Self-disclosure in Counselling Psychology practice: A qualitative study using Abbreviated Grounded theory techniques

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Abstract

This study explores counselling psychologists' understanding of self-disclosure within the therapeutic context. The investigation seeks to explore what factors are involved in influencing counselling psychologists' decisions to disclose and how disclosures and non-disclosures are managed. Salient literature in the field of therapist disclosure highlighted the need for continuing qualitative investigation into counselling psychologists' views and an overarching perspective to the complex decision-making process of using self-disclosures in therapy.

Four counselling psychologists were interviewed, using a semi-structured interview schedule. The transcribed interview data were analysed utilising abbreviated grounded theory techniques. A model was developed, that incorporates counselling psychologists' considerations, when deciding whether to disclose and factors that influence this complex process. The findings can be incorporated into counselling psychology practice as well as training programs, for practitioners to reflect on their individual disclosure process.

The findings were then discussed in relation to the existing literature with considerations for further research and the limits of the study.

1 Introduction

1.1 Historical perspectives

Attitudes towards therapist self-disclosure have undergone many changes. Traditionally it was treated as a taboo but in recent years has received a lot of attention. Farber (2006) described how this shift from intra-psychic to interpersonal issues within therapy has influenced every aspect of what clients and practitioners view as an effective therapy encounter. Further how this, in turn, was influenced by societal changes. He theorized that after two World Wars and more recently the threat of terrorism and natural disasters this resulted in a greater need for intimacy. As Zur et al. (2009) summarises 'Our modern "bare it all" culture and the fact that many mental health clients view themselves as informed consumers rather than patients have created an expectation of caregivers transparency' (p. 25). Research on the topic of self-disclosure began with the work of Jourard (1964), who wanted to investigate why people choose to hide certain information while talking to others. Jourard believed that people represent themselves in such a way to either positively elevate other people's view of them or to fit into acceptable social norms relevant to the given time. Jourard theorized that the reason we stay hidden and keep secrets is that self-disclosure can make us vulnerable and this is frightening. We hide things about ourselves to avoid shame and judgment by others when we are not able to meet the perceived standard of social norms.

Jourard (1964) believed some disclosure of information to be vital in the formation of relationships as well as the maintenance of an individual's mental health. Another important factor that his research revealed was that of reciprocity. People tend to reveal roughly the same amount as what they are given in return.

Jourard (1971) went on to develop The Self-Disclosure Questionnaire. It is a list of questions that he perceived to be what people ask others, when forming a personal relationship with them. It was based on an experiment that he conducted in which he asked his acquaintances what they know about him. He expressed surprise at the answers and said that they did not know him at all. What he did not take into consideration at the time however, was that because the participants were friends and acquaintances, a two-way bias would automatically distort the results. Participants might not have wanted to be honest and may, therefore, have preferred to avert the risk of challenging the relationship. At the same time, his understanding of them does not allow for non-judgmental data collection. However, the Self-Disclosure Questionnaire was used for many decades after.

1.2 Different theoretical perspectives

Self-disclosure is 'one of the most controversial therapist interventions' (Hill & Knox, 2002, p.255) and was traditionally viewed as something to avoid due to the belief that the practice would interfere with the client's discovery of his or her own world (Freud, 1958). This stance on therapist's self-disclosure has undergone many changes in the past decades as an increasing amount of research has focused on the possible benefits of self-disclosure (Cozby, 1973; Hendrick, 1988; Rogers, 1961; Watkins, 1990).

Theorists and practitioners with a psychodynamic orientation advocate caution where revelations of personal information are concerned. They believe that disclosure may influence the transference occurring within the therapeutic relationship. In contrast, those with a humanistic and existential approach, call for openness and transparency (Hill & Knox, 2002).

Edwards and Murdock (1994) found that analytical therapists reported using significantly less disclosure than humanistic and behavioural therapists. With transference as the main focus in

therapy and the analyst providing a 'blank screen' for clients to project early relationships, any revelation about the therapist's inner world would compromise this objective.

1.3 Definitions

'At its most basic, therapist self-disclosure may be defined as the revelation of personal rather than professional information about the therapist to the client' (Zur, 2011, p.1). Several theorists have proposed various definitions of therapist self-disclosure that share this conceptualisation in addition to making a distinction between unintentional revelations (e.g. wearing a wedding ring) and information being verbally divulged (Jourard, 1971; Hill Mahalik & Thompson, 1989; McCarthy & Betz, 1978; Watkins, 1990; Zur, 2007).

A further distinction was made between self-involving statements that are concerned with the immediacy of the therapeutic encounter ('immediate disclosure)' and self-revelations ('non-immediate disclosure') that are expressions of information about the therapist's personal life (Knox & Hill, 2003; Hanson, 2005). Immediate disclosure statements are information provided by the therapist in regards to feelings about the client or the therapeutic relationship, whilst a non-immediate disclosure statement is giving information about the therapist's personal experience not directly referring to the client's own experience.

1.4 Counselling Psychology philosophy

At the heart of Counselling Psychology philosophy lies the principle to empathetically understand clients and 'to recognise social contexts and discrimination and to work always in ways that empower rather than control and also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today ' (DCoP, 2005, p.2).

‘Counselling Psychologists seek to use the best scientific evidence to inform the healing relationship with their clients’ (DCoP, p.3, 2012). This review and the following study aim to investigate an important aspect of this ‘healing relationship’ and to examine how this is currently managed by Counselling Psychologists within their practice.

A better understanding of the aspects to be taken into account when making decisions around disclosures and the potential effects on the therapeutic relationship is of relevant interest to Counselling Psychologists as well as other practitioners working in healing professions.

The American Psychological Association’s Division 29 Task Force suggested in 2002, after reviewing the literature, that therapist disclosure could make a promising and effective contribution to the establishment and maintenance of a helpful therapeutic relationship (Steering Committee, 2002). Moreover, it concluded ‘The therapy relationship…makes substantial and consistent contributions to psychotherapy outcome independent of the specific type of treatment (Steering Committee, 2002, p.441). Further, that ‘practice and treatment guidelines should explicitly address therapist behaviours and qualities that promote a facilitative therapy relationship’ (Steering Committee, 2002, p.441). An investigation therefore that fosters understanding of one of the influences to the formation of a facilitative therapy relationship, can inform the development of practice guidelines regarding the use of self-disclosure for counselling psychologists.

Counselling psychology follows a scientific-practitioner stance and aims to develop models of practice informed by empirical enquiry as well as having the therapeutic relationship at its base (DCoP, 2013). These models seek to engage with subjectivity and intersubjectivity, to respect first person accounts and to recognise social contexts and discrimination (DCoP, 2013). Disclosures and the effect this has on the intersubjective relationship between client and counselling psychologist are of relevance for exploration as the therapeutic relationship

has been shown to be most significantly associated with positive therapy outcomes (Lambert, & Barley, 2001). Factors influencing the therapeutic relationship such as the therapist's ability to facilitate empathic understanding, congruence and the therapist's credibility are all aspects that the decision-making process of disclosing can influence. These therapists' behaviours and attributes have been shown to have a positive impact on the outcome of therapy for the client (Orlinsky, Grave, & Parks, 1994). Factors influencing these are interesting and beneficial to investigate from a counselling psychology perspective that is informed by this particular philosophy.

At the basis of counselling psychology philosophy is the notion 'to recognise social contexts and discrimination and to work always in ways that empower rather than control and also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today.'(DCoP, 2013, p.2). Whether this particular emphasis on empowerment and building an equal relationship influences self-disclosure decisions and practice for counselling psychologist is worthy of an investigation. Research on clients' perceptions of the effects of self-disclosure and non-disclosure on the therapeutic relationship has revealed that clients perceived disclosures as empowering and equalising to the relationship between them and their therapist, due to the therapist being more real and human (Knox et al., 1997).

Counselling psychology philosophy also includes the notion of pluralism. (DCoP, 2013). Pluralism, stemming from the post-modern notion of a multitude of answers in understanding a complex world, is at the heart of counselling psychology philosophy. This acceptance of different world-views as equally valid has certain implications to practice. Considering the different stances towards therapist self-disclosure, for example guided by therapist's

theoretical orientation in comparison to pluralistic practice and philosophy could offer new opportunities for practice that are empirically informed.

The division states that counselling psychologists in the UK train in at least two modalities (DCoP, 2013). Considering that previous research on self-disclosure was mainly focused on therapist' experiences or views, which do not necessarily train in two modalities or emphasise a pluralistic stance, it is interesting to explore whether this influences the decision-making process.

1. 5 Aims and objectives

This study aims to explore how counselling psychologists perceive disclosures in their practice, what influences decision-making to disclose or not. Considering the empirical research on the effects of therapist self-disclosure on the therapeutic relationship (Knox et al., 1997; Hanson,2005) from client's perspectives and the idea that 'counselling psychologists seek to use the best scientific evidence to inform the healing relationship with their clients' (DCoP, 2013) an investigation into perceptions and practice of counselling psychologists will enhance awareness, foster knowledge and possibly provide research-based suggestions that can inform and guide counselling psychology practice and training.

Although a vast amount of literature (Zur, 2007; Watkins, 1990; Hill & Knox 2002; Hanson 2005) has been written about therapist self-disclosure, no attempt has been made to capture whether counselling psychologists disclose within their practice, their reasons for choosing to do so or not and how they perceive this process. This research aims to investigate this experience from the practitioner's view and to explore how it may impact on the therapeutic relationship with the client. It will be situated within the field of counselling psychology as the research is consistent with its principles and philosophy of aiming to investigate

relationship processes that influence the therapeutic encounter, to propose empirical evidence that can guide practice.

Counselling psychology aims to understand relationship processes and the subjective experience of individuals. An exploration into the process of what influences counselling psychologists to disclose or not is therefore relevant to consider. Further, how they choose to disclose or not, can therefore contribute to theoretical advancement and increased awareness for practitioners.

This study aims to explore counselling psychologists' understanding of self-disclosure within the therapeutic context. Further, it seeks to examine what factors are involved in influencing counselling psychologists' decisions to disclose or not and how disclosures and non-disclosures are managed. The intent is to explore the reasons for disclosure as well as non-disclosure and counselling psychologists' perceptions of the consequences of either choice on the therapeutic process. It aims to provide counselling psychologists with an increased awareness and understanding of this decision- making process. Counselling psychologists working in therapeutic settings can utilise this increased understanding to guide their decisions regarding whether to disclose personal information or not. An investigation into how self-disclosure within therapy is perceived by counselling psychologists aims to provide practitioners, supervisors and teachers with guidance and knowledge. This will then be applicable in their own practice and education by increasing awareness of the factors involved.

1.6 Structure of the research presented

Out of this initial overview, the call for a more thorough investigation was born. A review of past literature, including the many definitions of self-disclosure, the stance of several approaches, clients' perspectives and ethical considerations, will be debated upon. This will be followed by a consideration of epistemological aspects of the study, the findings of the analytical process and a discussion of these findings. Limitations and suggestions for further research will be considered and clinical implications highlighted.

1.7 A note on terminology

Throughout the research and particularly throughout the review of the literature, different terms for practitioners working therapeutically with clients were used. This was partly due to the fact that past research was only seldom specifically done with counselling psychologists and that research on therapists or psychologist disclosure practices, also informs counselling psychologists' views, perspective and practices and could therefore not be excluded. Furthermore, the participants in this study also referred interchangeably to different terms, which supports the idea that their understanding of disclosure and their practices are influenced by past research on disclosures, not only linked to their own group of professionals.

1.8 Reflexivity

Included below, is my initial reflection to demonstrate why I first became interested in this topic. Later in the discussion, this will be further reflected upon in order to highlight the changes that have occurred throughout this process:

I have a long-standing history with the concept of self-disclosure. As somebody, who identifies as lesbian the issue of disclosure is always prominent. I often have to choose whether to disclose this fact to another person or not and it took me a very long time and understanding of my own sexuality to become comfortable in doing so. I therefore can emphasis with the struggles of revealing a diagnosis of mental illness and at the same time understand somebody's reluctance to disclose this fact. I am however also a firm believer in the notion of self-disclosure as a way to break down barriers within any relationship and as a tool to remove stigma and discrimination in the long term.

As a Mental Health Advocate and Service User Involvement Worker I am actively involved with campaigns to improve mental health services and to give people with a mental health diagnosis a voice. Within this work I have encountered how much prejudice still exists towards people with mental health issues. Additionally I noticed how service users experience a clear divide between them and mental health professionals and became interested in how this division is constructed. I felt that it is partly due to a created atmosphere of us as 'normal' by the clinical team versus them as 'different' as the service users and wondered whether any mental health professional discloses that they have also suffered from a mental health illness. Surely mental health issues do not just affect a certain part of the population.

My first placement in the training for Counselling Psychology was in a Drug and Alcohol service and I was surprised how many of the co-workers were openly 'out' about being a former drug or alcohol user themselves. After discussions in supervision and talks with my co-workers I found that within this field it is not unusual. This gave me even more incentive to want to investigate why this is not the case in mental health.

So far I have been trained in Cognitive-Behavioural Therapy. I often felt limited with such a structured approach, particularly as I was encountering clients with quite severe and complex problems and was instinctively more drawn to more ‘relational’ forms of therapy. I wanted to validate their experience and focus on developing a trusting therapeutic relationship. Throughout writing this review I had to consider what my position within therapy is to self-disclosure. This changed according to what part of the process I was in and made me realise just how complex it is and how many perspectives have to be taken into consideration when debating this topic.

To counteract any bias in the review of existing literature I have kept a reflexive diary throughout the process. I recorded my initial ideas around the topic, what led me to investigate this particular question and kept reflecting on this throughout. I also had several conversations with Clinical Psychologists as well as Counselling Psychologists (other psychologists/therapists) to maybe capture aspects that I would not have been able to see from my perspective of looking at the topic. This reflection hopefully will serve for the reader to gain an understanding of how my previous experiences informed the critical review process.

2 A critical review of the literature on therapists' disclosures

2.1 Method

To perform this review a variety of sources were accessed. Starting with a search for main texts at the London Metropolitan University library, an understanding of the main researchers and theorists within the field was gained. This lead to a methodical search of the literature in regards to therapist self-disclosure, using databases such as PsycINFO, Science Direct, and EBSCOhost. The search was then more narrowly applied to any relevant Counselling Psychology literature for example via the DCoP website.

2.2 Forms and definitions of therapist disclosure

Past research has identified different types of disclosure and there has been much debate about how many different varieties one can identify. Zur (2007) talks of deliberate self-disclosure when the therapist chooses to intentionally reveal some information about him or herself. This could be done directly through conversation or through deliberate action such as choosing to wear a certain religious symbol on your clothing or having a photograph of a loved one present in the therapy room. Knox et al. (1997) distinguished between self-revealing (when the therapist discloses personal information) and self-involving (therapist's reaction within the therapeutic encounter) disclosures. This is based on McCarthy and Betz (1978) slightly differently named distinction between self-involving (counsellor's reactions, cognitions and emotions towards the client) and self-disclosing (factual information about the counsellor) varieties of disclosure.

However, not all disclosure is planned or deliberate. Therapists reveal information through simple demographics such as gender, age, and ethnicity as well as through any physical attributes, a certain dress sense or body language, (Barnett, 2011). Particularly when therapy is conducted in the therapist's home, an array of information is automatically available to the client (Farber, 2006).

Additionally accidental self-disclosure was described by Zur (2007). This can occur when the therapist instinctively shows a reaction to something the client said or when meeting the client outside of the therapy room.

He also distinguishes between inappropriate self-disclosure as counter-clinical and appropriate self-disclosure as beneficial to the therapeutic process. This separation appears to stem from whether the effect of the disclosure is negative or positive. He described negative effects as burdening the client, if solely for the relief of the therapist's anxiety and the creation of a role reversal in which the client takes care of the therapist (Zur, 2007).

Furthermore Knox and Hill (2003) developed a different classification system to distinguish between types of self-disclosure by the therapist. They separated categories according to what type of information is revealed and the purpose of the disclosure. Thus, they differentiate between disclosure of facts, feelings, insight, strategy, reassurance/support, challenge and immediacy.

Morton (1987) distinguished between descriptive self-disclosure (more or less personal information about oneself) and evaluative self-disclosure statements (feelings, opinions and judgements).

Holtgraves (1990) in his book on disclosure summarises that disclosure lines have been drawn between the voluntariness of the information disclosed, the reward value for the

discloser or the receiver, the informativeness of the material disclosed and the motivation behind the choice to disclose.

Something that was highly visible from the literature on self-disclosure was the differences in the definitions of therapist self-disclosure between the above theorists and writers. From its most basic form of 'the revelation to the client of personal rather than professional information' (p.106, Farber, 2006) to the many different attempts at classification noted above. This has complicated the research process and the establishment of solid knowledge around the issue of self-disclosure.

2.2.1 Measurement tools

Perhaps due to the varied and somewhat elusive nature of the concept of self-disclosure or the difficulties with finding a universal definition, a vast amount of research has been devoted to the development of assessment and measurement tools. After Jourard's Self-Disclosure Questionnaire (Jourard & Lasakow, 1958), Chelune (1975) developed a Self-Disclosure Situation Survey. Other scale development includes the Self-Disclosure Index and the Opener Scale by Miller, Berg and Archer (1983). The studies mentioned above focused on client disclosure. One of the first to develop a scale for counsellor-therapist disclosure was Robert Dies (1973). His 20 item Likert-type scale was designed to measure attitudes towards therapist self-disclosure in group therapy and it was found to be meaningfully related to actual behaviour within a group therapy setting. Hendrick (1988) asked college students whether they would rate finding out information about their therapist as positive and from their affirmative responses developed a multidimensional instrument that measures desired disclosure along the dimensions of Personal Feelings, Interpersonal Relationships, Sexual Issues, Attitudes, Professional Issues and Success-Failure. This scale although in content

orientated towards therapist self-disclosure is nevertheless only applicable to measure clients' expectations.

2.3. Gender differences in therapist self-disclosure

Whilst conducting research with the Jourard Self-Disclosure Questionnaire (JSDQ), Jourard found that women generally disclose more than men and hypothesised this to be due to the male gender role of wanting to appear emotionally inexpressive and tough (Jourard, 1961; Jourard & Richman, 1963). However, later studies (Cozby, 1973; Rosenfeld et.al, 1979) looked at possible intervening factors for these apparent differences and found that sex of target, relationship to target and measure of self-disclosure, might be possible moderating variables. Dindia and Allan reviewed the literature on sex-differences in self-disclosure in 1992 and concluded in their meta-analysis of 205 studies, that women disclosed slightly more than men did. Variables found to moderate this effect were the sex of target, the interaction effect of the relationship to the target and the measure of self-disclosure. Gender differences were greater when disclosing to a female or same-sex partner, than to a male or opposite sex-partner. Of significance as well was whether the target had a relationship with the person choosing to disclose. However, if no social relationship existed, no differences between the sexes could be found.

Henretty and Levitt (2010), after reviewing the literature on therapist disclosure according to independent and dependent variables, concluded that studies investigating gender as a variable produced that neither client gender, nor therapist gender, nor gender pairing, affected how much a therapist self-disclosed to a client. Moreover, they stated that no reliable interaction effect with therapist self-disclosure on client's perceptions of, and responses to, disclosing and non-disclosing therapists could be found.

2.4 Frequencies and studies investigating the use of therapists' disclosures

In a survey, distributed by Pope, Tabachnick and Keith-Spiegel in 1987, ninety percent out of one thousand American psychologists, responded saying that they use self-disclosure at some point in time. Another survey with psychiatrists, psychologists and social workers, all working therapeutically, found that over eighty percent responded using self-disclosure in their practice (Mathews, 1988). The researcher also attempted to look at the factors influencing the decision to disclosure or to withhold, however does not venture further than reporting the quotes made by her participants.

Edwards and Murdock in 1994 sent out surveys to 400 psychologists and found that out of 184 returned surveys, 90 percent indicated using self-disclosure a moderate amount. They quantitatively analysed whether variables of gender, ethnicity, theoretical orientation, reasons for disclosing and content of self-disclosure made a difference in the frequency of using self-disclosure. They found that neither gender nor ethnicity accounted for differences, however at the same time noted that the grouping of ethnic-minority and non-minority might obscure individual cultural attitudes towards disclosing. A significant difference was found for the variables theoretical orientation, reasons for disclosing and the content offered in the disclosure. Theoretical orientation will be discussed further below.

2.5 Different theoretical perspectives

From the sections above it became clear how therapist self-disclosure is viewed in many different ways and used with various frequency. To understand these differences researchers have tried to identify what factors account for this variation. One particular question of

interest for academics has been and continuous to be, whether theoretical orientation directs therapist to disclose or to withhold.

2.5.1 Psychodynamic/psychoanalytic

Sigmund Freud was one of the first to talk about therapist stance. He believed in the necessity of the therapist to remain neutral and like a “blank screen”. He stated that ‘the therapist should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him’ (1958, p.118), which in traditional psychodynamic therapy is seen as the main goal. Therefore traditional psychoanalytic/psychodynamic therapists or counsellors argue against the use of self-disclosure (Edwards and Murdock, 1994; Fenichel, 1945).Self-disclosure was seen as a risk of diluting the transference process and as a sign of therapist countertransference, which should be eliminated from the therapeutic encounter.

This view has changed considerably, with contemporary psychoanalysts or psychodynamic counsellors advocating the analysis of countertransference, which they view as inevitably present in the therapy room. Maroda (1999) described how countertransference and the self-disclosure of this material, can have powerful effects by revealing unconscious experiences and emotions for the client. Forrest (2002) described how disclosing aspects of countertransference can be used as a diagnostic tool, a barometer for progress made by the client and as an opportunity for the counsellor to expand his/her own self-awareness and personal growth.

2.5.2 Cognitive-behavioural approach

Dryden (1990) examined self-disclosure practises in Rational-Emotive Therapy as developed by Albert Ellis (1966). She emphasizes its usefulness as a means of showing the client the

relationship between emotions, cognitions and behaviour, and to strengthen the collaborative working alliance between two equal human beings.

Certain strands of cognitive-behavioural therapy have actively promoted the use of self-disclosure. Reality therapy developed by Glasser (1965), Dialectical Behavioral Therapy by Linehan (1993) and Brief Relational Therapy by Safran and Muran (2005) all utilise therapist self-disclosure as a tool of highlighting connections between difficulties, validating the client's experience, normalising symptomatology and to explore the therapeutic relationship.

Goldfried (2003) wrote about therapist disclosure in the context of cognitive-behavioural theories of modelling and reinforcement. They used clinical vignettes from other researchers' transcripts to examine the interpersonal impact made by that intervention on the client. They note, when used according to appropriate boundaries, disclosures can enhance positive expectations and motivation which leads to strengthening of the therapeutic bond. This assists with normalising the client's reactions; reduce the client's fears and models an effective way of functioning. They conclude in advocating the use of self-disclosure as an effective tool, however also hint at the need for more empirical studies examining disclosure when applied in actual clinical practice using cognitive- behavioural methods. They suggest for further research to focus more on process rather than outcome to determine whether the various functions do appear as intended. One also should note that the use of appropriate boundaries is not specified further than the therapist asking oneself for motivation and thinking about the likely impact.

2.5.3 Feminist theory

Feminist theory talks about using self-disclosure to lessen inequality between the therapist and client. This restoring of the inherent power imbalance between both parties is understood as vital in helping the client grow. Brown and Walker (1990) reviewed those aspects of

feminist therapy theory that tend to support the use of self-disclosure. They note that these theories encourage therapists to disclose their ethnicity, class background, sexual orientation and political values and for clients to choose their therapist according to matching values. They also point towards several difficulties that have arisen through this generalised stance on therapist self-disclosure. Firstly, that initially no training had been provided on how to use this intervention, which resulted in the possibility of boundary violations and secondly the risk of attention shifting away from the client.

2.5.4 Cross-cultural

Similarly, the theoretical literature on self-disclosure in cross-cultural therapy has mostly discussed positive effects for therapist self-disclosure through decreasing apparent differences whilst increasing similarities (Helms, and Cook, 1999). However the empirical research on the topic has yielded mixed results.

Cherbosque (1987) found differences between ratings of Mexican and American participants in their preference for counsellor self-disclosure. Mexican participants rated non-disclosing counsellors as more attractive, which describes counsellor's warmth, acceptance and likeability and as less expert when disclosing. The results however are tempered by the fact that no ethnicity data was provided for the American participants and one cannot assume their ethnicity to be the same.

Borrego, Chavez and Titley (1982) found no differences between willingness to disclose when self-disclosure was used as a strategy by the therapist in comparison between Mexican American and Anglo American students.

Similarly inconclusive results were shown by two studies considering the ethnicity of the counsellor. Berg and Wright-Buckley (1988) found that both African American and American Caucasian participants disclosed more to a Caucasian interviewer that self-disclosed than to

an African American interviewer that disclosed. In the same year however, Wetzel and Wright-Buckley (1988) found that disclosure by a Caucasian counsellor elicited less intimate disclosure from participants than from a self-disclosing African American counsellor. This inconsistency might have been due to the fact that neither study took into consideration what information was disclosed by the counsellor/interviewer.

In his review of literature on the topic of self-disclosure Watkins (1990) called for more research on the effects of cultural issues on self-disclosure. In more recent years his call was answered by Cashwell et al. (2003) who investigated counsellor and client ethnicity on client preferences for counsellor self-disclosure. Results suggested that respondent ethnicity affected preferences for specific types of information about the therapist.

2.5.5 Addiction

One area that has incorporated self-disclosure into many aspects of their care and treatment is that of Alcohol and Substance abuse. Forrest (1978) describes how the inability to self-disclose is a key factor in the aetiology of addictive behaviour and the topic has therefore received a great amount of emphasis within the field. He wrote that 'I am suggesting that long-term therapy sobriety is contingent, in part, upon learning and engaging in an interpersonal mode which is highly self-disclosing in nature' (p.236).

Mallow (1998) explains that therapy as 'fellowship' means that there is equality between all members and that this open and equal bond is what distinguishes it most from traditional therapeutic encounters. Within the program a senior member can act as a sponsor for newer members by offering guidance based on their own experience of recovery. This also serves as an aid for their own recovery by having to repeatedly disclose and share their past or present difficulties with drinking/substance abuse.

Mallow (1998) wrote ‘Consistent with AA principles, many patients purport that they cannot be helped unless the therapist is in recovery themselves.

Although Mallows tries to provide guidance for practitioners within this field by comparing psychodynamic theory on therapist disclosure with the values of 12-step programmes, one is left with an interesting discussion, but no clear conclusion as to how practitioners working with substance abuse clients should cover the topic of self-disclosure.

2.5.6 Group therapy

Group therapy requires each member of the group to self-disclose to not just the therapist. Dies (1973) talked about the importance for the group therapist or leader to be more transparent as a model for other group members. Previously Mowrer (1964) found that group therapy is most effective when the leader of the group is able to display a more personal and genuine therapeutic style compared to the ‘traditional’ non-disclosing leadership role.

2.6 Reviews and other possible factors accounting for variance

Kirschenbaum and Jordan (2005), found that more recent studies of therapy outcome indicate that certain common factors account for therapeutic change rather than just the approach of the therapist. They summarised that warmth, respect, empathy, genuineness or self-disclosure, trust and positive relationships are better indicators for achieving a positive outcome within therapy than the use of a specific approach. They also highlighted how important it is for the therapist to understand his or her own disclosure style, and to use it tailored to each client, according to their expectations and needs rather than just fitting the therapist’s understanding and style.

Hill and Knox (2001) reviewed the literature on therapists' self-disclosure to rethink its effectiveness in individual therapy and to propose guidelines for practitioners. They clearly differentiated between analogue and naturalistic studies and divided the research accordingly. They found that out of 18 analogue studies 14 studies reported positive perceptions of therapist disclosure. They do however mention that these studies are limited in their representativeness, as the analysis of hypothetical therapy is not as valid as perspectives of clients who have undergone some form of actual therapy.

Hill and Knox (2001) also looked at the content of the information that is revealed by reviewing several studies that have looked at this aspect. They found that therapist most often disclose about their professional rather than personal or intimate background and that it is very infrequently used ranging from 1 percent to 13 percent out of all therapists interventions.

In their study discussed earlier Hill and her colleagues (1988) also looked at the motivation behind why therapists disclose. When the therapist reviewed their video-recorded sessions they predominantly said that they disclosed to give information and to dissolve their own needs. They did not report however what 'dissolve their own needs means'.

