A Phenomenological Exploration into the Personal Experience and Impact of Therapist Self-Disclosure on the Therapist

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A joint programme of Middlesex University and Metanoia Institute.

Submitted in partial fulfilment of the requirements for the degree of Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych).

February 2019

Word Count: ***43977***

Word Count with Amendments: 45930

Dedication

I dedicate this to my mother, Dolores. Thank you for your unconditional love, support, encouragement and belief in me that has never wavered. Your continued presence and strength has served me generously throughout my life thus far and during this process of my doctoral journey, supporting me to bring it to its completion.

Acknowledgments

I am grateful to my loving family for always believing in me, encouraging me to pursue my goals and never doubting my abilities as I venture through life and with this research project. I am thankful for my friends and colleagues, who have continued to be an encouraging support network during this doctoral journey and in many other areas of my life. I extend my deepest appreciation to my research supervisor, whose empathic and helpful guidance has been most invaluable during this doctoral journey. I would also like to acknowledge the support of my clinical supervisor for his encouragement and confidence in me. Lastly, my sincere gratitude goes to the participants, for their brave and candid responses, their time and interest. Without them, this project would not have materialised.

ABSTRACT

Extensive research has been carried out on self-disclosure within the therapeutic relationship. The emphasis remains on disclosure offering therapeutic benefit for the client. Thus, the therapist primarily enters the therapeutic space in the service of healing for the client. However, it may be that they too (therapists) in their position as a 'wounded healer' (Jung, 1993) receive some relief, benefits, or discomforts to themselves regarding their unresolved deficits, traumas and emotional injuries as a result of their shared self-disclosures. Researching this topic highlighted a potential gap in this area, namely what was the impact and personal experience of therapist self-disclosure on the disclosing therapist? A Qualitative methodology encompassing Interpretative Phenomenological Analysis (IPA) felt appropriate as it allowed for non-intrusive enquiries whilst giving participants the flexibility and freedom to share their individual, unique findings and meaning-making in their purest form (Smith, Flowers & Larkin, 2009). This study was interested in exploring the impact and experience of therapist self-disclosure on the disclosing therapist. A sample size of five therapists was interviewed. The participants' subjective and personal experiences of this phenomenon were explored and investigated via an in-depth, semi-structured interview. The data analysis and interpretation of the data produced three master themes: firstly, 'what is self-disclosure' - exploring the complexities involved in this phenomenon. The second master theme, 'risks involved in therapist self-disclosure' focused on explorations into professional and relationship risks. The final master theme explored 'the personal impact and experience of therapist self-disclosure on the disclosing therapist'. This involved the emotional and psychological impact of therapist self-disclosure on the therapist, power awareness, the therapist's use of self and the therapist as a 'wounded healer'. This study highlighted the importance of therapists remaining cognisant of the complexities involved in therapist self-disclosure and its impact upon them (and by implication the client). In this way, they may honour the duality existing within this phenomenon. The findings highlighted that therapists are indeed impacted on a personal level by their self-disclosures. Thus, training programmes and supervision need to give greater focus to and guidelines for the use of therapist self-disclosure in relation to trainees and newly qualified therapists as these aspects all have implications for better practice, self-care, training and ethics.

Contents

Chapter 1

1. Introduction

Therapist self-disclosure is considered to be a complex concept. It involves the therapist's attitudes and affective states. It includes the perception of what is happening for the client and therapist within the therapeutic space, transference and countertransference. Various implicit and explicit responses and embodied states are at play. This acknowledgement highlights the significance of the interpersonal process operating within the intersubjective exchange (Stolorow, Atwood & Brandchaft, 1987). The subject of therapist self-disclosure in the field of counselling psychology and psychotherapy remains controversial. Consequently, differences of opinion exist regarding ethics and its role in the success of therapy. Considering the various schools of thought's opinions on therapist self-disclosure, it appears that although widely used in individual therapy, it remains a cautiously and infrequently applied tool (Brown & Walker, 1990; Farber, 2006; Goldfried, Burckell & Eubanks-Carter, 2003; Lane & Hull, 1990; Mahalik, Van Ormer & Simi, 2000).

Clinical literature affirms that therapist self-disclosure differs in nature and degree across theoretical orientations (Maroda, 1991; Yalom, 2002). Existing research has explored therapist self-disclosure in relation to client personal growth and wellbeing. Empirical evidence demonstrates that the personal experience and impact of therapist self-disclosure on the disclosing therapist appears to be an under-researched area. As disclosure implies a continuous two-way process, it is argued that therapist self-disclosure, although intended to benefit the client, may also impact the therapist. Historical and literature reviews have been included as a means of understanding the background to the topic of therapist self-disclosure within the field of counselling psychology and psychotherapy, and its prescribed basis for therapeutic use – to offer therapeutic benefit for the client. The interest in researching this phenomenon will be addressed, as well as its possible contribution to the field. The research question will then be presented, followed by the chosen philosophical position, research aims and methodology. Subsequently, the chosen methodological approach, encompassing Interpretative Phenomenological Analysis (IPA) will be made clear. Finally, the research design will involve the following

stages: sampling, design, data collection and analysis, limitations, ethical considerations, scientific integrity, validity and trustworthiness.

1.1 The Purpose of the Research

This qualitative study follows an Interpretative Phenomenological Analysis (IPA) method of enquiry and aims to explore what happens for therapists when engaged in therapist self-disclosure with their clients. This study investigates the integrative therapists' personal experience and impact of therapist self-disclosure as lived by them (Smith, Larkin & Flowers, 2009). Explorations involve their subjective, emotional, psychological and embodied states. The use of the therapist's self and their wounds in the service of healing for their clients is of particular interest. Moreover, how therapists managed their personal impact and experiences of this subject matter is of significance and may have implications for professionalism, practice, training, ethics and self-care. The rationale to restrict the criteria to integrative therapists is based on the notion that integrative psychotherapy is more of a movement than a modality in its own right and incorporates the core schools of thought (Psychoanalytic and Humanistic) in counselling psychology and psychotherapy (including: Cognitive-Behavioural, Feminist, Gestalt, Psychodynamic Transpersonal). Unlike traditional forms of psychotherapy, which follow a singular modality, integrative psychotherapy offers a more flexible and inclusive approach to working with the individual and the therapeutic relationship, whilst honouring the uniqueness of the person. Their renowned inclusivity and flexibility to embrace different psychotherapeutic models for the purposes of bridge-building and encouraging dialogue between the different perspectives (Lapworth, Sills & Fish, 2001) complements this study's philosophical both/and position. Consequently, it feels important to remain open to a broad range of perspectives, rather than focus on a singular modality. In this way, the findings may offer pockets of relevance for a broad range of counselling psychology and psychotherapy perspectives. It is my view that exploring this research question – What is the personal experience and impact of therapist self-disclosure on the disclosing therapist – from the viewpoint of integrative psychotherapists will complement the fluidity associated with this phenomenon, whilst allowing for flexibility and scope via an inclusive exploration of this subject matter in great detail and depth (Smith et al, 2009). Indeed, integrative

therapists operate within a relational context and it is within the duality of this relational exchange that the two subjectivities are opened up to moments of self-disclosure.

1.2 Locating Myself in this Topic

My personal interest in this area has evolved from my experience of personal therapy and clinical work. I have experienced moments in personal therapy where self-disclosure was helpful and hence transformative. In contrast, there have been moments in personal therapy where therapist self-disclosure led to ruptures and termination of therapy. Thus, I have held within me experiences of this ambiguous and conflicted phenomenon. Holding this dual role of therapist and client has led me to wonder about what happens between myself and my clients, and myself and my therapist, in relation to self-disclosure. Beginning my training in the field of counselling psychology and psychotherapy highlighted my own reluctance to embrace self-disclosure due to personal developmental, adolescent and adult experiences involving my own intrapsychic conflicts regarding being seen. From time to time, I find myself working with clients who share this similar wound and, in respect of their healing (and my own), I have become increasingly curious about this subject matter. As a trainee, I often experienced therapist self-disclosure as a 'taboo' - a notion very much in conflict with the practicalities of clinical practice. I noticed that in personal therapy, my therapist would on occasion engage in self-disclosure at various levels. Clinical supervision also piqued my curiosity as my supervisor would engage in self-disclosure or encourage me to do so with my clients.

