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Introduction to a Special Issue on Disclosure and Concealment in Psychotherapy

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Given that questions related to disclosure have long held the interest of both clinicians and researchers, we are excited to present this special issue of *Counselling Psychology Quarterly* focusing on disclosure and concealment in psychotherapy. All forms of human communication involve some degree of disclosure, whether through verbal or non-verbal means. Most of us are quite careful about both the content and quantity of what we share with others. One factor that affects decisions about disclosure is the type of relationship. Friendships typically include an approximately equal amount of disclosure from both members, whereas in other relationships (e.g. parent–child, boss–employee), disclosure patterns may be less equal.

Psychotherapy is one such relationship where participants likely do not disclose equally. Clients are expected to reveal themselves as much as possible so that therapists can help them, although the depth of such disclosures may gradually evolve as clients begin to feel safe with their therapists. In contrast, given that the purpose of psychotherapy is to help the client, therapist self-disclosure (TSD) is usually much more limited and ideally used only to help the client rather than meet therapists' needs. Because psychotherapy is

on the one hand much like a friendship, given the level of intimacy and sharing (Schofield, 1986), yet on the other hand a professional relationship focused on the client, it offers a rich opportunity for examining the disclosure process.

We can consider disclosure to exist on a continuum. At one extreme, nothing is withheld and the person is completely open with all conscious thoughts and feelings. At the other extreme, a person does not disclose at all and in fact, might be actively concealing or lying. Few people live at the extremes, as it is almost impossible either to share or withhold all thoughts and feelings. In addition, it is important to recognize that disclosure is a state rather than a trait, such that although one may be generally open, that same person might not disclose in a particular given situation.

For this special section, then, we focus on several aspects of this disclosure continuum. First, we focus on TSD. Next, we focus on client disclosure and concealment. We refer readers to prior reviews of the literature to gain more perspective on past research in this area (Henretty, Berman, Currier, & Levitt, 2014; Henretty & Levitt, 2010; Knox & Hill, 2003).

Therapist disclosure

TSD, or verbal statements that reveal something personal about the therapist (Hill & Knox, 2002), is often controversial. Among the most seldom used of all interventions, it nevertheless can powerfully … and positively … affect clients (Hill et al., 1988). Many therapists, however, are trained not to disclose to clients, or to do so quite sparingly. And when they do disclose, such revelations are often accompanied by anxiety regarding the appropriateness of the intervention (Knox & Hill, 2003).

The varied therapy theories and traditions reflect divergent views regarding TSD. Therapists following traditional psychoanalytic or psychodynamic approaches are often trained to be neutral, anonymous, and nonself-disclosing with clients, in the belief that such abstinence fosters the uncovering, interpreting, and ultimate resolution of clients' transference. Those of this tradition, in fact, suggest an inverse relationship between the client's knowledge of the therapist's personal life, thoughts, and feelings, and the client's ability to develop transference to the therapist (Freud, 1912): the more a client knows about the therapist, the potentially more tainted the client's transference.

More recently, psychoanalytic/psychodynamic approaches have embraced a greater openness to TSD. Acknowledging that neutrality is impossible (Bernstein, 1999), many

have asserted that via TSD, clients may experience the therapist's emotion, a revelation that actually makes analysis possible (Billow, 2000). Thus, the debate has shifted away from warnings against the use of any TSD, and instead to discussion of what therapist thoughts and feelings may be helpfully shared (Bernstein, 1999), thereby enabling the therapist to become a real human being to clients. Disclosing about their lives outside of therapy has also been more openly embraced, in the acknowledgment that TSD is both inevitable and essential to the therapy process (Bridges, 2001).

Therapists following a humanistic orientation assert that TSD demonstrates therapist genuineness and openness (Robitschek & Mccarthy, 1991), and also demystifies the therapy process (Kaslow, Cooper, & Linsenberg, 1979). From this perspective, therapist authenticity is, in fact, essential to facilitating client openness and trust, and may also normalize their struggles, render therapists more humane, enable therapists to function as role models, and equalize power in therapy (Jourard, 1971).

Although not explicitly discussed as often in this tradition, proponents of behavioral/cognitive/cognitive-behavioral approaches also affirm that TSD may strengthen the therapy bond and foster client change. By challenging clients' assumptions and automatic thoughts about themselves and others, TSD may provide clients with feedback regarding how they affect others, may demonstrate more effective coping techniques (Goldfried, Burckell, & Eubanks-Carter, 2001), and may serve as a vehicle to model client disclosure.

Similarly, followers of feminist theories support the appropriate use of TSD (Mahalik, Van Ormer, & Simi, 2000), for the intervention equalizes power, fosters client growth, nurtures a sense of solidarity between therapist and client, reduces client shame, and recognizes the role of the real relationship between client and therapist. Disclosures regarding therapist credentials and values also enable clients to make informed decisions regarding their treatment provider.

Finally, therapists who espouse a multicultural orientation likewise support TSD, especially for clients from diverse sociocultural backgrounds or non-traditional lifestyles (Goldstein, 1994; Jenkins, 1990; Sue & Sue, 1999). Because therapy often exists within a biased historical or social context (Jenkins, 1990), those who work with culturally different clients may well need to use TSD to demonstrate their trustworthiness (Sue & Sue, 1999).

In sum, justification for TSD can be found in each of the major theoretical approaches, albeit for different intentions. Most, however, remain cautious about the intervention's use, and suggest that therapists disclose infrequently.