Edwards and Murdock (1994) found significant differences between groups of therapists from different orientations. They reported that, as predicted by them, psychoanalytic practitioners reported using significantly less disclosure than did humanistic therapists. The mean for the use of self-disclosure for 'eclectic' practitioners was close to that of the analytic group and the mean for behavioural therapists was close to that of the humanistic group. What constituted 'eclectic', however was not explored.

In Edwards and Murdock's (1994) study participants reported disclosing most about professional issues and least about sexual issues and personal feelings. The results yielded that participants rejected, increasing expertness, attractiveness, trustworthiness, or because

the client desires it, as acceptable reasons for disclosing. They mostly agreed that modelling appropriate behaviour and increasing the similarity between counsellor and client, were reasons for which they would disclose.

Disclosing about degree and experience however does seem to be linked to the motivation of wanting to increase expertness and trustworthiness. Edwards and Murdock speculate that disclosing professional status, perhaps to receive consent, has become standard practice, that interpersonal consequences of these disclosures are not considered. They suggest for further research to investigate the timing of when certain disclosures according to content are made.

2.7 Clients' perspectives

Several studies have explored the perceived effects of therapists' self-disclosure from the client's perspective.

Hill et al. (1988) studied therapists response modes and the effect on therapy measured by therapists and client helpfulness ratings, the client's experience, client reactions, session outcomes rated by both and treatment outcome (changes in anxiety, depression and self-concept). In the analysis they isolated self-disclosure as one form of therapist response mode and found that this aspect received the highest client helpfulness rating and led to the highest client experiencing levels. Therapists however were found to have disclosed quite infrequently and were divided in their rating of its helpfulness. The sample size of eight therapists and eight clients, all of them women, does not allow for generalisability of the findings. Furthermore testing concepts such as helpfulness of the therapy session or client experience quantitatively does not account for individual differences and does not explain why the participants scored higher or lower on these scales.

Bundza and Simonson in 1973 hypothesised that therapists who would use self-disclosure as a method would be perceived as more nurturing, would be able to elicit more self-disclosure in return, than a non-disclosing therapist and that a self-disclosing therapist would be perceived as less interceptive. Their hypotheses proved successful, however the sample of 45 college students participating in the study to obtain credit and the fact that they were asked to evaluate simulated therapy sessions raises questions about the validity of their methodology and the conclusions drawn for the actual client therapist relationship. Additionally the type of disclosure statements investigated by Bundza and Simonson were always warm and accepting by nature and not contradictory to the statements made by the client in the simulated scenarios. As discussed previously there are many other forms of self-disclosure statements that were not incorporated in the study and therefore limit its implications to a certain type only.

Knox et al. (1997) interviewed clients about their experience of helpful instances of therapist self-disclosure. Disclosures were perceived as helpful when non-immediate and in relation to an important personal issue of the client, as intended to normalise or reassure. Additionally Knox and colleagues found that positive consequences of therapists' self-disclosure included leading to new insight for clients and clients rating their therapist as more human and real. Clients also described that this in turn improved the therapeutic relationship for them by equalising the power in the relationship and made them feel reassured and that their struggles were normalised. Disclosures encouraged them to reveal more information about themselves. Similar findings were reported by Hanson (2005), who found that clients in her study were two times more likely to find therapist disclosure - defined as immediate and non-immediate – helpful rather than unhelpful with the greatest effect of disclosures on strengthening the therapeutic alliance. In particular, the second most reported positive effect of therapist disclosure was in regards to creating an egalitarian relationship. Effects of unhelpful

disclosures were damage to the alliance, clients feeling that they had to ‘manage’ the relationship and a decrease in trust. Hanson (2005) also investigated the effects of non-disclosures, active decisions to not disclose. Participants were twice as likely to experience non-disclosures as unhelpful with effects described as a lack of connection experienced as hurtful to the alliance and a decrease in trust. The greatest effect of helpful non-disclosures described by participants was feeling free to imagine what they wanted about their therapist. Hanson concluded from the results that skill or lack of skill was the intervening variable that affected perceptions of disclosures and non-disclosures. Disclosures made in the context of the client’s material, brief in duration and containing few details were experienced as helpful and, equally, too long and detailed disclosure interventions were described as unhelpful. Rigidity as the most commonly cited skill deficit was associated with unhelpful non-disclosure ratings. Similarly non-disclosures were experienced as helpful when put into context and explained.

Audet and Everall (2010) note that most of the literature relating to therapist disclosure were mainly concerned with ethical considerations or the distribution to the client-therapist relationship. In a qualitative inquiry, they were aiming to clarify an apparent disparity between ethical discouragement of therapist disclosure and theoretical endorsement, by directly asking clients for their own views.

They looked at client’s experience of disclosures in therapy from a phenomenological perspective and identified three themes of disclosure effects on the therapeutic relationship (Audet, & Everall, 2010). Clients expressed how disclosures contributed to the formation of a connection in the early stages of therapy, how disclosures were experienced as the therapist conveying presence and attentiveness to their story and how therapists’ disclosures were experienced as invitations for them to disclose more about themselves. However the authors

also identified what were considered to be hindering factors for the maintenance of the therapeutic relationship by clients. These were role reversal, in which participants felt like the therapist instead of the client, feeling misunderstood due to the disclosure being too dissimilar from their own experience and participants expressing feeling overwhelmed by their therapist's disclosure.

2.8 Ethical considerations

This supports the theoretical literature on the risks of self-disclosure from an ethical perspective (Peterson, 2002; Zur 2007), with concerns about ruptures of the therapeutic relationship due to a loss of trust in the therapist and the client having to 'manage' the therapist. Peterson (2002) quotes Ethical Standard 1.19 from the APA guidelines as relevant to therapist self-disclosure. It guides psychologists about the ethical responsibility to avoid exploiting somebody that they have any form of authority over. According to Peterson, non-maleficence (not harming clients) and beneficence (maintaining the goal of helping others) are the two most salient principles for psychologists to be aware of in regards to self-disclosure. He describes how self-disclosure can be used as a therapeutic tool in accordance with beneficence and at the same time can be considered unethical if it impedes the therapeutic process.

Bridges (2001) talks about the ethical-clinical continuum by stating that: " Therapists employing intentional self-disclosure are advised to remain patient focused, rely upon the patient's resources and expertise, model emotional honesty, and share their view of the clinical situation at hand… exploration of the multiple interpersonal and intra-psychic meanings of the disclosure to the patient and the treatment process is essential." (pp.23-23).

Bishop and Lane (2002) in their book Self-disclosure and the Therapeutic Frame: Concerns for Novice Practitioners, warn about using self-disclosures too early on in someone's career without knowing how to counteract enactments and entanglements. They call for the judicious use of interventions such as disclosing subjective reactions, only within a context of general neutrality. Coming from an analytical stance they are mainly concerned about possible difficulties a novice practitioner might have in establishing the therapeutic frame and how self-disclosures could cause ruptures that could not be repaired.

Barnett in 2011 wrote about therapist disclosure, in the light of it being a boundary violation, however, one that can have multiple benefits to clients if used appropriately. He suggests developing a model that takes into consideration, what factors to consider making this decision ethically sound. His recommendations are to include the therapist's intent, the likely impact on the client, the client's culture and diversity factors, the client's history and treatment needs and the client's preferences. He endorses the inclusion of boundary crossings, such as disclosures, in psychotherapy training and clinical supervision, to increase an awareness of the potential benefits and risks. He also urges supervisors to model appropriate self-disclosure and to help trainees process its effects.

2.9 Summary

The U.S. Department of Health and Human Services together with the Substance Abuse and Mental Health Services Administration recently brought out a publication about self-disclosure and its impact on individuals who receive mental health services. They interviewed mental health consumers, some of whom were mental health professionals, some were in politics and some were clergy. They indicated that hiding information and worrying about being found out consumed a lot of personal energy. The majority of the mental health

professionals they interviewed said that they only chose to reveal this part of their identity after having completed their training and secured a stable enough position. However, they also noted how disclosing to their clients and others promoted their own recovery as well as instilled hope for their clients. Beth McGilley, Ph.D described her recipe for managing self-disclosure within the therapeutic setting by stating that: "with regards, to self-disclosure, the question is more when and how, rather than whether I tell my patients. I have no pat formula, no hard and fast rules for sharing this part of my history. It only makes sense not to lock myself into any rigid guidelines, because the therapeutic relationship, as I conceive it, is a dynamic, unique, and intimate connection in which exchanges occur as the relationship allows and demands." (Hyman, 2008, p.19).

What became apparent from the discussion above is that self-disclosure within the therapeutic environment has undergone many changes and that therapist disclosures are complex and multifaceted. Further complicating this process and the research around self-disclosure are the many different definitions and forms of disclosure identified and described in past research. There is no consensus on whether therapist self-disclosure is a helpful tool within therapy and has positive effects (Hill, & Knox, 2001) or whether it has negative and almost damaging effects on the therapeutic relationship and the client (Peterson, 2002). Through changes in society and the evolving nature of many different therapeutic approaches, therapist self-disclosure is now being viewed as an important part of almost every form of therapy (Forrest, 2010). Within the therapeutic environment self-disclosure appears to be a grey area and based on the individual therapist's decision in comparison, for example with issues around confidentiality that are guided by policies and guidelines.

With the current focus on 'recovery', inclusion and the reduction of the stigmatisation of mental health and the evidence from other recovery-focused areas, the proposed study will

investigate how Counselling Psychologists construct and manage disclosures. The aim of the proposed study is to develop more insight and an empirical evidence base to guide this complex process and to identify the factors involved in making this decision.

Many aspects have been investigated and considered, however no overarching model has been developed that has taken these many aspects into account. No study has yet attempted to describe the overall decision- making process, which the current research will attempt.

3 Methodology

3.1 Epistemological considerations

It is important to situate the research along ontological, epistemological and axiological dimensions (Ponterotto, 2005). Locating a study along paradigmatic considerations provides the reader with information important for evaluation and offers transparency. This chapter is a discussion of this.

Henwood and Pidgeon (1992) describe essentialist and constructivist positions as two opposing epistemological stances. The former is characterised by a realist ontology that understands reality as objective and measurable and the latter describes multiple realities, equal in value and constructed in an individual's mind. Associated with these positions are a quantitative and a qualitative methodological approach. Quantitative methods strive to generate data through hypothetico-deductive reasoning under strictly controlled research environments. Qualitative methods describe and interpret experiences of participants in the context of their natural environment (Denzin, & Lincoln, 2000). Lincoln and Guba (1985) argued that qualitative research methods allow for multiplicity in participants' experiences, which are more reflective of real experiences and their interpretation by both the participants

and the researcher. This allows for more variety, diversity and subjective experiences to come out of the research, which is fundamental in understanding the whole array of human existence.

Traditionally psychology situated itself in the positivist tradition, which according to Ponterotto (2005) is gradually shifting to a more balanced reliance on both qualitative and quantitative methods, particularly in counselling psychology.

As the subject matter of the research is concerned with meaning and sense-making of a phenomenon, a qualitative approach was deemed most suitable. Testing preconceived aspects of the process of decision making, as a quantitative approach would suggest, would limit the research and the way participants perceive this process. It would imply that measurable knowledge about the experience of counselling psychologists in regards to this phenomenon exists.

Qualitative analysis allows flexibility for the participants to share their own individual understanding or meaning of the topic to achieve rich information that reflects how each participant makes sense of their own world (Willig, 2001).

Counselling psychology seeks to develop empirically driven models that 'engage with subjectivity and intersubjectivity, values and beliefs; to know empathetically and to respect first person accounts as valid in their own terms; to elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing' (DCoP, 2013, p. 1-2).

Considering this particular focus of counselling psychology and the focus of the research on processes a qualitative approach was chosen to capture the phenomena from a perspective that allows for suppleness and uniqueness in the participants' accounts.

3.2 Abbreviated Grounded theory techniques

Grounded Theory was first developed by Glaser and Strauss (1967) as a way of producing theory from data. The emerging concepts or categories of meanings unveiled through the analytic process are described as dependent on the context and grounded in the data. Glaser and Strauss (1967) aimed to develop a method that although underpinned by positivist principles of systematic and rigorous enquiry did not follow the logico-deductive notion of uncovering evidence for a preconceived theory. With their development of an analytic method that would generate theory from data, they aimed to allow for material to emerge without the researcher hypothesising about it previous to data collection. Grounded Theory allows for an individual's subjective perception from which concepts can arise and be integrated into a wider picture. Grounded Theory arrives at this picture by establishing how categories are linked and related to each other, and emphasises research-based practice whilst still allowing for uniqueness (Walker, & Myrick, 2006). Grounded Theory provides a means to capture lived experience, whereby the data is substantiated by participants' accounts and analysed with a guided procedure (Charmaz, 2006). **Willig (2001) reports how Grounded Theory is particularly suited when focusing on social processes due to the depth and often interconnectedness of constructs making up the interpersonal encounter or social phenomena. Therefore it appears well suited for the exploration of constructs such as subjective decision- making processes. Initially the aim was to use Abbreviated Grounded Theory, to make use of this thorough analytic approach, however due to difficulties in recruitment; techniques were borrowed from this method.**

The aim of the methodology is to identify concepts significant to self-disclosure within the therapeutic encounter to provide an outline for understanding of how counselling psychologists make sense of the decision-making of whether to disclose or not

3.3 Constructivist-interpretivist paradigm

McLeod (2001) observed that "good qualitative research requires an informed awareness of philosophical perspectives" (p. 203) and Elliott, Fischer, and Rennie's (1999) first guideline for publishing qualitative research is 'owning one's perspective' (p.221) including stating personal beliefs about the nature of knowledge, the guiding paradigm and methodology.
This study is situated in the constructivist-interpretivist paradigm due to the researcher's ontological and epistemological beliefs. Realism as an ontological position denies the nature of reality as fixed and measurable and views it as one form of understanding shaped by interactions, culture and context. The constructivist view assumes various realities to be valid that are constructed subjectively and intersubjectively in participant's minds and therefore lends itself to an exploration of the decision making process of self-disclosure believed to be subjective and possibly varied.

Symbolic-interactionism as an epistemological position understands meanings and knowledge to be transient in nature, created through relationships and language, therefore of symbolic quality and influenced by context, history, social values and cultural norms (Criswell, 2009). This view offers the opportunity of discovering the complex nuances of the participants' subjective experience, the influences and the processes that counselling psychologists go through to make decisions about self-disclosing without predetermined assumptions.

The constructivist-interpretivist position is that the researcher's values, beliefs and experience cannot be divorced from the research process (Ponterotto, 2005) and believes the researcher to significantly influence the study development and process through their interaction with participants, the phenomenon and the material. Unlike Glaser and Strauss (1967), who describe theory to emerge from the data independently of the analyst, Charmaz (2006)

‘assumes that neither data nor theories are discovered. Rather we are part of the world we study and the data we collect. We *construct* our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices.’ (p. 10). Therefore any portrayal of the studied phenomena is interpretive and one particular construction of reality. However, Willig (2008) explains how this construction might still be indicative of other experiences and possibly shared and therefore of value.

3.4 Method

3.4.1 Participants

Participants for this study were four BPS/HPC- accredited counselling psychologists. To acknowledge the pluralistic nature of counselling psychology, no exclusion criteria were set for type of therapeutic setting, theoretical background or culture. Participants’ ages are between 30 and 56, with a mean age of 46. They were all female. All names below represent pseudonyms to ensure anonymity.

Table 1. Participants’ characteristics…

participant	**gender**	**age**	**race**	**experience**	**background**	**interview context**
Emily	**female**	**30**	**White Caucasian**	**recently graduated, works in counselling and additional modalities team at IAPT centre (short-term integrative and psychodynamic intervention**	**Psychodynamic and person-centred training, practices integrative**	**IAPT centre**

				s)		
Sandra	**female**	**53**	**White Caucasian**	**5 years after graduation, currently works as High-intensity therapist and Supervision lead in IAPT Centre**	**Person-centered and psychodynamic training, now practising mainly CBT but identifies with integrative approach**	**IAPT centre**
Henrietta	**female**	**56**	**White Caucasian**	**10 years practice after graduation, now working in private practice from home and as a manager of a community counselling centre (mostly managing supervisions)**	**Relationally-orientated training with psychodynamic foundation course, identifies with integrative practice, additional two –year training in systemic course**	**At home in her private practice**
Fiona	**female**	**48**	**White Caucasian**	**10 years working after graduation, currently High-intensity therapist in counselling team of IAPT Centre**	**Person-centred background and mainly CBT training, identifies as fairly integrative with additional IPT training**	**IAPT centre**

To recruit participants, the Division of Counselling Psychology Research network and the British Psychological Society Research Digest Blog were approached. Furthermore, the information sheet was distributed to colleagues, to recruit via snowballing. Before entering the study, participants received an information pack that entailed a description of what the study is trying to look at, what is expected of them and an explanation that everything mentioned in the interviews is confidential (Appendix A).

3.4.2 Materials

To ‘ demonstrate respect by making concerted efforts to learn about their views and actions and to try and understand their lives from their perspectives’ (Charmaz, 2006, p. 13) a semi-structured interview technique was employed with the aim of gathering rich data.

The questions below comprise an initial list that was designed with the help of supervision.

1. Can you tell me about what you think self-disclosure is?

1. Have you had any experiences of disclosing to clients? Prompts: What were your feelings and thoughts throughout this process? What did you disclose? What do you choose not to disclose? How did you disclose? What were your client’s reactions?
2. What would you say are the factors that have influenced the decision to disclose/ not to disclose?

The research was part of a doctoral degree in counselling psychology and therefore limited in time. Due to these practical restraints and the evolving nature of grounded theory and the connotation that the phenomena should be studied without pre-emptied concepts, no pilot study was carried out to evaluate the initial interview schedule. However, within Grounded

Theory the interview process is flexible and the order of questions was adapted to suit the flow of the interview or to investigate phenomena the participants brought up. After the initial transcription and coding of two interviews, the interview schedule was amended to explore emerging concepts on a more detailed level. Decisions on changes to the interview schedule were made collaboratively between the researcher and supervisor after careful deliberation and reflection.

The adapted interview schedule can be viewed in Appendix E.

3.4.3. Procedure

This research borrowed techniques from the processes outlined by Willig (2001) for Abbreviated Grounded theory. A convenient time and date were arranged for the interviews to take place. The beginning of the interview process was scheduled for a discussion around any consent queries, followed by participants agreeing to consent by signing the materials (Appendix B). It was explained to participants that they might be asked to reveal possibly personal information to ensure that truly informed consent was given. Additionally they were told that they are able to interrupt and end the interview at any time and that the researcher is obliged to break confidentiality in accordance to BPS Code of Conduct (2009) if any risk of harm is revealed.

Participants were informed of their right to request a copy of the report and that they can withdraw from the study up to a month after the interview had taken place. Participants were allowed to review transcripts and able to withdraw comments on request, which no one took advantage of.

Prior to the main interview, participants were asked questions to ascertain demographic information. The interviews lasted between fifty minutes and ninety minutes. As mentioned above the initial semi-structured interview schedule was comprised of few, open-ended

questions, which Charmaz (2006) advocates as a method to encourage unanticipated stories and aspects to emerge. The scheduled was not followed rigidly to allow participants stories and their subjective experiences to lead the interview process.

The audio recordings and verbatim transcript were stored in a data protected file and real names of participants were not disclosed at any stage. This information was made transparent for participants prior to the interview. BPS Ethics and Standards guidance procedures (BPS, 2013) were followed, which prescribes data to be retained for five years and then to be deleted. Interviewees were provided with information about organisations to contact in case of feeling distress (Appendix C). They were offered a debrief session afterwards.

3.4.4. Analytic method

After transcribing the interviews in verbatim, initial and focused coding was employed to extract interviewee's meaning and frequencies in their own words.

Charmaz (2006) describes coding as 'categorising segments of data with a short name that simultaneously summarizes and accounts for each piece of data' (p.43). Initial coding focused on actions as reflected by the words and were coded as such.

After identifying descriptive labels, they were analysed and grouped together. However it is important to mention that some of these descriptive and analytic codes changed throughout the process. The constant comparative method was used to identify differences and similarities between the codes to capture, varieties of links between codes. Throughout the analytic process a record was kept of the development and reasons for choosing certain codes in the form of memos. Those can be revisited and offer a window to the thought processes that shaped the codes and the model. Part of the analytic process is an immersion of the

researcher with the phenomenon, in order to gain multiple perspectives that according to Charmaz are all a construction, because:

> "People, including researchers, construct the realities in which they participate."

(Charmaz, 2006, p. 187).

This immersive process is not linear and the researcher is not only able to, but encouraged to revisit earlier stages, that inform the current phase of the development of the model. Therefore each step can influence other phases**.** Line-by-line coding was carried out on all transcripts (see Appendix F and H) and on several occasions. This was done to ensure a deep level of analysis that would counteract the lack of theoretical sampling and the associated loss of breadth. It was carried out with *actions* in mind. With the aim of capturing processes and avoiding static or pre-existing labels, initial codes were mainly in form of gerunds. These codes were then sorted, organised, integrated or discarded to select as background memos or to include in the emerging categories and focused and initial codes (see Appendix I). With the help of the constant comparative technique, low-level categories were formed out of these descriptive codes. It was decided not to use any coding paradigm, as the data did not indicate the need for such, but instead gave rise to numerous theoretical codes. Comparative analysis eventually opened up certain core categories, which were again redesigned and reintegrated through constantly checking with lower-level categories and initial codes. Observing links and paying close attention to relationships between these categories, a model was formed. The initial aim was to return to data collection to further collect material on certain themes; however no more participants came forward or agreed to take part again.

Whilst Charmaz (2006) advocates *theoretical saturation* as an end-point to the investigative process, Dey (1999) suggests *theoretical sufficiency* for smaller and time-restrained projects. Hereby, themes are grounded in the data; however do not need to reach saturation. Willig

(2201) described the abbreviated version of grounded theory as sufficient, by implementing coding and the constant comparative method, to reach theoretical sensitivity within the texts offered and without returning to data collection. Due to resource and time restraints a similar analytic process was deemed as sufficient and the wealth of information from the four interviews, after the initial stages of analysis, indicated a rich and informative pool of information to work with. Theoretical sensitivity could still be achieved through an in-depth immersion with the existing texts, without having to return to data collection and theoretical sampling and as Willig (2001) points out:

'Theoretical saturation functions as a goal rather than a reality. This is because even though we may (and ought to) strive for saturation of our categories, modification of categories or changes in perspective are always possible.' (.p. 71)

One could argue therefore that in this sense, and consistent with a constructivist view, theoretical saturation can still be achieved within the confines of the original data. However, the current study aimed to achieve important insights gained from internal coherence rather than saturation, for which four interviews were sufficient and informative to the subject matter. The limitations of not being able to use theoretical sampling to saturate the data will be further debated in the Discussion.

3.4.5 A note regarding context

The interviews took place at each participant's place of work and were conducted by a researcher, who at the point of interviewing was a trainee counselling psychologist halfway through her training. One should consider the dynamics between interviewee and interviewer and the possible influence the different settings of their work places might have had on the interviewing process. Three participants answered as employees of an IAPT Centre (each of

them being in different roles from each other and under different teams within the Centre), with very specific structures on how to conduct therapy. Since the way they conducted therapy was, to an extent, expected from and guided by the IAPT centre and their position, it is considered that their mode of working is relevant to the research findings and could not quite be separated from them. Although not specifically referred to as influencing their practice, they would still have answered as the confines of those structures allow. One could also imply, that potentially, their will to participate were in an effort to find direction regarding the use of self-disclosure, as their emphasis on how important this topic was to them, suggests. Two of the participants answered not only as therapists but also as supervisors, with heightened responsibility and in need of guidance to support their students with clear directions. Another example of the influence of the setting and context on the process was the focus on accidental disclosures by the participant that was interviewed in her home. Her awareness of these revelations was, of course heightened and she was able to sample from many examples that described these types of disclosure encounters. The interview being embedded in language and therefore needing to define therapist disclosures, for the sake of being understood by the interviewer, forced participants to settle and decide upon the type of disclosure they were communicating about. As Henrietta stated:

"( )but I think that in a way, I think a little bit for this interview, it's a deliberate, it's a deliberate decision to tell the client something about yourself that's life or personal experience or some way."

Henrietta (3/145)

Additionally, I entered their place of work as a trainee counselling psychologist and we had exchanged information about each other and the study beforehand, from which they could gage my interest and agenda for the study. The interviews all felt mutually friendly with a

shared interest for advancement in receiving guidance on the use of self-disclosure and not being satisfied with the current status quo of conflicting directions, which they sometimes revealed whilst setting up the interviews or at completion. Potentially, the fact that the interviewer was a young female counselling psychology trainee would have also added a specific dynamic to the process, with participants inferring possibly a certain stance from my chosen subject of investigation. Coming from a constructivist understanding of data gathering and data interpretation, the findings are supposed to always be viewed as a co-construction between the researcher and the participant and be embedded in the social context they took place. In this case, the shared language of the counselling psychology profession would have influenced the results accordingly.

4 Analysis

4.1 A note on terminology

Throughout this investigation, the term *disclosure* will be used, meaning to incorporate all conceptualisations, forms and definitions of self-disclosures, as to not exclude how participants might have constructed the concept.

4.2 A note regarding the analysis

The analysis of the interview data revealed themes that were common amongst participants, however one should note that the following portray does not aim to constitute one standard experience of counselling psychologists' disclosure practices. It is a co-construction between participants' experience and the researcher's own interpretation of the data and unique in its frame. The analysis aims to give insight in to shared themes, possible considerations for participants and the processes that could be drawn out. It is descriptive as Charmaz's (2006) methodology proposes to avoid quantification that could suggest 'one truth'. Similarly one does not want to suggest the seemingly clear distinction between categories and constructs, as depicted on the model. They do not always represent separate entities that are not correlated or share meanings between each other. However, as human language already classes and categorises and for the purpose of communicating with the reader, a visual imagine was developed, for clarification.

4.3 Constructs

Six core categories, nineteen categories and twenty sub-categories could be identified through grounded theory analysis. The constructs became evident in participants accounts, however were influenced by the investigative frame and are listed in Table 2 below.

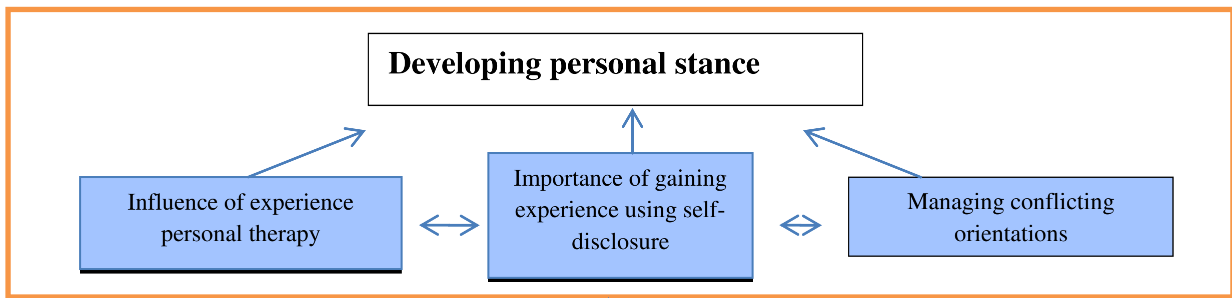
Figure 1 portrays an illustrative model of what constructs and categories were identified. The interactions between core categories, categories and subcategories are pictured as links and will be described in the following explanation of each extracted concept.