Self-disclosure remains a controversial phenomenon within the field of counselling psychology and psychotherapy as its respective contribution can be perceived as both positive and negative in the pursuit of healing. In the interests of client beneficence, experience and skill have been significant factors in supporting me to manage my embodied states and remain alert for instances such as projective identification, over-identifying with a client's story/experience (Maroda, 1991) and potential parallel processes (Clarkson, 1995). It felt important to remain empathically curious about what self-disclosure evokes for my clients and what it evokes for me. I needed to be mindful of this subject matter's influence on the therapist-client

relationship, supervision and personal therapy. It was essential that I continue to develop and monitor my reflexivity in order to grapple with this phenomenon personally, therapeutically, clinically, ethically and professionally. I recognise the risks involved to the client, therapeutic relationship (and potentially the therapist). I hold an appreciation for the multileveled complexities this phenomenon comprises. I acknowledge my hesitancy to engage in self-disclosure due to my contradictory experiences of finding it both helpful and unhelpful (as a client). Thus, I own my current conflicted position regarding this phenomenon. Engaging in informal peer consultation has highlighted the uneasiness and vagueness associated with this subject matter and how difficult it is to discuss, understand, address and explore. Peer consultation has identified this subject matter as experienced as problematic and conflicted by other clinicians.

1.3 Contribution

The research is focused on a neglected area in considerations of therapist self-disclosure, namely, the potential impact on the disclosing therapist. It is believed that an Interpretative Phenomenological Analysis (IPA) methodology emphasising depth and detail may potentially uncover new insights and knowledge regarding this phenomenon that have previously remained out of awareness and therefore unexplored. Although extensive studies have been conducted on therapist self-disclosure (Audet & Everall, 2003; Farber, 2006; Gibson, 2012; Knox, Hess, Peterson & Hill, 1997; Knox & Hill, 2003), there remains no coherent definition or framework to understand this phenomenon. Consequently, its definitions, variations and dimensions involve complexity and ambiguity. Self-disclosure highlights the duality existing within the mutually influencing reciprocal exchange (Stolorow et al, 1987) of the therapist-client relationship. Several studies (Audet & Everall, 2003; Farber, 2006; Gibson, 2012; Knox et al, 1997; Knox & Hill, 2003) have focused on the experience of therapist self-disclosure in relation to its impact on the client. Little is known about its potential impact on the therapist. To open up this area and expand knowledge, it feels important to explore the personal impact and experience therapist self-disclosure may have on the disclosing therapist. Explorations into this area of self-disclosure may help therapists, thereby informing their work with their clients and (given the focus of this study), more specifically their work with

themselves. The research outcomes may lead to more ethical working - enhancing greater awareness of therapist self-disclosure's impact on the therapist and, by implication, the client. Furthermore, it may encourage practitioners to explore, discuss and address this issue in training, practice and supervision which may result in greater clarity when considering the disparity observed between theory, practise and ethics (Audet, 2011).

Within this qualitative frame, IPA as a method, has felt appropriate to investigate this phenomenon as it emphasises attention to the uniqueness of the individual. Therefore, the therapist's experience of therapist self-disclosure is able to reflect this uniqueness. A qualitative inquiry may highlight and explore how integrative therapists decide to disclose. This could offer valuable insight for trainees and newly qualified therapists when wrestling with this complex phenomenon. Given the essentially human and subjective experiences which materialised during investigations into this phenomenon, it is expected that this current study – the personal experience and impact of therapist self-disclosure on the disclosing therapist - may arrive at a range of different views, experiences and meanings that the participants attribute to their understanding of therapist self-disclosure from their 'lived experience' (Smith et al, 2009).

A phenomenological study detailing rich and in depth accounts of how therapists experience and are impacted by their own disclosures may begin to bridge the gap between theory, practice and ethics. Furthermore, grappling with this subject matter from this particular standpoint – the personal experience and impact of therapist self-disclosure on the disclosing therapist – may sensitise practitioners in a manner that enhances their self-reflexivity and self-awareness. In this sense, in relation to self-care, practitioners may develop a conscious awareness of the facilitative and hindering effects therapist self-disclosure may have on them (therapists) personally/professionally (and by implication the client).

Moreover, past historical and empirical research, whilst focusing on this topic (in terms of how it impacts the client) – demonstrates a poignant omission regarding the personal impact and experience of therapist self-disclosure on the disclosing therapist. Consequently, when one considers the relational component involved in

the therapeutic relationship, involving a two person psychology (Stark, 2000) and intersubjective meeting (Stolorow et al, 1987), and which to my mind correlates with self-disclosure and therapist self-disclosure, the research to date appears unbalanced. Therefore, researching this topic and exploring this study's question appears apposite. It can be argued that this gap in empirical research is in itself rather revealing of perhaps the profession's reluctance to examine this phenomenon from the therapist's vantage point. I argue that this study is vital and is not a piece of esoteric research as it introduces a new perspective which may be clinically relevant to all practitioners.

Subsequently, a study of this nature may produce valuable insights that may have implications for clinical practice, ethics, theory, supervision, training and therapist self-care. In this sense, the findings may potentially challenge the status quo regarding how therapist self-disclosure is currently looked at, thought about and worked with. The findings may also provide a foundation for developing a more curiously empathic and contextualised understanding of therapist self-disclosure from the therapist's perspective which is clinically relevant for all practitioners (trainees, novice, experienced).

It can be argued that the profession has neglected to address this area of therapist self-disclosure from this particular standpoint given the sparse knowledge into this subject matter from the therapist's perspective of what happens for them. This particular piece of research may encourage other practitioners to engage in explorations into this phenomenon from the therapist's perspective. Thus, it may lead to more material being uncovered, made available and disseminated via training courses, workshops, conferences and journal articles for example. Subsequently, this fervent topic may be kept alive in the professional and clinical spheres so that it remains open to continuous dialogue, re-examination and exploration which in line with hermeneutic parlance (Smith et al, 2009) may potentially result in this dynamic phenomenon being reframed from time to time, thus enhancing the existing knowledge base in the field of counselling psychology and psychotherapy.

Chapter 2

2. Literature Review

Empirical studies acknowledge the longstanding debate regarding therapist self-disclosure and its role in counselling psychology and psychotherapy. Indeed, Farber (2006) argues that therapist self-disclosure within individual adult therapy has received much attention. Regarding client outcomes, self-disclosure demonstrates its complexity in relation to sub-types, varying dimensions, content, effects and its frequency of use (Farber, 2006). However, the impact on the therapist appears to be neglected - an omission that clearly highlights a gap in empirical research. Therefore, this study's purpose is intended to provide a contextual appreciation of the understanding and meaning therapists attribute to their 'lived experience' (Smith et al, 2009) of this phenomenon.

2.1 Brief overview of the Historical Context

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

2.1.1 Psychoanalytic and Psychodynamic Perspectives

Earlier theorists within the psychoanalytic and psychodynamic field considered therapist self-disclosure harmful to the therapist-client relationship - blurring boundaries and shifting the attention away from the client (Farber, 2006). Originally, Freud (1912) advocated a 'blank screen' approach to avoid contamination of the therapeutic space and what clients chose to share, regarding therapist self-disclosure as unacceptable and unprofessional, indicative of therapists allowing their material to intrude into the therapist-client relationship (Freud,1912). Gradually, Freud (1912) seemed to develop an appreciation for self-disclosure. Indeed, Freud's

(1912) contradiction between theory and practice is arguably revealed in his following remarks: ‘self-disclosure demonstrably undermines our attempts to conduct analysis [and] refusing to reveal ourselves demonstrably undermines our attempt to conduct analysis’ (Freud, 1912 cited in Greenberg, 1995, p.195).

