and test, due to complexities involving the multitude of definitions, self-disclosure types, dimensions, frequency of use, arguments in support or against its use, outcome and interpretation (Audet, 2011; Farber, 2006, Gibson, 2012; Knox et al 1997; Knox & Hill, 2003).

Existing research findings suggest that although beneficial to clients, positive outcomes may mostly involve moments of therapeutic self-disclosure that occur less frequently (Audet, 2011). Positive outcomes are also involved when disclosures create authentic connection (Rogers, 1951) and “egalitarian meeting” (Peterson, 2002). Audet (2011, p.92) acknowledges that successful moments of therapist self-disclosure involve “low to moderate intimacy, similar to their (clients) experiences, or responsive to their (clients) needs and the emerging therapeutic relationship”. These findings are also shared by others (Farber, 2006; Gibson, 2012; Knox et al 1997; Peterson, 2002; Knox & Hill, 2003).

Research Question

Our research question asked: What is the lived experience of self-disclosure on the disclosing therapist?

Methodology

The research method adopted was *Reflexive Thematic Analysis* (RTA) as articulated by Braun & Clarke (2006, 2019). One of the key factors in choosing to utilise RTA is the fact that it is not tied to any specific theoretical framework. To amplify this point, Braun and Clarke (2006) state that RTA can be a realist method, a constructivist method, or a method aligned with critical realism. They place a strong emphasis on the researcher being an active creator of knowledge and reject any quasi-positivist notion that themes and meanings simply emerge from the data as if they somehow pre-existed.

The key underpinnings of Reflexive Thematic Analysis are summarised by Clarke and Braun (2018) as follows,

We intended our approach to TA [thematic analysis] to be a *fully* qualitative one. That is, one in which qualitative techniques are underpinned by a distinctly *qualitative* research philosophy that emphasises, for example, researcher subjectivity as a resource (rather than a problem to be managed), the importance of reflexivity and the situated and contextual nature of meaning. (2018, p. 107)

Clarke and Braun (2018) provide a clear emphasis that in their version of Thematic Analysis themes are more than a holding device for pieces of information but serve, “as key characters in the story we are telling about the data” (p 108).

It is important to emphasise that the research activity was seen as a collaborative effort between the researchers and research participants. In this sense both are seen as co-creators of knowledge and both are intimately involved the process of meaning-making.

Philosophical Positioning

As Scotland (2012) has emphasised, “It is impossible to engage in any form of research without committing (often implicitly) to ontological and epistemological positions” (p. 10). Historically, there has been debate where ontological and epistemological positions have been presented as somehow competing or mutually exclusive research philosophies (Ukpabi, et al, 2014) involving polarities such as relativism-realism, positivism-interpretivism/constructivism.

The research presented in this paper rejects the notion of competing and dichotomous research philosophies and is aligned with the more unifying approach of critical realism.

Originally formulated by Bhaskar (1975, 1998) critical realism is an alternative philosophical position to the classic positivist and interpretivist paradigms and, to some extent, offers a unifying view of reality and the acquisition of knowledge. Critical realism can be viewed as being positioned somewhere between positivism and interpretivism and accepts the principle of an objective reality independent of our knowledge. It also accepts that our knowledge of the world is relative to who we are and that, ultimately, our knowledge is embedded in a non-static social and cultural context.

From a research perspective a key element of critical realism has been neatly captured by Danermark et al. (2002) with these words,

There exists both an external world independently of human consciousness, and at the same time a dimension which includes our socially determined knowledge about reality. (p. 6)

Participant Criteria

This study included five Caucasian participants. Three were female and two were male; two female participants were of foreign nationality whilst the remaining three participants were English. The participants’ ages ranged from 37-66 years. All participants were integrative psychotherapists, held UKCP accreditation and had been post qualified for approximately plus four years.

Ethical approval for the research was granted by the Metanoia Institute Research Ethics Committee. Confidentiality and anonymity of all participants’ personal details and identities were ensured. Ethical considerations operated throughout the study as it implies a dynamic process and cannot merely be reduced to a set of rules (Orlans, 2007). Because of the sensitivity of the research topic and the fact that participants may have experienced feelings not anticipated when they gave their consent there was an ongoing awareness of the need to monitor the well-being of research participants.