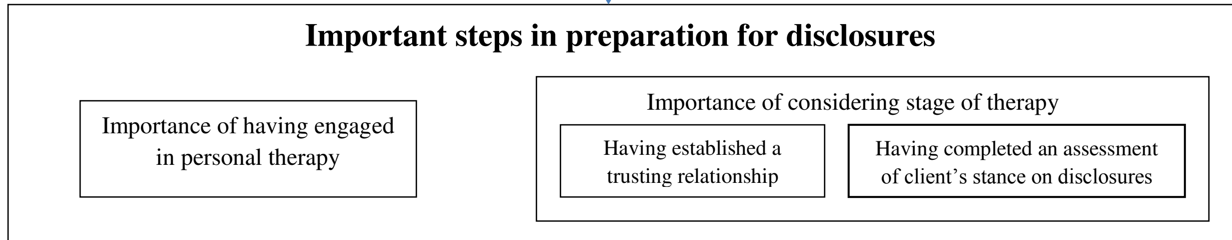
Table 2: Core categories, categories and sub-categories

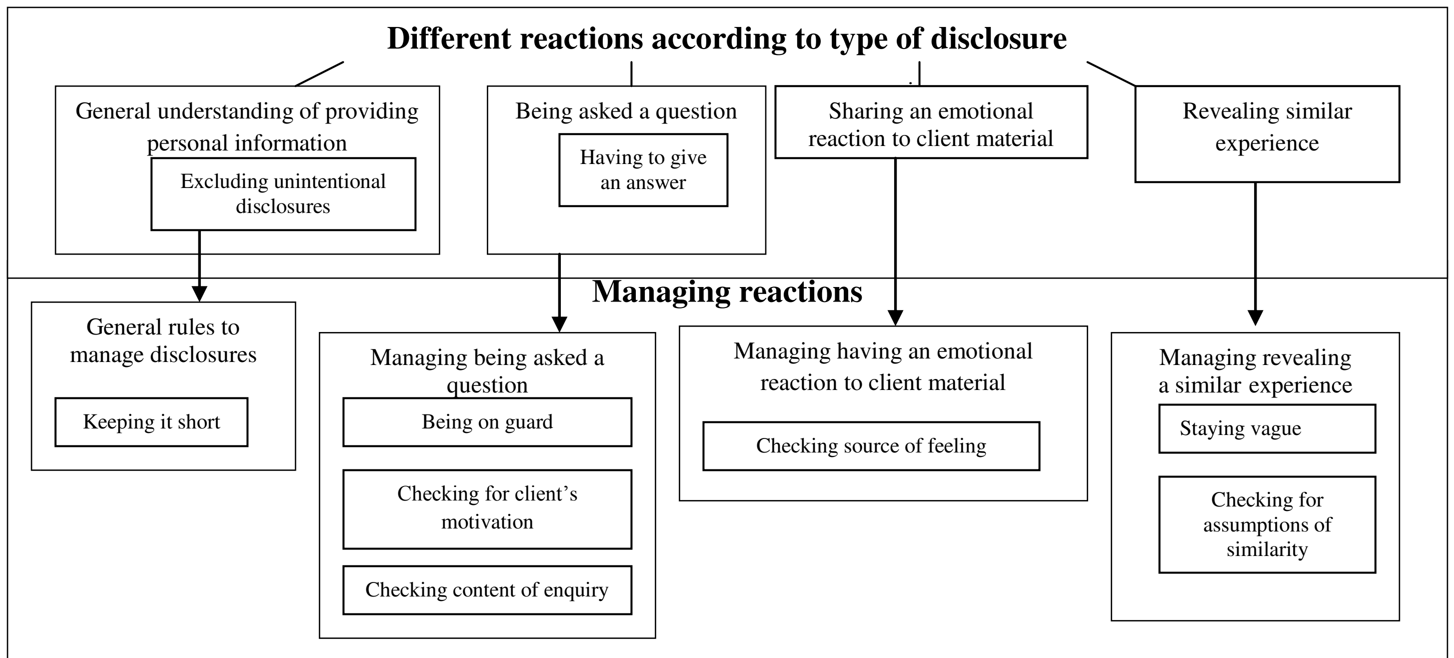
Core Category	Category	Sub-Category
Developing personal stance	Influence of experience in personal therapy	
	Influence of training	Managing conflicting orientations
	Influence of stage of career	Importance of gaining experience using self-disclosure
Important steps in preparation for using disclosures	Importance of having engaged in personal therapy	
	Importance of considering stage of therapy	Having established a trusting therapeutic relationship
		Having completed an assessment of client's stance towards therapy
Different reactions according to type of disclosure	General understanding of providing personal information	Excluding unintentional/accidental disclosures
		Having to give an answer
	Being asked a question	
	Sharing an emotional reaction to client material	
		Keeping it short
	Revealing a similar experience	
Managing disclosures	General rules to manage disclosures	Being on guard Watching for content of client enquiry Checking for client's motivation Checking for source of feeling

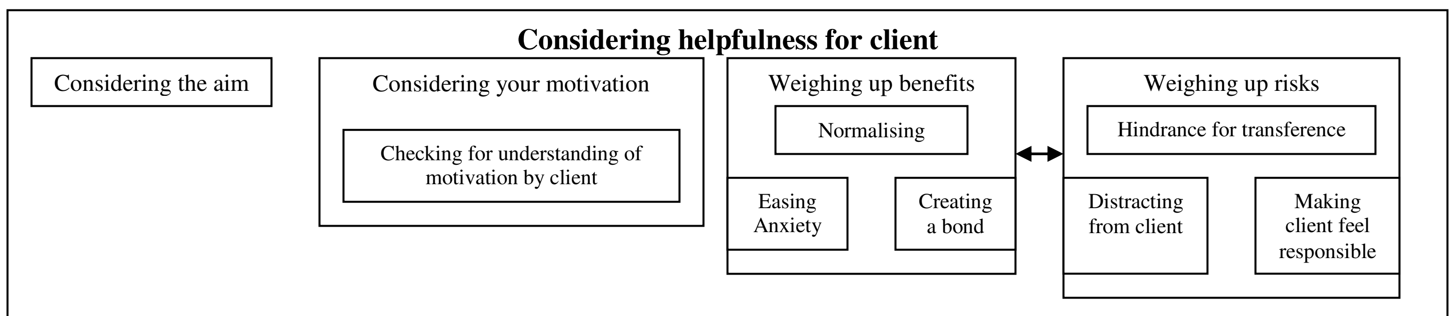
	Managing being asked a question	
	Managing having an emotional reaction to client material Managing revealing a similar experience	Staying vague Checking for assumptions of similarity
Considering helpfulness for client	Considering the aim Considering your motivation	Checking for understanding of motivation by client
	Weighing up benefits	Normalising Easing Anxiety Creating a bond
	against Weighing up risks	Distracting from client Making client feel responsible Hindrance for transference
Managing the outcome	Leaving room to explore client's reaction Closing the issue	

Figure 1:Illustrative overview of grounded theory analysis of counselling psychologists' disclosure decision-making process.


Developing personal stance
Influence of experience personal therapy
Importance of gaining experience using self-disclosure
Managing conflicting orientations


Important steps in preparation for disclosures
Importance of having engaged in personal therapy
Importance of considering stage of therapy
Having established a trusting relationship
Having completed an assessment of client's stance on disclosures


Different reactions according to type of disclosure
General understanding of providing personal information
Excluding unintentional disclosures
Being asked a question
Having to give an answer
Sharing an emotional reaction to client material
Revealing similar experience
Managing reactions
General rules to manage disclosures
Keeping it short
Managing being asked a question
Being on guard
Checking for client's motivation
Checking content of enquiry
Managing having an emotional reaction to client material
Checking source of feeling
Managing revealing a similar experience
Staying vague
Checking for assumptions of similarity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Hindrance for transference
Distracting from client
Making client feel responsible

Managing the outcome
Leaving room to explore client's reaction
Closing the issue

4.4 Developing personal stance towards self-disclosure in therapy

Participants described having a personal stance towards using disclosure in their practice. As Sandra describes below, everyone has very individual boundaries in which they feel comfortable sharing personal information in general.

> "the questions in my head at that point are not about how it would help the therapy, it's how comfortable am I with letting somebody know."
>
> Sandra (17/821)

The level of what each individual felt comfortable with differed, depending on their own personal attitude towards sharing information with others.

> "Like I said I am usually quite careful and do not share quite as willingly [ ]. "
>
> Henrietta (11/507)

They also described several changes throughout their practice in their stance towards the use of disclosures, which were shaped by certain experiences throughout their career and personal development.

4.4.1 Influence of experience in personal therapy

Participants described that their own therapeutic experience, that is part of the counselling psychology training or was undertaken for personal development, shaped their stance towards self-disclosure.

Their personal experience of therapist disclosure during their own therapy influenced their practice later. Whether their therapist disclosing, was experienced as helpful or unhelpful

significantly shaped their own disclosure practice. Henrietta reacted as below to her own therapist's disclosure in the last session:

> "and I was really cross cause she, as a client I was very cross. I hadn't asked her about it. I didn't want to know that. It changed how I thought about the therapy That had gone on and it meant that I didn't then feel like I could go back to her. "
>
> Henrietta (7/346)

Whilst Fiona described a negative reaction to her therapist's 'blank screen'-positioning, that she associates with non-disclosures as follows:

> "Coming from a more analytical or even psycho-dynamic kind of perspective I'd probably be trying to be more of a blank screen, but then, mh, I've had that in my therapy myself and I didn't find that helpful, I found that quite disconcerting not getting anything back from the relationship with my therapist, it's just, it was very uncomfortable."
>
> Fiona (6/283)

Emily states that an incident, in which her therapist disclosed a similar experience to her own therapy session and her experiencing this as unhelpful, influenced her willingness to disclose:

> "I think that certainly had an impact on how willing I am to disclose, just because how uncomfortable it made me feel; [ ] for me that didn't necessarily work in sharing about himself.
>
> Emily (16/794)

Furthermore, Emily describes how her current therapist, which has not shared any personal information, has had an influence on her personal and professional development and on the way she conducts therapy:

> "He never discloses anything to the point where even if I say how are you?
>
> he will not answer. [ ] and that's one extreme, that's one extreme where therapists feel they have to be an absolute blank canvas, [ ] I think that allows me to fully use him in terms of the transference and the counter-transference and the projections and the projective identification and all of that, all those kinds of processes, which I give a lot of weight to in the way that I work with people as well."
>
> Emily (19/905)

Participants remembered their own reactions to their therapist's use of disclosure. Whether confronted, with what was experienced as an unwanted disclosure about personal information, or the judicious use of giving feedback associated with non-disclosures, the impact on their own practice was strongly referred to. Their experience as a client contributed to how they manage the therapeutic encounter and what stance they take particularly to giving information back to the client. Participants' general positioning, in regards to the level of danger associated with the use of self-disclosure, closely matched their emotional reaction in their own therapeutic encounter.

4.4.2 Influence of stage of career

Participants expressed that their stance on self-disclosure changed over the course of their career. Their standpoint towards using self-disclosure progressed as their career developed. They talked about being more rigid and careful in the beginning stages, as trainees or supervisees and looking increasingly for guidance from supervisors or teachers in the

beginning phase of their career. They also talked about becoming more aware of the risks and possible benefits, as their career progressed and that with growing practice their confidence in using self-disclosure grew. Through gaining experience in using self-disclosure, participants started to feel more assured about being able to foresee problems or know how to manage them.

Their confidence to make clinical decision around the issue developed and grew with their career. As Fiona states:

> "I think I feel more confident now to be able to stand by my, you know, my decision to do that. And I think at the early stages of my career and I remember having a more kind of psycho- dynamic supervisor who's sort of attitude towards it was why did you ask that, why did you answer that question, you know. And I did see where she was coming from but I feel it's ok, this is my decision and, you know, that I made my own clinical decisions. I am confident with I'm confident with that in the background, so yes, I'm more likely to go with my feeling about it and my thinking around it."
>
> Fiona (9/424)

Sandra also describes how throughout her career she became more aware of the power that self-disclosures can hold and therefore encourages caution and reflective practice in her role

as a trainee supervisor. She advocates gaining awareness of issues that arise when using disclosures for the practitioner in order to use them safely.

> "I am certainly very respectful of the power of it and this is what I mean in terms of [ ] my concerns about setting up the case discussion [ ] for people who are less aware of process. And you know when they have those sort of internal struggles, you know, or

do they? Do they just actually say, oh, that's very interesting and [ ] and out it pops in a less than appropriate way."

Sandra (10/482)

Participants initially looked for guidance from their supervisors and described having had more rigid conceptions about whether to use self-disclosures or not. With their growing practice, their awareness of the ambiguity and complexity grew which resulted in them having to adjust their set of rules in regards to the practice of self-disclosure to this level of complexity.

4.4.2.1. Importance of gaining experience using self-disclosure

Similarly, Emily describes a change in her confidence to use self-disclosure as an intervention and gaining more experience during the course of her career on how to manage the effects:

> "I think I've become far more comfortable now in terms of different types of self-disclosure than I was, for example, when I was training or early on when I started practising, I think I was very anxious about doing things like that just because I wasn't always kind of sure what the reactions might be or how I would deal with possible reactions and things like that. "

Emily (7/319)

Adding to a sense of being able to use self-disclosure responsibly, was having had practice to do so simply by having worked with a variety of clients and having had the chance to develop ways of responding to clients' questions or offering information responsibly.

> "So I think I've become far more comfortable in using the language, in bringing my own sort of feelings, my own thoughts, my own reflections [ ] and I think that comes through experience [ ] having worked with [ ] broad variety of different people, and you can kind of begin to judge quite quickly. [ ] the more work you do, I think, you begin to adapt, [ ] you learn what is helpful ( ) and ways that are helpful for disclosing that maybe you find that clients are quite responsive to."

Emily (7/330)

4.4.3 Influence of training

Participants generally emphasised practising integrative and being trained in several approaches. Using a mixture of therapies was a common discourse throughout the interviews and specific therapeutic approaches were mentioned as associated to different disclosure practices; however participants did not subscribe to a single approach. For example Fiona referred to her practice having changed from one modality to providing an integrative practice:

"So I've moved from doing mainly CBT to actually doing a mixture, although I am now- sorry it's really complicated."

Fiona (2/66)

Emily talks about training in at least two modalities as a counselling psychologist and associating a counselling psychology perspective with an integrative approach to practice.

> "[ ] which were the kind of core modalities, but I guess integratively, really, as a Counselling psychologist."

Emily (1/14)

As mentioned above participants felt that they became less rigid in being guided by a specific stance towards using self-disclosure as their training progressed and they were taught in different modalities. Being able to provide a mixture of therapies and tailoring it to the client was expressed as important for participants. They described this flexibility as an integrative stance, which came from training in more than one approach.

4.4.3.1 Managing conflicting orientations

Participants did carry notions of certain approaches being linked to specific self-disclosure practices however, this was sometimes referred to as rejecting a prescribed way directed by a singular approach. As Fiona states:

> "Well I think coming from a more analytical or even psycho-dynamic kind of perspective I'd probably be trying to be more of a blank screen."
>
> Fiona (6/283)

Feelings towards a certain approaches stance in regards to self-disclosure varied between participants, depending on their personal perspective and their individual stance. Whilst Fiona as above associates a' blank screen psychodynamic approach with a negative connotation of being inauthentic, the same practice was referred to by Emily as providing a very useful space for exploration by revealing little about the therapist.

> "I guess it's important for me to remain quite neutral as a therapist as well, so the client doesn't really build up too much of an idea, or have too much understanding about the therapy, because I think that would then have an impact on the process, they wouldn't necessarily be able to transfer, you know, kind of different things onto me."
>
> Emily (4/157)

It became apparent that participants identified with an integrative approach, which as a consensus they meant as not subscribing to a singular approach or theoretical orientation. They emphasized that in regards to self-disclosure their practice was not solely led by a specific approach and disregarded assumed directions a singular approach could give. Moreover they emphasized the complexity of the issue and that no single approach, with its inferred direction on self-disclosure, could do this complexity justice. Participants hinted knowing of certain approaches' stances towards self-disclosure and sometimes would position themselves more towards one approach, would then however quickly disregard only listening to the direction this approach could subscribe.

They managed these sometimes opposing directions by developing their own personal stance through practice and trying out different methods. The experience of learning what directions to listen to and which ones to reject was expressed as important to participants and gained through practice.

4.5. Important steps in preparation for using disclosures safely

4.5.1. Importance of having engaged in personal therapy

Participants also emphasized the importance of having had therapy themselves to be able to manage disclosures, and to make decisions around disclosures. Emily stresses the importance of continuous personal therapy for her practice, as a way of uncovering or eliminating personal biases and to increase self-awareness, in able to make decisions of whether to disclose:

> "And so you have to be kind of hyper-sensitive, almost hyper-aware of what you're experiencing and analysing it in a way that you are trying to be as objective as

possible. And I think that's why I choose to continue with that post qual, because I think, you know, we can be very biased [ ] which is why I think in terms of self-disclosure, whether we're using the here and now or we are bringing things in from our experiences in our lives, I think we have to have worked on them significantly before we choose to bring that into our sessions too much.

Emily (8/382)

Participants described it as important having worked on their own issues beforehand, when deciding to disclose voluntarily but to also consider this factor when asked a question by the client. The notion of having processed an issue should also be considered in decisions of disclosures prompted by client enquiries. They mention this in terms of possibly choosing to withhold when asked a question by the client, if the content is felt to be too unprocessed or raw. As Sandra retells an incident in which she choose to withhold because of the emotional impact it had on her:

“ [ ] and I just felt, you know, the impact of what he had said, yes, it was a very wild day wasn’t it? But there was obliviously a lot of process going on in me and there was no way

I would have disclosed that [ ]. “

Sandra (12/549)

4.5.2 Importance of stage of therapy

Participants mentioned that they were much more likely to disclose towards the end of therapy and would be careful to do so early on in to the therapeutic process. As Fiona describes:

> “and the stage of the relationship I have with the client, and I think generally I’d be much more likely to disclose something to the client towards the end of their therapy, when it’s almost like the relationship has moved in to more of an equal [ ] footing. [ ]It’s just my sense and my experience with clients [ ] that we’re going through this stage into this stage at the end of therapy [ ] it seems to feel like a more equal relationship and it feels more appropriate then to be saying things about myself.”
>
> Fiona (8/373)

Emily similarly describes waiting on a disclosure:

> “So I think it’s very, very helpful to kind of see how things go and not too soon say something, certainly. “
>
> Emily (7/309)

One participant felt that it made a difference in how careful one was in answering a personal question or revealing something about themselves whether one had already sat down to engage in the therapeutic encounter or would talk more informally before and after the session.

> “You know you come back and you’ve got the suntan, oh where have you been? It’s very difficult not to be honest [ ] I think usually I would, you know, answer that straight… but that’s not usually in the therapy, that’s usually either when they are coming in or when they are going out.”
>
> Sandra (9/438)

Participants felt that their interactions and therefore the factors involved in decision making to disclose differed in whether both parties had sat down to engage in the formal therapeutic situation.

> "And also it's not part of the therapy generally, those kind of questions or chit chat are often [ ] when they are coming in or when they're leaving the room, they're not usually part of the therapy."
>
> Sandra (10/470)

> "But, you know there is a difference isn't there, I think, between the disclosure within the therapeutic contract, if you like, so when the therapy has begun and you know the greetings [ ]"
>
> Sandra (17/804)

It was however, also mentioned that answering these questions should not be too lengthy and detailed. Participants referred to these informal conversations as brief encounters that should not entail very personal, intricate answers.

4.5.2.1 Having established a trusting therapeutic relationship

Another factor that participants mentioned plays an important role in the consideration of whether to disclose is the establishment of a strong therapeutic relationship. Participants described that they are much more likely to disclose once they felt a good therapeutic relationship had been established. A good therapeutic relationship was implied to serve as protection against possible negative consequences that disclosing could yield.

> "So I think it is really, really important to be very cautious of where you're at in the therapeutic relationship, and to fell that you've kind of got a strong enough alliance that could deal with disclosure, and also a possible rupture, so if things were to go wrong have you established enough trust where you can be able to manage that as well. "
>
> Emily (7/301

4.5.2.2 Having completed an assessment of client's stance towards therapist disclosure

Being able to predict how the client might react to the disclosure, was emphasized as important to assess whether to disclose or not. One predictor was gaining an understanding of how the client manages conflicts and difficult situations. This, they feel can only be gaged after having spent a certain amount of time with the client and after having thoroughly assessed the client. As Emily points out:

> "I think I would have to establish quite a, mh, quite a good therapeutic relationship, so especially I would be quite cautious in the first few sessions before I'd really made a full assessment. [ ] So I think once you've established a good therapeutic alliance where you feel like you've got an in-depth understanding of the client and the different defences that might be there, I think then you can maybe assess exactly how they might respond to things."
>
> Emily (6/273)

Furthermore important to this assessment was gaining an understanding of the client's relationships in their lives.

"So the description that they might give about their relationships and their lives and how they manage those, you can kind of get an understanding of maybe what would be acceptable and what wouldn't."

Emily (6/293)

Participants mentioned that getting an idea of how the client would perceive the disclosure would have an influence on whether they thought it might be helpful to the therapeutic process or the development of a therapeutic relationship.

"Mh, that I feel that the client will be comfortable with it, that it feels right in the kind of relationship that we have at the stage of the relationship that we are at."

Fiona (9/413)

Participants mentioned that the decision to disclose could be dependent on the client and that they might choose to disclose something to one client but not to another.

"So I might disclose something to one client but not to another, even if it is the same in content. So my choice might be different and that would be a choice based on clinical, or what I felt was clinically therapeutically most helpful to the client at that point in time."

Henrietta (4/188)

Certain personality traits of the client were mentioned to make participants more cautious. Participants mentioned that it depends on the nature of the person you are working with.

Emily talks about being more cautious when her client would have a caring mentality and making a disclosure could shift towards concern for the therapist.

„If, for example the client has got a certain personality trait, being quite caring, you know, being quite responsible for others [ ].”

Emily (5/ 227)

4.6 Different reactions according to type of disclosure

Participants mentioned that self-disclosures can include a variety of meanings and several different discourses for disclosures were used interchangeably, throughout the interviews. The type of disclosure influenced what participants considered and what sort of questions they would ask themselves to arrive at a decision. Participants were aware that the issue was complex, due to this variety of possible understandings and different definitions of self-disclosure. As Emily answers the question what comes to mind when thinking about disclosures, she concludes by saying:

“So I guess it’s a wide range of different things.”

Emily (1/43)

Types of disclosures were not always mentioned explicitly, however revealed themselves as separate subcategories through different emotional reactions to the situations and were answered with differing procedures and considerations.

4.6.1 General understanding of providing personal information

Despite the awareness that disclosure are multifaceted and include a variety of meanings, participants most commonly shared the understanding that disclosure means revealing personal information to the client. As Emily describes:

> "I guess with self-disclosure the first thing that jumps to mind is anything regarding some kind of personal information about the therapist and sort of bringing that into the session [ ], so being able to talk about that with the client. "
>
> Emily (1/32)

Participants described being very cautious about this type of disclosure. Personal disclosures were associated with breaking boundaries and careful considerations.

> "I suppose I understand it as being something mmmhh, personal, used judiciously."
>
> Sandra (1/38)

Generally participants were much more careful to disclose anything personal and would do so on fewer occasions than other types of disclosures. A careful process of weighing up the possible benefits and possible negative consequences would take place before reaching a decision.

4.6.1.1 Excluding unintentional/accidental disclosures

However, despite mentioning personal disclosures in terms of making careful choices that require hesitant consideration, participants also debated how much control one has over revealing personal information. One shared understanding about what constitutes self-disclosure was that disclosures were deliberate, intentional decisions to reveal personal information. However, Henrietta expressed the ambiguity of being able to know what does get revealed without one's knowledge and awareness.

> "I don't know. Is it always a deliberate decision? I am sure sometimes things about you that you don't want them to (laughs) know… [ ]I think a little bit for this

> interview, it's deliberate, it's a deliberate decision to tell the client something about yourself that's personal life or personal experiences or some way."
>
> Henrietta (3/146)

Participants distinguished between direct disclosures, that intentionally revealed personal information by the therapist to the client and indirect disclosures, whereby personal information would be revealed without the therapist intentionally choosing to do so, due to circumstances or inferences that can be made by the client. Depending on type it demanded a different set of actions and responses. The process of deliberately revealing personal information was described by participants as making a conscious decision whilst this type of disclosure was talked about as being out of their control and therefore requiring less thought and preparation.

For example Fiona associates non-verbal disclosures with indirectly and unintentionally revealing personal information.

> "I guess it's just things you might reveal about yourself, which may not actually always be talking about. [ ] I don't wear a wedding ring but that in itself tells the client something about me."
>
> Fiona (2/93)

Similarly Henrietta describes revealing information to the client simply by practising from home.

> "Obviously, actually, when clients come to your home, you are disclosing a lot. They know simply by being here. You know they see my home, they see my decorations, they see the car, they know where I live. So there is a lot they can guess or gage or see about you that is unspoken, but for me that could mean self-disclosure."

Henrietta (3/124)

These disclosures were experiences as unavoidable and out of the control of the counselling psychologist decision making and if unexpected associated with uncomfortable feelings.

> “[ ] there were times when I didn’t want people, my clients to know things about me, whether it’s been an accident or self-disclosure in therapy, that I’ve met them outside of work and then that becomes quite awkward [ ]. “

Fiona (10/450)

4.7.1 General rules to manage disclosures

4.7.1.1 Keeping it short

Participants generally described that disclosures should be kept short, not too revealing and not be open-ended. Participants mentioned that it was important to shift the focus back on the client.

> “[ ]the disclosure for me is always quite small but the aim is to then explore to a greater depth what's going on for the client in that. “

Emily (12/577)

Sandra summarises her experience of making a disclosure and points to being careful to not take away too much attention from the client.

> “[ ] still quite brief, want to move on quite quickly, [ ] I don’t want the therapy to be working through my experience, I want them to learn experientially, [ ] through their own experience.”

Sandra (19/901)

> "I think I want to deal with it in a very brief way, any questions about me from a client then I Want to deal with very briefly."
>
> Sandra (18/880)

Furthermore it was talked about how the effect of the disclosure could happen a long time after the session had ended, and that enquiries or concerns could follow even if not directly Participants felt it important to consider the after-effects beforehand.

As Emily describes:

> "And also to be cautious about what you are disclosing, is it open-ended? Does it give a lot of opportunity for the client to make their own assumptions and draw conclusions about the therapist that might not necessarily be true. "
>
> Emily (17/814)

4.6.2. Sharing an emotional reaction to client material

Participants mentioned that they were more likely to disclose reactions or thoughts about the client's material compared to sharing their own personal stories. Emily distinguishes between sharing an emotional reaction to the client's material and revealing personal information about herself.

> "So it might be something specific in terms of an experience or some kind of information about the therapist, or an emotion the therapist might be having in the here and now."
>
> Emily (1/38)

Participants felt much more likely to share these types of 'here and now' reactions in comparison to making revelations of personal material.

> "It's interesting that sometimes it is often more the thought in my head [ ] those thoughts I've found I do share."
>
> Sandra (14/652)

Fiona explains being less reluctant because it is in the interest of the client to reveal possibly hidden feelings.

> "So I might say to the client, well, when you are talking about that I feel really sad, or I feel really angry and sometimes I am picking up on something that the client themselves is finding really difficult to get into contact with or to express, and that can be really helpful."
>
> Fiona (7/328)

This type of disclosure was met with less caution and hesitation by participants and therefore described as being used more frequently. They associated this sharing of an emotional reaction with being transparent and therefore more acceptable than other types of disclosures.

4.7.2 Managing sharing an emotional reaction

4.7.2.1 Checking source of feeling

Participants expressed sometimes waiting for the initiating feeling or thought to be repeated to achieve certainty of whether to reflect on this with the client or to bring it into the session.

> "Sometimes quite, well important for me, but not always important to say it, or even to say it at the time, it maybe that I hold on to that and be a bit curious about it myself.

> [ ] But if it sort of repeats again then it does really. It's wanting me to do something with it. "
>
> Sandra (14/687)

They would sometimes notice a feeling and would then check for the source. They would analyse where the feeling originated, whether evoked by the client's story and a reflection of their feelings or their own. They mentioned waiting for repetition to do so to more certainly ascertain that the feeling would belong to the client, rather than their own. Based on whether the feeling originated with the client and would not reflect an unresolved issue they themselves thought to be carrying, the feeling would be disclosed or withheld. As mentioned above, participants emphasised the importance of self-reflection and being aware of their own issues and emotions to make this distinction.

4.6.3 Sharing a similar experience

Participants mentioned being quite hesitant and cautious when making a decision to disclose a similar experience. Revealing personal information in form of having had a similar experience was talked about as something to be very careful with and used judiciously. It was described as possibly having the most damaging consequences. It would initially be prompted by the client's material that would strike the counselling psychologist with their own memory of having gone through a similar experience. They would then weigh up what purpose it could serve for the client and whether any unwanted consequences could arise.

> "I would be hesitant to disclose, disclose very personal experiences like my own experience of depression, or my own emotional experiences."
>
> Fiona (4/168)

Participants felt that therapy should concentrate on the client's emotional reactions and that by voicing their own; the focus of therapy would shift too much on them.