Later theorists, such as Ferenczi (1926) and Khan (1986), began actively experimenting with this phenomenon within the therapeutic space, arguing that therapists cannot merely be reduced to a ‘blank screen’, but need to see themselves as active therapy participants (Ferenczi, 1926; Khan, 1986). Contemporary psychoanalysis, which advocates a more relational and intersubjective perspective (Stolorow et al, 1987), acknowledges the significance of how selective and judicious countertransference self-disclosure impacts the client and the therapeutic relationship. From a relational perspective, it can be argued that the use of self-disclosure acknowledges the therapist’s use of self (Rowan & Jacobs, 2002) and the intersubjective meeting (Stolorow et al, 1987). The psychoanalytic perspective concedes that therapist self-disclosure needs to be cautiously applied, considered and introduced for meeting the client’s needs (Lane & Hull, 1990).

2.1.2 Behavioural-Cognitive Perspective

Behavioural-Cognitive therapists appear more reticent on the issue of self-disclosure. They recognise the benefits of therapist self-disclosure when used to build the therapeutic relationship and support client self-awareness, making change possible (Goldfried, Burckell & Eubanks-Carter, 2003). Therapist self-disclosure supports clients to manage and decrease symptoms of distress, strengthening the working alliance and creating more positive perceptions of their therapist (Goldfried et al, 2003). Therapist self-disclosure also serves to support clients to challenge their current perceptions and ways of thinking and relating with others – learn better, healthier coping strategies and mechanisms, as modelled by the therapist, so that motivation for movement, personal growth and transformation becomes possible (Dryden, 1990). The Behavioural-Cognitive perspective acknowledges some of the dangers of therapist self-disclosure, namely early therapy stage disclosures are discouraged due to their potential to negatively impact the therapist-client relationship (Goldfried et al, 2003). Furthermore, therapist self-disclosure invites

risks such as alienating the client; and/or clients' perceiving therapists as shifting the focus away from the client and onto themselves (Goldfried et al, 2003).

2.1.3 Humanistic and Existential Perspectives

Humanistic therapists are known for holding a more open view of therapist self-disclosure, as it is in keeping with Rogers' (1951) core conditions of worth (genuineness and unconditional positive regard). Both Rogers (1951) and Jourad (1971) highlight the importance of therapist self-disclosure when attempting to build and establish a therapeutic connection between therapist and client. Disclosures allow therapists to meet their clients in a more authentic manner, boosting rapport, trust, intimacy, self-awareness and ultimately change. Humanistic and existential perspectives acknowledge the two-way interaction between therapist and client, which goes beyond the transference and countertransference relationship. Hence, recognising the interpersonal element and duality, and making transparent that 'patient and therapist are two human beings, partners in a difficult, hazardous, and rewarding enterprise; it is unreal to expect otherwise' (Bugental, 1987, p.258).

Existential perspectives share similarities with humanistic perspectives as they argue that therapists need to be open to showing their coping strategies and beliefs in relation to existential concerns (Jourad, 1971). In this way, they believe therapists are better equipped to support their clients to internalise and integrate those processes and practices (Jourad, 1971). Consequently, the client can discover their own healthy ways of managing themselves in the world, thus living and interacting from a place of authenticity (Jourad, 1971; Yalom, 2002). Existential therapists advocate in favour of therapist self-disclosure as a means of remaining open to authenticity and the creation of 'I-Thou' moments (Buber, 1958), where two subjectivities experience real, authentic meeting within a richness that enhances one's life.

Humanistic practitioners assert that therapist self-disclosure creates a more 'equal' footing in the therapeutic relationship, in which both parties are expert in 'knowing themselves' (Rogers, 1951). This relational aspect allows therapists to meet their clients as fellow human beings with flaws, imperfections, unresolved issues (Bugental, 1987), and yet be there, *being-with-the-other* in the service of healing. It

feels important to note that although humanistic perspectives place emphasis on congruence, this should not be misunderstood as self-disclosure. Instead, it is imperative to acknowledge that self-disclosure and congruence are distinct albeit interrelated ways of being (Mearns & Thorne, 1988).

The humanistic school's openness to embrace this phenomenon not only came under criticism but also alerted one to potential risks, such as role reversal, as disclosure may result in clients being placed in the caretaking role. Zahm, (1998) points out that clients may feel obliged to occupy the care-taking role and become concerned with adapting their behaviours to meet their therapist's approval. This would be indicative of a shift away from the client's needs to that of the therapist, thus rendering therapy counter-productive. Zahm's (1998) contribution highlights potential risks, as well as professional and ethical dilemmas. May (1980) criticises Rogers' (1961) notion of 'congruence', as there appears to be no evidence of Rogers (1961) offering his possible negative disclosures or feelings in practice. May (1980) states that good and evil co-exist in human beings and thus to explore only the inherent goodness detracts from the complex and holistic presentation of the individual. May (1980) argues that an inclusion of negative feelings and negative disclosures has the potential to create balance within the individual and an acceptance of all that they are (good and bad). For May (1980), to only focus on inherent goodness potentially creates narcissistic perceptions of the humanistic perspective, the self and therapy, resulting in the naive experience and understanding that the process of healing is always comfortable and pleasant (May, 1980). Furthermore, May (1980) recognises that embracing both positive and negative therapist self-disclosures honours the holistic presentation of the individual, thus strengthening the therapeutic relationship, increasing mutual respect and preserving the secure base (Bowlby, 1998) founded on acceptance and trust.

2.1.4 Feminist Perspective

Feminist therapists support therapist self-disclosure, arguing that it has the potential to reduce power imbalance in the therapist-client relationship. It empowers clients to make informed decisions about their choice of therapist (Mahalik, Van Ormer & Simi, 2000). Moreover, therapist self-disclosure encourages clients to own and view their difficulties with empathy and compassion, as opposed to remaining shame-based (Greenspan, 1986). They believe therapist self-disclosure encourages clients to empower themselves, so that they feel emancipated from their struggles (Brown & Walker, 1990). Following on, this perspective argues that therapist self-disclosure facilitates the therapist's use of self in the therapeutic encounter, thus demonstrating and making transparent the significance of the therapist-client relationship (Mahalik et al, 2000). Similarly, to other perspectives, they acknowledge the importance of maintaining appropriate boundaries. In consensus with other schools of thought, they emphasise that therapist self-disclosure needs to be beneficial to the client and not serve to illicit empathy on the part of the therapist or as means of therapist self-gratification/self-indulgence (Brown & Walker, 1990).

2.1.5 Summary of the Historical Context

The above-mentioned theoretical frameworks, although holding distinct focuses respectfully, also exemplify that 'self-disclosure' remains an inescapable and 'necessary' part of the therapeutic work. Indeed, Zur and Lazarus (2002) state that the analytic contingent warns that engaging in therapist self-disclosure potentially involves the crossing of boundaries which may render therapy counter-therapeutic and harmful. Nevertheless, they also acknowledge that different theoretical orientations highlight the therapeutic value of sometimes removing interpersonal boundaries, as this does not necessarily result in harm, or exploitation of the client or the therapeutic relationship (Zur & Lazarus, 2002). All perspectives emphasise care and caution when wrestling with this phenomenon. Furthermore, the noted schools of thought adhere to the ethical principle that therapist self-disclosure be primarily of therapeutic benefit for the client and not shift the focus away from the client and onto the therapist.