Data Collection and Analysis Procedure

One-to-one semi-structured interviews were conducted with five research participants with the product of the dialogue being transcribed in rich detail including verbatim quotes. Here is a selection of questions used in the interviews,

- I have a question for you. Yalom said “there is every real reason to reveal yourself to the patient and no real reason for concealment.” I would really be interested in your response? What does it evoke in you?
- Could you give me an example of where you risked your self-disclosure and it had a therapeutic impact on the client?
- Can you give me an example of when you shared something, a disclosure with a client and it didn't go well?
- What factors would make you want to hold back a self-disclosure?

The transcripts were then read and re-read allowing for researcher immersion within the data and allowing a preliminary set of notes to be compiled. Reading and re-reading transcripts and notes allowed for an initial set of emerging themes to be identified. Connections between themes were then identified according to conceptual similarities. Clusters of similar themes emerged that were then descriptively labelled. An iterative process refined theme identification and involved discarding some initial themes due to a weak evidential basis. A point was reached where theme identification and meaning appeared robust and settled.

Research Findings

The analysis of the five participant interviews saw the creation of three main themes which were (1) Ambivalent Understandings (2) Risking rupture and transgression? and (3) Regrets, risks and rewards. An account of these themes follows using verbatim quotes in order to allow the reader to gain a sense of the participants' sense of meaning and interpretation around the phenomenon of therapist-self disclosure. Pseudonyms have been assigned to each participant interview to protect their identities and to ensure the confidentiality of their material.

Theme 1: Ambivalent Understandings

This theme explores the participants' understanding of what constitutes self-disclosure. Their accounts attest to its complexity as a relational phenomenon. This theme provided rich material around the understanding of self-disclosure and different types of self-disclosure.

There appears to be consensus among the participants regarding the ambiguity and complexity that surrounds self-disclosure. From their accounts, it is clear that this

phenomenon is understood and experienced uniquely by all participants. Their accounts mirror the struggle to hold the term self-disclosure within a definitive frame and this is evidenced in the following quote from Gabriella:

It's a really fine line and I don't know, sometimes self-disclosure in itself is a concept that can, you know, mean so many different things for different people... Something that is, um, meant to be kept behind doors or something like that disclosing of information, or you know, it, it's usually used in those kind of terms, you know, like a more legal or administrative terms.

This quote demonstrates one therapist's own struggle to arrive at a clearly defined understanding of therapist self-disclosure and that there are probably several meanings that can be attributed to it. The inherent ambiguity and uncertainty in having a clear sense of what constitutes therapist self-disclosure was evidenced by another participant. Cristina is similarly uncertain:

How do you define it? There's so many different elements of, of it, erm, so again, doing something can be equally, erm, speaks volumes, as not doing anything.

In seeking to articulate some meaning of what constitutes therapist self-disclosure another participant emphasised that it is something inherently personal and also something that needs to be considered with care as Jack notes:

Well on a very basic level, it's obviously revealing something about yourself or your experiences that you perhaps wouldn't tell many people, or that you find, consider to be rather sensitive material, erm. What is my sense of self-disclosure? I think it's something that's quite precious and not to be banded around, not to be played with...

My own certain episodes, in my own life, that have been difficult, challenging, I've sometime shared not often but I've shared, found it useful to share and I've checked it with my supervisor, useful to share for the benefit of the client (pause), um, one or two very, very sensitive areas or episodes, not in great detail.

The emphasis and repetition of the word 'useful' seems to quite powerfully capture a professional and ethical awareness that self-disclosure is to be administered *primarily for client benefit*. Jack also revealed his sense of struggle or dilemma for a therapist in what to disclose to a client.

In reflecting upon what might be meant by the term therapist self-disclosure Miles acknowledged the complexity of the phenomenon but, importantly, there was a sense of risk associated with it as a professional therapist:

I think when you disclose, it's a big umbrella term. It's very, erm, risky, tricky water.