> "If it would be helpful because then it becomes about me and , then I think then if we're talking too much about my own experiences, my own, yes, but then the client then starts to think about looking after me, and worrying about me, and it complicates that relationship."
>
> Fiona (4/186)

4.7.3. Managing sharing a similar experience

4.7.3.1 Staying vague

Participants were much more likely to disclose an emotional reaction to the client's material than to reveal personal material, particularly a shared experience.

They felt that this could result in an interruption to the process for the discovery and healing process for the client. Participants mentioned having to be particularly careful.

> "That's not to say that I would never share something like that, but I would need to feel that it wasn't having some kind of, you know, change to... it wouldn't be able to have influence on the process."
>
> Emily (4/189)

Emily mentions using 'we' instead of 'you' in those instances, quite regularly, to reflect that it might be an experience that is shared, however without going into detail what her own experience of that might be and only alluding to the similarities.

> “[] I would often use the words like we, to say that we would go through this, or we might go through that, as opposed to kind of directing it purely at the client, [ ] actually kind of making it more inclusive to say that, actually not just you but all of us, I as a therapist or us as human beings .”
>
> Emily (2/82)

Participants described sharing their own memories of an experience very rarely and only if felt to be of benefit to the client. To decide whether this was the case, they would engage in the process described below and would withhold having had this thought or feeling until it possibly would occur again. They still advised, however, to remain vague, without too much detail, to only frame it as a possibility of a shared experience and to be prepared for having to manage it afterwards.

4.7.3.2 Checking for assumptions of similarity

They also described being careful to avoid assumptions of similarity between the client’s experience and their own.

Participants felt that disclosures of a similar experience can serve as an example and thereby giving predictions of the process for the client as well as the outcome of what they are going through and struggling with.

> “But if you convey that everything will be ok in the end because, you know, everything was ok, because, you know, you feel it's going to be and you disclose that, or that because you went through it and you were ok in the end, what you've left that client with afterwards is that if they don't get to that point [ ]. “
>
> Emily (16/752)

Making assumptions about the similarity of their path, giving predictions- and false promises- giving false hope Emily explains that by providing her own example of recovery and assuming that the client's path will be similar with a similar outcome could give them false hope.

> "[ ] I think it is important for the patient to find their own way. I can't know if it's going to be ok or not. I can't tell them it's going to be ok, and I don't know. I don't know that just because I got through something and came out the other end, whether they will, it's not for me to judge."
>
> Emily (14/677)

Providing an example of recovery by sharing a personal story could also have the unwanted effect of giving them a 'blueprint of recovery'. Participants mentioned that the discovery of how to recover should be the client's own one and not influenced by disclosures of how the therapist had recovered by sharing his or her story.

The emphasis should be on focusing on the client's story and on their individual development and subjectivity. Emily describes, how giving examples of how to respond, could limit the client to find their own pathway to recovery that might differ from that of the therapist.

> "Because, I guess, if I were to share, oh I've been through something similar and this is how I responded, or this is what happened and this is how I dealt with it, you know, I think that might influence them in terms of maybe that's how they should be dealing with it, feeling, reacting to things, as opposed to maybe being able to have the opportunity to just really look at what it is that's going on for them."
>
> Emily (4/176)

4.6.4 Being asked a question

One distinct type of disclosure that caused strong reactions from participants was when the disclosure was initiated by the client. They were often framed as having to respond involuntarily to client's questions and evoked a different set of feelings and consequently different reactions. Emily describes that some client's will be inquisitive about the therapist life or experience.

> "Other patients you can see are quite concerned, or quite interested, or quite intrigued and want to know more."
>
> Emily (10/453)

4.6.4.1 Being on guard

Similarly Henrietta describes her feelings when confronted by a client wanting to know more about her.

> "Sometimes I think, I self-disclosed because I felt like, get a lot, felt very pressured by the client and sometimes, I well you have a client who is very… pushy, then you can sometimes self-disclose even though you don't mean to and because they catch you out. "
>
> Henrietta (5/231)

Henrietta describes almost accidentally disclosing as a response to the client's pressure and without the usual careful consideration one should engage in. It was described as almost involuntary and done by mistake, because they revealed information without having had a

chance to engage in this process and thereby not having had a chance to reach a decision that is required to give one a feeling of it having been done by consent.

Participants appeared to be more guarded when the disclosure would be initiated by the client. It could be inferred that a shift in positions and their roles from who asks questions, is felt to be less acceptable in what is understood to be the therapeutic encounter

4.7.4. Managing being asked a question

Participants generally described reacting cautious to a client's enquiry, questioning their reason for asking, distinguishing between how personal the question would be and how much in to their private sphere the question would intrude and whether they were able to not answer this question without offending the client. They would hold back with their answer when they felt that the client was "digging" and being intrusive and would manage this with focusing on the reasons for their concern. This was guided by an individual sense of what felt appropriate to the participant.

4.7.4.1. Checking for client's motivation

Participants would first ask themselves what motivated the client to ask that question and what their motivation could be. Participants mentioned feeling tested by their client's through their questioning. They assessed the motivation behind their client's queries and would sometimes interpret the question as a test of their ability as a therapist, particularly whether they were able to handle their issues and problems. They were concerned, that this could undermine the confidence the client has in the therapist's ability to carry out therapy. Participants described screening a question by the client for whether the client would ask out

of curiosity or whether the question would constitute a test for the therapist, in which case they were even more guarded.

Particularly in the beginning stages of therapy, they felt even more guarded to answer personal questions, as this could more easily indicate that the client was testing the therapist about their ability and deciding whether they could trust them with their material. As Emily describes:

> "But I guess what led onto was that, what is it that's making them ask that question? It's not about whether or not I have children. It's not about how old I am. It's not about if they think I am young enough to be their daughter. It's about asking yourself in that moment why is this person asking me this question? Is it because it makes a difference whether they know if I have children or not, or if I am 30 or 105? No, what they are asking is, can you deal with, what it is that I'm coming here with? Are you going to be able tom help me?"
>
> Emily (21/1007)

The process and factors that participants considered when deciding to disclose differed, dependent on who would first initiate the issue. Being prompted by the client, by them asking for information for, included a different set of question running through participants minds then if they first thought of it themselves.

Sandra describes herself asking what the client's motivation would be when asked a personal question.

> "But I still think I might hold back on some, in some ways if it feels like a client is digging, or feels a bit more intrusive like why do they want to know, then I might just sort of pass over it fairly quickly."

Sandra (9/433)

Here she also described a sense of feeling pressured by the client's question and that she would manage this by giving a very short and uninviting answer.

4.7.4.2 Checking content of client enquiry

Participants reacted differently depending on what they were asked about. It was revealed that some questions became easier to answer over time, such as age, experience and whether they had children or not. Participants described developing a set of answers, in the course of their career, that would make the decision process for these informal situations quicker and more of a routine.

Henrietta describes that when confronted with questions by the client; she would weigh up how personal the question would be.

> "If someone asks a very personal question [ ] there might be some questions I would never answer sort of regardless of whether it would be therapeutically helpful. "

Henrietta (5/212)

Throughout the analysis it became apparent, that the content of the shared information could be a deciding factor of whether to disclose. This was particularly salient, when asked about specific information. Generally some things were more acceptable to reveal, when asked by the client, such as age and information about training, followed by whether the counselling psychologist had children. Throughout their career they learned how to deal with more common questions.

Age, professional background information and whether they had children was felt to be less intrusive into their personal sphere than questions, for example about their own mental health.

> "When I was younger they used to ask me my age, much more than they do now, and questions about my training and my experience, those sorts of questions I would generally answer, even questions about my age I would generally answer."
>
> Fiona (3/123)

> "Sometimes I get asked if I have children and generally I would, I would, again, I would answer that question.
>
> "Fiona (3/137)

> "[ ] I would be hesitant to disclose, disclose, very personal experiences like my own experience of depression, or my own emotional experiences. Mh I might allude to it in the sense of when I'm talking about depression I might use the, I might use the term we, when we go through things like this, I might maybe, you know, maybe just suggest that it's something that I know about but if I was questioned directly about that I would be very hesitant to give out anything that personal."
>
> Fiona (4/168)

4.6.4.2 Having to give an answer

One exception to the reaction by participants to personal questions by their clients, were situations in which non-disclosure could mean hurting or rejecting the client. Participants felt obligated to answer some question that client's would ask, as not to seem rude or to create an awkward atmosphere because non-disclosure would mean breaking common rules of conversation.

Participants talked about responding to questions by the client out of obligation to social norms and conversational rules.

> "When I was younger they used to ask me my age, [ ] and question about my training and my experience, those sort of questions I would generally, even questions about my age I would generally answer, I sort of feel it doesn't feel natural or doesn't feel helpful for me necessarily, unless it's really inappropriate questions, you bat it back to the person, I feel that's kind of business social intercourse."
>
> Fiona (3/123)

Another exception to this hesitation to reveal personal information are disclosures due to circumstances that do not allow non-disclosures. Participants describe feeling compelled to reveal some information that they otherwise might not have volunteered. Emily had to give an explanation for a break, to ease the anxiety the rupture would cause for the client.

> "So obviously I needed to explain to patients that that would be happening, it was very short notice so it's very difficult to prepare people for a break, so obviously it was important for me to disclose some information."
>
> Emily (9/422)

Participants in those incidences felt it important to consider the damage withholding could cause to the therapeutic relationship and that not revealing information would be more hazardous than disclosing, if there is a likely possibility that it might reveal itself naturally.

> "[ ] and yet she is starting to get bigger, and if that wasn't discussed, and yet, you know, that would have meant personal disclosure fairly early in the exploration of the process of that, but actually potentially quite unhelpful not laying that out, you know on the table. "

Sandra (2/88)

The decision to share information in those instances seemed to have been made quicker, due to the possible or imminent risk of it being made obvious and therefore unable for participants to hide the information.

4.8 Considering helpfulness

One factor or set of questions, which prevailed throughout all areas of participants' accounts and different types of disclosures, was whether the disclosure would be helpful to the client's progress or to the therapeutic relationship.

> " [ ] I think the main thing, the main thing one hopes is that it is of therapeutic benefit [ ] weigh up the pros and cons and that sort of weighing up and whether I think it would be helpful or not helpful."

Henrietta (5/ 203)

Here Henrietta expresses the general consensus that questioning the helpfulness should be central when deciding to disclose. At the same time, the difficulty of deciding upon this question is inferred with "one hopes". Participants emphasised that this factor should be the most important one that should influence the decision to disclose.

To decide upon the question whether it would be helpful for the client, participants would weigh up the possible benefits as well as the potential risks and negative consequences.

> "So my choice might be different and that would be a choice based on clinical or what I felt was clinically therapeutically most helpful to the client at that point in time."

Henrietta (4/192)

> "I think the thought in my head at all times is would this be helpful if I disclosed it? How would it be helpful for the therapy?"
>
> Sandra (8/395)

To arrive at a decision whether to disclose and whether the disclosure would benefit the development of a relationship and be helpful to the therapeutic process, participants would engage in weighing up the perceived benefits with possible negative consequences.

> "[ ] it can be profoundly helpful but it can be really difficult and unhelpful as well. "
>
> Sandra (1/45)

Throughout the interviews participants referred to possible negative consequences disclosing could hold and that awareness of these was an important factor in the decision-making process for them.

Participants generally spoke of disclosure in a sense of 'being careful' and highlighted that self-disclosure could yield several possible negative consequences and unwanted effects.

> "It's not something that I wouldn't do, but it's not something necessarily that I would do regularly without kind of being quite careful about issues that might be raised. "
>
> Emily (2/65)

4.8.1 Considering your aim

Throughout all the interviews participants emphasized the importance of being aware of what purpose the disclosure would serve and what would be achieved by using this sort of intervention.

> "So it's always about what is it that you are disclosing, what is it aiming to achieve, are you sure that what it is that you are hoping it will achieve is how it's going to be received, you know what is your aim in terms of working with that disclosure. "
>
> Emily (22/1072)

Sandra emphasised developing and sharing a rationale with their supervisors when guiding her supervisees for why they would consider using self-disclosure.

> "[ ] agree to their supervisees using and why they are using it, rationale for that, because it can be profoundly helpful but it can be really difficult and unhelpful as well."
>
> Sandra (1/44)

The notion of knowing your aim and having a rationale were described as necessary to use disclosure safely and part of the reasoning process to arrive at a decision that was clinically helpful.

4.8.2 Considering your motivation

To determine what the aim would be participants would investigate and question their own motivation. Being able to answer what had encouraged them to think of making a disclosure, was felt to be a step in arriving at an informed choice. It was implied that this step was important in eliminating choosing to disclose for reasons that would benefit the therapist rather than the client.

To do so, they implied, questioning where the feeling of anxiety might have arisen from and to check if the drive to soothe would stem from the therapist's need to help the client and therefore disclosing to come across as helpful.

Emily explains being aware of her own anxieties of wanting to appear helpful to the client and using disclosure to ease this anxiety.

> "Both my uncertainty that I may not be able to help, I may be able to help but we can't be..."
>
> Emily (15/729)

Emily spoke about being very 'boundaried' and tending to withhold when she would feel that motivating the disclosure would be a wish to ease hers and not the client's anxiety.

> "I mean there are times when I would love to say to my patient, you know, it's ok, I've been through that and you'll get through it and you'll be fine [ ] I do very much stop myself in those instances [ ] you have to boundary it."
>
> Emily (14/655)

Participants urged to eliminate this motivational factor by carefully reflecting on the effect the disclosure should have, meaning to always benefit the client and that it should not be solely to make the counselling psychologist more comfortable.

4.8.2.1 Considering client's understanding of your motivation

Very closely linked to this would be gaining an understanding of whether the client would be able to understand the therapists motivation to disclose. Gaining a sense of the how the disclosure would be received and whether it could be misconstrued by the client.

> “Sometimes you can just sense that this is too early to say,..that it could be misconstrued by the client. Or just misunderstood, at least your intention behind sharing this might not be understood. “
>
> Henrietta (12/572)

Furthermore Emily mentions that it is important to think about how the disclosure will be received and that this might differ depending on the particular client.

> “So I guess it would completely depend on the specific person that you are working with and how they might react to it.”
>
> Emily (6/261)

Emily also points out that it is important to consider that, once your motivation is established, that this might not be understood as such by the client and that their perception of what motivated the therapist is important to consider.

> “So where maybe you’re trying to convey empathy or understanding the client might not necessarily see it in that way.”
>
> Emily (6/261)

4.8.3 Weighing up possible benefits

4.8.3.1 Normalising an experience

To normalise an experience the client found distressing, was mentioned as a possible benefit of sharing a similar experience. It was expressed as acceptable if aware of the consequences and how the client was going to receive the information. This also reflects the motivation

behind choosing to disclose a similar emotional reaction or experience. It could show the client that difficulties are part of life.

Participants would ask themselves whether it could benefit the client to share that their reaction or feeling is not unique and shared by other people and therefore making them feel less alone with their experience.

> "So if I feel it kind of normalizes their experience [ ] I might then say that, you know, following the loss of somebody who was close to me, you know, I responded in a similar way. So kind of trying to help them normalise their reactions so that they don't respond to their distress in such a negative way."
>
> Emily (10/ 489)

However, participants also mentioned being cautious about what they would share and that they would more readily share personal experiences that are common and would not make them stand out. It was felt to be more acceptable to share feelings around incidences that culturally and socially are considered to be common experiences within the 'normal' range. It does however also serve to protect the counselling psychologist from not being accepted and thought of as 'different' to the norm.

> "I guess I do make disclosures but probably around incidences that are common to everybody, so I guess life experiences that are probably shared amongst all of us, so things like loss, things like, you know separation and those kinds of things."
>
> Emily (11/505)

4.8.3.2 Easing Anxiety

Participants also mentioned using disclosure with the purpose of putting their clients at ease and to reduce anxiety.

For example Emily explains her choice to disclose as giving explanations to possible questions the client could have with the aim of easing anxiety about the process of therapy.

> "Because I think also it puts them at ease as well, [ ] I think not to disclose in those instances could leave patients feeling quite anxious. "
>
> Emily (9/417)

This was particularly the case when an explanation was felt to be needed to explain changes to the therapeutic contract, possibly due to changes in the therapist's life. One desired effect of disclosing information about the therapist, in those instances was to avoid clients feeling abandoned or personally rejected.

However the topic of disclosing to ease the client's anxiety was also met with scepticism and used as an argument for non-disclosure. As Emily describes:

> "I think it's important to contain uncertainty rather than maybe trying to ease the uncertainty by promising an outcome ( ). "
>
> Emily (15/720)

She describes that containing and holding back information, could mirror to the client that anxieties can be tolerated and held and that this could be a desired effect as a decision-making factor.

4.8.3.3 Creating a bond

Participants talked about disclosures being used to facilitate the therapeutic relationship, particularly when patients are difficult to engage with or they feel that there is a hindrance to form a meaningful relationship.

> "And in order to build a relationship with the man. I think I had a good relationship with the women anyway, but the man he was difficult to engage. "
>
> Sandra (5/217)

Sandra explains how she had chosen to disclose to show her own humanity as a therapist in order to build a trusting relationship.

> "I had quite a elderly gentleman client who came in who was patently very sceptical about how I might be able to help him and he was really quite hard to engage, because it felt a little bit patronising [ ] so I made the decision [ ] and that was to build the relationship and for him to see that actually, you know, just because I was a therapist and psychologist it didn't mean to say that I was exempt from these kind of life events as well and I had some understanding of the process that he had gone through. "
>
> Sandra (3/129)

By doing so Sandra was aiming to gain respect that she felt was necessary for the client to trust her that was lacking before. She described using disclosure to achieve a connection with the client and to break down barriers to forming a relationship or to heal ruptures to an existing bond.

> "[ ] but he was just sort of, what can this women do for me, it was just our worlds are sat too far apart [ ].

Sandra (4/195)

Participants mentioned several incidences in which they used disclosure to overcome obstacles to engage in meaningful therapy. On the other hand they felt that if a strong and trusting relationship was present they would often hold back on making a disclosure.

4.8.4 Weighing up the risks

Participants throughout all their accounts called for caution and a careful consideration of possible risks associated with a disclosure. They mentioned to foresee how the client might react and mentioned several dangers.

Generally disclosures were somewhat referred to as boundary breaking, because the counselling hour should focus solely on the client's material and their space to talk about themselves should not be invaded.

Participants spoke about how giving examples of similar experiences by disclosing the therapist's personal information, could hinder this process to facilitate a relationship or the client's own process to recover.

> "And so I think that can fill the therapeutic, the person's objective space, it can preoccupy their mind, and that space should be for their own development."

Emily (18/865)

It was inferred that the therapeutic space should always focus on the client and on his or her material rather than the therapist and that any interference through disclosure could shift that focus.

> "[ ] and at the end this is not what therapy is really all about."

Emily (13/601)

4.8.4.1 Distracting from client

Sandra mentions choosing to withhold instead of disclose that she has had a similar experience, to not shift the attention in the session towards her personal material, and away from the client's issue. Furthermore she later alludes to her motivation of choosing to withhold.

> " [ ] I felt intuitively, that if I disclosed that the attention would have focused more on my sister in law and less on the client."
>
> Sandra (4/184)

> " [ ] I did very strongly feel that had I, and I made deliberate decision not to disclose and that was because I thought that the focus of the work it would, it wouldn't have been facilitated by the disclosure and I didn't want the focus to be on me, it was on her, so that's why I withheld on that occasion. "
>
> Sandra (5/203)

4.8.4.2 Making client feel responsible

Similarly Emily describe, how revealing personal material can make the client feel responsible and therefore shift the positions of concern.

> "I think you have to be very, very cautious about, you know, the impact that disclosing can have on the client as well, if they then , you know, kind of, the imbalance as well that might be created , if they were to be concerned about their therapist or if it were to make them anxious."
>
> Emily (3/108)

4.8.4.3 Hindrance to transference

Furthermore participants mentioned that providing information about their background or own emotional experience, might act as barrier for the client to transfer their material. This might hinder the process of their own recovery.

> "I guess it's important to for me to remain quite neutral as a therapist as well, so that the client doesn't really build up too much of an idea, or have too much understanding about the therapy, because I think that would then have an impact on the process, they wouldn't necessarily be able to transfer, you know, kind of different things onto me and I think that might become almost like a barrier. "
>
> Emily (4/162)

Participants urged to be careful that clients would not be able to build a picture or to fantasise about the therapist, which could then interrupt their own process.

> " [ ] where they can begin to build a picture of the therapist or have some additional understanding maybe that isn't important to their own psychological growth or their own sort of change, I think it can interrupt the process sometimes."
>
> Emily (4/170)

They questioned whether knowledge about their therapist would be helpful to the client because it could also invite them to draw conclusions that were unintended.

> "And also be cautious about what you are disclosing, is it open-ended, does that give a lot of opportunity for the client to make their own assumptions and draw conclusions about the therapist that might not necessarily be true. "
>
> Emily (17/814)

4.9 Managing the outcome

4.9.1 Leaving room to explore client's reaction

Participants talked about the importance of foreseeing and preparing for unwanted consequences disclosing could yield and managing these. They thought it would be important to be prepared for further questions by the client and having thought through how to handle these.

Emily describes how she would deal with concerns or questions by the client.

> "But I think, you know, I am quite 'boundaried' in how much I say other than very, very simplified information. I wouldn't give any more information out in that respect. I would always thank people for their concerns. I mirror back, I guess, what it is that I am seeing within them, so, you know, I convey gratitude for their concerns."
>
> Emily (10/455)

As examples participants mentioned exploring the client's emotional reaction to the disclosure and devoting time to reassurances in case of them being upset.

> "Really trying to open it up, I guess, but it's always the purpose of it, always is to help explore their emotional reactions to it, never necessarily bringing in more information on my part. It's always, always about how did that make you feel?"
>
> Emily [12/562)

4.9.2 Closing the issue

It was expressed as important to devote time for possible questions by clients and possibly having to manage them being concerned about the therapist. One should stay open to discuss some aspects that concern the client; however participants also described not getting too drawn into the client's concern for the therapist and to then shift the focus back on them and thereby closing the disclosure.

5 Discussion

This section aims to highlight the constructs more deeply and hopes to explain connections between core categories, categories and sub-categories, as well as relations between each, that make up the model depicted above. Furthermore it intends to relate the findings to previous research and will suggest areas for further investigation. The most current literature will be reviewed in the discussion, as simultaneously to this study other researchers looked at aspects that are relevant, and connections or differences will be discussed.

This section, the deeper level of analysis and the construction of conceptions and links, were aided greatly by the use of memos and notes that were collected throughout the analytic process. Whilst the Analysis section above aims to describe and introduce concepts, this section also mentions reflections by the researcher and will hopefully make transparent, ideas and thoughts that have contributed to the development of the model. As mentioned above Constructivist Grounded theory does not claim to produce a 'product' that is solely an objective reflection by participants, but rather a by-product of the interaction between interviewer and analyst and the participants. This will probably be most openly demonstrated in this section.

5.1 Developing personal stance

Developing personal stance describes a more general influence on what shaped participants' individual understanding, attitude and standpoint on disclosures. Here they mentioned how it evolved and changed over time and what they considered influencing factors towards that personal viewpoint.

Surely there are other factors and live experiences that shaped participants' personal stance towards self-disclosure, possibly some not related to the professional environment. However the following three sub-categories were most strongly referred to by participants as shaping their general attitude towards self-disclosure. Participants would identify themselves as either careful and hesitant or generally more open towards the use of disclosures in their practice. Their stance could also be gaged from how many possible risks they mentioned to using self-disclosing interventions, as some participants talked more about the dangers and possible negative consequences and others more often mentioned the usefulness of disclosing. Their awareness of risks both influenced the process of weighing up whether to disclose and shaped their personal attitude, as is depicted by the arrow in the model. As attempted to demonstrate in the model *Developing personal stance* would influence the decision making process on every level and in turn would be evolving and changing throughout their career as this relationship would be reciprocal and every decision to disclose or to withhold would result in changes to their personal stance.

The following three sub-categories describe influencing factors on the participants' personal stance on therapist self-disclosure.

5.1.1 Influence of stage of career

Participants clearly stated that they became more confident in using self-disclosure as an intervention with gaining more experience throughout the course of their career. Initially they felt the need for guidance from supervisors or personal therapists regarding the intervention, but developed their own stance over time. The more practice they had the more confidence they gained in using the intervention safely.

Mazzuchi (2010) examined current views and practices of therapist self-disclosure among clinicians and hypothesized that their attitude and practice was influenced by therapists' years

of experience, the population they are working with and their own experience in therapy. With the help of a survey she asked social workers, psychologists and mental health counsellors, whether they self-disclose and whether a therapist's own experience in therapy has an impact on their use of self-disclosure. She also analysed whether the years of working in the mental health field determined the frequency of using self-disclosure as an intervention.

She found that the majority of therapists do use self-disclosure with their clients and that, although not statistically significant, therapists with more experience tend to self-disclose more. She hypothesized that this might be due to therapists feeling more comfortable using themselves as a tool as their career progresses. This was supported by the current study, as participants expressed being more careful and reluctant to use self-disclosure as a trainee and feeling more free to make own decisions with growing experience.

This factor alone warrants more investigation as it would be very interesting to find out after how many years counselling psychologist would begin to feel comfortable in using self-disclosure more frequently and equally interesting would be what in turn is gained through that experience that has such an influence.

5.1.2 Influence of experience in personal therapy

Participants described how their own experience of disclosure by their own therapist heavily influenced how they themselves thought and felt about disclosing. Whether the participant had experienced the disclosure by their own therapist as helpful or not impacted their own disclosure practices and their personal stance towards disclosing. Macran, Stiles and Smith in 1999 investigated how personal therapy influenced therapist practice and found themes that relate to the issue of self-disclosure. They found that their own therapist provided a role model as to how to behave as therapist themselves. This included issues of boundaries and showing humanity and by that meaning their attitudes towards personal disclosure. They

found that their participants consciously and unconsciously mimicked their own therapist's behaviour and selected behaviours they had experienced as helpful.

Quite recently Anne Breckbill (2014) investigated exactly this subcategory of the model. She explored the impact of personal therapy on therapists' use of self-disclosure. She distinguished between types of disclosures and selected *emotional disclosures,* as reactions by the therapist to the client's material and *personal disclosure,* sharing non-immediate personal information with clients, as the two types of disclosures to concentrate on. With a mixed-methodology approach she first identified a moderate to strongly significant correlation between therapists' experiences as recipients of therapist self-disclosure and their use of self-disclosure with clients. Regarding both disclosure types, participants experienced their therapist disclosing as distinctly positive, however found that emotional disclosures were less frequently experienced negatively than personal disclosures.

The link to the Core Category of Benefits versus Risks in this study describes that participants' awareness of risks as well as possible benefits was shaped by their emotional experience of therapist disclosure and in that direct way influenced their practice in whether they would decide against or for disclosures. Participants described their negative experiences of therapist self-disclosure as making them aware of how damaging to the therapeutic relationship this intervention could be. The qualitative analysis in the study by Breckbill focused on participant's views about self-disclosure as a therapist or as a client and mainly addressed the potential benefits and/or risks inherent to self-disclosure. According to Breckbill, there was significant agreement between these two perspectives about benefits and risks. However one should note that the comparison did not take place between an individual participant's two positions, but rather between groups of participants that would either position themselves to either of the two perspectives.

Participants in this study related their own encounters with therapist disclosures as a client, with their own practice as counselling psychologists. They recalled significant events from their own therapy and described them as either a positively or negatively experienced event. This emotional memory would influence how careful they considered themselves in regards to their practice of using self-disclosures and how hesitant or forthcoming they considered themselves.

This is consistent with the experience participants described in Breckbill's study. What was most strongly referred to as significant in influencing their own practice were personal disclosures by their own therapist, when experienced as negative. Additionally she found that negative experiences carried a greater risk to damaging the therapeutic alliance for *emotional disclosures* than *personal disclosures.*

5.2 Influence of training

In the current study it became apparent that participants identified with an integrative approach, which as a consensus they meant as not subscribing to a singular approach or theoretical orientation. They emphasized that in regards to self-disclosure their practice was not solely led by a specific approach and disregarded assumed directions a singular approach could give. Moreover they emphasized the complexity of the issue and that no single approach, with its inferred direction on self-disclosure, could do this complexity justice. Participants hinted knowing of certain approaches' stances towards self-disclosure and sometimes would position themselves more towards one approach, would then however quickly disregard only listening to the direction this approach could subscribe.