Client disclosure ... or lack thereof

The therapy endeavor relies on clients disclosing their concerns, for clients' revelations of their thoughts and feelings are indeed the essential source material with which therapists work (Stiles, 1995). Despite the importance of such disclosures, however, clients sometimes struggle to share the very difficulties that bring them to therapy: they may conceal or distort information, whether by keeping it secret (Kelly, 1998), hiding their reactions to therapy interventions (Hill, Thompson, Cogar, & Denman, 1993), downplaying certain concerns (Farber & Sohn, 2007), or even lying to therapists (Gediman & Lieberman, 1996). Although it is undoubtedly impossible for clients to disclose every detail of their lives, extant research suggests that 20–46% of clients keep secrets from their therapists (Hill et al., 1993; Kelly, 1998; Pope & Tabachnick, 1994). A more encompassing definition of client dishonesty (altering facts, minimizing or exaggerating, omitting, dissembling) may well find that all clients engage in such behaviors at some point in time. They may do so for a range of reasons: to be polite, to keep a psychologically safe distance, to mislead, to retreat from reality, to reduce shame, to avoid overwhelming emotion, or to escape responsibilities (Gediman & Lieberman, 1996; Hill et al., 1993; Newman & Strauss, 2003). With regard to topics, clients typically keep secrets or lie about sex, relationships, failures, feelings about the therapist, abuse history, substance abuse, and symptom severity (Hill et al., 1993; Martin, 2006; Pope & Tabachnick, 1994).

Clinicians may be better served, then, not by asking who lies in therapy, but rather by asking about what topics do clients lie, and why. The implications of such dishonesty for the therapy itself are profound, for if therapists do not have access to the "truth" of clients' concerns, their ability to help may be compromised. Blanchard and Farber note, however, that the empirical research regarding the assumption that client honesty and disclosure are fundamental to good therapy outcomes is inconclusive (Blanchard & Farber, 2015).

The papers in this special issue

We are pleased to present five papers in this special issue about the topic of disclosure or concealment in therapy, whether from the therapist or client perspective. We hope that readers find these articles provocative, both empirically and clinically, and also hope that they prove helpful when working with clients.

Both Levitt et al. (2015) and Pinto-Coelho, Hill, and Kivlighan (2015) examined TSD in actual therapy, a welcome approach in itself, for much of the existing findings in this area

rely on analog studies. Levitt et al. found that the overall frequency of TSD was not related to outcome or alliance, but that certain types of TSDs (those that humanize therapists, show similarities between therapist and client, or are deemed neutral) were linked with reduced client symptoms and better functioning post-session. Pinto-Coelho et al. (2015) found that TSD was used infrequently (as has been reported in earlier research), was usually initiated by therapists, most often included the disclosure of facts, and was positively related to client-rated working alliance. TSDs of feelings or insight were judged to be more intimate and higher in quality than TSDs of facts. These researchers also noted that different forms of TSD were experienced differently by clients: feelings TSDs were positively linked with client-rated real relationship, whereas factual TSDs were negatively related to the working alliance and the real relationship.

Baumann and Hill (2015), Farber and Nitzburg (2015), and Blanchard and Farber (2015) all investigated the client side of disclosure and concealment. Baumann and Hill examined why clients conceal or disclose secrets, and how that concealment/disclosure relates to the therapy process and outcome. They found that most clients had revealed a secret to their therapist, but approximately one-half continued to conceal a secret. Most concealed secrets involved sexual content and were not shared because of embarrassment or shame; concealment was negatively related to the real relationship. The content of disclosed secrets usually involved relationships, and clients shared these secrets because they felt they could trust their therapist and because they felt they would benefit from revealing the information. Once the secrets were disclosed, clients initially felt both positive and negative emotions, but over time reported more positive and less negative emotions about disclosing. Farber and Nitzburg (2015) explored disclosures by young adults in therapy and on Facebook, a fascinating examination of how social media may interact with therapy. They found that participants disclosed significantly less information on Facebook than in therapy, but intriguingly, that disclosures on Facebook were associated with more positive emotions post-disclosure, whereas disclosures in therapy were associated with more negative emotions post-session. Finally, Blanchard and Farber (2015) investigated the nature, motivation, and extent of client dishonesty specifically related to therapy and the therapy relationship. They found that the vast majority of clients reported having lied to their therapist, and almost three-quarters of clients reported lying about at least one therapy-related topic, often because they wanted to be polite or avoid upsetting the therapist.

In sum, these five studies greatly advance our knowledge of the disclosure process. We applaud the authors for conducting painstaking, intensive studies of this phenomenon. We also note the dramatic change in research on disclosure over the years. Whereas prior

research was often analog in design, more current research uses more naturalistic methods involving real clients, real therapists, and real therapy. Similarly, the research has become more nuanced and clinically relevant. These are all important developments that enhance our understanding of this vital component of therapy.

What next?

So, based on these articles, where are we to go from here? We urge researchers to continue to use more naturalistic designs. We need to understand these phenomena from the perspective of actual clients, therapists, and therapy. We also need to examine disclosures at a more micro level: many different types of disclosures have been described, and each may be experienced quite differently by therapists and clients. Such closer examination will enable us to better understand, for instance, when and how to use TSD for best effect. Additionally, is there a particular process for disclosure, whether therapist or client, and how does that process unfold across the course of therapy? How might therapists and clients assess the safety of each other for such revelations? And what about therapist concealment and lying? A study examining the potential parallels with client concealment and lying would be fascinating. These are but a few fertile areas awaiting further study. We hope that others will indeed continue to explore this important area of research.

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