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Therapist self-disclosure in positive psychotherapy for psychosis

Abstract

Setting boundaries is common in therapist self-disclosure. This qualitative study examined attitudes and experiences of therapists towards self-disclosure during a positive psychotherapy for psychosis research trial. Participants reported therapeutic benefits but discussed challenges with retaining personal privacy while ensuring their authenticity.

Therapist self-disclosure is characterized as therapists sharing personal information about themselves with clients (Pinto-Coelho, Hill, & Kivlighan, 2015). Clinicians are often advised to observe boundaries (Henretty, Currier, Berman, & Levitt, 2014) due to personal (Roberts, 2005), ethical, and technological considerations (Gibson, 2012). Self-disclosure may be related to therapeutic alliance (Weck, Grikscheit, Jakob, Höfling, & Stangier, 2015) and determined by clinical judgement (Levitt & Piazza-Bonin, 2017).

Studies indicate many therapists self-disclose (Henretty & Levitt, 2010) and that it may have a positive impact (Henretty et al., 2014). It has been argued that therapist rule-breaking can be a 'tipping point' in recovery (Topor et al., 2006) and that therapist honesty may influence effectiveness of treatments (Yonatan-Leus, Tishby, Shefler, & Wiseman, 2017). Self-disclosure has also been thought to facilitate clients' connection to their own body and deepen their experience of contact with the therapist (Quillman, 2012). Therapist self-disclosure may even be part of a deep therapeutic bond (Gelso et al., 2005) and foster therapist genuineness (Jung, Wiesjahn, Rief, & Lincoln, 2015). However, investigation of the effects of self-disclosure is hindered by an ill-defined taxonomy of types of self-disclosure and

measurement approaches, and can raise boundary (Audet & Everall, 2010) and risk concerns (Moore & Jenkins, 2012).

Establishing a meaningful connection between therapist and client may be particularly important to facilitate recovery in psychosis (Harper Romeo, Meyer, Johnson, & Penn, 2014; Lysaker & Roe, 2016). Positive psychotherapy, an approach which focuses on positive experiences and character strengths in order to promote wellbeing (Conoley et al., 2015; Seligman, Rashid, & Parks, 2006), has employed therapist self-disclosure for people with psychosis to facilitate the therapeutic alliance and reduce a deficit-based perspective (Brownell, Schrank, Jakaite, Larkin, & Slade, 2015; Schrank, Brownell, Jakaite, et al., 2015; Schrank, Brownell, Riches, et al., 2015). The aim of this study was to use a qualitative methodology to investigate therapist experience of self-disclosure in a group positive psychotherapy trial for psychosis.

Methods

Context

Evaluation was nested in a randomized controlled trial of modified positive psychotherapy for psychosis at six sites in South London, United Kingdom (Schrank, Riches, Coggins, Rashid, Tylee & Slade, 2014). An intervention manual highlighted specific occasions for therapist self-disclosure, directing facilitators to self-disclose about positive topics, good things that happened that day, or personal character strengths (Riches, Schrank, Rashid, & Slade, 2016). This study reports findings from post-trial interviews with trial therapists conducted between 2013-2014.

Interviews

Initial process evaluation interviews with all trial therapists had previously been conducted by researchers (SR, TB, BS) and investigated the experience of delivering the intervention, including one question on therapist self-disclosure. This highlighted the importance and challenges of self-disclosure. A thematic analysis had been conducted by two researchers (SR, TB) and seven themes emerged from the data (preconceptions, experience, topics, self-regulation, authenticity, context/setting and power).

These results informed the creation of a semi-structured interview format, intended to explore trial therapists' experiences of self-disclosure in greater depth. Interviews were conducted at the end of the trial by an independent qualitative expert (VL), who had not been involved in the intervention.

Participants

All participants were trial therapists and delivered therapy in the trial. Participants (N=7) comprised four clinical staff (two clinical psychologists, one team manager, and one assistant psychologist) and three researchers (one psychiatrist and two psychologists). Five were female and two were male. Inclusion criteria for therapists were psychological therapy expertise, experience of working with psychosis, and attendance at 1.5 days positive psychotherapy training by an experienced trainer.