In trying to come to sense of what is meant by the concept of therapist self-disclosure all the research participants offered several meanings including complexity, ambiguity, clinically useful, a duty of care when self-disclosing, the personal content of disclosure material and, finally, a sense of risk in self-disclosing.

All the therapists recognised there are different types of therapist self-disclosure and that disclosure may be verbal, non-verbal or a combination of both. Perhaps most striking was a consensus that self-disclosure could be viewed as intentional versus un-intentional. Here the difference is between disclosure of material by a therapist that has been pre-thought or accepted as possible to share with clients as opposed to disclosure that was not intended or pre-thought and, in some ways, felt almost accidental. There was also a shared feeling that, in some ways, therapists are always self-disclosing and especially non-verbally.

Intentional Self-Disclosure

One common trigger for therapist self-disclosure comes from clients' curiosity; they want to know something about their therapists and so they ask questions. From some research participants it seemed clear that they had considered this type of dynamic and also where they may set their boundaries around disclosure. Gabriella, for instance, recognised the potential impact of her cultural diversity.

I think it's quite common for people to ask me where I'm from and I don't, um, nowadays, I don't have a problem answering that or, you know, where I grew up in a different country, you know, or I don't go into details where my parents are from, where I was born, or, those kind of things are more complicated.

It is noticeable here that there is a clear articulation of a limit to self-disclosure.

Another example where a participant would intentionally self-disclose but with boundaries was expressed by Anna:

Anna says, If a person says to me, um, er, I, I wonder what you think about children, and do you have any? I would ask them first why do you ask, and you know, what would that mean for you if I did or didn't, but in general, I don't disclose anything of myself.

These words indicate a reluctance to self-disclose but also, most importantly, that any disclosure almost requires an explanation from the client about why they want a therapist to

intentionally self-disclose. So, disclosure becomes assessed as to its potential clinical relevance.

Interestingly, Anna also offered a somewhat contradictory view on what might be called intentional counter-transference self-disclosure:

I would let my emotions show, somebody who was sharing something very sad, I might really up the empathy and be, um, so disclose that it really felt that sad for me too.

The two comments by this participant seem to capture the complexity and fluidity within the therapeutic dyad. So, whilst she says that she doesn't generally disclose she also says that she might show her emotions to reveal how emotionally affected she has been by client material.

For some participants, it seemed that intentional counter-transference disclosure was an honest and authentic act in showing how the therapist has been impacted by the client while others – like Miles - favoured a more bounded approach.

Keep it short and curly, and only share stuff that you are really comfortable with in the public domain, I think that's key because otherwise it will come out wrong. So, it's about parts of your story, parts of yourself that you are comfortable with people knowing.

These words contain quite a strong message, namely, that therapists should only disclose material that they are comfortable in sharing but also there is a suggestion that there is a risk of some sort of therapeutic rupture if this recommendation is not followed. Once again there is a sense that intentional therapist self-disclosure needs boundaries.

Un-Intentional Therapist Self-Disclosure

From the accounts offered by research participants there was a sense again of complexity with unintentional therapist self-disclosure including implicit self-disclosures, embodied self-disclosures, as well as accidental and unavoidable self-disclosures. At the same time, there was a clear consensus that un-intentional self-disclosure is often unavoidable as Cristina notes:

A sharing again comes from what I wear, how I sit, how I move my hands, you know, my culture shows, my accent shows, everything about me shows that I'm not, you know, that difference is there and I'm identifiable, um, I'm disclosing something about who I am.

In similar vein the inevitability of some form of un-intentional self-disclosure was expressed by Anna:

You always disclose something of yourself, you always do and if somebody comes to your house there is disclosure...there's always going to be something that shows, erm, that you're a human being and that you are not a machine, so there's always something, some disclosure, um, and I think it is about the balance of, um, having rules and boundaries, safety... Some disclosure is inevitable, there'll always be the mask that slips down.