In her study examining the link between therapist's own experiences of self-disclosures and their own disclosure practices Breckbill (2014) also looked at whether there is a relationship between therapist's theoretical orientation and their use of therapist self-disclosure with their client's. Interestingly she found that only two of 93 respondents identified as practising therapy from a single theoretical stance and over three-quarters described their practice as informed by four or more theories of psychotherapy. No link could therefore be established as her participants mainly function as 'theoretical integrationists'.

The Division of Counselling Psychology by the British Psychological Society subscribes to know empathetically and to respect first person accounts as valid in their own terms; to elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing (DCoP, 2013). Furthermore in its Professional Practice Guidelines Counselling Psychology aims to recognise social contexts and discrimination and to work always in ways that empower rather than control and also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today.

Counselling Psychology, that has pluralism at the root of its philosophical existence would guide it's practice in establishing a direction on whether to disclose or not, based on an individual basis, unique to each individual client and client- therapist relationship, which participants emphasized. As Cooper and McLeod state:

" The basic principle of this pluralistic framework is that psychological difficulties may have multiple causes and that there is unlikely to be one, 'right' therapeutic method that will be appropriate in all situations – different people are helped by different processes at different times. " (Cooper & McLeod, 2007, p.3).

The influence of pluralism and practising as 'theoretical integrationists' in relation to self-disclosure is an interesting area that could be explored further. One can suggest or infer that the pluralistic stance and training that counselling psychology is based on, is what influenced this particular model however would need to look at this aspect separately to determine causality.

5.3 Important steps in preparation for using disclosures safely

5.3.1 Importance of having engaged in personal therapy

Participants talked about engaging in therapy to resolve their own issues in order to make self-disclosures responsibly. It was described as a prerequisite in being able to utilise self-disclosures responsibly. This mirrors the concerns by Bishop and Lane (2002) that mention the insecurity in examining one's countertransference as a novice practitioner as one of the reasons self-disclosures should only be used after having gained experience as a practitioner. Self-reflection and being aware of your personal reasons for reactions to client material are understood as essential to avoid being biased and to still use self-disclosures in the 'generally neutral stance' Bishop and Lane advocate.

One of the themes identified by Macran, Stiles and Smith (1999) in their study on the effects of personal therapy on their practice was that participants found personal therapy helpful to separate their own feelings from those of their client's. They equally emphasised the importance of being able to make that distinction and that personal therapy helped them develop 'a third ear', an ability to hold back and look at an issue or a situation from a

different angle. This angle allowed them to be aware of their own feelings without them interfering or without becoming enmeshed with the client's own.

This notion of therapists being aware of personal issues and having resolved them to become responsible practitioners might relate back to the psychoanalytic idea of not diluting the transference process and to examine countertransference reactions for its origin. They argued that, countertransference as unresolved conflicts by the therapist, should not be brought to the therapeutic relationship.

5.3.2 Importance of considering stage of therapy

Participants felt that felt early on they would be more hesitant and that they needed to assess and collect information about the individual client first. The stage of therapy mainly links to what stage in the relationship they had reached with the client and whether they had time to get to know their client and build an alliance, which could deal with ruptures to this process. To prepare for a disclosure, a thorough assessment of the client's character and relationship ships was felt to be of necessity. Therefore disclosing too early on in therapy was associated with more risk. The arrow between *stage of therapy, the client's stance* and the sub-category of *being on the same page* depicts a link between all three categories, hence the grouping of all three together in the discussion. To carry out this thorough assessment, one would need time cover aspects such as, the client's reaction to conflicts, their relationships and how they would possibly interpret their therapist disclosing.

5.3.2.1 Having established a trusting therapeutic relationship

An overarching construct that participants felt of central importance was the establishment of a solid therapeutic relationship with their clients. This was described as necessary in order to

gain an understanding of what type of person they were supporting, including the relationships in their lives, how they would react to a disclosure and whether the client would understand their intention behind choosing to disclose. This is in line with the Divisions principal of understanding to engage with subjectivity and intersubjectivity, values and beliefs (DCoP, 2013).

Maybe the emphasis of the counselling psychology profession on the subjective experience unique to every individual has influenced participants to emphasis this particular aspect of the model.

Norcross (2002) summarised the six main conclusions of the APA Division of Psychotherapy (Division29) that were concerned with effective therapy relationships. Similarly to participants' views in this study, they concluded that the therapy relationship makes substantial and consistent contributions to psychotherapy outcome independent of the specific type of treatment, that the therapy relationship and therapist behaviours that promote this, should be included in any practice guideline and that adapting and tailoring the therapy relationship to specific patient needs and characteristics enhances the effectiveness of treatment. This is clearly reflected in participant's thoughts and feelings of whether to disclose. Throughout all their accounts they stressed the uniqueness of every decision and that this would depend on the relationship with each individual client.

5.3.2.2 Having completed an assessment of client's stance towards therapist disclosure

One particular part of the relationship that participants were concerned with, was the focus on the client and his or her issues. Participants felt that with certain type of clients one would need to be more cautious as certain personality traits carry greater risk for changing the

dynamic between therapist and client. They mentioned that particularly with “caring” clients, the risk that the disclosure would result in a shift of the balance more towards the therapist’s issues and away from the client’s material could be greater.

Previous research mainly focused on gender differences or age, as client traits in relation to self-disclosure (Dindia, & Allen, 1992). Personality and self-disclosure by the client has also been investigated intensively. Many researchers tried to link certain personality traits with higher or lower rates of disclosures (Pedersen & Higber, 1969, Omarzu, 2000) because certain health benefits and distress reduction were linked to higher disclosure rates (Pennebaker et al., 1988; Stokes; 1987).

Barnett (2011) spoke about being increasingly careful to disclose to clients, who see their therapist as an extension to themselves and are especially self-absorbed.

Goldstein (1994) describes a list of clients, to whom disclosing might be hurting the principle of non-maleficence. People with poor boundaries and people, who tend to focus on the needs of others rather than their own needs, would constitute poor candidates for therapist self-disclosure. These, he suggests, might want to take of the therapist, instead of being taken care of. Participants in this study mentioned both characteristics as important to consider, when thinking of disclosing. In testing the therapist, as a type of disclosure, participants described clients that would have difficulties with the maintenance of personal boundaries, including the therapist’s, in which instances they gravitate more to withholding personal information. Eppstein (1994) called the “caring type”, the accommodating client, to whom one should be more hesitant to disclose, as they might want to become the client’s therapist. He also identified the impulsive type that would possibly use a disclosure to act out with aggression.

Goldstein (1994) similarly called for caution in the early stages of therapy, as one needed to get attuned to the client’s history and character, in order to discern between whose needs are

being met by the disclosure. Getting an understanding of the client's possible reaction to the disclosure was felt to be an important factor in the decision-making progress and to do so one would need to have time together.

In her study on client's perception of therapist disclosure, Audet in 2011 also noted that clients had specific understandings of where therapist's boundaries might lie and whether they would want them to be crossed. Her participants talked about an implicit understanding of the power relations between therapist and client that are negotiated with clear boundaries, such as the common understanding that the client is the one to "bare it all". They perceived the impact of therapist disclosure on therapy boundaries and therapist professional qualities as both positive and negative. Positive experiences arose from infrequent, low-to moderately intimate, similar to their experience, or responsive to their needs and the emerging therapeutic relationship. Disclosures were perceived as negative when too frequent, repetitive, lengthy with superfluous detail, incongruent with their issue or personal values, or poorly attuned to their needs or the therapeutic context.

5.4 Different reactions according to type of disclosure

Consistent with previous literature (Zur, 2011) participants differentiated between certain types of disclosures and had different reactions according to type of disclosure. Additionally the process that participants engaged in and the questions they would consider asking themselves to arrive at a decision differed according to type of disclosure. Most obviously different were self-initiated disclosures (first thought of by the therapist) and client-initiated disclosures or disclosures brought about through circumstances. Zur in 2011 makes a similar distinction between deliberate (therapist-initiated), unavoidable (not under the therapist full

control), accidental (unplanned or incidental) and client-initiated disclosures, whilst he talks about client's deliberate actions to initiate an inquiry into the therapist's personal live, through web searches. Participants in this study referred to inquiries by their clients as open or covert inquiries in the session and directed towards the therapist.

The questions and processes they engaged in differed according to type of disclosure. Generally one could suggest that the more voluntary the disclosure was the more consideration had gone into the decisions. Participants were more hesitant and would consider disclosing less openly, the more pressure they felt to be under, by the client.

Furthermore participants differentiated between two types of deliberate or self-initiated disclosure. They referred to revelations of emotional reactions to the client material as different to deliberate revelations about their own personal material. Knox et al. (1997) identified a similar distinction between deliberate disclosures and called these types *self-involving* and self-revealing, carrying the same meaning as drawn out in this study. As the related category of *Managing different types of disclosures* below demonstrates, revelations of professional nature were less freely considered than revelations of personal nature, and define in part some of the types of disclosures. The most consciously debated decisions were disclosures of having had a similar experience, where participants said they would very carefully engage in the weighing up process described below. Wachtel (1993) also stated that often acceptable and unacceptable disclosure could be distinguished simply by drawing a line between in- session reactions and disclosing personal experiences.

One could possibly suggest that for the purpose of this study investigating a decision-making progress one would need to exclude disclosure based on involuntarily revealing information, by which no thought-process had gone into. Similarly different seemed the reactions to disclosures based on questions by clients.

5.4.1 Checking content of enquiry

Peterson (2002) wrote about the, from her point of view, inevitable ethical implications of choosing to disclose, and concluded that the content of the information revealed, does distinguish whether a disclosure would be ethical. She cites Wells (1994) that defined categories of self-disclosure according to content. Revelations of professional status and training, personal life circumstances, personal reactions and feeling about the client and admissions of mistakes in therapy, were later debated along ethical questions (Epstein, 1994, Knox et.al, 1997). As described in the Critical Literature Review, research has shown that therapists reveal professional information much more generously than personal information (Edwards, & Murdock, 1994, Hill, & Knox, 2002).

In the current study participants expressed similar thoughts and feelings. The content of the revelation of what they were deciding upon influenced the outcome of the decision. Participants felt much more confident about revealing professional demographics than personal ones, with the exception of whether they had children or not and their age.

One should note that the model does represent an overview of considerations, when deciding to disclose to clients and therefore looks at this decision-making process from a meta-view and not from an angle of a specific question or topic to consider disclosing. It would be interesting to take questions such as disclosing therapist's sexual orientation or the therapist's previous addiction into consideration when looking at the model, as previous research has been devoted to these specific disclosures (Dean, 2010, Mahalik, et. al, 2000).

5.5 Considering helpfulness for client

Participants stressed how important it is when considering using a disclosure to check for what motivated them to think of that intervention. It was implied that choosing to disclose for 'selfish' reasons, meaning to benefit the therapist rather than the client, is unacceptable and should be controlled for. In the study by Edwards and Murdock (1994) participants similarly rejected some reasons to disclose. Increasing expertness, attractiveness and trustworthiness were reasons to disclose that participants felt to be unacceptable when considering disclosing. Although not specifically asked for like in Edwards and Murdock's study, participants in the current analysis emphasized the importance of certain control factors, such as reasoning, being clear about the intention and the helpfulness of the intervention. They also added that once these factors were elucidated, one should check for the client's perception of these considerations. Would they understand what the counselling psychologists was aiming to do or would there be room for the client to misinterpret the ambition?

The Categories that comprise the Core Category of *Considering helpfulness* are not depicted sequential or in any particular order. This aims to illustrate that participants would make these considerations not in any specific order, but would consider these questions dependent on the situation and as they might arise. They are related in content and would influence each other. For example, participants felt that if they discovered that what motivated them would be for their own benefit, it was judged as unhelpful.

This matches the 3 principles most relevant to self-disclosure as identified by Gutheil in 2010. He concludes that what should be most pertinent in the decision making around disclosures in terms of being ethical are beneficence (doing good for the patient), non-maleficence (doing

no harm) and the fiduciary relationship between clinician and patient, where the interest and welfare of the patient always predominate. Moreover it would be exploitative if one would self-disclose, knowingly meeting one's own needs as a therapist. These can clearly be seen in the participants' accounts of whether and how to disclose. The factor of *helpfulness* and *motivation* resonated throughout most expressions and constructs that participants mentioned. They were very careful to never portray any example as benefiting them in any way and would emphasise the benefit to the client.

Considering that many authors cite these principles as most salient in the decision making process, Sadighim in 2014 was interested in how psychotherapists assess whether clients would benefit and how these ethical principles would be upheld. She devised a set of questions, looking at previous research, to guide decision-making about using effective and beneficial self-disclosure in psychotherapeutic practice: a.) Is this piece of self-disclosure intended primarily to help the client or to gratify a personal need?; b.)Does the client need to know this piece of information to make informed consent about his or her treatment?; c.)Might this disclosure negatively impact the client's perception of the therapist's competence and professionalism? d.) How much and how often is the therapist disclosing with a particular client? Might the amount of disclosure be excessive and thus distract from focus on the client? e.) What type of self-disclosure is being used? Immediate or non-immediate? What does the therapist conceptualise self-disclosure form his or her chosen theoretical orientation? Is the self-disclosure consistent with the beliefs about the agent of change in psychotherapy?; g.) Is the decision to disclose informed by the client's cultural context?; h.) Is the decision to disclose informed by the client's developmental age or stage?; i.) Does the client display personality traits that make it more likely that he or she would be harmed by the therapist's disclosure?; j.) Might the therapist's desire for keeping certain personal information private negatively impact the client?.

These questions are very similar, to concerns offered by the participants in this study. They could be situated alongside the factors in the model.

5.6 Weighing up benefits and risks

Discussions about ethical issues around therapist self-disclosure are about boundaries in therapy, or conversely about crossing or violating boundaries. This weighing up process is reflected in the literature around disclosures. Some authors and papers highlight the ethical issues concerning self-disclosures (Peterson, 2002, Zur, 2007). This Core Category depicts the ethical debate around the use of therapist self-disclosure. A boundary-violation, indicates a risk to the client, whilst a boundary-crossing, is described as a departure from norms with possible benefit or risks to the client (Gutheil & Gabbard, 1999).

The ethical issues debated by theorists and writers, were reflected in the weighing up process, participants engaged in. The possible benefit to the client would have to outweigh the considered risk. Benefits they mentioned were, as consistent with previous literature (Knox et al., 1997), normalising their experience, easing their distress and improvements to the therapeutic relationship. Risks or boundary violations they mentioned were, also consistent with previous literature.

One has to note that through categorising; the entities *Considering Helpfulness* and *Weighing up Benefits and Risks* seem separate and removed from each other. Whilst making a decision to disclose the inferred benefit to the client could actually be damaging. The associated risk and ambiguity of the question of helpfulness, was clearly expressed by participants, which shared their uncertainty of whether the desired effect would be understood as such by the client. This was also expressed by the category of *Considering client's understanding of your motivation* in which participants expressed their concerns over a misunderstood motive.

Participants' knowledge and awareness of possible benefits and risks, was informed by their own personal experience, their training, their encounters in personal therapy and through supervision. This direct influence is depicted by the arrow leading from *Developing personal stance* to the box of *Considering helpfulness.* Therefore, there appears to be immense scope to shape and influence this awareness, which the findings of the presented research are aiming to encourage.

5.7 Reflections on Limitations and Quality

5.7.1 Small sample size

The most prominent limitation of the current research is the small number of participants. This, unfortunately, was due to difficulties during the recruitment process. The first round of invitations was promptly answered with replies of great interest, out of which the pool of participants originated. The second round of recruitment was met with less enthusiasm, and whilst some counselling psychologists responded, saying that they would be interested, no more participants came forward to take part. Perhaps time restraints, a lack of financial compensation for the time not spend with clients or fear to expose themselves, to what could potentially lead to quite intimate revelations, led to this small sample. It might also have been, that the possibility of offering their stories in a professional domain, prevented participants from coming forward.

I initially set out to recruit at least eight participants, to aim for an abbreviated grounded theory analysis. However, even after several attempts to recruit again, using the same methods as employed previously, no more than the initial four participants came forward. I had again advertised on the Division of Counselling Psychology Research network and the

British Psychological Society Research Digest Blog, without success. I contacted other peers and colleagues to send out the invitation to their colleagues in turn, but again did not achieve further participation.

5.7.2 Lack of theoretical sampling

If one were to argue from a traditional grounded theory standpoint, the small sample size would certainly raise questions regarding the validity of the findings. For finished and coherent categories to arise from the data, a wider comparison over more opinions and accounts would be necessary to achieve findings that would be considered scientifically valid and reliable. According to Glaser and Strauss (1967) generating enough data is a necessity for enough patterns and concepts, with its dimensions to *emerge*. Questions on validity within grounded theory research projects are therefore related to the issue of *theoretical saturation*. To reach this, the interviewer would repeat the interviewing process until no new data might emerge and would become repetitive. This would often lead to an accumulation of up to thirty interviews, however no set number of interviews is deemed as necessary to achieve *theoretical saturation*. Initially, the aim was to engage in theoretical sampling and to include more participants, or to return to specific topics in follow-up conversations with existing participants. Unfortunately, the abrupt required move of the researcher to another country and the lack of interest from new participants, even after several efforts to re-recruit, resulted in the limited data presented here.

Then the question arose, as to what analysis would be most suitable. At first, it was decided to stick to Abbreviated Grounded Theory, as theoretical sampling through re-interviewing, would still make it possible to reach saturation, with the data that the four interviews had provided. I then encountered the next problem, as my move abroad, made it very difficult to

re-interview and so much time had lapsed that two of the participants, had changed their work situation, in which they were not as flexible any more to take part in the study. The other two were also not available.

In future, I would try to base the research close to me and make it part of my work, to be able to devote more time to recruitment and offer monetary rewards for taking part. Many professionals are not able to substitute a paid hour with a client for unpaid research.

It was then debated, considering the small sample size, whether Interpretive Phenomenological Analysis (IPA) would be more suitable and would still produce meaningful results. However, compared to Interpretative Phenomenological Analysis (IPA), which explores participants' understanding of their lived experiences and the meanings attached (Smith, Flowers, & Larkin, 2009), Grounded Theory does not require participants to have disclosed to their clients already. Having gained experience in disclosing to their clients, had not been a requirement during the recruitment process and neither were the interviews particularly tailored around gaining insight into their lived experiences of disclosing. Similarly, restrictions are usually placed upon participation in an IPA study, to achieve a purposely homogeneous group. Through purposive sampling, IPA aims to find similarities between participants' accounts, whilst Grounded Theory methodology aspires to produce a 'universal' application of the findings. The IPA procedure had not been followed during the recruitment process. Participation had been open to Counselling Psychologists from all ages, theoretical or ethnic backgrounds and genders.

Using IPA, one seeks to discover previously unnoticed phenomena through exploring people's experience and to foster understanding in an area with little previous knowledge. The IPA process produces descriptions rather than creating meaning or modelling a theory. This type of analysis did therefore not appear useful, as the aims of the study were to draw out

factors influencing the decision-making process of disclosing and to eventually generate a model. It seemed essential to follow an analytic procedure that would allow the discovery of these aspects and to draw out links and connections between each. Abbreviated Grounded Theory does allow for the generation of theory; however the lack of engagement in theoretical sampling, only allowed borrowing techniques from this procedure, which was otherwise adhered to.

Of course that leads to the question, whether four interviews substitute enough material to allow for the development of theory, which is still 'grounded' in the data.

According to Morse (2000) aspects such as the research scope, the nature and sensitivity of the research question and the ability, experience and knowledge of the researcher are factors that influence the sample size for a valid study. A more open research question, than the one offered in the current study, and a wider start to the investigation might have resulted in the need for more interviews and *theoretical sampling*. Morse (2000) explains that knowledge of the given area, acquired through personal experience or a literature review, might already limit the need for a large number of interviews. In fact, one could argue, that the many changes made to the current study, the scope of the investigation and the affiliated numerous literature reviews, as is reflected upon below, already fine-tuned the research question. As a result the small amount of interviews still generated enough data for valid concepts to emerge, which could be compared and checked against each other. Morse (2000) argues that controversial phenomena and a very sensitive nature of the research question, would require more interviews to take place, as re-interviewing might create a trusting environment for participants to be more forthcoming. However, equally helpful for the process might have been the researcher's previous immersion in the topic, to assure sensitivity and knowledge, to help participants feel at ease. Additionally, in the current study researcher and participants shared a common profession, with specific values, which might have helped participants feel

at ease without having to establish a common ground and language. Participants offered incredibly rich material, which seemed sufficient to generate meaningful data. Additionally, the many steps of analysis that were undertaken on several occasions, the persistent checks by supervisors and colleagues, the constant comparative method and reflections, should have ensured that emerging categories are thoroughly *grounded* in the existing data.

To check for validation of the constructions, feedback was requested from participants on several drafts of the model, as well as individual concepts, to capture possible misinterpretations and to assure having correctly captured the meaning they were trying to express. Additionally, I received help from colleagues, not part of the study, who looked at the data and my initial formations, to check whether the process I had followed, was plausible and comprehensible.

5.7.3 Lack of diversity

Issues of cultural or social differences, were very little present. Sadighim (2014) in her summary of previous literature mentioned culture as an important factor to consider when making decisions to disclose. She refers to Barnett's study in 2011, whereby the client's culture would inform how they could perceive a disclosure and that this differs according to cultural values. Sue and Sue (2003) found that therapists, who either disclosed or were observed as coming from the same minority group, were perceived as more trustworthy and expert than those from a dissimilar group. As one can note from the discussion of previous literature, the revelation of specific demographics, for example therapist's sexual orientation or cultural difference to the client, has drawn specific attention, whose findings would be interesting to consider in relation to the model here. The lack of cultural or ethnic variety

does certainly represent a limitation of the study, whereby a more diverse pool of participants might reveal factors not considered here.

5.7.4 Efforts undertaken to assure quality

Yardley (2000) proposed guidelines on assessing qualitative research, along three general principles. 'Sensitivity to context', 'commitment, rigour, transparency and coherence', and 'impact and importance', which in relation to the current research, will be reflected upon.

'Sensitivity to context' was established through constant engagement with previous literature, new findings and ongoing conversations about the topic with other trainee counselling psychologists and supervisors, both at university and in placements. There I encountered, that although a vast amount of research relating to self-disclosure had already been published, the interest in the topic was still great. The general feedback regarding my study was, that a need for practical solutions on how to use self-disclosure safely, still exists, which hints at the other principle of 'impact and importance'.

This was also supported by participants' feedback on being able to talk about the topic. They greatly appreciated having the chance to contribute the topic, with their participation and all reported hoping for applicable findings, that they could use in their practice or supervision.

However, I should note that, 'sensitivity to context' is a dynamic process and grows with the development of the study. Reading through the vast amount of previous research, I became overwhelmed with how many views had already been taken and began to grapple with the notion of importance of the study and trying to remain neutral before interviewing participants. What reassured me was the said interest from peers and even other professionals working therapeutically. The initial phase of total immersion with the research was followed

by a process of reflection about how to limit the influence my own assumptions and formed ideas, as a result of the deep engagement with the topic, would have. Particularly helpful in this stage, were conversations with my supervisor on how to develop the interview schedule. In joint reflection, we were able to eliminate (as much as possible), questions that already limit the research and could direct participant's accounts. This made it possible to realise, that the issue of 'sensitivity to context' and taking a neutral researcher's stance, was something that I initially had difficulties with. Through the process of continual reflection of my own influence and impact on the research process, including data collection and analysis, this was hopefully assured.

The use of quotes, to underline the theme identified, was in the interest of 'commitment, rigour, transparency and coherence'. The aim was to show that categories were firmly grounded in participants' accounts and to directly refer to the researcher's thought process at arriving at this classification. I am also hoping that, the honest reflection about the research process is in the interests of remaining true to the principle of 'transparency'.

5.8 Clinical Implications and Benefits of the study

Research concerning the use of self-disclosure in therapy has been growing steadily. The current study aims to add to this rich discussion, by taking a holistic view of factors relating to counselling psychologists' practice of disclosure. As one can note from the preceding discussion many factors have been investigated in isolation and its effects on the use of self-disclosure have been looked at, however no overarching perspective considering the decision-

making process had been taken yet. The current study managed to draw out aspects that counselling psychologists considered when deciding to disclose and to show the overall decision-making process.

Spinelli, in 2002, commented that the timing of when to disclose is often more important than the question of whether to disclose or not and that decisions should be based around the circumstances that make it of benefit for the client. The current study followed this, not considering disclosure interventions in a simplistic manner, and instead tried to identify the multi-faceted and various factors making up this complex process.

Core categories and categories in the model can be answered flexibly and one should aim to tailor the model to the unique situation between therapist and client. This will hopefully give some guidance for practitioners and counselling psychology trainees, to make informed choices and to shed some light onto a sometimes overwhelmingly complicated process. Furthermore it can serve as guidance for supervisors and trainers of counselling psychology students, grappling with questions over this issue, with a clear depiction of the complexity, and by isolating certain factors for trainees to discuss.

As a counselling psychologist it can be very helpful to look at the individual factors, consider your personal standpoint towards some, as well as having an overarching model that describes the process of making a disclosure. Of course, every situation in which a counselling psychologist could consider using disclosure in therapy will be unique. The model does not aim to standardise a unique process derived from the exclusive interaction between two individuals, however one would argue that previous knowledge of the complexity of the process, can facilitate this decision making process. Counselling psychology prides itself in valuing reflective practice, to which the findings of this report relate to. A practitioner could consider certain factors beforehand, as well as engage with the

process described here, after having made a disclosure. The model can be used as a basic framework to guide reflection and to tailor the process to the individual situation or person.

One can think about their own personal stance and feelings in regards to using self-disclosure and can reflect on the factors that have shaped this ever-changing stance. For example, the individual counselling psychologist can talk about how their own therapist disclosure was experienced and how much direction they might want to take from their supervisors. Most important, this study highlights how important it is to develop a personal stance that is individual to that person and is allowed to be flexible and changing throughout one's career. The awareness of their personal stance gained through reflecting on these factors can help counselling psychologists gain more confidence in being able to make informed and considered decisions around this issue. In fact, this benefit can be applied to all aspects of the model and decision-making process. Having vague concepts made more concrete and put in language that reflects action and process, allows counselling psychologists to deliberate beforehand and make their decisions more ethically sound and considerate.

Unique to the study is that in the model, the types of disclosures show different reactions. The analysis revealed implicit behaviours and unconscious set of rules according to the type of interaction between therapist and client. Participants described reacting differently to different types of encounters or disclosures. For example, the factor of who would initiate the disclosure opened up different processes, not known to the counselling psychology community before.

To this date, to the best of the researcher's knowledge, no study has yet focused on the processes that arose from different types of disclosures, as described in the current study. Although research has identified different definitions, frequencies of use and meanings to the word therapist disclosure and other studies looked at some aspects of how to manage a

disclosure, no research has yet linked these two aspects. The current study, extracted what processes counselling psychologist would engage in according to different types of disclosures. Asking questions and considerations partly differed and can now be reflected upon before the situation arises in therapy. It would even be possible to devise a set of questions to deliberate upon beforehand, for example in supervision that would follow the process and factors outlined in the model. Participants already mentioned many considerations in form of specific questions, they would ask themselves. Unfortunately the scope of the current study did not allow for this. However these practical guides to the use of self-disclosure could easily be added to the findings in a follow-up study.

This study has achieved to develop a model about the factors important in the decision making process of disclosing in therapy. The factors became apparent throughout the analysis and have been supported through previous research. One should note however, that this model is not aiming to be all-encompassing to every decision to disclose, as the issue of whether to disclose or not still remains unique to each situation and circumstances. Moreover, as consistent with Counselling Psychology tradition, which aims "to engage with subjectivity and intersubjectivity, to elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing (Dcop, 2013, p.2)", this research tried to marry guidance for practitioners with the development of a structured model, whilst simultaneously emphasising flexibility for a unique and subjective application.