Data Analysis

Thematic analysis of interviews was conducted by two researchers (SR, VL). Interviews were anonymized and transcribed verbatim and analyzed using the qualitative data analysis software package Nvivo9. Thematic analysis of interviews was employed with the aim of

understanding participants' experiences and attitudes towards using self-disclosure in their work.

For the initial process evaluation interviews, two researchers (SR, TB) had coded all transcripts and used the constant comparison method (Glaser, 2008) to identify similarities and differences in the data. Emerging themes and interpretations were regularly discussed amongst the research team. Analysis of interviews involved an iterative coding process in which two researchers (SR, VL) repeatedly scrutinized the data and discussed interpretations before identifying preliminary themes.

The methodology was inductive with a focus on following participants' concerns and generating themes. Alternative interpretations, groupings, and relationships between categories were discussed until a consensus was reached. The emergent coding framework was applied to each participant to explore each theme in more depth.

Results

The coding framework identified three superordinate themes with associated subthemes: therapist outlook (motivation, personal privacy, and professional role), properties of the self-disclosure (personal content and authenticity), and perceived benefits (reducing social anxiety, improved engagement and therapeutic alliance, normalizing positive experiences, and reducing power imbalance). See **Tables 1-3** for a full explanation of themes, subthemes, and illustrative quotes.

Discussion

This study suggests therapist self-disclosure can be a useful clinical tool with benefits for both therapists and clients. All participants were motivated to self-disclose, felt that it had a

positive impact, but held different perspectives on implementing self-disclosure, which may relate to outlook or background, both professional and personal. Level of personal content and meaningfulness of self-disclosures were considered important. Participants identified that trivial self-disclosures would fail to engage; intimate self-disclosures could dominate sessions; and personal content should be monitored in relation to therapist burden, privacy, and the therapeutic alliance (Hilsenroth, Cromer, & Ackerman, 2012).

Authenticity of self-disclosures was a contentious issue. Variations in authenticity appeared to relate to participants' preferences for personal privacy, an important concern for clinicians (Pietkiewicz & Włodarczyk, 2014). This issue raises questions about the ethics of tailoring and self-censoring examples to suit interventions. Participants generally felt that successful self-disclosures found a 'middle-ground' on a continuum between authenticity and personal privacy, but they disagreed on the parameters of that middle-ground. These findings highlight a delicate balance that clinicians may seek between potentially competing desires to retain personal privacy and to foster warmth and genuineness. Although perceived therapist genuineness may be the most relevant predictor of client-rated therapeutic alliance (Jung et al., 2015), we must also consider staff wellbeing.

Strengths of the study include the qualitative methodology which provides important insights into the subjective experience of therapist self-disclosure. Limitations include a small sample size, a skewed sample potentially more disposed to self-disclosure because of professional role, and lack of frequency measurement of self-disclosures.

Clinicians may benefit from reflecting on how self-disclosure affects the personal privacy of themselves and their colleagues. Consideration of authenticity and self-censorship is an important issue for individuals, teams, and for clinical supervision. Future research may seek to use a larger sample to understand how therapist self-disclosure impacts on aspects of

the therapeutic alliance, client and clinician experience, and therapeutic outcomes (Del Re, Flückiger, Horvath, Symonds, & Wampold, 2012). Although there is some guidance on self-disclosure (Henretty & Levitt, 2010), more specific and systematic guidelines and training may be needed to support clinicians.