2.2 The Myth of Neutrality within Self-Disclosure and the Essence of Human Subjectivity

Greenberg (1995,) dispels the possibility of neutrality within the therapist-client relationship. I agree with Greenberg (1995, p.195) who states 'everything that a therapist does or does not do reveals something of the therapist to the perceptive patient'. The above position links well with Jourad's (1971) view that through self-disclosure we come to know ourselves (and the other) and gain awareness of who we are as individuals. Moreover, self-disclosure is of importance in relation to human interaction and the human being's relationship-seeking needs (Fairbairn, 2010). Self-disclosure is always in the frame: from birth (acknowledging the developmental influences) (Bowlby, 1998, Stern, 1998), throughout the life cycle (Fairbairn, 2010) and possibly pre-birth, owing to neuroscientific investigations (Schore, 2005; Siegel, 1999). Hence, these early experiences shape the developing human being, providing the individual with a context and sense of self-with-self and self-with-other (Bowlby, 1998; Fairbairn, 2010; Schore, 2005; Siegel, 1999; Stern, 1998). Encompassed within this process are the complexities of preverbal, non-verbal and verbal exchanges, implicit and explicit interactions, and essentially human reactions/responses to and engagement with one's surroundings (Fairbairn, 2010; Schore, 2005; Siegel, 1999). It is believed that these qualities and ways of being and relating with self-and-self and self-and-other translate into other environments and relational dynamics. The above-mentioned qualities are evidenced in moments of self-disclosure between therapist and client.

Consequently, the empirical evidence presented in the historical (Freud, 1912, Goldfried et al, 2003; Jourad, 1971 Lane & Hull, 1990; Mahalik et al, 2000 and Rogers, 1951) and literature reviews (Audet & Everall, 2003; Farber, 2006; Gibson, 2012; Knox et al, 1997; Knox & Hill, 2003) indicate that within all human encounters, neutrality is an illusion and self-disclosure remains constant. Given our human sensitivities to the above relational ways of being, it feels important to explore these qualities further within the context of therapist self-disclosure's impact on the disclosing therapist. Subsequently, it feels important to hold an inclusive view of the interpersonal two-way process, as opposed to propagating a potentially artificial and alienating linear position, which may be perceived as oppositional in relation to two-

person psychology (Stark, 2000) and the intersubjective meeting (Stolorow et al, 1987).

2.3 Definition of Therapist Self-Disclosure

Being mindful of the complexity incumbent within this phenomenon, it feels important to attempt to embrace a 'loosely held definition' of therapist self-disclosure. In its broadest terms, therapist self-disclosure may be defined as therapists revealing personal information about themselves (feelings, thoughts, experiences) to their clients (Audet & Everall, 2003; Knox & Hill, 2003), for the purpose of therapeutic benefit for the client. In line with the complexities involved in human interaction, it becomes evident that several types of therapist self-disclosure exist.

2.4 An Exploration of Definitions and Types of Therapist Self-Disclosure.

Owing to the complexities encompassed under the umbrella of 'self-disclosure' and research carried out in this area, arriving at a definitive framework proved impossible. In order to make transparent and honour this complex phenomenon, it feels appropriate to put forward several definitions. Subsequently, the term therapist self-disclosure can potentially be misinterpreted to suggest one specific therapist behaviour (Farber, 2006). However, from exploring previous empirical research and literature, it has become clear that what constitutes self-disclosure varied greatly between therapists, researchers, theoretical orientations and therapeutic disciplines. For example: Pizer's (1993) contribution places importance on the therapist's reasons for engaging in self-disclosure, which are often governed by affective processes, countertransference (inadvertent) and can at times be manifest, due to inescapable (e.g. pregnancy) or unavoidable (e.g. illness) means. In consensus with previous research (Audet & Everall, 2003; Farber, 2006; Gibson, 2012; Knox et al,1997; Knox & Hill, 2003), several 'definitions' of therapist self-disclosure have been put forward in the sections that follow, which are by no means exhaustive but instead highlight the complexities involved in arriving at a definitive framework.

2.5 Operational Definitions

Therapist self-disclosure takes many forms, such as verbal and non-verbal, intentional and unintentional (Knox et al, 1997)). As emphasised by Greenberg (1995), therapists reveal something of themselves consciously, unconsciously, wittingly and unwittingly, through their interaction with their clients. I acknowledge that all forms of therapist self-disclosure hold significance for the therapist-client relationship and therefore may benefit from further in-depth investigation. Nevertheless, it feels expedient to investigate, through my own study, the personal experience and impact upon therapists when they 'choose' to self-disclose to a given client. Moreover, it feels important to hold 'loosely' to the operational definitions and to broaden the scope of what constitutes therapist self-disclosure, in order to allow space for the emergent to manifest.

2.5.1 Non-Immediate, Intentional Therapist Self-Disclosure

Non-immediate therapist self-disclosure involves 'verbalised, personal revelations made by the counsellor to the client' (Watkins, 1990, p.478). Simon (1990) defines non-immediate self-disclosure as intentional self-revelation, such as verbal behaviour, by which therapists consciously and with a purpose communicate private information about themselves to their clients (sharing personal details, such as age, marital status or their experience of a shared issue, like bereavement). Subsequently, non-immediate/intentional self-disclosure involves sharing aspects of the therapist's personal life, disclosing feelings, experiences, coping strategies and conveying responses that validate client experiences (Farber, 2006). The complexity of self-disclosure evidences that this phenomenon manifests in several forms and not only via intentional conscious engagement. Consequently, it becomes evident that this phenomenon has a 'lively', spontaneous flavour, making itself known via unintentional means in the therapist-client relationship.

2.5.2. Immediate, Self-Involving, Unintentional, Accidental and Countertransference Self-Disclosures

Self-disclosures often arise spontaneously within the therapeutic relationship (Peterson, 2002). Immediate self-disclosure involves therapist's feelings about the client, the therapeutic relationship or a moment that has occurred during the session (Gibson, 2012) – an 'in-the-moment-response'. These disclosures are also referred to as self-involving, immediacy or countertransference disclosures (Farber, 2006). Consequently, the therapist may reveal how they are being impacted by their client (for example: "I feel angry inside when I hear how you are treated by your partner"). These disclosures may also demonstrate how they (therapists) are experiencing what is happening between them intersubjectively (Stolorow et al, 1987) (for example: "I wonder what is happening between us right now, because it feels as though you are disconnecting and wanting to move away"). These different types of therapist self-disclosure add to the complexity of this phenomenon, making it difficult to define and explore.

2.6 The Complexity of Therapist Self-Disclosure: Infinite Definitions and Sub-Types

The complexity incumbent in this phenomenon is further evidenced in the infinite possibilities in which self-disclosure manifests. Other forms of therapist self-disclosure include verbal, non-verbal, deliberate and accidental (Farber, 2006). Moreover, disclosures can be direct and indirect (Gibson, 2012). From the existing research on therapist self-disclosure (Audet & Everall, 2003; Farber, 2006; Gibson, 2012; Knox et al, 1997; Knox & Hill, 2003) what becomes clear is that the complexities involved in this subject matter remain underscored. Research studies have distinguished several subtypes, such as differentiating between therapist self-disclosures that involve positive or negative feelings, thoughts or reactions toward client reactions, positive and negative experiences, and the acknowledgement of mistakes (Audet, 2011; Farber, 2006; Hoffman-Graff, 1977). Although the boundary remains difficult to define, the field experts (Audet, 2011; Farber, 2006; Knox et al, 1997) identify two types of therapist self-disclosure, namely immediate and non-immediate.

Given the complexities incumbent in this phenomenon, it feels important to hold loosely to the notion of 'therapist self-disclosure' and to adopt a broader view, allowing for more variability within the domain to illicit greater complexity. In this way, it allows space for the emergent to become available. Therefore, my own study is concerned with both immediate and non-immediate therapist self-disclosure and includes intentional, accidental, spontaneous, unavoidable, countertransference, implicit and explicit ways of being involving all statements, behaviours, verbal and non-verbal communication in which the therapist reveals non-obvious aspects of themselves to the client (Farber, 2006).