A different flavour of un-intentional self-disclosure was offered by some participants where the disclosure seems to have felt accidental, spontaneous and almost out of the therapists' conscious control. Anna expressed this clearly:

I have another client who, who said, oh her parents lived in um, Avignon, so that's in France, so I asked where because I've lived in France on many occasions. I've um, um, I go to France a lot and she said that they were in Avignon. It slipped out, oh how interesting, I know Avignon, my nephew was there and I thought why did you tell her that? Why did you, um, tell her that.

There is a sense of nervousness, worry and curiosity about Anna's accidental and spontaneous disclosure. Those participants who offered accounts of spontaneous un-intentional self-disclosure also suggested they felt a sense of potentially having done something wrong or inappropriate. It's almost as if they weren't sure why they shared what they did. This sense of being caught unawares was captured by Anna highlighting that disclosures can be so natural, instinctive and spontaneous that therapists maybe not even recognise when they are in the midst of a self-disclosure:

Just very recently I didn't mean to disclose... It wasn't deliberate disclosure, something happened.

Theme 2: Risking Rupture and Transgression?

This second theme reflects the participants' shared view that therapist self-disclosure is risky and therefore should be applied with caution. This risk includes, but may not be limited to, ruptures in the therapeutic relationship as well possibly involving some professional and ethical transgression. This theme comprises of two sub-themes: actively deciding to disclose and worrying about professional risks.

One decision area of whether or not to self-disclose to a client seems to centre on the therapist's assessment of whether a client was psychologically ready or resilient enough to receive disclosure material. This notion of an assessment process was captured by Cristina:

Factors of readiness, erm, readiness, erm, strength, are the person strong enough to see me as a human being, that I also share a vulnerability and not lose face, um in the therapy relationship, um, are they able to hold me as an object in their mind?

Here, a lot of importance is placed on assessing whether or not a client is ready to engage in two-person psychology. If this is not the case then the implication is that therapist self-disclosure would not be appropriate and, indeed, might compromise the psychological well-being of the client.

Another decision area involved in self-disclosure centred around assessing its relation to different types of client issues. Therapist self-disclosure can be experienced as therapeutically beneficial in 'normalising' certain experiences (for example: a shared experience of bereavement). At the same time it needs to be weighed carefully and applied cautiously, so as not to minimise the client's experience or problem. It seems best to withhold therapist self-disclosure and focus on acknowledging and validating the client's issues. This point was tellingly made by Miles:

I think with certain clients I certainly wouldn't, so for instance, um, people who have lots of um, neglect in childhood or trauma, not appropriate.

A powerful decision-making area around therapist self-disclosure that emerged was to do with how therapists have been trained and taught about working with clients. Here are two illustrative participant quotations: from Miles and Jack respectively:

Cos the training was very clear, no self-disclosure, particularly as a trainee... When I was a trainee, it was always drummed into me, which was very powerful, if you do self-disclosure, three quick things you check, who is it for, keep it short and brief.

Well, we're trained, aren't we, to use it sparingly if we are going to use it at all.

One of the perceived risks of therapist self-disclosure that emerged was a sense of reputational or professional damage. This notion was captured by Anna:

I think there's a part of me that always thinks, there's a part of me when talking to a client, I'm talking to my client, my therapy, my profession, the UKCP, erm, my insurance company, there's a part of me that will always think, um, there's an accountability out there, so it's going to be pretty bland stuff anyway.

These words carry a clear sense of a need for caution in case therapist self-disclosure might invite professional censure and criticism of therapist conduct.

Research participants also talked about the risks of feeling vulnerable around self-disclosure and how it might change the felt sense of dynamics in the therapeutic dyad. Miles and Jack respectively express it thus:

The client has the full right to expect confidentiality from us, but we do not have the right to say to a client I'm sharing something personal about me, but I don't want you to share this with anyone else. I think that's wrong, for me ethically, professionally you're burdening the client.

I don't think you can disclose something and say, but please don't ever tell anybody else I said that, um, and again, it's about the trust between us, you know, don't you, that you're talking about a loved one's suicide, you know, you would only share that with someone who you know would not band it around like a piece of gossip.

These two contributions capture inherently different sets of rules in sharing material in a therapeutic relationship. The client expects and deserves confidentiality but this does not apply to material disclosed by therapists and so they are almost inherently at risk when self-disclosing.