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Table 1. Superordinate Theme: Therapist Outlook

Theme	Subtheme	Explanation	Supportive quote(s)
Therapist outlook	*Motivation*	All participants described themselves as committed to self-disclose. Central to this was the idea of doing something new and innovative, in contrast to previous experiences.	• *It was a lot of fun to try out different things, and to disclose things that were more or less personal, and just to, try out myself how it feels. (#3)*
	Personal privacy	Participants highlighted their own personal privacy as an important consideration that led to moderating self-disclosures. All participants employed boundaries but employed them differently.	• *I might be happy for someone to know I'd had a disagreement with my [partner] but I wouldn't want them to know if I was having some relationship problems. So, it's hard to define. There's probably a way to be able to look at all these things and pull it apart and what helps me draw the boundary lines. But…it's very hard to describe exactly where it is. (#5)*
		Participants compared their boundaries to their feelings about privacy in general.	• *Questions that are too personal, that get too much…of my personal life…I think on reflection it's not to do with the therapy*

			setting...it's that I don't want to talk about certain things in front of people I barely know. (#2)
	Professional role	Participants were conscious of the professional aspect of their role.	• *In a professional situation there…[are] some things you don't say and there is always a line and I think I am always quite aware of that. (#1)*
		Self-disclosure challenged participants' pre-conceptions about their role.	• *My previous experience and knowledge of it was that it was something to be discouraged that it was important to keep boundaries…the therapy session's not about you, the therapist, it's about the client. (#2)*
		Therapeutic factors affected approaches. Participants reported that self-disclosure could affect the therapeutic relationship.	• *In individual therapy, if you…tell something too much about yourself, the relationship changes to a bit more like a friend relationship. (#1)*
		Participants reported that frequency of appointments was a consideration.	• *I hadn't given it enough thought about the impact it would have if I saw these people more regularly and if I saw these people in a one-to-one scenario…so, I think the extent to which therapists can*

			self-disclose…has to take account of services providing the intervention. (#4)
		Participants varied in their curiosity and willingness to explore flexibility within roles.	• *I think there is a danger sometimes with self-disclosures just become a chat…and that then the distinction between what is the therapy and what is just a chat is blurred…there may be therapeutic properties of having a chat but it isn't what was in the intervention manual (#2)*

Table 2. Superordinate Theme: Self-Disclosure

Theme	Subtheme	Explanation	Supportive quote(s)
Self-disclosure	*Personal content*	Participants identified that self-disclosures could range from trivial everyday statements to highly intimate statements. Preferences differed greatly	• *I think you put that boundary…you're not choosing to bring something that's hugely emotionally intense or is extremely detailed about your own life. (#6)*

		about how to target self-disclosure. Some participants felt boundaries were protective.	
		Participants reported modifying self-disclosures to limit personal information.	• *We both sort of gave like a bit of truth to what we were going to say but made sure that it was not too self-disclosing. (#1)*
		Participants reported that disclosures with greater personal content were more inspiring and meaningful.	• *I think obviously the more inspiring the example is, the better for the motivation and the involvement of the participants…the inspirational ones are usually more personal ones. (#3)*
	Authenticity	Participants reported that self-disclosure could range from authentic to inauthentic. All participants acknowledged they thoughts about potential self-disclosures pre-session and that session preparation would include discussion of self-disclosure. However,	• *Before each session, me and [participant's name] went through everything together anyway and we came up with the examples of things…we spoke about what examples we would give anyway in our group, most of them were truthful, some of them may be sort of making things up as you go along, but we discussed that beforehand. (#1)*

		there were differences in approach within these parameters. For instance, one participant described planning self-disclosures appropriate to circumstances.	
		Another participant reported discomfort with 'reused' or 'dishonest' self-disclosures.	• *It's very difficult for me to give the same example twice…I always gave honest examples, one single time I made up something, a half made up something, and it felt really weird, and it felt as if I couldn't properly connect to people with the made-up example. (#3)*
		Several participants reported that spontaneity of self-disclosures add to authenticity. 'Contrived' or 'unspontaneous' self-disclosures felt awkward or anxiety-provoking for participants.	• *When you think beforehand, you think, "well, what would be appropriate to discuss?", "I want to make it positive"…"I want to make it personal, but not too personal"…so you start to think about things. And actually, that created some anxiety for me, in a way that perhaps wouldn't have done if I was just ... sharing. (#5)*