2.7 The Advantages and Disadvantages of Therapist Self-Disclosure

What can be gleaned, so far, is that conflicted perspectives and ambivalence prevail regarding therapist self-disclosure. In practice, therapist self-disclosure appears uncertain and dubious at times. Given how these moments of self-disclosure arise, coupled with the individual therapist's ability to sit comfortably or uncomfortably with being 'uncomfortable' about 'not knowing', is further evidence of the elusive quality bound up in this phenomenon. Therapist self-disclosure alerts therapists to increase their awareness of their countertransference reactions by becoming more curious about their own process (Maroda, 1991). Therapist responses to direct questions from clients alert them to understand how their behaviour serves to trigger a response from a client or highlight divisive manoeuvres (Maroda, 1991).

Furthermore, therapist self-disclosure provides therapists with insight regarding their ability to recognise moments when they feel obliged to offer a disclosure (Maroda, 1991). This, in turn, alludes to the possibility of power dynamics at play or allows them (therapists) to attend to the possibility of becoming potentially caught up in something needing deeper exploration - for example: what was happening for their client and themselves transferentially and countertransferentially (Maroda, 1991). As disclosure occurs in milliseconds, it feels important to acknowledge the power of the subconscious involved in this process. Indeed, Davis (2002) recognises the challenge of reflecting on whether to disclose or withhold from disclosures as sometimes therapists are too caught up in the moment of a disclosure to hold an

awareness of and reflect on its usefulness. Furthermore, it may be indicative of the therapist over-identifying with the client's story as countertransference reaction (Maroda, 1991).

Jourard (1971) emphasises the innate humanness of self-disclosure (which is not exempt from the therapeutic encounter). Thus, the vulnerabilities and exposure embroiled in the process of self-disclosure involve risk-taking. Consequently, the individual is often left feeling challenged about how much of ourselves do we share with others (Jourad, 1971). Following on, Jourard, (1971) notes an advantage of self-disclosure, arguing that it has the capacity to develop and strengthen human relationships, leading to potential 'I-Thou' moments (Buber, 1977). Farber (2006, p.1) adds that 'all disclosures reflect decisions about the boundaries between the private self and the outer world'. Although Farber (2006) acknowledges that self-disclosure is inevitable, he concedes that defining this phenomenon remains problematic, as 'disclosures involve negotiating an appropriate balance between the helpfulness of sharing a part of ourselves with another and the inappropriateness or even danger of overdoing it, or perhaps sharing too much too soon' (Farber, 2006, p.1). Hence, Farber's (2006) view alerts one to the potential risks and dangers of therapist self-disclosure. Casement (2019) alerts one to how therapists can unwittingly reveal aspects of their own thinking that may cause ruptures to the analytic process. Thus, sometimes the therapist's interpretation of a given moment and the client's interpretation of the therapist's thinking can reveal to the client what has been sitting in their therapist's mind. This may alarm clients, causing them to become hypervigilant, distrusting of their therapist, and to behave differently in order to feel 'safe' in the presence of their therapist (Casement, 2019).

Renik's (1995) contribution points to the advantages of this subject matter - asserting that change and the transformation of wounds in the service of healing for self-and-other cannot materialise without moments of self-disclosure, and more specifically intentional and explicit therapist self-disclosures. Bridges (2001) concedes that intentional therapist self-disclosure (sharing personal/private information, opinions) can benefit the client, deepening the therapeutic relationship so that unconscious client material can surface and be worked with therapeutically. Sullivan's (1954) contribution encourages therapists to consider using therapist self-disclosure as a

means of countertransference response, thus providing clients with valuable insight into themselves. Disclosure facilitates rapport, trust, understanding (Wells, 1994), and encourages reciprocal self-disclosure by the client (Saffron & Muran, 2000). Thus, Sullivan (1954) regarded the idea of therapist neutrality as an impossibility within the therapist-client relationship. Subsequently, the therapist assumes the role of 'participant observer' (Sullivan, 1954) within the interpersonal realm, in which both subjectivities reflect their experiences, meaning-making and interpretation of their respective 'lived experience' (Smith et al, 2009). Interpersonal neuroscience research highlights the relational component and right brain to right brain interaction (Schore, 2005), indicating that self-disclosure can aid the active rewiring of the brain, supporting greater integration and self-awareness (Siegel, 1999).

Yalom (2002, p.83) states that 'there is every real reason to reveal yourself to the patient and no good reason for concealment'. In my opinion, the above position appears unboundaried and thus could potentially be considered as neglectful of the possible harm to the client (and by implication, the personal and professional self of the therapist). In contrast, Watchel (2008) contradicts Yalom's (2002) position and warns against the dangers encompassed in such an unbridled stance by highlighting the 'misperception that to work relationally means to disclose relentlessly' (Watchel, 2008, p. 245). Casement (2019) provides a very modern counter-position regarding self-disclosure, in relation to the historic blank screen notion of a therapist's neutrality. Thus, Casement (2019) alerts one to the potential dangers of working in a 'detached way' and how this can adversely impact the client and the therapeutic relationship, as well as, by how adhering to an 'obsessive neutrality' may significantly compromise the analytic process. Self-disclosure can be considered a doubled-edged sword in respect of therapeutic benefit and harm. Given this conflicted position, it is legitimate to wonder how therapists feel about themselves after making a disclosure.

Although therapist self-disclosure helps clients see their therapists as human, imperfect and fallible, these moments also have the potential for clients to view their therapists with suspicion regarding their motives or with even more grandiosity (Rowan & Jacobs, 2002). Hence, 'the patient's idealisation can lead to even greater idealisation, because such honesty can make the therapist into an even more

admired figure' (Rowan & Jacobs, 2002, p.66). Therapist self-disclosure is observed to be a powerful tool that can potentially be therapeutically transformative or create ruptures in the therapeutic relationship, with the client (and possibly within the self of the therapist). Spinelli (2002) advocates that self-disclosure needs to serve as a therapeutically appropriate tool for client benefit. Spinelli (2005) was courageous enough to touch on its potential benefit for the therapist within this dual process. Hence, Spinelli (2005, p.148) argues that 'the we-focused realm of encounter is characterised by its immediacy [in which therapist and client experience] 'us' being in relation with one another'. Consequently, it is when both client and therapist operate from the interrelational realm that therapist self-disclosure may prove beneficial to the client (and by implication the self of the therapist). In this sense, it allows the client (and therapist) opportunities to be open to a different/alternate understanding of their interaction with self-and-self and self-and-other. Casement (2019) uses the term 'self-revelation' as an expression of self-disclosure and explores the notion of self-revelation through countertransference. Thus, when therapists examine their countertransference responses involving self-revelations, they may be faced with looking at the parts of themselves that they often disown. Hence, his own reflexive examining, in this respect, reveals the disturbing reality of unconsciously working to hold a rigidly neutral stance and distance from a female client whom he found attractive (Casement, 2019). Consequently, this realisation led Casement (2019) to offer his client a reparative experience by owning his mistakes. In this way, his client may benefit from exploring and understanding her issue from a different perspective, which is equally valuable and therapeutically productive (Casement, 2019).

Negative outcomes of therapist self-disclosure have been associated with frequency of use, repetitive and lengthy disclosures, poor attunement or incongruence with the client's issues (Audet, 2011; Gibson, 2012). In these instances, clients potentially feel criticised or emotionally injured, and left with a sense that they (client) are wrong, rather than holding the view that their position is different and equally valuable (Zahm, 1998). These negative outcomes may also lead to ruptures and hinder progress or continuation in therapy (Safran & Muran, 2000). Further consequences involve role reversal, thus shifting the therapeutic focus from client to therapist, leaving clients feeling obliged to respond in ways that their therapist would need, hence adopting the care-taking role (Zahm, 1998). In some instances,

therapist self-disclosure may leave clients feeling burdened by their therapist's disclosure, inhibited in what they feel they can share and distrusting of their therapists' intentions (Audet, 2011).