The current research is situated in a therapeutic setting and highly influenced by counselling psychology values, such as pluralism and an emphasis on understanding subjectivity. It is therefore particularly the counselling psychology profession, which can most directly benefit from having a very complex process depicted and explained. However, other professionals

working therapeutically and integratively can also benefit from its application in their practice. Moreover, the findings are not exclusive to the counselling psychology profession. Self-disclosure to patients and clients is a topic highly debated and talked about within almost every social helping profession. It would be interesting to consider, how the model can be adapted to suit other helping professions in their decisions to disclose. The current study set out to bring together previous findings of the literature around self-disclosure, in combination with its own analytical findings, to develop a model that explains the factors, to be taken into consideration, when deciding to disclose. What became apparent throughout the analysis were the many implicit rules that participants had developed around the use of self-disclosure, which unfortunately the scope of this study did not allow to include. One could devote another project to take the hereby identified factors and situate these rules alongside them.

The current study hopes to add to the growing body of knowledge regarding decisions to self-disclose by promoting an understanding of the challenges involved and offering some solutions. The model can be directly used for clinical application, but can also be implemented in training programs, that foster therapeutic skills and thereby better outcomes for clients.

5.9 Reflections on the process

The journey through this study was not without complications, or more precisely personal and professional difficulties, that showed the limitations of my knowledge, at each stage. Initially, I set out to prove that self-disclosure is something practitioners should not be afraid of and that clients would benefit from. My practice as a counselling psychology trainee, at this point, was in the beginning stages and having come from a User Involvement and Mental

Health Advocacy role before, was mainly informed by the principle of 'openness to reduce stigma', as the above reflection of the initiating idea describes. I was interested in how practitioners deal with making revelations about their own mental health problems to their clients; however quickly encountered possible ethical issues and recruitment difficulties. With the help of my supervisors, I was able to take a less narrow and preconceived view and broaden the spectrum for the investigation. The initiated reflection on possible biases was something I, as of then, found highly valuable and necessary. I did discover my own preconceived notions regarding the use of self-disclosure, which throughout the study kept changing and made me see the possible value in a meta-view of the decision making process.

I then became overwhelmed, with the vast amount of viewpoints that had already been taken on the subject and struggled with epistemological questions of, considering my quite constructivist view on phenomena, could add yet another valuable perspective. The choice of method was therefore not only appropriate for the research question, but also consistent with my stance on the nature of knowledge.

One concept that became of great interest to me throughout the research process was that of 'quality in qualitative research'. Evaluative measures in essence carry positivist notions of reliability and validity. These methodological concepts as understood in the positivist paradigm, I struggled to apply, once for the small sample size and the process of data collection, which in itself cannot be replicated. It is my understanding, that the interviewing process is a unique interaction between researcher and participant, and as such cannot be repeated. Furthermore, participants talked about their construction of self-disclosure and shared their memories with the researcher, which do not stay static and cannot be measured again. Even the process of being interviewed and the in-depth engagement with the topic would have influenced the participants'' subjective understanding and their memories. In terms of 'validity' and 'reliability' the small sample size and relying on the retelling of past

events, would make the current study highly contested. However, it does not claim to be an objective representation of the a ‘valid’ and ‘reliable’ concept, but rather claims to be a unique construction of an event or issue as equally valid, as all constructs expressed by human language do include an element of being formed through repletion. The current study therefore, aims to challenge the positivist notion of rigour as necessary for meaningful and ‘accurate’ research that can add insight into a phenomenon. It is however important to constantly reflect, be flexible to return from mistakes and misinterpretations and to re-engage with the material.

Since the beginning of the research and training process, many changes both on a professional and personal level occurred. After having completed the practical and academic part of the program, I moved to Germany and started working as a psychologist in an advisory capacity for the Department of Health. As a quite traditional and conservative workplace, disclosures of any kind are prohibited, and I was able to experience the other end of the spectrum to the debate. The strict formalities, I felt, offered safety and protection and I began to experience the advantages of not disclosing. Moreover, having to practice in a different language emphasised my constructivist understanding of the world. Even though, German is my first language, I had never worked therapeutically in this language and had not been professionally ‘brought up’ with it. Having to learn different names for psychological concepts showed me the influence of language on people’s minds. Some concepts were lost in translation, whilst others had different sets of meaning attached to it that were not present in the English language. As a result, I took a step back and was able to let the participants speak for themselves, as my personal stance on disclosure was so uncertain and unsure at the time. My thinking process was not dissimilar from that of the participants, whereby I would hesitate to commit to any answer, whilst suggesting a possible solution, hence filled with uncertainty. This stance added even more complexity to an already multi-faceted process;

however participants found flexibility to the process of great importance. This, to some degree is conflicting with the idea of the development of a universally applied model that could guide other practitioners. Even the process of grounded theory, guides the researcher to formulate 'rigid' concepts, that simplify and thereby naturally limit the phenomena. Davies and Dodd (2002) describe a solution to this conflict, as by "accepting that there is a quantitative bias in the concept of rigour, we now move on to develop our re-conception of rigour by exploring subjectivity, reflexivity, and the social interaction of interviewing" (p.281). Still committing to this process, however and developing a model, brought some order to my grappling mind.

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Appendices

Appendix A: Invitation for participation

Self-disclosure in Counselling Psychology Practice: A Grounded Theory Investigation

Researcher: Kristin Blechschmidt

Information sheet

I am exploring counselling psychologists' disclosures to their clients. The research is part of a Professional Doctorate in Counselling Psychology at London Metropolitan University. This research is supervised by Dr. Angela Loulopoulou.

Purpose of the study:

The study aims to explore counselling psychologists' self-disclosures in the therapeutic encounter. The intention of the study is to investigate the process by which counselling psychologists make decisions to disclose information or not. You will be invited to share your experiences and views on disclosing personal aspects with your clients and how this affects your practice. It is anticipated that the study will contribute to a better understanding of counselling psychologists' decision making processes whether to disclose information to their clients.

Who is being invited to participate?

Counselling psychologists from any theoretical orientation are invited to participate. There is no obligation for you to participate and you are able to withdraw from the study up to 3 weeks after the interview without having to give any explanation. You can clarify any questions and concerns beforehand and will be asked to sign a consent form if you want to participate.

What happens if I decide to participate?

An interview will be arranged at a place and time that would be suitable to you. As mentioned above you will be asked to read through this information sheet and to give consent for taking part in this study. The conversation is expected to last for approximately 1 hour. In the interview I will ask a series of questions about your views and opinions on self-disclosure. After the interview you will be given a chance to express how you felt about the interview and if you have any concerns. You can then state whether you would be interested in being provided with a copy of the final research findings, which will be made available to you.

Is the research confidential?

You will be asked to give permission for the interview to be audio-recorded and transcribed. Segments of these transcriptions might be seen by others, such as the Research Supervisor. However your name and identity will be kept anonymous and the original audiotapes stored

securely. After transcription these will be destroyed and transcriptions will be kept for a maximum of five years.

No identifying information will be published and no one will have access to these except for the researcher. If you provide your contact details to obtain a copy of the findings, these will be kept secure and separate from the research material.

The only time confidentiality is broken is if risk of harm is revealed.

Are there any risks?

Due to the nature of the research question it is possible that the process might evoke distressing thoughts and emotions. You can decline to answer any questions and take breaks whenever you wish. You have the right to stop the interview at any time and can withdraw and can be provided with information about appropriate forms of support you might want to access (e.g. local counselling centres).

Making a complaint:

If you have any complaints or concerns about this study, please contact my Research Supervisor:

Dr. Angela Loulopoulou at London Metropolitan University:

A.Loulopoulou@londonmet.ac.uk

020 XXXX XXXX

Your contribution to the study:

Your participation in this research will hopefully foster a greater understanding of the use of self-disclosure and thereby influence practice and further research. I would be very pleased for you to consider taking part in this study.

Do not hesitate to contact me with any questions or queries.

Thank you.

Kristin Blechschmidt

Counselling Psychology Trainee

krb0083@my.londonmet.ac.uk

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Appendix B: Consent Form for participants

Self-disclosure in Counselling Psychology Practice: A Grounded Theory Investigation

Researcher: Kristin Blechschmidt

Consent Form

This form is to ensure that you are aware of your rights as a participant and that you have read and understood the information given to you. Please hereby confirm that you agree to take part in the study.

Please circle yes or no:

- Have you read and fully understood the information sheet?

Yes No

- Were you given the chance to clarify any questions or queries?

Yes No

- Do you feel that you were given enough information to decide whether to take part in the study or not?

Yes No

- Do you understand that all information will be kept confidential unless harm to others or self is expressed?

Yes No

- Are you aware that you can refuse to answer questions?

Yes No

- Are you aware that you can withdraw from the study up to three weeks after the interview has taken place without having to give any explanation?

Yes No

- Are you aware that you can terminate the interview at any time?

Yes No

- Do you agree for the researcher to audio-record the interview?

Yes No

- Do you agree for the researcher to use anonymous verbatim material from the interview for publication?

Yes No

- Do you understand that your identity will remain anonymous and will not be known to anybody but the researcher?

Yes No

- Do you agree for the transcriptions of the audio-recorded to be kept for no longer than 5 years?

Yes No

Are you aware that the interview procedure might evoke difficult emotions, in which case you will be provided with information about support agencies?

Yes No

- Do you feel emotionally able to participate in this study?

Yes No

- I agree to participate in this study.

Yes No

Name of participant	Signature	Date

Name of researcher	Signature	Date

Appendix C: Debriefing Form

Debriefing Form

Thank you for taking part in this research. Your contribution is greatly appreciated.

Please let me know if you have any queries that you would like to clarify or have concerns about.

- If you would like to a request a copy of the results, would like to withdraw up to 3 weeks after the ? or have any further questions feel free to contact me at:

Kristin Blechschmidt

krb0083@my.londonmet.ac.uk

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- Alternatively if you have any concerns or would like to make a complaint about your experience of the research you can contact the Research Supervisor at:

Dr. Angela Loulopoulou at London Metropolitan University:

A.Loulopoulou@londonmet.ac.uk

020 XXXXXX

As stated previously the information will be kept anonymous and any identifying details will not be revealed to anybody but the researcher.

In case you feel that the interview evoked difficult emotions, anxiety or distress the agencies below can provide support and advice.

MIND

Mental Health Charity providing counselling, advocacy, befriending, advice and support

0300 123 3393

www.mind.org.uk

Samaritans

24 hour Help-line

08457 90 90 90

www.samaritans.org/

British Psychological Society

Provide details of psychologist and how to access a therapist

+44 (0)116 254 9568

www.bps.org.uk

British Association for Counselling and Psychotherapy

Provides details for counselling, psychotherapy, group therapy or Cognitive Behavioural Therapy

01455 883300

www.bacp.co.uk

UK Council for Psychotherapy

Provided details of psychotherapist

020 7014 9955

http://www.psychotherapy.org.uk/

Alternatively you can contact your GP for information about counselling and support services in your area.

Thank you again for participation in this study.

Kristin Blechschmidt

Appendix D: Ethical Approval Document

London Metropolitan University,
School of Psychology,
Research Ethics Review Panel

I can confirm that the following project has received ethical approval to proceed:

Title:	*Self-disclosure in Counselling Psychology Practice: A Grounded Theory Investigation.*
Student:	**Kristin Blechschmidt**
Supervisor:	Dr Angela Loulopoulou

Ethical approval to proceed has been granted providing that the study follows the ethical guidelines used by the School of Psychology and British Psychological Society, and incorporates any relevant changes required by the Research Ethics Review Panel. All participating organisations should provide formal consent allowing the student to collect data from their staff.

The researcher is also responsible for conducting the research in an ethically acceptable way, and should inform the ethics panel if there are any substantive changes to the project that could affect its ethical dimensions, and re-submit the proposal if it is deemed necessary.

Signed:

Date: 19/11/13

Dr Chris Chandler
(Chair - School of Psychology Research Ethics Review Panel)
chandler@staff.londonmet.ac.uk

Appendix E: Amended Interview Schedule

Interview schedule:

1. What comes to mind when you think of self-disclosure with clients? What is your attitude to self-disclosure?

1. What are your experiences of disclosing to clients? Prompts: What were your feelings and thoughts throughout this process? What did you disclose? How did you disclose? What do you choose not to disclose?

2. What were your client's reactions? How was it for you?

3. What would you say are the factors that have influenced the decision to disclose/not to disclose? What do you think led you to disclose/not to disclose? How did the disclosure come about?

4. How did what happened shape your understanding of disclosure? Did it change it in any way?

Appendix F: Transcript with preliminary notes

Emily

Line	Speaker	Transcript	Notes
5–6	Interviewer:	I just wanted to ask your age. Did you train in a certain approach or..?	
8–16	Emily:	Well, in integrative, but I've trained in different modalities but I work integratively, but yes, so, do you want specifically or… because I've done psychodynamics, person, mh humanistic, CBT, which were the kind of core modalities, but I guess integratively, really, as a counselling psychologist.	
18–19	Interviewer:	And currently what do you do here, I mean in this sort of centre?	
21–25	Emily:	I'm part of the counselling and additional modalities team, so I'm a counsellor working within short-term integrative and psychodynamic interventions.	
27–30	Interviewer:	Right, what do you think about disclosure? What comes to mind when you think of self-disclosure particularly with clients?	
32–44	Emily:	I guess with self-disclosure the first thing that jumps to mind is anything regarding some kind of personal information about the therapist, and sort of bringing that into the session either directly or indirectly, so being able to talk about that with the client. So it might be something specific in terms of an experience or some kind of information about the therapist, or an emotion the therapist might be having in the here and now, so I guess it's a wide range of different things.	personal information directly or indirectly differentiate between experience information + emotion of here + now wide range of different things
46–47	Interviewer:	Okay, and what is your attitude towards it?	
49–50	Emily:	I guess I'm probably quite hesitant, so it's not something that I necessarily	hesitant

I guess it kind of depends on I guess the type of sort of work, I guess the way that I work because I work a lot with kind of looking at what the emotional reactions are, and what's being evoked in the session, I guess it's important for me to remain quite neutral as a therapist as well, so that the client doesn't really build up too much of an idea, or have too much understanding about the therapy, because I think that would then have an impact on the process, they wouldn't necessarily be able to transfer, you know, kind of different things onto me, and I think that might become almost like a barrier.

→ hindered by disclosure

So I think if it were to, if it could be something where they can begin to build a picture of the therapist or have some additional understanding maybe that isn't important to their own psychological growth or their own sort of change, I think it can interrupt the process sometimes. Because I guess if I were to share, oh, I've been through something similar and this is how I responded, or this is what happened and this is how I dealt with it, you know, I think that might influence them in terms of maybe that's how they should be dealing with it, feeling, reacting to things, as opposed to maybe being able to have the opportunity to just really look at what it is that's going on for them.

That's not to say that I would never share something like that, but I would need to feel that it wasn't having some kind of, you know, change to… it wouldn't be able to have influence on the process. I think in terms of maybe where a client is in great distress because they're experiencing a quite normal reaction I might then say, oh, if I were in that incident, oh, I've been in a similar situation and responded in a very similar way, to normalise that

not too much understanding

transferring different emotions

providing a blank screen for emotional reactions of client → no idea what therapy will look like → disclosure shaping process and expectations of therapy → keeping relationship open + fluid

hindering client's growth + change

therapist material providing blueprint to follow as interference continuing their + obstacle to journey of own emotional exploration

exception

OK to normalise if judged as normal reaction? by stating similar response or experience

- 4 -

201 experience for them I would probably
202 do that in that instance, yes. — *ok do normalise*
203
204 Interviewer: Can you say a little bit more about how
205 that would influence the process, the
206 client knowing something personal
207 about you?
208
209 Emily: About me. Yes, I guess sort of if, for
210 example, I'm just trying to think of a
211 more specific example that I could
212 maybe use. I guess if you had a client
213 who was maybe experiencing some
214 difficulties and some reactions to
215 things, and maybe they felt, for
216 whatever reason, you know, that the
217 therapist says you know, I've kind of
218 experienced doing something similar,
219 or wants to discuss something personal
220 that's also occurred to them, I think the
221 way in which I would feel it could
222 influence I guess negatively to think
223 about it like that is that I guess it could
224 have... it could evoke an emotional
225 response in the client.
226
227 If, for example, the client has got a
228 certain personality trait, being quite
229 caring, you know, being quite
230 responsible for others, sort of those
231 kinds of traits, I guess what may
232 happen is that the kind of imbalance
233 may occur where they then feel that
234 they need to look after the therapist,
235 that maybe they would be concerned,
236 like, oh, you know, would the therapist
237 be able to deal with something that I
238 wanted to disclose, which may put
239 pressure on them.
240
241 So I guess it would maybe influence the
242 way that they feel about the therapist as
243 well in that respect. So I guess it kind
244 of depends I guess on the nature of the
245 person that you're working with as
246 well, and dependent on what they're
247 like as a person. Also, I think some
248 clients don't necessarily want to hear
249 much about their therapist either, and
250 actually, you know, if one were to

Margin notes (handwritten): depending choice of non-disclosure / stumbling + trying to get it acceptable; talking in general not first person; pointing out similarity or voicing a similar experience; evoke emotional response in client; dependent on personality trait of client (caring for others, not ok) → imbalance need to look after therapist → responsibility on client → pressure → worry of disclosing own material after; depends on nature of person; some clients don't want to hear stuff about their therapist

make a comparison sometimes it might, you know, the patient might feel like you're minimising, you know, their role, or you're making a comparison that may not necessarily be reflective of what they've been going through. So where maybe you're trying to convey empathy or understanding the client may not necessarily see it in that way.

So I guess it would completely depend on the specific person that you're working with and how they might react to it. I guess, you know, I think for some people, you know, they want to know more about their therapist, I think other people don't necessarily. So I guess that kind of depends really.

Interviewer: And then, how would you make that decision to disclose?

Emily: I think I would have to establish quite a, mh quite a good, therapeutic relationship, so especially I would be quite cautious in the first few sessions before I'd really made a full assessment as to what the client is like and what the issues are that they're presenting with. So I think once you've established a good, therapeutic alliance where you feel like you've got quite an in-depth understanding of the client and the different defences that might be there, I think then you can maybe assess exactly how they might respond to things.

And also through, I guess, developing and understanding of the things that they're going through, how they respond to different reactions in their lives around people around them. So the descriptions that they might give about their relationship and their lives and how they manage those, you can kind of get an understanding of maybe what would be acceptable and what wouldn't.

301 So I think it's really, really important to
302 be very cautious of where you're at in
303 the therapeutic relationship, and to feel
304 that you've kind of got a strong enough
305 alliance that could deal with disclosure,
306 and also a possible rupture, so if things
307 were to go wrong have you established
308 enough trust where you can be able to
309 manage that as well. So I think it's
310 very, very helpful to kind of see how
311 things go and not to soon say
312 something, certainly.
313

tr as key
strong enough
to deal of rupture
trust
be cautious

314 Interviewer: And was that influenced by your
315 particular approach, or did it change
316 throughout your career, that attitude
317 towards it?
318

319 Emily: I think I've become far more
320 comfortable now in terms of different
321 types of self-disclosure than I was, for
322 example, when I was training or early
323 on when I started practicing, I think I
324 was very anxious about doing things
325 like that just because I wasn't always
326 kind of sure what the reactions might
327 be or how I would deal with possible
328 reactions and things like that.
329

length of career
more cautious
in training
more experience
more likely

330 So I think I've got far more
331 comfortable in using the language, in
332 bringing my own sort of feelings, my
333 own thoughts, my own reflections on
334 things if you think about working in a
335 humanistic way where you're being
336 quite congruent, quite transparent about
337 your own reactions, and bringing those
338 into the therapy. I think I'm far more
339 comfortable using those now and I
340 think that comes through experience.
341 And I think it comes through having
342 worked, you know, I think especially in
343 a service like this where you work with
344 a lot of different people, so you have
345 quite high cases and you get a kind of
346 really, really, you know, broad variety
347 of different people, and you can kind of
348 begin to judge quite quickly.
349

later own language,
bringing own feelings
humanistic associated
with congruence
revealing more
experience
having worked with
lots of different
people
broad variety
to be able to judge
possible reactions

350 351 352 **Interviewer:** Do you mean in terms of your colleagues or in terms of clients?

353 354 355 356 357 358 359 360 361 362 363 364 365 366 **Emily:** Probably everything but mostly clients, yes. So I think, you know, the more work you do I think you begin to adapt, and I think sometimes when you find what is helpful, you learn what is helpful, and ways that are helpful for disclosing that maybe you find that clients are quite responsive to. And that's not to say that every client will be responsive to the same thing but you can kind of begin to develop an idea of what things might be more helpful maybe than others.

adapt with time + experience exploring ways to disclose that are helpful

367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 So certainly I think it's kind of progressed, it's changed as well. And I think that also has to be linked, I guess, with my own, personal development as well, so as a counselling psychologist, all through my training as well as I continue to do so now, is that I have personal therapy of my own, which kind of forces you to constantly be in a position where you are very self-aware, where you are constantly questioning your own reactions, your own emotions, your own feelings about thing.

practice has progressed + changed through personal development

personal therapy to increase self-awareness and questioning

382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 And so, you have to be kind of hyper-sensitive, almost hyper-aware of what you're experiencing, and analysing it in a way that you're trying to be as objective as possible. And I think that's very, very important, that's why I choose to continue with that post qual, because I think, you know, we can be very biased. We say that we're objective but we're not we're human beings and we carry with us biases, which is why I think in terms of self-disclosure, whether we're using the here and now or we're bringing things from our experiences in our lives, I think we have to have worked on them significantly before we choose to bring that into our sessions too much,

hyper-aware/sensitive of own emotional experiences with the aim of being objective

eliminating bias

only reveal stuff we have worked on significantly before

Lines	Speaker	Transcript	Notes (handwritten)
400–402		because it can be very dangerous, I think.	otherwise dangerous
403–413		You know, we have, you know, we have our own conscious material, and we have our own biases, and we have our own experiences that will influence things, and I think without having analysed a lot of that, and by trying to use those in the sessions we need to be very, very cautious of the way and the impact that it will be having on the other person as well.	danger that without having worked on it biases might impact and you can't judge objectively
414–416	Interviewer:	Have you ever disclosed something consciously to your client?	
417–436	Emily:	I have disclosed things dependent on certain circumstances surrounding either the therapy or things that have happened. So recently, for example, I had to take some compassionate leave so obviously I needed to explain to patients that that would be happening, it was very short notice so it's very difficult to prepare people for a break, so obviously it was important for me to disclose some information. Because I think also it puts them at ease as well, you know, I think, if I think not to disclose in those instances could leave patients feeling quite anxious as well, you know, this person's just gone off and disappeared, and I think, you know, patients will be concerned and will think about their therapist quite a lot.	disclosing out of necessity to inform clients because of circumstances interruption to therapy; non-disclosure would have left clients anxious; to explain interruption to avoid concern
437–448		You know, I guess we have many patients but the patient only has one therapist, I think, I think I read that in, but it's true and I think, you know, we need to be able to contain their anxieties as well. So I did share the fact that there had been a crisis in my life and that that was why it was so short notice, and that I was going to have to go away for a couple of weeks and deal with that.	therapist very significant; to contain anxieties; disclosed personal material; explain crisis; short-notice interruption

449 And some patients are quite happy with
450 that, they don't really ask any more,
451 they kind of acknowledge it and don't
452 really ask any more questions, and
453 other patients you can see are quite
454 concerned, or quite interested, or quite
455 intrigued and want to know more. But
456 I think, you know, I'm quite boundaried
457 in how much I will say other than very,
458 very simplified information I wouldn't
459 give any more information out in that
460 respect. I would always thank people
461 for their concerns. I mirror back, I
462 guess, what it is that I'm seeing within
463 them, so, you know, I convey gratitude
464 for their concerns.
465
466 And what I will say is obviously that,
467 you know, something's been resolved,
468 yes it has been resolved and thank you
469 very much for asking, I don't just leave
470 it so that they're kind of question, oh
471 my goodness, what's happened.
472
473 So I guess it's about containing what
474 their anxiety is in a way that's going to
475 be helpful for them, so not just leaving
476 it, so, yes, there's been a disaster in my
477 life and I've had to up and leave for
478 two weeks, and they kind of might
479 begin to wonder what's happened, but
480 to just convey that actually, no, it's
481 okay. So that was an instance where I
482 disclosed.
483
484 I think also when I do grief work quite
485 a lot and if somebody's going through
486 complicated grief, and it's very, very
487 hard for them sometimes I might
488 disclose that, you know, I've lost
489 people in my life. So if I feel it kind of
490 normalises their experience, because
491 their experience specifically is... their
492 reaction to their experience is
493 distracting them, I might then say that,
494 you know, following the loss of
495 somebody who was close to me, you
496 know, I responded in a similar way. So
497 kind of trying to help them normalise
498 their reactions so that they don't

different reactions disclosure.

but only simplified information

and deflecting more questions

trying to make it vague without giving too much info, and trying to contain their worry

containing their anxiety

difficult situation to manage, not give to much but enough

grief work ok to disclose having lost someone

to normalise

to use material as therapeutic

normalise their reactions

499 respond to their distress in such a
500 negative way, or see it in such a
501 negative way.
502

to normalise the reaction

503 So in instances like that I'm probably
504 more likely to disclose. So I think, to
505 answer your question, I guess I do
506 make disclosures but probably around
507 incidents that are common to
508 everybody, so I guess life experiences
509 that are probably shared amongst all of
510 us, so things like loss, things like, you
511 know, separation, and those kinds of
512 things. I think if there's something
513 that's quite common I would use that in
514 the... so it's kind of like a shared
515 human suffering, a sort of shared
516 human experience that everybody goes
517 through, and normalising it in that this
518 is part of life and that they're not alone
519 in what they're going through, so very
520 often I will convey that.
521

more likely around incidences common to everyone, shared life experiences separation, loss shared human suffer

often convey that is shared

522 Interviewer: Thank you. What were your clients'
523 reactions at the time, I know you've
524 talked a little bit about that but you said
525 that some were likely to see... perhaps
526 curious?
527

528 Emily: Yes, absolutely, I think he might have
529 done, yes, but definitely, you know, a
530 lot, most clients will just say, oh, thank
531 you very much for letting me know,
532 and other clients will be far more
533 curious and will ask far more questions,
534 and you can, you never really know
535 which is going to be which sometimes,
536 it's it's you never quite know. So, yes,
537 certainly, some will ask more
538 questions. A lot of them mostly will
539 convey concern, wanting you to be
540 okay and just wanting to know that
541 everything, you know, on my return, I
542 guess, just sort of asking several times,
543 you know, if everything was okay and
544 if it's all resolved.
545

uncertainty about clients reactions

546 So I think it's partly, you know,
547 wanting to know that I was okay and
548 that it's been dealt with, which I guess

549 you can look at in a number of different
550 ways, and, obviously dependent on the
551 person, I'd probably, sort of, bring that
552 into the session if I feel that, you know,
553 if I can still see that they're not quite
554 feeling okay about it I might then
555 discuss it and ask them what it was like
556 having me, having me leave and
557 knowing that, you know, maybe I was
558 going to deal with something that might
559 have been difficult, what their concerns
560 might have been.
561
562 Really trying to open it up, I guess, but
563 it's always the... the purpose of it
564 always is to help explore their
565 emotional reactions to it, never
566 necessarily bringing any more
567 information on my part, it's always,
568 always about how did that make you
569 feel, what was it like not to have
570 therapy for two weeks, what was it like
571 to worry about me, you know, do you
572 worry that maybe I wouldn't be well
573 enough to be in a position to continue
574 the therapy on my return, was that
575 something that worried you.
576
577 So I guess it's always, the disclosure
578 for me is always quite small but the aim
579 is to then explore to a greater depth
580 what's going on for the client in that.
581
582 Interviewer: And have you ever actively decided not
583 to disclose something?
584
585 Emily: Mhh, I think probably yes; yes, now I
586 think about it, quite a lot. I think very
587 often clients will come with difficulties
588 and experiences of distress, and things
589 that I can, I can emphasise with, I can
590 very much relate to, and, you know,
591 sometimes you do often feel like you're
592 sitting up against a mirror sometimes
593 with some of the things that patients
594 have been through and they're talking
595 about.
596
597 You know, sometimes I think, you
598 know, I do think that I kind of stop

having to deal with the consequences of disclosures like concern for therapist

concerns about welfare

discuss it, open it up, explore their emotion reactions, not bringing in more info

bringing the focus back on the client

focus on client's feelings

small disclosure if any with client emotions in mind

often similarities not disclosed

often sitting in front of a mirror

599 myself in terms of saying very much
600 because I guess in the way that I do
601 work it's not particularly helpful, and at
602 the end of the day that's not what
603 therapy is really all about. So I guess in
604 terms of where I could quite easily have
605 said, oh, you know, I've kind of been
606 through something similar myself, and,
607 you know, kind of sharing very much
608 with the client about that. I think I
609 don't know whether a personal
610 experience of my own influences my
611 willingness to disclose in those specific
612 incidents.
613
614 But I had, one of my first therapists,
615 whilst I was training, decided to
616 disclose to me information of that
617 nature and I guess for whatever
618 purpose...
619
620 Interviewer: Very personal, or what do you mean?
621
622 Emily: Quite personal in that, you know, he
623 would, you know, kind of, in I can't
624 remember in how many sessions I'd
625 been seeing him for at the time, but to
626 kind of say, oh, you know, I've been
627 through very, you know, you and I are
628 not very different, and it's almost like,
629 you know, I'm looking at myself when
630 I look at you, you know, and the things
631 that we've both been through earlier on
632 are almost the same, and I reacted to a
633 lot of things in the same way that you
634 have. And I just, I didn't find it
635 helpful, I don't know whether it was the
636 way it was disclosed or where I was at
637 the time, because there's always two
638 people in the process and it's always
639 about, you know, both people. But I
640 certainly didn't necessarily find it
641 particularly helpful, I found it more of
642 an invasion into the process, and it
643 made me feel very uncomfortable. And
644 soon after that, if not the next session, I
645 decided to terminate the therapy and
646 didn't continue with that specific
647 therapist.
648

actively stopping because not helpful, not about therapist's feelings
informed by personal experience of previous therapist disclosing personal info

Own therapist disclosed similar experience, didn't find it helpful

experienced as invasion to the process, made me feel uncomfortable, discontinued therapy

649–670 And I don't know whether my experience of what that felt like then has influenced the way that I practice and how much I'm willing to sort of share with, with my patients. But, yes, I'm very, very cautious about how much I do say. I mean there are times, of course, when I would love to say to my patient, you know, it's okay, I've been through that and you'll get through it, and you'll be fine, and, you know, all these different things, but, you know, yes, I do very much stop myself in those instances, or, you know, at times when you just want to wrap up your patient in cotton wool and take them home, you know, you're dying to say that and swoop over and... But, you know, you have to boundary it.