Theme 3: Regrets, Risks and Rewards

This third theme is at the heart of the research question as it looks at the personal experience and impact therapist self-disclosure has on the disclosing therapist. These personal impacts and personal experiences shared by this group of therapists make transparent some of the personal issues that therapists face when engaged in moments of therapist self-disclosure.

In reflecting upon their experiences of self-disclosure there were clear examples of both positive and negative emotional consequences for therapists. For example, there was one striking episode which Anna regretted.

When I was a very, very new therapist, I disclosed something, I just said that kinda thing happens to all of us and it was, um, inappropriate. I regret it, um, but the client was very upset about it so I wanted to normalise it. I wouldn't do that again.

Gabriella similarly made an unintentional self-disclosure when she was pregnant which had powerful negative impact:

it had a horrible cost. It had a cost, horrible, horrible.

These words undoubtedly capture the true depth of vulnerability that can be evoked by therapist self-disclosure.

In contrast, there were clear examples where a therapist felt that their self-disclosure was a positive experience and one which had enhanced the therapeutic alliance as Cristina and Anna show respectively:

The impact of me was to show vulnerability in a person who would understand in the same way, I feel the patient felt understood by me.

I guess it showed the disclosure could help the client feel a bit more connected to you.

The positive emotional experiences of therapist self-disclosure seemed to reflect a situation where the therapist found an effective balance between exposing some of their own vulnerabilities but in a manner that was aligned with client need.

This focus was connected to therapists' experiences of therapist self-disclosure in relation to power dynamics, motivation for their disclosures and the shadow influence that can be entangled in this phenomenon. All participants affirmed the importance of assessing the motivation behind therapist self-disclosure.

There were some telling examples from participants of their sensitivity to the power dynamics in therapy and the need to be very careful not to disclose in a way that would distort or magnify a power imbalance between therapist and client as Gabriella notes:

I think as with, with someone who is already putting everything on you, yeah, like you are God or you are the doctor or you are, you know, the one who's going to fix me or knows everything, um, you know you have, for me I have to work to undo that a lot erm and, and so I will be very careful to say things, you know, that would reinforce that.

These words indicate an awareness and need to be selective in self-disclosure to avoid the possibility that it serves to reinforce some unhealthy dynamic such as client idealisation of their therapist.

Within the therapist-participants there was clear sense of questioning the motivations that might lie behind self-disclosure as Cristina notes:

Who is it for? Is it for the person who wants to, feels wants to share something that is important for it to be out there, or, um, is it for the other person?

Beyond questioning the motivations for self-disclosure there were some unambiguous comments that recognised that there can be consciously or unconsciously quite unhealthy underlying factors as Miles recognises:

I think this was the shadow side of self-disclosure. If you didn't get witnessed and seen enough as a child yourself, adolescent, teenager, young person, young man, young woman, there, there could, the shadow side of disclosure, personal piece, you could want to share stuff because you want to be seen... And of course if you did, if you weren't seen enough as a child, adolescent, or a person, then you could get hooked too quickly to start sharing stuff, which you're thinking with all good intent is for the client, but actually it's for you.

In referencing the shadow side of self-disclosure, Miles indicates the need for therapists to be mindful of their own personal process as their own past injuries may trigger the need to self-disclose.

There was a sense amongst participants of the vulnerability and humanity of the therapist in relation to therapist self-disclosure. Here, participant accounts aim at exploring how their self-disclosures, which have been shared with their clients, have impacted them personally.

There were several examples from participants where their clear sense of vulnerability made them extra-guarded against self-disclosure. In some cases, there was almost a denial of vulnerability as shown by Cristina's words:

Perhaps it brought something for me in that moment that I wanted to dismiss as well, so I guess I did not want to disclose perhaps my feelings, that I was going to be away from my family, I hadn't, which I said, but even for me, it was something more than that, I would be away from my family, I didn't have any plans, I would probably going to spend Christmas on my own, already evoked anxiety and stress, so I dismissed it.

From some, there was a striking sense of just how vulnerable they could feel after self-disclosure. Miles expresses this thus:

I was quite anxious afterwards, because then I realised you'd given a part of yourself away, and she could do whatever she wants with it.