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

The above viewpoints all point to the two-way process involved in the therapeutic relationship and I understand this acknowledgement to translate to therapist self-disclosure. For this reason, in therapists' accounts, holding that much of this two-way process is acknowledged, it feels important to explore the personal experience and impact of therapist self-disclosure on the disclosing therapist. Researching therapist self-disclosure highlights the challenges and difficulties therapists face when contemplating a disclosure. Researchers recognise that therapist self-disclosure encourages client self-disclosure (Knox et al, 1997; Knox & Hill, 2003), thus acknowledging the fluid co-created process (Stolorow et al, 1987). The literature indicates that withholding disclosures may result in ruptures within the therapist-client relationship (Ehrenberg, 1995; Safran & Muran, 2000), leaving clients feeling rejected, experiencing their therapist as aloof and impersonal (Safran & Muran,

2000). Therapists acknowledge the need to avoid or withhold self-disclosures when it may result in shifting the focus away from the client or interfere with the client's process, material, transference and blurred boundaries (Simon, 1990). Furthermore, Ehrenberg (1995, p.225) argues that 'remaining silent here is as potentially problematic and as potentially toxic as any other response'. To my mind, her statement registers the dangers and risks involved in therapist self-disclosure as these moments can be experienced as withholding by a client, proving injurious to their trauma/emotional wounds. Furthermore, avoiding all therapist self-disclosure in order to reduce risk and harm can in itself contaminate the therapist-client relationship, doing the client a disservice (Hanson, 2005; Zur, 2009). Consequently, Orange, Atwood and Stolorow (1997, p.31) acknowledge the perplexing nature of this phenomenon by recognising that 'neither disclosures nor withholdings are neutral'.

Similarly to other perspectives, Spinelli (2002) concedes that decisions to disclose or not to disclose should be based on therapeutic benefit for the client. Thus, disclosures need to be focused on exploring those conditions and circumstances relating to the client's presenting issues and concerns (Spinelli, 2002). In this way, therapist self-disclosure may allow for clarification and increased awareness on the part of the client in terms of how they view and experience themselves in relation to others and the world (Spinelli, 2002). It is my view that therapist self-disclosure should not be viewed in binary terms, as it remains an unavoidable phenomenon within the therapeutic dyad. Instead, and in agreement with Spinelli (2002), particular attention should be placed on *'when'* to disclose (Spinelli, 2002) or withhold from disclosing. Although my own study is in agreement with Spinelli's (2002) above-mentioned view, it also curiously enquires in respect of this 'we-focused realm' (Spinelli, 2005, p.148), what about the personal experience and impact of therapist self-disclosure on the disclosing therapist?

Granted that therapist self-disclosure offers considerable inroads for movement, progress, transformation and positivity within the therapist-client relationship, Storr's (1990) contribution alerts one to risks involving its potential shadow side. Storr (1990) mentions an example in which by his own admission, his 'thoughtless' and 'caught by surprise' response to his client's question resulted in his self-disclosure

proving counter-therapeutic. As a result, therapy with this particular client ended abruptly as the client never returned. This client appeared to be struggling with guilt and shame regarding his sexual practices and Storr's (1990) decision to assert that he did engage in similar sexual practices proved injurious to his client. Upon reflection, Storr (1990) was able to see how his spontaneous self-disclosure had disillusioned his client and interrupted his client's phantasies about him as a therapist – hence breaking the transference. Thus, therapists' attempts to portray themselves as human, ordinary and fallible can result in a rupture to the therapeutic relationship, the work and with the client. Storr's (1990) attempt to meet his client's need and also remain authentic, congruent and human resulted in his self-disclosure proving emotionally injurious, disillusioning his client and dispelling his client's phantasies. Hence, Storr's (1990) 'thoughtless' confirmation to his client's question prevented his client from using his phantasies in his own particular way, as a means of exploring and understanding his own internal world (Casement, 2019). This experience is indicative of reasons for withholding disclosures and instead, emphasises exploring the client's reasons for asking their therapist personal questions (Casement, 2019). Consequently, Freud's (1912) need to deter therapists from engaging in self-disclosure appears apposite. The personal impact on Storr (1990) was a sense of regret. He (Storr, 1990) had missed his client and an opportunity to curiously and empathically explore what it would mean for his client if he did or did not masturbate. In this respect, self-disclosure thwarted any further opportunity to explore the client's phantasies as it resulted in a rupture and the abrupt termination of therapy (Storr, 1990).

The above-mentioned example demonstrates the delicate interplay encompassed in self-disclosure and its power to destroy the therapeutic relationship, emotionally injure the client and possibly the therapist. Hence, owing to the therapist's essentially human and subjective composition - therapists, just like their clients, also seek acceptance and validation (Storr, 1990). Consequently, therapist self-disclosure can offer the therapist an opportunity to self-indulge in their own unresolved issues, emotional injuries, deficits and traumas (Storr, 1990). The above example alerts one to the relational dynamics within the therapeutic encounter as it can not only break relationship but also has the potential to take a professional relationship into the realm of friendship (Storr, 1990). Subsequently, Storr (1990, p. 67) states 'the job of

the therapist is to understand his patient, not obtain understanding from his patient [and therefore] psychotherapy is bound to be a one-sided relationship'. For me, Storr's (1990) example highlights the struggle regarding disclosure versus non-disclosure. Consequently, I disagree with Storr's (1990) view that psychotherapy is a one-sided relationship. Instead, I hold that the practice of psychotherapy and counselling psychology cannot be divorced from our essentially subjective and intrinsically human composition as it is by embracing these qualities (which often involve elements of self-disclosure) that human beings, therapist and client can work together and explore possibilities for transformation and healing. In this respect, 'psychotherapy will always remain more of an art than a science' (Storr, 1990, p.69).

2.7.1 The Benefits of Non-Disclosure of Therapists

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

2.7.2 The Tensions between the Personal and Professional Roles of the Therapist when Engaged in Therapist Self-Disclosure with their Clients

Grappling with the notion of what motivates therapists to work with and hold the tensions of their professional and personal roles in relation to self-disclosure and client reactions is rather fascinating. Moreover, my hermeneutic leaning and social constructivist positioning (which are detailed in the Methodological section) as well as my adherence to the concept of multiple truths and multiple realities leave me to postulate that however one chooses to look at, perceive, explore and understand this

question, one will always only arrive at a partial revealing of the 'truth' (Braud & Anderson, 1998) given our individual and unique standpoint and life experience. As such, how any individual attempts to curiously unpack the above mentioned tensions will always be heavily influenced by their subjectivity, 'pre-understandings and givens' (Gadamar, 1990; Heidegger,1962). Ultimately, truth remains a mystery and therefore exists in multiple forms and at multiple levels (Braud & Anderson, 1998).

There appears to be a very real and emotionally wrenching battle experienced by therapists when they wrestle with their professional roles versus their personal roles in relation to how these aspects play out in the therapeutic dyad: Do I disclose or do I hold a non-disclosing stance? What will be the impact on the client? What will be the impact upon myself? How do I remain professional and yet demonstrate my authenticity and humanity? Thus, the battle between the personal and professional selves of the therapist during therapeutic encounters with their clients requires rigours, conscious self-reflexivity, critical awareness and constant assessing and re-assessing of the moment-by-moment interaction.