671–672 So, yes, I'm a little bit... always very cautious.

673–675 **Interviewer:** Why? What do you think influences that decision to not..?

676–698 **Emily:** The decision not to do that? Because I think, I guess for me, personally, I think it's important for the patient to find their own way. I can't know if it's going to be okay or not. I can't tell them it's going to be okay, and I don't know, I don't know that just because I got through something and came out the other end whether they will, it's not for me to judge. And if I were to make a promise that would not then materialise it wouldn't be, you know, I don't think it would be... I think giving false hope can be very, very dangerous, so I'm very, very cautious about doing that, or, you know, those kinds of things about, you know, what the outcome might be because even if I've shared an experience quite similar to somebody else doesn't mean that they're going to necessarily be progressing through it in the same way that I will.

[Handwritten margin notes:] influenced by own pregnancy experience as reason for being cautious / sometimes tempted but choosing not to because of the reasons [illegible] / patient to find own way / providing false promises with disclosure / with own blueprint / finding own way

699
700 So I'm very, very cautious about
701 making comparisons, and just because
702 we've maybe been maybe through life
703 everts that are very similar doesn't
704 necessarily mean that I know what it is
705 that they're going through either. So
706 empathy I think is a very, something we
707 have to be very, very mindful of
708 because we can make assumptions that
709 we think we know because, oh, it
710 sounds like, you know, I've been
711 through that or I've been through this
712 and it sounds like I know what they're
713 going through. So I'm really careful
714 and very cautious about that because I
715 don't want to be projecting my own
716 stuff into my patient, and making
717 assumptions that maybe I shouldn't be
718 making.
719
720 But also, because I think it's important
721 to contain uncertainty rather than
722 maybe trying to ease the uncertainty by
723 promising an outcome, or by thinking
724 that you know what the outcome might
725 be.
726
727 Interviewer: Your uncertainty or the client's?
728
729 Respondent: Both. Both, my uncertainty that I may
730 not be able to help, I may be able to
731 help but we can't be, you know, this
732 isn't a, you know, it's another… we're
733 dealing with human beings who have
734 very complex lives sometimes, and,
735 you know, there is a lot of uncertainty.
736 And I think actually learning to sit with
737 uncertainty can be far more valuable
738 than trying to make promises of
739 recovery, or cure, or, you know, being
740 able to achieve, I think, I mean realistic
741 goals, of course, but to kind of put the
742 weight on that person that…
743
744 And what happens if they don't get
745 there? Then what happens to that
746 person when they're no longer in that
747 room with you and seeing you every
748 week, or what have you left them with.

making comparisons
making assumptions about similarities
projecting own stuff
containment of uncertainty providing outcome
both uncertainties
learning to sit with uncertainty vs promises
what have you left

749 Whereas, actually, if you can help them
750 to learn how to sit with uncertainty
751 that's something that they can do for
752 the rest of their lives. But if you
753 convey that everything will be okay in
754 the end because everything was okay
755 because, you know, you feel it's going
756 to be, and you disclose that, or that
757 because you went through it and you
758 were okay in the end, what you've left
759 that client with afterwards is that if they
760 don't get to the point where they're
761 okay, that's what they're left with, that
762 I wasn't okay, and that's what they're
763 then going away with.
764
765 And that can evoke feelings of failure,
766 and feelings of loss, and feelings of,
767 you know, kind of worthlessness,
768 hopelessness, helplessness, and all
769 those kinds of things as well. So I'm
770 very cautious about disclosing things
771 about the way the therapy might turn
772 out and, you know, what we may be
773 able to achieve. I'm far more likely to
774 disclose the things that we may not be
775 able to achieve, which makes me quite
776 pessimistic but I guess it's about being
777 realistic as well.
778
779 Of course, I would hope that we would
780 achieve things but I would be very
781 careful about what promises I make and
782 what I disclose to patients about
783 possible possible change and growth.
784
785 Interviewer: Based on what you've gone through in
786 terms of self-disclosure. And I just
787 thought of another question, it's gone.
788 We've literally covered everything in
789 terms of what I've got here. Can you
790 think of anything else over the course
791 of your career that had an influence on
792 yourself and self-disclosure?
793
794 Emily: Well, yes, but I think that certainly has
795 had an impact on how willing I am to
796 disclose, just because of how
797 uncomfortable it made me feel, and it
798 could be that the relationship that was

everything will be OK through blueprint disclosure of similar experience

working feelings of failure by them not following your path

disclose what isn't possible cautious approach

disclosures insinuating possible change + growth

influences on stance

personal experience

established in that specific instance was not going to work; not every therapeutic alliance is going to necessarily be a positive one. And maybe, what you know, for me that didn't necessarily work in sharing about himself in that way, but for the next person it may very well have worked. But that's why I would always stress to sort of be very, very careful about where you are in a therapeutic relationship, how far along you are, how many sessions you've had with a patient before you kind of disclose that.

And also to be cautious about what you're disclosing, is it open-ended, does that give a lot of opportunity for the client to make their own assumptions and draw conclusions about the therapist that might not necessarily be true.

Interviewer: Can you give me an example?

Emily: So, you know, if the therapist were to disclose something about their ability to do something or cope with something, and – my mind keeps going back to sort of, you know, dealing with social anxiety, for example, and the various sort of, you know, I suffer from social anxiety and there'll be instances that make me highly anxious and give me panic attacks, and this is what I did, and that's really helped, so maybe we should look at ways for you to achieve the same thing, for example.

I think, you know, we have to be very cautious because I guess what happens very often is that patients will idealise their therapist and create them in these super, amazing human beings that are able to achieve anything. So I think it's important to be careful of the things that we're disclosing in terms of ability, and ability, I guess, to achieve things. Because I think that can go towards this kind of idealisation that can be created

where in the relationship
based on relationship with every individual patient
→ hence being careful
careful about content
open-ended, inviting interrogation + assumptions
cautious about coping with social anxiety / revelations

idealise therapist as a factor against disclosure

can fuel idealisation, create it

849 whereby, you know, the therapist is an
850 amazing human being that doesn't
851 suffer, and doesn't go through distress,
852 and can cope with anything, and, you
853 know, if they set their mind to it they
854 can do anything, and then that can
855 make the patient feel quite inadequate if
856 they're not able to do the same thing.
857
858 And I think also they'll want to please
859 the therapist, if the therapist did it this
860 way should I want to do it that way; if
861 the therapist was able to achieve this
862 then should I be able to achieve this; if
863 my therapist has gone through this and
864 been able to cope with it then I should
865 be able to do it as well. And so I think
866 that can fill the therapeutic, the
867 person's objective space, it can
868 preoccupy their mind, and that space
869 should be for their own development;
870 what is it that I need; what is it that I
871 can do. It shouldn't be filled with ideas
872 about what the therapist wants, needs...
873
874 Interviewer: Has been through.
875
876 Emily: Expectations, you know, what the
877 therapist has been through; what was it
878 that happened to the therapist that made
879 them that way?
880
881 So it allows for a lot of assumptions to
882 be made about the therapist, I think,
883 which, you know, I think clients will
884 make a lot of assumptions anyway and
885 will want to kind of know more about
886 their therapist, so it's important to be
887 careful about the information that we're
888 giving and how helpful, how helpful it
889 can be. I don't know if I am making
890 sense . Laughs
891
892 So definitely, in that respect, of course.
893 I think my therapist, like I say, I now
894 see, the therapist I've been seeing now
895 I've seen for some years, five years
896 possibly, I know nothing about him.
897 He's probably one of the closest
898 relationships I have in my life, I see

[Handwritten margin notes:]
patients thinking therapist can overcome anything and feel inadequate as a result
against: patients wanting to please therapist → have to do it therapist's way
→ fill person's objective space → preoccupy their minds rather than their own path + development
→ creating expectations about therapist (fantasies?)
assumptions about therapist
laughing off too negative a stance?
however cannot be coincidence and choice for the match
own therapist experience
→ still close without knowing anything about therapist

899 him every week and I have done most,
900 most of the of the past five years, and
901 for me it's been, it's been the most
902 personally and professionally
903 developing, developing experience I've
904 ever had. And I don't know whether
905 that experience is the fact that he never
906 discloses anything to the point where
907 even if I say, how are you, he will not
908 answer, you know, if I ever make any
909 remark, any questions, even about the
910 context or, I remember sort of a few
911 years in, he changed location, and when
912 I asked him about the new space,
913 complete blank. And that's one
914 extreme, that's one extreme where
915 therapists feel they have to be an
916 absolute blank canvas, which is the
917 more kind of psycho-analytic, psycho-
918 dynamic perspective.
919
920 And I think that allows me to fully use
921 him in terms of the transference and the
922 counter-transference, and the
923 projections, and the projective
924 identification and all of that, all those
925 kinds of processes, which I give a lot of
926 weight to in the way that I work with
927 people as well. So for me that gives so
928 much information in the here and now
929 about my client, far more, I feel,
930 personally, far more accurate
931 information than actually, maybe,
932 what's being talked about in the
933 session.
934
935 And in order for me to be able to
936 sustain that and facilitate that, that
937 relationship and that dynamic, I have to
938 be as neutral as possible, I have to be as
939 blank a canvas as I can be. So I am
940 very cautious, because that's the way
941 that I work but that's not the way that
942 everybody works and what will
943 necessarily be helpful for others. And
944 also, maybe, because that's what I
945 found to be most effective for me, and
946 that's maybe why I work in that way
947 with my clients as well.
948

complete blank

psychodynamic stance
to use tr.-c-trans. projections

interested in process rather than content

to create that you need to be neutral

effective for me as a person
highly personal choice

making claim about stance and hesitates to generalise about usefulness/helpfulness

I'm certainly aren't, not to the degree that he is in that if a patient asks me how I am I will answer, I will usually say, I'm well, thank you for asking, I certainly wouldn't say I'm not well if I wasn't and sort of, you know, discuss that any further, because that's not what the patients are there for.

So, yes, if they ask me a direct question I will probably answer.

Interviewer: That was my, the question that was given me earlier, have you ever sort of made an involuntary self-disclosure when the client asks you a direct question?

Emily: Yes, I think I've had a lot of practise because I don't... I mean not that it's uncommon but I think a lot of young females enter the profession, and I think sometimes, you know, patients can find it quite difficult, especially when you're working with a lot of older patients I get a lot of questions; how old are you? I get a lot of questions; do you have children, if you don't have children how can you understand? Or how long, you look young enough to be my daughter; what's your experience, how long have you done this?

So I get a lot of very direct questions and to be honest with you, yes, sometimes I am caught off guard and sort of think, oh God, what am I meant to say, especially in the earlier years, you know, when it was sort of the first few, you know, the first time coming up against these questions, and very often I would find myself, you know, kind of answering.

And I remember mh going back, going back to my supervisor at the time and her being absolutely furious, what do they mean how old are you, that's neither here nor there, which is quite funny that she got so, got so... shewas

influenced by english cultural norms

really just said no?

ok to answer how are you but only with well because it's not about therapist

will answer direct question

practice influences decisions → guides

years of practice determine more likely to have answered questions is new and in earlier days

own supervision + supervisor style

quite, she was a CBT therapist, quite, she was quite, you know, she wasn't one to kind of get emotional, she was very structured and she was very sort of, you know, technique oriented, so for her to have a reaction like that it was, it was quite startling.

But I guess what that led onto was that what is it that's making them ask that question? It's not about the question. It's not about whether or not I have children. It's not about how old I am. It's not about if they think I'm young enough to be their daughter. It's about asking yourself in that moment why is this person asking me this question? Is it because it makes a difference whether they know if I have children or not, or if I'm 30 or a 105? No, what they're asking is can you deal with what it is that I'm coming here with? Are you going to be able to help me? You know, I think they're the questions really. If you haven't got children then I'm worried that you may not understand what I'm going through with my children, that's what's running through their heads. So for me to stand there and say no I don't, how helpful is that going to be if they know if I have children or not, it's not going to be helpful.

So, very often, I will, I will, sometimes I won't even answer whether I have children or not but what I will say, you know, it sounds like it's quite important for you, you know, to feel that maybe I won't understand what it's like, you know, the difficulties that you're having with your children, and maybe you feel that if I had children of my own I would understand better, maybe, what it is that you're going through. So I will very often sort of bring that in and bring it back to the patient, and sort of explore what their anxiety is.

1048 And that's the belief I have about
1049 personal questions, other than, of
1050 course, when you're kind of working
1051 with somebody and they might be
1052 curious and they want to know
1053 something about you, or something
1054 might happen and they might say, oh,
1055 you know, a question might come up.
1056 But when it's a question like that,
1057 especially in the initial sessions, it's
1058 more about the patient's anxiety, and I
1059 think, you know, yes, I could say I
1060 don't have children, and sometimes I
1061 have, but I guess it's about what do you
1062 then do with that? What is it that the
1063 person's asking for? What is it that…
1064 are you saying, no, I don't have
1065 children, what is the impact of that? Is
1066 that person then going to make an
1067 assumption that I couldn't possibly
1068 understand? So what am I doing with
1069 that response; what am I doing with
1070 that answer?
1071
1072 So it's always about what is it that
1073 you're disclosing; what is it aiming to
1074 achieve; are you sure that what it is that
1075 you're hoping it will achieve is how it's
1076 going to be received, you know; what is
1077 your aim in terms of working with that
1078 disclosure, it's not just about the
1079 disclosure it's the way you then work
1080 with it; and how able are you to cope
1081 with the response that you're going to
1082 get from your client; and how secure do
1083 you feel in what you are disclosing,
1084 because very often, you know, I'm
1085 having an emotional reaction to
1086 something, I have to be very… is this
1087 coming from me, is this my own
1088 feeling, is this something that's
1089 originating from maybe some part of
1090 me that's unresolved, or is it an
1091 emotion that my client is evoking in
1092 me.
1093
1094 And so if it's the first then it's not
1095 something I should be disclosing, but I
1096 have to be very aware, astutely aware
1097 of myself to be able to distinguish

between the two. If it's the latter, then, yes, it might be useful to bring in.

So, yes, if for example I've been told a story and there's a huge sense of sadness there and I feel that that's related to what the patient's been talking about I will convey that and, you know, be kind or be transparent and say that I'm feeling very saddened by what you've just shared.

Now if this person's just lost somebody and I've just lost somebody, and there's great grief in me and that's being evoked then I need to be very careful about disclosing anything about that grief, because that's very complex, that's partly my stuff. So it's about, I think, also being cautious about what is mine and what is part of the process, and be careful about disclosing what is mine and actually maybe not disclosing that. And, actually, if it is the process stuff that's coming up then, yes, work with it and bring it in, but I would also say we're human beings, we're complex, we have murky feelings all over the place, so we have to be very, very cautious about, you know, what we're bringing in and why.

Which is why I think in terms of self-disclosure the analysis of the therapist is very, very important, in terms of working with your own feelings, because there's always going to be stuff that isn't part of, you know, it's going to be your stuff, you know, that's coming up that's not necessarily going to be particularly helpful to the other person in the room. It might be helpful for you to bring it in but then that can be very, very dangerous because actually this process isn't about you, the process is about the other person in the room, so I think that needs to be really sort of thought about as well.

allowed if client's material evoked in therapist

conveying client's material as 'kind + transparent'

too similar + too strong/recent of emotion + how depends on personal complexity

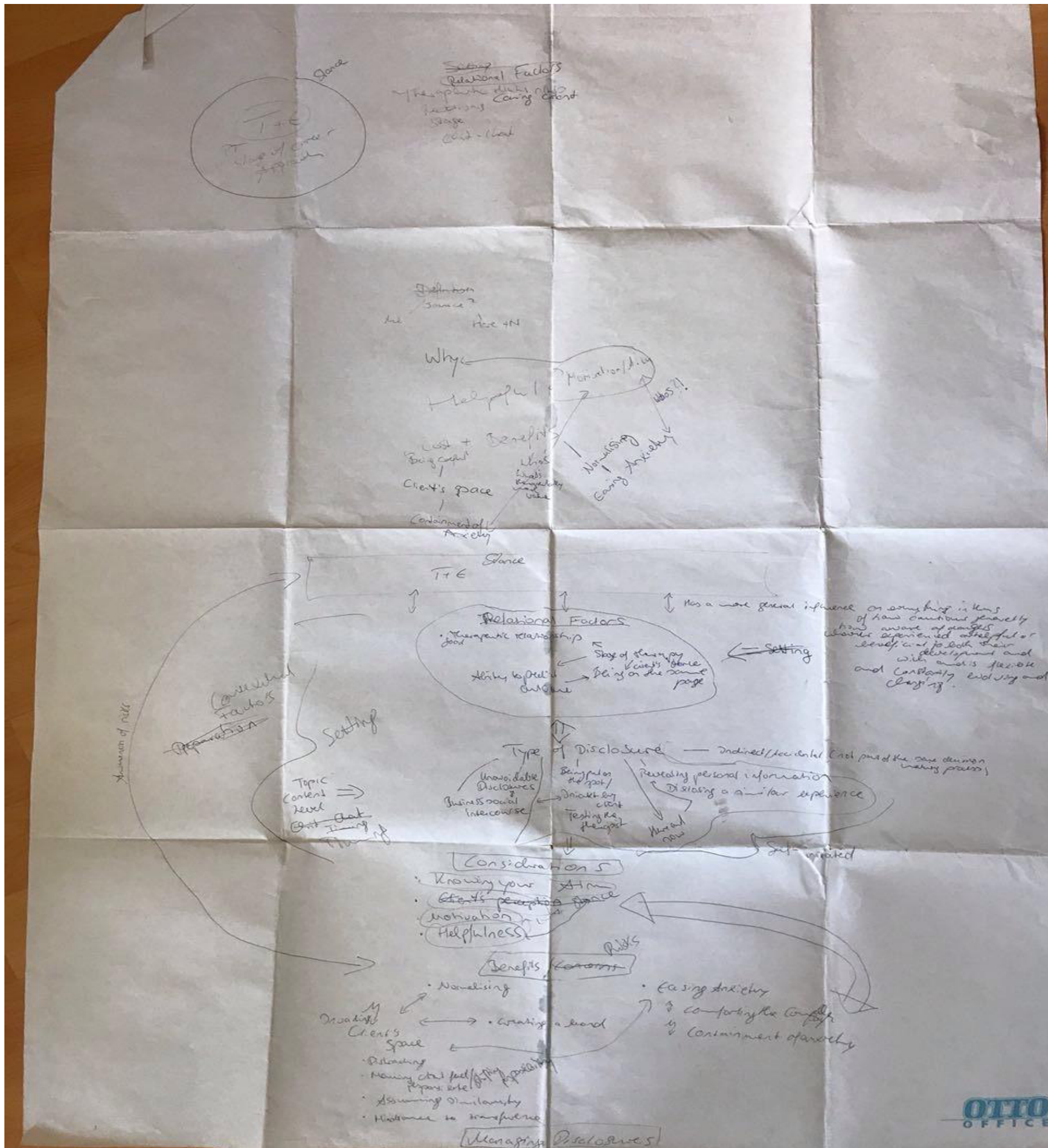
careful distinction between own + client material

own interference reflected in answer structure clauses (yes, but depends on...)

helpful for disclosure is own analysis of therapist

might be influenced by temptation to unload => dangerous

Appendix G: A picture of the preliminary model



Appendix H

Transcript with line-by line coding

Fiona transcript

Line	Speaker	Text	Notes (handwritten)
1–4			
5–7	Interviewer:	I just wanted to ask you a couple of questions of demographics as well, what's your age?	
9–10	Fiona:	Ah, Laughs, that's a good one. I'm 48.	Being embarrassed about age
12–15	Interviewer:	Okay, and you're female, and were you trained in any particular approach or do you practice specific approaches or is it anything?	
17–30	Fiona:	Well as a counselling psychologist I was trained in a number of approaches. I have mainly practiced CBT in my working life, so it's been sort of ten years working since I qualified, although I am fairly integrative and I have more of a person centred background, so I guess when I was in my training I was coming more from a more person centred perspective, moved in to working in CBT. I've also recently trained in IPT, yes, I guess essentially I'm quite integrative.	Identifying with DCoP Counselling Psychology identity Being trained in several approaches Mainly practising CBT Talking about work after studies Identifying with integrative approach Being person-centred Coming from person-centred perspective Moving forward CBT Training in IPT Identifying with integrative approach
32–33	Interviewer:	Okay. What were the approaches you were taught in your training?	
35–36	Fiona:	Person centred, CBT, systemic, a little bit of psycho-dynamics.	Naming approaches in training
38	Interviewer:	That kind of thing, yes.	
40	Fiona:	Yes.	
42–43	Interviewer:	Okay, and at the moment are you working here in the IAPt centre?	Working in IAPT Naming work place
45	Fiona:	Yes I am.	
47	Interviewer:	And what is your role here?	
49–50	Fiona:	I'm a high intensity therapist and I've recently moved from CBT team to	Describing role in IAPT team

Line	Speaker	Text
51–54		their counselling team here because I'm practicing IPT and that comes under the counselling umbrella.
55–58	Interviewer:	What is, I don't know what is the structure like the CBT team is set up of?
59–71	Fiona:	Yes, well there's the Set 2, which is the PWP, Psychology Well-being Practitioners, and Set 3, which is where I work, which is your high intensity therapies, which are mainly CBT, and the counselling team, which are people from a variety of backgrounds, different modalities. So I've moved from doing mainly CBT to actually doing a mixture although I'm now – sorry, it's really complicated.
72–73	Interviewer:	No, no, it definitely is.
74–78	Fiona:	But I still provide a mixture of therapies. I have some CBT clients, some IPT clients, and some counselling clients.
79–82	Interviewer:	But generally from assessment it gets divided into what client you're seeing for what?
83–85	Fiona:	They get triaged into different categories.
86–89	Interviewer:	Let's get on to self-disclosure, what do you understand by the term self-disclosure particularly with clients?
90–100	Fiona:	Ok, I guess it's talking with clients about yourself and your own background, your own, mhh, well opinions, mhh yes, I guess it's just things you might reveal about yourself which may not actually always be talking about, I guess it could be just, I don't know, I don't wear a wedding ring but that in itself tells the client something about me. Yes, generally giving information about myself.

Line	Speaker	Text
101–104	Interviewer:	So verbally as well as through signals revealing...
105–106	Fiona:	Yes, I guess there are different ways.
107–108	Interviewer:	Information.
109–111	Fiona:	But mainly I'm thinking about it kind of verbally.
112–113	Interviewer:	Yes.
114–115	Fiona:	Yes.
116–120	Interviewer:	And is it different, say, between personal information or is it there a difference of what you would disclose, for example?
121–142	Fiona:	Okay, I guess, well a lot of clients would quite often ask me questions about myself. When I was younger they used to ask me my age, much more than they do now, and questions about my training and my experience, those sorts of questions I would generally answer, even questions about my age I would generally answer, I sort of feel it doesn't feel natural or doesn't feel helpful for me necessarily, unless it's really inappropriate questions you bat it back to the person, I feel that's kind of business social intercourse, so if I feel the question is appropriate enough... Sometimes I get asked if I have children and generally I would, I would, again, I would answer that question. I do tend to answer quite a few of my clients' questions.
143–144	Interviewer:	Even of a personal nature?
145–150	Fiona:	Well it depends, I wouldn't, you know, always I haven't been asked too many very personal questions, I haven't been put on the spot too much in that sense. If it did get too personal I would then have to sort of, you

151 know, I would explore the reasons
152 why that person's asking me and what
153 they thought was helpful about
154 knowing that, and I would try not to
155 get too drawn in. So to answer your
156 question if question I've felt
157 uncomfortable, I've felt when
158 appropriate and when helpful.
159
160 **Interviewer:** What sort of things might that be in
161 relation to... or what would you
162 describe and what would you be
163 hesitant to disclose?
164
165 **Fiona:** Mh, I would disclose the fact that I'm
166 a mother. I would give maybe the age
167 of my child if they wanted to know
168 that. Mh somebody asked me... I
169 would be hesitant to disclose,
170 disclose, very personal experiences
171 like my own experience of depression,
172 or my own emotional experiences. Mh
173 I might allude to it in the sense of
174 when I'm talking about depression I
175 might use the, I might use the term
176 we, when we go through things like
177 this, I might maybe, you know, maybe
178 just suggest that it's something that I
179 know about but if I was questioned
180 directly about that I would be very
181 hesitant to give out anything that
182 personal.
183
184 **Interviewer:** Why do you think that is, or..?
185
186 **Fiona:** If it would be helpful because then it
187 becomes about me and , then I think
188 then if we're talking too much about
189 my own experiences, my own, yes,
190 but then the client then starts to think
191 about looking after me, and worrying
192 about me, and it complicates that
193 relationship. Yes..
194
195 **Interviewer:** Okay. So my next question was what
196 is your attitude towards that disclosure
197 but you sort of talked about it, but do
198 you want to say something else about
199 that?
200

201 **Fiona:** I can say a bit more, sometimes if I
202 feel it's helpful I might volunteer
203 some information about myself. It's
204 quite rare that I do that but I have at
205 times, thinking of some, I don't know,
206 examples... Okay, I had a client who
207 was very worried about their son had
208 dropped out of university and was
209 really worried that his career would be
210 ruined, and I just felt that it might be
211 helpful, I said, well I don't know
212 whether this is helpful but I dropped
213 out of university when I was a
214 teenager and it wasn't until much later
215 in life that I developed my career, and
216 I just thought it might be a quite
217 helpful thing to say. It's occasionally
218 I find it quite useful to volunteer some
219 information about myself.
220
221 **Interviewer:** What do you think the... at the time
222 was it a conscious decision or..?
223
224 **Fiona:** Mh, Yes.
225
226 **Interviewer:** What was going through your mind
227 while you were thinking about
228 disclosing that?
229
230 **Fiona:** Shall I, shan't I, is it helpful? Just that
231 it might put another perspective on the
232 client and thinking about it might help
233 to see it from another perspective.
234 Sometimes normalising things to
235 clients, another example, a client I had
236 to, was having a lot of trouble with
237 their eight year old who was
238 answering back and being very
239 difficult, she was experiencing this as
240 a very difficult time, and I had, at that
241 time, an eight year old step-daughter,
242 and I had, has actually been through
243 that stage, she is now ten and I said
244 there is this thing because I could see
245 that that was a difficult phase for her,
246 and I said I think eight or nine are
247 kind of difficult ages and I'd been
248 through that myself, and it's got much
249 better now. Mh So I thought it would