		Participants reported making concessions to the truth when it was difficult to think of an appropriate example for the session or based on what seemed most therapeutically efficacious.	• *I become self-aware about what works and what doesn't work from the therapeutic point of view and I start to collect examples of self-disclosures that work and that don't work so well. I start to modify my self-disclosures and start to tell a version of what happened, but then I perhaps edit it in a certain kind of way that I think worked the last time I told it. (#2)*
		Participants viewed tailoring self-disclosures as a deception that defeated the purpose. In general, participants felt that a balance had to be reached that provided the self-disclosure with sufficient authenticity but that was also appropriate to the context.	• *Why should I want to deceive my clients? It defeats the purpose of the self-disclosure because it would, making something up is a different thing…I think it's wrong. (#3)*

Table 3. Superordinate Theme: Perceived Benefits

Theme	Subtheme	Explanation	Supportive quote(s)
Perceived benefits	*Reduced social anxiety*	Participants agreed that self-disclosure modelled positive social interactions for a client-group that generally has poor social networks and served to reduce anxiety in a group setting.	• *I think that therapists joining in the exercises and perhaps giving examples of things they've done that week…you could see people joining in a lot more…I think actually really worked in the context of self-disclosure because people would almost sit up and be like, "oh that's lovely" because it was just a genuine way to react to someone, so I think it broke down the barriers and people were much happier to sort of have a chat and when you asked how has the week been…I think it was really positive in terms of relaxing people, reducing anxiety. (#4)*
	Improved engagement	Participants identified that an important consequence of self-disclosure was that	• *I think it could make the relationship stronger and…increase the therapeutic alliance between therapist and client. I think in a group*

	and therapeutic alliance	they were giving something of their own personal selves and that this aided engagement and therapeutic alliance.	*situation it's quite nice 'cause it sort of brings back cohesion in the group…if people all share experiences and share their things with the group then it just increases that sort of group feeling. (#1)*
		In terms of engagement, there were also considerations specific to the psychosis client-group.	• *I think it's what fits more within the recovery model with work, and sort of recovery practice anyway which is more pronounced in psychosis…certainly within CBT for psychosis, a degree of disclosure is often seen as helpful in terms of engagement or relieving anxiety. (#5)*
		Participants felt moderating self-disclosure helped to ensure sessions remained client-focused.	• *I really believe that the session shouldn't become about you as the therapist…and I think self-disclosure as a facilitator of the therapeutic alliance is a good thing potentially but I think if there is too much of it you effectively steal the session from the client. (#2)*

	Normalizing positive experiences	Participants identified that self-disclosure of positive experiences normalized speaking about positive things.	• *The purpose is normalizing experiences, in this case positive experiences… it is about positive things and realizing positive things. (#3)*
	Reducing power imbalance	Participants identified that self-disclosing personal experiences reduced the power imbalance between client and therapist.	• *I think it can level the sort of power dynamics…there's perhaps, less of a sort of "I am a therapist you are the client in the group". You so clearly are, and there still is that distinction, but I think if you are, if there is some level of self-disclosure, then there is perhaps a levelling of that. (#6)*
		Participants identified that self-disclosures needed to relate to clients.	• *I was trying to sort of disclose something that would be more likely that someone else would have experienced that as well, so going to the park, seeing the river, seeing ducks, anything; something like that would be more likely for them to experience than saying when I got my degree or when I got married or when I had children or…whatever it may be, but…I think making it something more tangible and easier to relate to. (#1)*

		Participants suggested self-disclosure could redress client views of clinicians.	• *It's so much nicer to sit in a room with somebody who knows a little bit about your life...so, one of the participants before the therapy had imagined that I live in a great mansion, go on skiing holidays four times a year...now they know I live in a flat and...spend my spare time gardening... so...their view of me as this person who spends every evening at an expensive restaurant, they relate to me in a slightly different way now...in a way that's nice if it feels kind of a little bit more real. (#7)*