There is consensus between the historical and literature reviews that therapist self-disclosure be used only when it will be therapeutically beneficial for the client. Hence, it appears that in these moments what propels therapists to take the risk and engage in self-revealing disclosures with a given client (risking the professional and personal pieces respectfully) may stem from an inherent responsibility to serve as a healing presence for their client (Rowan & Jacobs, 2002). The fundamental question is: *Who is it for?* Thus, motivation, power, humanity, humility, acceptance, the shadow and facilitating the client's healing process are all intertwined within the notion of what 'drives' therapists to disclose (Storr, 1990). Essentially, our need to go there (to disclose) may be the result of our innate need to know self-and-other (Jourad, 1971) and thus magnifies the significance of this very subjective experience.

Holding in mind the duality that exists within this co-created encounter (Stolorow et al 1987), therapists remain cognisant of the ethical implications and risks (for both self and other) whilst sharing their personal piece for their client's benefit. In these moments, there appears to be a communing of their personal and professional roles

in correlation with the reciprocal mutual influence (Stolorow et al, 1987). Hence, these moments potentially signify a web of belonging within a universal emotional tapestry interwoven with varying degrees of experience that both therapist and client are able to intimately access. In this sense, it can be acknowledged that vulnerability is an important factor in self-disclosure. Furthermore, no therapist is exempt from feeling invulnerable (Baldwin, 2000). It can be argued that the therapist's motivation to hold the tensions between their professional and personal selves resonates with their awareness of their position as wounded healers (Jung, 1993). There is a sense of the 'innate knowing' of a oneness within all things and of all things (Braud & Anderson, 1998) – hence revealing our woundedness allows the client to access their own inner healer (Rowan & Jacobs, 2002). Subsequently, it can be argued that what inspires therapists to adopt a both/and position regarding the tensions between their professional and personal roles is a need to strive towards one's deepest destiny – authenticity (Heidegger, 1962). Following on, it is noted that these personal and professional tensions translate into ethics and practice.

Holding in mind this phenomenon alongside the above mentioned tensions acknowledges the complexities involved in this subject matter, the differing variables at play and the differing levels and degrees of engagement and revelation which all interweave with the therapist's personal and professional roles. Consequently, the notion of therapist neutrality (Greenberg, 1995) and the 'blank screen' (Freud, 1912) appear nullified by the unquestionable constancy of self-disclosure. Hence, the therapist's innate desire to embrace being thrown into these moments and being with the other (Heidegger, 1962) also extends to incorporating their personal and professional selves within this process. Thus, there remains a continuous struggle between falleness and authenticity (Heidegger, 1962).

To my mind, exploring this issue from a transpersonal perspective highlights our futile attempts as human beings (and therapists) to keep control of and maintain a grasp on reality (Braud & Anderson, 1998). In this sense, the transpersonal offers an opportunity to release ourselves from what limits us and thus open our minds to the unknown and uncertainties whilst embracing transcendence (Braud & Anderson, 1998). Consequently, I argue that in these moments of 'oneness', we (therapist and client) are entangled in a universal searching and recognition of ourselves and

beyond in all our entirety – resulting in a potential releasing of ourselves from boundaries (Rowan & Jacobs, 2002) and instead embracing a communing and recognition that we are not merely created but are also the 'manifestation of a greater essence' (Braud & Anderson, 1998, p.112). This issue of the personal and professional roles of the therapist in relation to client reactions is an important one, which just like this study's topic (Therapist Self-Disclosure) does not lead to a definitive answer. Instead, it raises more hermeneutic questions. As a result, Braud and Anderson (1998, p.113) state: 'Is there an essence of life and reality or only what we perceive them to be'. In my view, as therapists we need to possess a willingness to embrace 'not knowing', 'uncertainties' and 'uncomfortability' whilst trusting the process and remaining open to working with the responses, reactions and consequences' (Watchel, 2008). Ultimately, how therapists choose to wrestle with the tensions between their personal and professional roles in relation to client reactions, will always remain a fundamentally subjective experience. In my view, it feels necessary to hold in mind these tensions and also position them consciously alongside the notion that 'whenever the mind attempts to understand the essence of the transcendent realm, it always ends in paradox' (Braud & Anderson, 1998, p.113).

2.8 Empirical Studies in Relation to Therapist Self-Disclosure

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

Studies conducted by Myers and Hayes (2006) and Tantillo (2004) found that immediate disclosure was regarded as more acceptable by clients. This is due to its relational focus and its emphasis on monitoring therapist reactions regarding how their clients relate to others. Therapist self-disclosure can be both positive, facilitating

a deeper relational meeting/exchange with clients, or negative, leaving the therapist feeling exposed or judged (Audet, 2011; Faber, 2006). Empirical studies indicate that therapist self-disclosure is a co-created process (Stolorow et al,1987) between client and therapist, aiding the development of empathy, warmth, credibility and positive regard (Knox & Hill, 2003).

A study carried out by Barrett and Berman (2001) involving Caucasian, undergraduate students as therapy clients found that therapists who self-disclosed in response to client self-disclosures were perceived more favourably than therapists who did not engage in therapist self-disclosures. This study also highlighted a correlation between therapist self-disclosure and client increased well-being. A criticism of the study is that it did not place emphasis on the content pertaining to the disclosures, as this may have had a significant bearing on the outcome. Another criticism focuses on the marginalised sample size, which subsequently rendered the findings ungeneralisable to the larger population.

Knox et al's (1997) research regarding the consequences of helpful therapist self-disclosure found that clients were able to acknowledge the humanity of their therapist. This was especially helpful for clients in terms of 'normalising' their experiences, which in turn strengthened the therapeutic relationship. This study is criticised for its one-sided approach, hence neglecting explorations into the impact unhelpful therapist self-disclosure may have on clients. On the whole, research findings appear to favour therapist self-disclosure and hence, further studies indicate that therapist self-disclosure increases the reciprocal exchange of client self-disclosure (Knox & Hill, 2003; Watkins, 1990).

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

disclosure types, dimensions, frequency of use, arguments in support or against its use, outcome and interpretation (Audet, 2011; Farber, 2006, Gibson, 2012; Knox et al 1997; Knox & Hill, 2003).

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

2.9 The Therapist's Use of Self

I find Rowan and Jacobs' (2002) contribution interesting, as it has the potential to offer a unique understanding of 'self-disclosure' and, by implication, therapist self-disclosure. Subsequently, Rowan and Jacobs (2002) identify three therapeutic positions, namely instrumental, relational and transpersonal. Rowan and Jacobs (2002) describe these three positions as follows: the instrumental position recognises the client's need to be helped and potentially learn tasks and coping strategies aimed at supporting them to manage themselves in the world. This level has a cognitive-behavioural focus. The relational position requires authentic engagement and has strong ties with the person-centred approach. Here, the client and therapist are more concerned with exploring the client's process and ways of being and relating at a deeper level. Finally, the transpersonal level involves a letting go of boundaries and focuses on the spiritual aspect of relating with self-and-self, self-and-other and beyond. In this sense, the transpersonal level encourages explorations that go beyond the individual's psyche, thus striving towards transcendence. As such, their (Rowan & Jacobs, 2002) model points to the therapist's use of self, involving different ways of relating with the client, which also impacts the therapeutic relationship and can at times extend to the differing realms of consciousness (Rowan & Jacobs, 2002). It can be suggested that their framework

provides some guidance, in terms of how to hold 'loosely' to engaging in therapist self-disclosure with a view to ethics, practice and therapeutic appropriateness.