250 help to normalise that and again put it
251 in perspective.
252
253 Interviewer: Can you think of any other examples?
254
255 Fiona: There are some things which are kind
256 of involuntary disclosures, really, and
257 I guess, you know, when I've been...
258 I'm not ,actually, the example I'm
259 thinking of is I'd been off sick and
260 then they asked me, are you okay,
261 what was wrong, and sometimes I
262 can't I, don't want to, again, I don't
263 want to bat that back and be awkward,
264 and so I'd say I had a bad cold. I
265 guess maybe this is coming from a
266 person centred background, I feel that
267 sharing some information and being
268 quite open with clients it helps to kind
269 of equalise that kind of relationship. I
270 think it's about me being transparent
271 or authentic with clients sometimes,
272 and...
273
274 Interviewer: That was one of my questions.
275
276 Fiona: Oh, really.
277
278 Interviewer: Whether your theoretical background
279 influences that or what do you think
280 the other approaches are saying about
281 self-disclosure or..?
282
283 Fiona: Well I think coming from a more
284 analytical or even psycho-dynamic
285 kind of perspective I'd probably be
286 trying to be more of a blank screen,
287 but then , mh, I've had that in therapy
288 myself and I didn't find that helpful, I
289 found that quite disconcerting not
290 getting anything back from the
291 relationship with my therapist, it's
292 just, it was very uncomfortable. But
293 I've also had a therapist who is from a
294 humanistic background and she was
295 very authentic with me, she would
296 share something of how she were
297 thinking including it in the session,
298 which I found really, really helpful. I
299 was talking about distressing things in

300 my life and I could see that it was
301 affecting her emotionally. I think
302 there's a fine line, it could then
303 become much more about her but it
304 really helped me at the time, so I think
305 that's maybe part of what I'm drawing
306 on my own experiences, having really
307 helpful therapy where disclosure
308 was... but I felt that therapist was
309 very authentic, very genuine with me.
310 So, yes, It's that theoretical...
311
312 Interviewer: That's what I'm going to move into,
313 what is it that influenced your style
314 and self-disclosure, the way you
315 practice it now?
316
317 Fiona: I think it came from CBT, my CBT
318 work, I think again it comes thinking
319 from normalising things with clients,
320 and modelling with clients perhaps.
321 But I guess another form of disclosure
322 would be, when I have a client in the
323 room is talking about something
324 difficult and I get an emotional
325 reaction, and I might share that with
326 the client, and I might feel that...
327 sometimes it's just a felt sense that it's
328 appropriate to share that. So I might
329 say to a client, well, when you're
330 talking about that I feel really sad, or I
331 feel really angry, and sometimes I'm
332 picking up on something that the
333 client themselves is finding really
334 difficult to get into contact with or to
335 express, and that can be really helpful.
336
337 Interviewer: And what is going through your mind
338 at the time, you know, in that
339 instance, for example?
340
341 Fiona: Okay. I guess then I'm very much
342 driven with my person centred, the
343 person centred part of my training and
344 my background. I'm thinking, yes,
345 I'm feeling it, it's a felt sense, it keeps
346 coming back, it seems relevant and
347 I'm going to go with it, just that felt
348 sense of it being important. Not that I

Lines	Speaker	Transcript	Notes
349–350		don't think about it, whether that would be appropriate.	checking for appropriateness
351			
352–355	Interviewer:	Are there instances where you wouldn't disclose? When you have made an active decision not to disclose something?	checking for non-disclosures
356			
357–359	Fiona:	Mh... What? When I've thought of disclosing something and then thought better of it?	Clarifying meaning of question
360			
361	Interviewer:	Mm.	
362			
363–364	Fiona:	Probably, and I can't think at the moment.	Searching for example
365			
366–371	Interviewer:	That's okay, we'll get through them. Do you think sometimes it's influenced by the client? Do you go by what... the client sitting in front of you, that it's an influence on whether you disclose or not?	checking for client variables as factor influence?
372			
373–391	Fiona:	Yes, totally yes, and the stage of the relationship I have with the client, and I think generally I'd be much more likely to disclose something to the client towards the end of their therapy, when it's almost like the relationship has moved into more of an equal, it seems more on an equal footing. And I can't really relate that particularly to any particular theory it's just my sense and my experience with clients that that seems to happen, that we're going through this stage into this stage at the end of therapy when things then seem to be, there seems to be... it seems to feel like a more equal relationship, and it feels more appropriate then to be saying things about myself.	Agrees to closed question. Referring to stage of relationship. More likely using disclosure towards the end of therapy. Associating with stage of therapy. Being on an equal footing with the client. Trying to relate to theory. Relying on sense and experience. Moving from stage to stage towards end of therapy. Feeling of moving on equal relationship. Being more appropriate to share personal information at the end
392			
393–398	Interviewer:	Very interesting, thank you. We have to talk about what the factors are that influence your decision to disclose or not to disclose, can you think of anything else that had an influence on the decisions you've made?	checking for other influencing factors

Lines	Speaker	Transcript	Notes
399			
400	Fiona:	Yes.	
401			
402–403	Interviewer:	Whether you disclosed or whether you didn't?	
404			
405–409	Fiona:	Mh..., mh...I can't particularly, it's always in my mind whether it's helpful to the client, but at the same time I need to feel comfortable about it.	Consciously thinking: is it helpful, feeling comfortable about it
410			
411	Interviewer:	What makes you comfortable?	
412			
413–417	Fiona:	Mh, That I feel that the client will be comfortable with it, that it feels right in the kind of relationship that we have at the stage of the relationship that we are at.	Feeling that client will be comfortable, that it feels right, being at the right stage of relationship
418			
419–422	Interviewer:	Thank you. And did your attitude to self-disclosure, or the way you practice now, change over the course of your career or sort of throughout?	Experiencing any changes in attitude?
423			
424–439	Fiona:	Mh, I think I feel more confident now to be able to stand by my, you know, my decision to do that. And I think at the early stages of my career and I think I remember having a more kind of psycho-dynamic supervisor who's sort of attitude towards it was why did you ask that, why did you answer that question, you know. And I did see where she was coming from but I feel it's okay, this is my decision and, you know, that I made my own clinical decisions, I'm confident with that in the background, so, yes, I'm more likely to go with my feeling about it and my thinking around it.	Growing in confidence, standing by decision. Being at the early stages of career. Being influenced by stance of supervisor/ Being questioned on decision by supervisor. Understanding stance but making own clinical decisions. Gaining confidence in making own clinical decisions, going with feeling/ trusting feeling
440			
441	Interviewer:	Thank you.	
442			
443	Fiona:	That's okay.	
444			
445–446	Interviewer:	Do you want to say anything else that comes... self-disclosure?	
447			

448	Fiona:	I think, mh... just the only other thing
449		I can think of is when you didn't
450		want, there were times when I didn't
451		want people, my clients, to know
452		things about me, whether it's been an
453		accident or self-disclosure in therapy
454		that I've met them outside of work,
455		and then that becomes quite awkward,
456		and I have one ex-client whose son
457		goes to the same school as my
458		daughter goes to, so I meet her
459		regularly outside the school gates. I
460		knew, as we were coming towards the
461		end of the therapy, that that was going
462		to happen because she'd talked about
463		her son and the school he went to, and
464		I thought, uh oh, and I knew I was
465		likely to meet her outside. So then I
466		felt I had to then tell her, I thought it's
467		better that we talk about it now than
468		we accidentally meet and it be a shock
469		and had to handle it.
470		
471	Interviewer:	What were you feeling at the time?
472		
473	Fiona:	I felt really uncomfortable with the
474		whole thing but I felt I had to address
475		it with her, so I said I think my
476		daughter's going to the same school
477		as your son goes to, and it's quite
478		likely we're going to meet and
479		perhaps it might be helpful to think
480		how we handle that and what we do
481		when we do meet, and I want you to
482		know that I'm not going to, going to
483		talk about you, are you okay with me
484		saying hello to you. Yes, so.
485		
486	Interviewer:	It's difficult.
487		
488	Fiona:	Difficult, yes. And there have been
489		other times when I met clients outside,
490		and a client who knew a friend,
491		someone I knew, and met
492		conversationally and that was kind of
493		uncomfortable.
494		
495	Interviewer:	Something that you might not have
496		said if it wasn't for that incident.
497		

498	Fiona:	Sorry.
499		
500	Interviewer:	Or that connection, so that wouldn't
501		have been something you just...
502		
503	Fiona:	About the school thing?
504		
505	Interviewer:	Mm.
506		
507	Fiona:	No I wouldn't, no.
508		
509	Interviewer:	Okay, thank you. I think that's all
510		I've got.
511		
512	Fiona:	Okay.
513		
514	Interviewer:	Thank you so much.
515		
516	Fiona:	Was that okay?
517		
518	Interviewer:	Yes of course, thank you.
519		

Appendix I:

Table of emerging main categories with constituent focused codes and initial codes

Green: Henrietta

Purple: Fiona

Red: Sandra

Blue: Emily

Developing personal stance

Influence of experience in personal therapy

Being distracted by disclosure

Experience influencing level of caution, if bad – more caution (8/369)

Having experienced blank screen approach as not helpful

Finding it disconcerting not getting anything back

Not receiving feedback creating feeling of uncomfortableness

Experiencing humanistic background as authentic and helpful by sharing thoughts during the session

Client's distress being met with show of emotional affect by therapist, experienced as helpful

Drawing on, what had been experienced as helpful during own therapy

Therapist revealing shared experience or similarity of feelings experienced as negative (13/625)

Making a comparison not always helpful to client (13/632)

Making her feel uncomfortable (13/642)

Experienced as invasion into the process

Leading to termination of therapy (13/645)

Feelings experienced then influencing practice now-being more hesitant and cautious (14/650)

Wanting to ease client's pain- urge might stem from own desire to-assumption of therapist motivation (14/664)

Authenticity of emotional response experienced as helpful

Being authentic, being genuine-sharing emotional response

Influence of training

Identifying as counselling psychologist and integrative stance

Practising with several approaches

Coming from person-centred background

Being trained in several approaches

Providing a mixture of therapies

Starting from somewhere (personal experiences- and training background) to moving towards CBT

Training in IPT

Identifying with integrative approach

Describing role in IAPT team as being with counselling (Distancing from singularly guided practice, emphasizing counselling background as a mixture of therapeutic approaches)

Being relationally orientated in training

Identifying with integrated approach but wanting to clarify

Talking about many uses to integrative approach (2/73)

Having a basic orientation in training (psychodynamic] and developing from that

Being psychodynamically orientated

Being bound to one orientation in the beginning of training, allows for less flexible use of self-disclosure (psychodynamically trained)

Trained integrative approach (core psychodynamic, CBT, humanistic)

Identifies integrative approach with counselling psychology (1/14)

Works with short term integrative and psychodynamic interventions

Managing conflicting orientations

Analytic psycho-dynamic approach associated with blank screen

Being driven by person-centred part of the training

Sometimes trying to relate to a theory, however more driven by sense or experience

Being driven by experience rather than approach

Normalising associated with CBT

Practising predominantly CBT

Dividing team between seniority and integrative approach

Associating integrative approach with complexity compared to CBT

Associating CBT with less process

Overriding strict rules/simplistic answers directed by a singular approach (9/430)

Orientation not being obvious to clients

Using approach flexibly depending on client (2/90)

Associating humanistic congruence with disclosure or voicing own reflections back to client (7/335)

Influence of stage of career

Being pretty rigid about not disclosing personal information even if it could help in the beginning (4/172)

Being guided by early tutors in beginning stages of training/career (10/457)

Being influenced by role models such as teachers, supervisors or own therapist early on in their training

Being careful as someone junior

Supervisees at first agreeing to the use of self-disclosure

Having to give rationale for using it

Lack of experience could lead to inappropriate use

Being less aware of boundaries in the beginning of training

Being rigid about the use of self-disclosure at the start of practising (4/165)

Becoming more flexible and less uptight

Wanting to raise awareness of dangers of using disclosure as a supervisee

Having internal struggles initially (10/491)

Being less aware of process (10/489)

Being less aware of how to use it appropriately before having had practice and time for consideration (10/494)

Using respectfully (10/497)

Encouraging caution (10/498)

Using disclosure judiciously initially (11/499)

Being influenced by supervisor and how thy handled disclosures or questions (30/996)

Being taught by supervisor (20/996)

Importance of gaining experience using self-disclosure

Becoming more comfortable (7/320-) as career progresses (from training or start of practice) with using different types of disclosures

In the beginning not knowing how client might react or how you might deal with complications

Becoming more comfortable with voicing own reactions and feelings-reflecting back to client (7/332) because of experience

Gaining experience by having works with a wide variety of clients and issues (7/347)

Learning how to disclose in a helpful way that clients respond well to (gaining practice) (8/360)

Linked to personal development (8/370)

Gaining understanding of considerations to make beforehand (11/502)

Gaining an understanding of the power of it (11/504) - can alter power balance (11/510)

Becoming respectful of the power of it (10/482) with practice over the years

Learning through experience-developing blueprint of answers for certain questions and seeing how the client responds (20/986)

Experience shows in a developing sense of appropriateness

Important steps in preparation for using disclosures

Importance of having engaged in personal therapy

Using personal therapy to become more aware of own reactions and emotions-Reflecting in personal therapy about own issues, emotions, reactions and feelings (8/377)

Knowing your own biases (8/382)

Becoming hyper-aware of own stuff brought in to the sessions

Important to have worked on own feelings, experiences and issues first before using them in terms of self-disclosure (8/397)

Having resolved own issues

Being able to separate where feeling is coming from (23/1114)

Holding back if unresolved own emotions (23/1120)

What are you thinking of bringing in? And why? (23/1127)

Analysis of therapist very important to be able to use self-disclosure safely (23/1139)

Issue being too emotional and still unprocessed for therapist-choosing to withhold (12/578) Being robust enough to answer question or disclose (13/602)

Choosing to withhold- Being cautious if issue at hand is still too raw- implies not being able to use disclosure safely

Keeping it in my head (12/588) withholding

Importance of stage of therapy

Refers to stage of therapy

More likely to disclose towards the end of therapy

Moving from stage to stage with client towards end of therapy

Being associated with stage of relationship

Felling of having an equal relationship towards the end of therapy

Being more appropriate to share personal information at the end

Associating early disclosure with danger

Having a feeling that it could help at that point in time (4/194)

Decision at the time might change, what could be right one moment could turn out to have been the wrong one later (5/223)

Sometimes getting a feeling of disclosure would be too early (12/572)

Considering how far along and how many sessions you have had before disclosing (17/810)

Having established a trusting therapeutic relationship

Being on an equal footing with the client

Using disclosures not too soon before having established trusting relationship (7/312)

Establishing a good therapeutic relationship

Establishing a good therapeutic alliance (6/281)

As preparation for the use of disclosure (6/273)

Considering the therapeutic relationship for strength (7/302) in preparation for disclosures and possible ruptures caused by that

Having established enough trust (7/310)

Having completed an assessment of client's stance

Not having had time to complete exploration process before

To gain an understanding of their possible reaction to a disclosure (6/286)

Making a full assessment (checking for client traits and defences, issues, gaining an in-depth understanding of client) first (6/277)

Getting to understand how they react to different situations and manage people's reactions in order to gain an understanding of what is acceptable (6/292)

Clinically helpful choice-based on what is helpful to that particular client

Suitable for client-same disclosure to maybe one client but not to another (4/188)

Depending on client's stance

How will it be received?

Checking for their wishes and attitudes to disclosure first (6/265)

Dependent on the specific person

Considering their possible reaction (6/263)

Different reactions according to type of disclosure

General understanding of providing personal information

Understanding as sth. Personal and used judiciously

Disclosure being a process issue/associating with interpersonal processes

Differentiating between conscious choice to disclose and making unconscious disclosures

Differentiating between talking about yourself and background

Differentiating between giving information about background and opinions

Generally revealing personal information

Distinguishing between emotional reaction to client's story

Initiating some information about yourself (3/120)

Answering a question directly-something about yourself

Recognizes complexity self-disclosure definition and meaning (1/44)

Bringing personal information into the session directly or indirectly

Giving personal information or talking about a specific experience-differentiates (1/41) or sharing an emotion in the here and now

Excluding accidental/unintentional disclosures

Talking about accidental disclosure but choosing to settle for deliberate disclosures for the interview (3/147)-context

Unintentionally disclosing information through environment in private practice from home- clients can infer information (3/132) - unspoken disclosures

Wanting to be thorough- not excluding things- but coming back to clarify meaning as verbal disclosures- deliberate decision to say something about your own experience or about how you are feeling (3/137)

Distinguishing between indirectly noticeable information giving and verbal revealing information

Disclosing due to circumstances/Unavoidable disclosures

Being asked a question by the client

Being asked a question is associated with before and after a session (9/444)

Chit-chat (10/472) not considered part of the therapy in the room-easier to answer straight

Ok to answer general questions about age, marital status or children or experience–but without revealing too much detail (20/970)

Holding back when feels like client is digging

Client being intrusive (9/435)

Being Cautious

Responding with caution

Being guarded

Being pressured into disclosing (5/232)

Being caught out by client (5/237)

Answering questions/Being put on the spot

Met with hesitation

Managing being asked a question

Asking yourself: why is this person asking this question, considering the client's reason to be curious. What does it reflect on them? (21/1007)

Focusing on client's concern (21/1026)

Acknowledging their concern (21/1036)

Bringing it back to their feelings, exploring their anxiety about the issue disclosed (21/1044)

Passing over it fairly quickly (9/438)

Mistrusting motivation by client/questioning their motivation for asking (9/437)

Distinguishing between sort of information asked about

Being asked about age, training and experience and children judges as acceptable

Batting back inappropriate questions

Judging on level of being uncomfortable or comfortable (Level of intrusiveness to personal sphere)

Checking for feeling of appropriateness or being uncomfortable

Level of personalness/intrusiveness of question

Using simplified information when being asked a question, being asked further after having made a disclosure (10/458)

Having to give an answer

Withholding not possible due to pressure of social norms of conversation (Involuntary disclosures?)

Not being able to bat back question to avoid awkwardness

Understanding of person-centred background as reason for succeeding to pressure of answering a question by client

Feeling necessity of offer openness with clients to equalise relationship

(Fear of hurting client's feelings by refusing to answer question and thereby jeopardising relationship)

Being transparent and authentic

But difficult to not give any answer when obvious through other signs or rules of conversation (9/441)

It's very difficult not to be honest (9/441)

Being pressured by social norms, social code of conversation

Sometimes withholding being difficult due to obvious circumstances

Withholding not possible

Disclosing personal information in order to explain changes to therapeutic frame (pregnancy/leave) (9/422)

Not disclosing could cause anxiety in clients (9/431)

Working in palliative care

Being pressured by time/death (8/385)

Risks eliminated through shortened therapeutic span

Fear deleted of being hurt by the other (8/394)

Influenced by context, type of client in that context and type of issue (9/405)

Being more honest

Skipping conformities and restrictions of human interaction (10/451)

Breaking boundaries quicker and more easily due to time restraint

Returning honesty as quickly as client

Non-disclosure would have meant breaking their trust

Non-disclosure being unacceptable (10/485)

Requiring less caution due to circumstances of impeding death (11/499)

Being less careful and guarded (11/507)

Emotional reaction to client material

Sharing emotional reaction to client's story (Prompted by the feeling, felt sense whether it's ok to share)

Reflecting on feeling for client, helping client get in contact with the associated feeling

Picking up on something being difficult to access for client

Providing access to feeling for client, helping to access or express emotional reaction not available to client

Disclosing an emotional reaction in the session done with less caution-used more frequently (3/131)

Disclosing transferential reaction or counter-transferential experience done more easily (3/133)

Reflecting back client's emotions, conveying back a feeling (23/1102) being transparent (23/1107)

Waiting for repetition of initiating thought or feeling to disclose (14/691)

Having to relate to clients material (3/139)

Checking for source of emotional response to client material (22/1083)

How secure do you feel that it is a resonation to the client's material rather than an unresolved issue within yourself? (22/1084)

Being astutely aware of myself to be able to use disclosure safely (22/1096)

Sharing a similar experience

Giving example of success after failure

Finding volunteering of information useful on rare occasions

Disclosing shared experience met with more caution (3/101)

Disclosing personal information about own past or issues done with more caution (3/134)

Being able to relate strongly (12/590)

Sitting up against a mirror (12/592)

Volunteering information on rare occasions

Being confronted with feelings of having had a similar experience

Managing revealing a shared experience

Common theme needs to be central in clients life-Being led by client issue-rather than own themes

Deciding factor is it helpful for client (13/602)

More likely to disclose common human experiences (11/507) Common to everybody-shared amongst all of us

Alluding to shared experiences

Suggesting knowledge of phenomena or shared experience

Sharing emotional experience by being inclusive using the term we

Having a felt sense of reoccurring feeling being of importance

Listening to feeling, if it comes back, Taking it seriously after reoccurrence

Occurring feeling of it being important

Still checking for appropriateness

Being gentle with disclosure/Framing as possibility of shared experience not as absolute certainty of knowing the same process (6/296)

Using language that hints at shared experience- using we (2/80) making experience inclusive to bot/humanity as human beings (2/90)

Managing disclosures

General rules to manage disclosures

Using simplified information when being asked a question, being asked further after having made a disclosure (10/458)

Not revealing too much detail

Thanking client for their concern (10/461) Conveying gratitude for their concern

Mirroring back their concern or feelings about initial disclosure information (10/461)

Considering helpfulness for client

Considering the aim

What is it trying to achieve? (22/1073)

Are you sure that this aim will be met? (22/1075)

How is it going to be received?

Will your aim be understood? (22/1075)

Can you manage it afterwards, how are you dealing with it?

Gaining feeling of security about decision with knowing why you are disclosing (5/244)

Considering your motivation

Analysing it before making a disclosure

Checking for source of thought for disclosure (8/392) to eliminate biases

Becoming sure about reasons why you are using it (6/252)

Processing in my head before disclosing (6/289)

Checking for understanding of motivation by client

Client not understanding your intention of wanting to disclose (12/575) Being misunderstood when disclosing

Being unsure about reception of disclosure (12/585)

Feeling ambiguity about reception of disclosure/about being understood (12/584)

Considering the risks and benefits

Weighing up pros and cons-Having considered possible difficulties and benefits

Therapeutic benefit

Being helpful /checking for motivation

Is it helpful?

Should always be about the client's process not yours (23/1142)

Is this helpful? (8/395)

Being primary concern

Would disclosing be helpful to the client or the therapeutic process? (8/398)

It isn't going to be helpful (9/400)

Feeling of helpfulness

Being prompted by feeling of helpfulness

Weighing up options to decide on helpfulness

Making a conscious choice-brings confidence in decision-and makes it easier to manage

Being helpful

Anything can be potentially helpful to disclose (14/682)

How helpful would it be for the client and for the therapy (14/685)

Consciously thinking: Is it helpful?

One hopes is that it is of therapeutic benefit (5/204)

To do so one should consider:

Why would they be asking me? (5/206)

What made me we want to say something?

Weighing up the pros and cons (5/209)

Would it be helpful or not helpful? (5/210)

Choosing not to disclose because of lack of reason to, not being helpful, not having a reason to in the sense of it being helpful –after processing and thinking over possible benefits (12/553) no therapeutic benefit to disclosure-lack of benefit (12/568)

Considering the risks

Being cautious

Being quite hesitant

Not used too regularly

Being cautious (2/50) about content of disclosure, how you are disclosing and for what purpose

Weighing up how it's going to be received (2/57)

Being careful about issues that might be raised (2/68)- not without complications and possible pitfalls

Being aware about the immense impact it can have (3/111)

Can be profoundly helpful but really difficult and unhelpful as well

Coming from a supervisory perspective

Coming from a governing perspective

Bringing everyone in line with service regulations

Being in a dual role as supervisor and friend/ supervisee and client

Associated with breaking barriers

Breaking boundaries, when and if

Discussing it in supervision group

Reflecting on the use before and examining the effects after during training

Sharing with other trainees

Learning about the use from each other

Shifting focus away from client

Disclosing would not facilitate process

Client becoming concerned about therapist (9/406)

Wrong decision

Client becoming concerned about you (6/268) could lead to disruptions

Focus becoming about therapist

Letting client find their own way (14/676)

Giving them similar example might not predict truly how they are going to recover (14/680)

Cannot predict future progress for them/assuming similarity of path (14/685)

Making a promise by giving an example

Giving false hope (14/689)

Making a comparison can be making assumptions of similarity (15/706)

Leaving them with feeling of failure if recovery isn't similar (16/765)

Projecting own stuff on to client (15/716)

Containing anxiety rather than easing it with the use of disclosure (15/720)

Learning to sit with uncertainty (15/736) vs making promises of recovery

Disclosure as giving a prognosis of recovery and direction of therapy (16/773)

Client feeling responsible for therapist (3/112)

Creating an imbalance (3/114)

Feeling like they need to look after therapist (5/234)

Creating imbalance (5/232)

Own concerns would hinder revelations by client out of concern for welfare of therapist (5/234)

Putting pressure on client (5/238)

Eliminating caring trait by client (5/229)

Client becoming concerned about therapist (3/115)

Client becoming anxious (3/115)

Hindering transference for client-Remaining neutral for client to use therapist as object for transference (4/160)-Building up an idea about the therapist-acting as a barrier-building a picture of therapist with additional information –can interrupt process or influence their individual psychological growth (4/172)

Putting pressure on them to develop ion the same way-by giving an example of recovery (4/176)

Being careful that disclosure does not reflect back on therapist's abilities

Being careful not to give example of recovery as a comparison for them to have to achieve –creating pressure for client to love up to therapists standards and own recovery (18/854)

Creating fantasies of Therapists expectations (18/858)

Being able to use therapist as projective space

Interrupting processes-Using therapist for transference-disclosure can interrupt (19/920)

Facilitating an open dynamic interrupted by disclosure (19/835)

Being a blank canvas (19/939)

Influencing their own path of recovery (4/180) instead of letting them discover for themselves

Eliminating this influence-considering the influence on the process for the client (4/190) (Considerations)

Minimizing client's experience by making a comparison and offering own example (5/250)

Becoming about me

Talking too much about own experience

Being concerned about client looking after therapist

Being concerned abbot shifting focus of worry

Avoiding worrying client

Being worried about complicating the relationship with client

Considering benefits

Ok to normalise an experience that is normal but is causing great distress (4/200)

Normalising a human experience, to change their response to it- making it less distressing (10/496)

Making their experience part of common human suffering and thereby conveying that they are not alone (11/515)

Adding another perspective for client to see

Normalising things for clients

Giving example of shared experience

Having been through similar experience

Prompted by distress of client

Having been through it

Offering hope of relieve of distress with shared example by normalising and putting it in perspective

Breaking mistrust by showing knowledge and understanding about issue

Overcoming scepticism and difficulties with engagement of client (6/257)-

Building engagement- promoting engagement and interest by client (11/513)

Engaging client-diffusing scepticism (6/263)

Using disclosure to building a relationship

Showing humanity as therapist

Providing example of having overcome difficulties

Thereby showing understanding of the process client is going through (6/277)

Establishing common ground

Diffusing doubts about value of therapy

Making changes to power dynamics

-humanising the issue-making therapist human and therefore bringing him her down to client's level-struggling human being together

Diffusing doubts about value of therapy/Overcoming obstacles and difficulties in engagement

Bonding through sharing similar experience (6/285)

Struggling together (6/285)

Gaining respect (7/330) in being able to understand what the client is going through-overcoming obstacles (7/342)

Managing the outcome

Considering the consequences

What have you left them with (15/748)

Being careful afterwards

Dealing with questions regarding the content of the disclosures

Keeping answers short to avoid focus shifting on therapist too much

Drawing a line under it

Wrapping it up/Calming their concerns or containing their anxiety around the information

Closing the issue/wrapping it up/Not leaving them with too many questions (10/473) Assuring them that issue has been resolved (11/544)

Dealing with questions and concern afterwards- and being prepared for that- include it in the planning (12/555) Being open for discussions about the disclosing information

Exploring their emotional reaction to it, without bringing more information (12/564)

Focusing back on them

Talking about their worries (12/572) Containing and talk about their anxieties around it

Exploring to a greater depth what is going on for them afterwards (12/577)

Being cautious about what you are disclosing (avoiding open-ended content) for client to be able to make assumptions and conclusions that might not be true (17/815)

Wrapping it up closing it up