Miles alludes to the potential powerlessness a therapist can experience after disclosing, coupled with very intense emotional and embodied experiences.

Building on their sense of vulnerability there were clear and powerful examples from participants where self-disclosure was linked with the notion of the wounded healer. This

references the mythological notion that a healer is potentially more effective if they, themselves, carry their own existing wounds. However, in the therapeutic domain it is what therapists do with their woundedness that is important (McBeath, 2019).

Jack offers two accounts where he disclosed personal wounds with the intention of enhancing client well-being:

I shared with someone who could not see why her husband had just upped and gone. I talked about having being divorced and know what it was like to sit with someone you have loved and divorcing from and I remember my wife, soon to be ex-wife, both in a restaurant and saw my tears falling into a bowl of soup and when I looked across, her tears were falling into a bowl of soup, there were two bowls of soup being filled with tears . . .

My brother committed suicide and I had a client going through the same thing and this client thought, imagined that what happened never happened to anybody else and I thought, I never thought I'd say this but I want to tell you something and remind you that you can survive this, you can get through, it won't be easy and I thought I was slightly nervous, I checked within with a supervisor in two hours and we talked through it, but it, it did something, it certainly lifted something for myself and the client because I would have felt dishonest sitting here not sharing it.

Jack's narrative illustrates his use of his own wounds in the service of healing for his client. He demonstrates self-care by exploring his disclosure in supervision. Interestingly, Jack bravely acknowledges that sometimes within these moments of therapist self-disclosure, when therapists apparently use their wounds in the service of healing, they open themselves up to the possibility of supporting their client to heal and also themselves.

The association of the wounded healer with therapist self-disclosure is complex and, occasionally, controversial. The apparent altruistic motivation is to acknowledge and normalise the client's pain. However, an alternative view might be that this type of disclosure, in offering reassurance, is anti-therapeutic and inauthentic and perhaps does more to serve the therapist not the client.

Discussion

Understanding Therapist Self-Disclosure

Perhaps the most important finding from the research is how participants understand the complexity of both the meaning and process that is associated with therapist self-disclosure. This study acknowledges that when therapists talked about self-disclosure, their perception of this concept reflected multileveled thinking and an awareness of risk which was ever present. All participants mirrored previous research findings that self-disclosure can involve both intentional and unintentional elements. These findings outcome confirm the existing literature that emphasises the complexity and multi-layered meanings of therapist self-disclosure (e.g. Audet and Overall, 2010; Gibson, 2012; Knox et al, 1997; Farber, 2006).

There was a consensus amongst research participants that therapist self-disclosure can, at times, have a spontaneous, automatic, and instinctual quality. This particular form of therapist self-disclosure raises the important point that, on some occasions, therapist disclosure will go un-noticed and that therapists will be unaware that they have been self-disclosing. Moreover, owing to their specific interpretation, one therapist may consider a moment to be self-disclosure whilst another therapist may not. Such variable subjectivity merely amplifies the complexity and highlights the difficulties involved in wrestling with finding meanings of what is meant by therapist self-disclosure.

Research participants recognised a specific premeditated type of therapist self-disclosure which contained a process of assessment concerning a judgement about the client's readiness to benefit and to engage with self-disclosure. Additional factors that were seen as important in the assessment process was the clinical history of the client, the timing of self-disclosure and the nature of material that a therapist might disclose. It was notable that whilst participants recognised the importance of assessing a client's readiness to receive self-disclosure there was less emphasis on therapists assessing whether they, themselves, were ready to disclose.

From all participants there was an acknowledgement that therapist self-disclosure has the ability to powerfully impact and move therapeutic work forward. Nevertheless, it was also acknowledged that even when therapist self-disclosure appears to be therapeutically productive, it still involves risks. These risks may render therapy counter-therapeutic, potentially blurring boundaries, and indirectly increasing the vulnerability and woundedness of both client and therapist. It was in this context that a shared feeling emerged that therapist self-disclosure should be applied cautiously and

sparingly, as it remains a vehicle that can potentially result in therapeutic breakthrough or rupture to the client, the work, the therapeutic relationship (and the disclosing therapist).

The fact that there are risks involved in therapist disclosure whether they are perceived as professional risks or risks of therapeutic rupture emerged as a strong theme. Such risk awareness requires the disclosing therapist to have a strong sense of self-awareness, so as to be able to embrace therapist self-disclosure whilst simultaneously managing their countertransference feelings, experiences and embodied states. All participants acknowledged the importance of engaging in regular reflexivity (Etherington, 2004) and holding an empathically curious stance (Rogers, 1951) when exploring these moments both for themselves and with their clients.

Impact of Self-Disclosure

All participants were able to recall both positive and negative experiences and the impacts of these self-disclosures. Previous research affirms that in most cases, therapist self-disclosure is viewed positively by clients (Audet, 2011; Knox et al, 1997) and this position correlates with the participants' accounts. However, therapists acknowledged that these positive experiences often left them feeling vulnerable. Negative experiences related to therapist self-disclosure reportedly intensified the therapist's sense of vulnerability and fragility, and often left a lasting impression on the disclosing therapist and included a heightened sense of anxiety and worry. Such negative experiences of therapist self-disclosure seems to lead therapists to avoid self-disclosure.

In terms of the impact of therapist disclosure, there was a strong indication that the disclosing therapist can indeed experience a significant personal impact as a result of sharing their self-disclosure with a client. Participants provided examples where the disclosing therapist was impacted on an emotional, psychological and embodied level. The potential impact of self-disclosure was evidenced to be quite diverse and included the therapist's humanity as well as their own personal emotional traumas/deficits and psychological wounds.

Within the material offered from research participants, the concept of the 'wounded healer' seemed significant with two contrasting points of interest. Firstly, there was agreement that the experience of being wounded emotionally/psychologically can support therapists to use their wounds in the service of healing with authentic empathy and compassion. Self-disclosure in this context is focused on enhancing client well-being by the therapist's disclosure of material that reveals something of their own vulnerability.

Perhaps a more controversial notion comes from the concept of 'dual healing'. Rowan and Jacobs (2002) state that within

the relational dynamic there are moments when self-disclosure serves a dual purpose. This view honours the notion of the two subjectivities, their beings within the therapeutic dyad mutually influencing the other, resulting in transformation and healing for both. Within this relational way of being, both therapist and client are involved in the intrinsic interplay of the shape and feel of the therapeutic relationship, and the shared experience of being-with-self-and-other (DeYoung, 2003). The participants in this study all acknowledged this dual impact - a dual sense of healing that sometimes sharing something of yourself for the client's healing can also heal parts of the therapist.

Motivations for Therapist Self-Disclosure

In reflecting upon the motivations that might lie behind self-disclosure participants revealed a shared sense of ethical accountability as they acknowledged the possibility of the shadow side of therapist self-disclosure as a motivational force aimed at indulging the therapist's unmet needs rather meeting the needs of the client. Participants seemed very sensitive to the power dynamics within the therapeutic relationship and the need to prevent clients from idealising their therapist. For some participants self-disclosure played a vital part here as it had the potential to reveal the therapist as being more vulnerable than might have been assumed. So, in this context therapist self-disclosure was seen as promoting a more authentic and equitable power dynamic in therapy (Jolley, 2019).

Implications of Self-Disclosure

The complexities and potential risks around therapist self-disclosure raise a number of significant clinical issues. For instance, does current training do enough to prepare trainees, newly qualified therapists, supervisees and therapists in general, to work with and effectively manage this subject area within the therapist-client relationship? As a profession, psychotherapy generally seems to regard therapist self-disclosure as something risky and to be used only occasionally. However, this study has shown that therapist self-disclosure can happen in several ways and sometimes may go unnoticed or have been, at times, unavoidable or unintentional. So, it is a very real phenomenon in the consulting room that needs further probing.

The impact of therapist self-disclosure can be profound and long lasting for both client and therapist. It is therefore important that trainee/newly qualified therapists know that they are experienced, skilled and robust enough to work ethically, effectively and therapeutically with this subject matter in relation to client wellbeing and therapist self-care. The authors would suggest that the concept of therapist self-disclosure and its inherent complexities should become a

subject with a higher profile within the wider psychotherapy profession. It is a phenomenon that will never go away.

Given the complexity of the phenomenon of self-disclosure (namely, the different types and levels), more specific exploration is needed about the specific nature of the disclosure given the specific relational context. In training and supervision, we should move away from making blanket pronouncements about disclosure and do more to examine the contexts and impacts.

Evaluation of Methodology

The use of reflexive thematic analytic methodology has proved helpful to articulate therapists' subjective experience. Some of the poignancy and perils of disclosure has been highlighted along with the huge variability of experience. We remain aware that a deeper exploration could have been engaged if the reflexive elements had been highlighted more critically and a thorough-going hermeneutic phenomenology had been employed to capture more of the embodied intersubjective pre-reflective experience.

Research participants in the research were all integrative psychotherapists as it was felt that the inclusivity that this approach embraces would provide a productive initial platform to explore the phenomenon of therapist self-disclosure. Future research may consider exploring this research area by allowing for more diversity of modalities within the research participant sample. The research participants who agreed to take part in the research were all Caucasians (3 British; 2 foreign) and so there was a lack of ethnic and cultural diversity within the sample.

In recruiting only experienced therapists the research does not address the experiences and challenges around self-disclosure for trainee or newly qualified therapists. There is a real possibility that inexperienced therapists could have a different sense of the meaning(s) of therapist self-disclosure and also the felt impact of engaging with this phenomenon.

Recruiting research participants for the research was problematic and there seemed to be a discernible reluctance to engage with the issue of the impact of therapist self-disclosure on the therapist. It seems important to consider what might be underpinning such a reluctance to engage with the research topic and this could offer a potentially productive focus in future studies.

Reflections

In conducting the research, the first author has noted a shift in perspective regarding therapist self-disclosure as a taboo as it allowed for opportunities of wrestling with this phenomenon and getting 'comfortable' with being uncomfortable and 'not knowing' which has revealed a more robust, reflexive and critical awareness of working with this multi-layered phenomenon. Consequently, the response has been to opt for a more cautiously non-defensive and embracing stance on this subject.

Subsequently, there is a sense of what can be manifest in judiciously sharing more of the self of the therapist and wounded healer thoughtfully, with intent to aid the client's journey and participate in the service of healing. Through this sharing more of the self, we can also acknowledge the duality at play – holding the luminosity and the shadow, and the reciprocal mutual influence (Stolorow, Atwood & Brandchaft 1987) which offers potential healing for both self-and-other.

In contributing to this paper, the second author has himself sensed a shift in his position regarding therapist self-disclosure. From originally practicing in a psychodynamic approach where any form of self-disclosure was strongly discouraged he had begun to embrace the opportunities of self-disclosure taking more person-centred and existential perspectives. However, in contributing to this paper he has sensed a retreat to a more defensive position where intentional self-disclosure feels a less likely event. This change feels rooted in uncertainty about the clinical value or authenticity of therapist self-disclosure. He now wonders if using self-disclosure to 'normalise' a client's experience might sometimes be denying them the opportunity for greater personal learning. Questions remain about whether therapist self-disclosure could be conceived as a selfish act whereby the therapist temporarily usurps the needs of clients.

Summary and Overview

The concept of therapist self-disclosure was revealed to have several different meanings and was regarded as being a complex and potentially risk-laden process within the therapeutic relationship. There was a consensus that therapist self-disclosure should be used sparingly and, ultimately, only to enhance client well-being holding the particular relational context in mind. There was a strong association of therapists' own vulnerabilities around self-disclosure and the risk that they might become more vulnerable. The impact of self-disclosure on the disclosing therapist was evidenced to be powerful and to have a potentially diverse impact at a

psychological, emotional, and embodied levels. The findings of this study lend weight to the argument that we (therapists and training organisations) must get away from simple binaries of self-disclosure being seen as 'good' or 'bad' and do more to probe the subtle and ambiguous relational complexities involved.

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