Although the instrumental position is important within the holistic presentation of the client and therapeutic relationship, my own study is more drawn to the relational and, by extension, the transpersonal positions advocating that 'personal involvement is much more acceptable, with the therapist much more closely identified with the client and more openly concerned to explore the therapeutic relationship' (Rowan & Jacobs, 2002, p.6). Here, the above-held view is indicative of the two-way process and the possible impact therapist self-disclosure may have on the therapist, client and the therapeutic relationship. Rowan and Jacobs (2002) explore the interactive nature of therapist self-disclosure with a view to how the therapist uses him/herself in the service of healing for the client. Hence, therapist self-disclosure involves selective accounts, emotional contributions, countertransference responses, embodied experiences, verbal and non-verbal ways of relating on the part of the therapist. Furthermore, their perspective makes transparent the need for therapists to be rigorous in their constant assessment of *'what'* and *'why'* they choose to disclose, by stating:

> *"We look at ways in which the therapist is aware of and uses her/his emotions, thoughts and reactions in the service of understanding the client in creating a relationship that serves the client... we look at views on what the therapist might choose to disclose of these reactions or even what the therapist chooses to disclose in the way of personal information" (Rowan & Jacobs, 2002, p.29).*

It can be argued that similarities exist between the third position, the transpersonal and the concept of therapist self-disclosure, in that the former allows for the manifestation of therapist and client self-disclosures as 'I-Thou' (Buber, 1977) moments encased in a realm of transcendental mysticism. Moreover, the transpersonal, just like 'self-disclosure, provides a sense of the 'mystic realm' entangled in an ambience of 'not knowing' and 'mysticism'. For me, both these phenomena appear to echo subtle and not so subtle undertones of 'taboo', at what could be deemed unchartered territory for many therapists. I make this integrative

link between ‘therapist self-disclosure’ and the transpersonal, acknowledging their fluid nature as both phenomena are:

> *“Interested in a way of being, [*in which*] the boundaries between therapist and client may fall away. Both may occupy the same space at the same time, at the level of what is sometimes termed ‘soul’, sometimes ‘heart’ and sometimes ‘essence’: what they have in common is a willingness to let go of all aims and assumptions” (Rowan & Jacobs, 2002, p.59).*

In view of the above, it can be suggested that these ‘organic’ moments of therapist self-disclosure although rare, are spontaneous, potentially accidental, unintentional and mystical. To my mind, the above-mentioned quote highlights the ambiguities associated with this phenomenon and also brings to the fore concerns regarding relational dynamics, power imbalances, as well as opportunities for both therapist and client to work at relational depth (Mearns & Cooper, 2005). The therapist’s humanity and subjectivity are intrinsically linked with their use of self and their stance on and use of therapist self-disclosure. As Kaiser (1997, p.74) acknowledges ‘the very nature of clinical work is such that a practitioner’s primary tool is him- or her-self’. Hence, the therapist (as does the client) already enters the therapeutic space exempt from neutrality and in full possession of their beliefs, values, educational and training experiences, developmental histories, personality and life experiences (Kaiser, 1997). Therefore, in view of this non-neutral stance, it can be argued that the therapist’s use of self plays a significant role in relation to its appropriateness and therapeutic application within the ‘frame’ of therapist self-disclosure and the service of healing for the client. Due to the complexity involved in the application of therapist self-disclosure, the various schools of thought urge caution, arguing that therapist self-disclosure be employed when the therapist is clear in its therapeutic benefit for the client (Brown & Walker, 1990; Goldfried et al, 2003; Lane & Hull, 1990; Mahalik et al, 2000; Zahm, 1998). Existing research highlights this ambiguity, as research findings often appear conflictual and contradictory (Audet, 2011; Gibson, 2012; Farber, 2006; Knox et al, 1997; Knox & Hill, 2003).

2.10 Therapist as 'Wounded Healer'

As the literature review unfolded, it became apparent that the notion of the 'mysterious' therapist has been superseded by a subjective, human other, who through conscious awareness is closely in touch with their own shadow (Rowan & Jacobs, 2002). Hence, Baldwin (2000, p. 36), commenting on Roger's (1961) focus on the therapist to acknowledge him/herself as 'an imperfect person with flaws which make him/her vulnerable', suggests that to dismiss this profound reality may create an avenue in which the therapist's use of self-disclosure may become self-indulgent, grandiose and unethical. Furthermore, it may result in therapy proving anti-therapeutic and harmful to the client's ability to access opportunities for healing.

In reference to the imperfect and flawed being/therapist (Miller & Baldwin, 2000), I make an integrative link between the fluid, authentic essence of therapist self-disclosure, when viewed in combination with the therapist as a 'wounded healer' (Jung, 1993). The above notion highlights the creative component borne out of self-disclosure and which is also present within human interaction. Indeed, Miller and Baldwin (2000, p. 258) remark that 'creativity is constantly renewed despite, or perhaps because of, the wounded-healer's vulnerability'. Consequently, there is a sense of the power encompassed within the therapist's use of self and therapist self-disclosure, in relation to the transformation of wounds in the service of healing. Guntrip (1968) acknowledges the duality incumbent in therapist self-disclosure, thus declaring that the practice and process of psychotherapy possibly serves as a healing experience for both therapist and client.

The literature review, historical context and empirical research acknowledge the benefits of therapist self-disclosure for the client, notwithstanding its challenges and dangers. Within this frame exists the inescapable notion of therapist self-disclosure allied with the concept of the therapist as the 'wounded healer' (Jung, 1993). Hill (1993) acknowledges the impact of therapist self-disclosure on the disclosing therapist, stating that these moments are experienced as indicative of personal and professional growth, leading to moments of more enjoyable, interesting engagement and explorations of self-with-self and self-with-other. The Jungian perspective draws attention to the collective archetype of the wounded healer (Jung, 1993), which to my mind correlates with therapist self-disclosure, arguing that therapists need to support

clients to experience them (therapists) as ordinary, flawed and fallible human beings, in order for clients to internalise the therapist as a healing presence and thus through this integration meet their own inner healer (Samuels, 1985).

2.11 Summary of the Literature Review

The literature review has explored various texts, historical and empirical evidence to provide a healthy flavour of the complexities and understandings, underpinning therapist self-disclosure. The advantages and disadvantages of therapist self-disclosure have been presented, as well as the challenges. The benefits of non-disclosure have been discussed. To honour the duality incumbent in this phenomenon, the therapist's use of self (Rowan & Jacobs, 2002) and the 'wounded healer' (Jung, 1993), in relation to therapist self-disclosure has also been put forward. Nevertheless, this literature discussion has offered mixed reviews regarding this phenomenon. Thus, therapist self-disclosure's contribution can be viewed in this same vein, as it is considered disadvantageous by some and beneficial by others. Subsequently, Peterson (2002) alerts us to reflect on ethical considerations when deciding on risks and merits. Given the extensive studies carried out in the name of self-disclosure and therapist self-disclosure (Audet & Everall, 2003; Farber, 2006; Gibson, 2012; Hanson, 2005; Knox et al, 1997, Knox & Hill, 2003; Meyers & Hayes, 2006; Peterson, 2002; Tantillo, 2004), one particular aspect remains 'untouched': the personal experience and impact therapist self-disclosure may have on the disclosing therapist. Consequently, this remains the subject matter and central focus of this study

Chapter 3

3. Methodology

This chapter will provide an account of the methodology used in this study. It will include the research paradigm and design, participants and sampling, as well as illustrate data collection and data analysis. In order to meet standards for scientific integrity, criteria for validity, trustworthiness and ethical considerations will be put forward.

Qualitative research is specifically focussed on describing and displaying phenomena, as they are subjectively experienced and understood by the particular group or participants (Ritchie, 2003). Subsequently, understanding and interpretation are believed to be bound together in this same vein (Gadamer, 1990) and implies a fluid and dynamic process. IPA, 'informed by hermeneutics, the theory of interpretation [complemented this current study's aim] to explore the participants' personal accounts, which closely reflected their attempts to make sense of their experience' (Smith et al, 2009, p.3). IPA's idiographic emphasis, allows for explorations of this complex phenomenon and the participants' accounts in great detail and depth, as opposed to adopting a quantifying approach aimed at generalising the findings (Hoepfl, 1997).

In my opinion, the parallels between therapist self-disclosure and qualitative research embody a fluid and reflexive nature, in that both qualitative research and self-disclosure share some similarities. Both are difficult to define, both have no clearly defined theory or paradigm and both have no distinctive set of steps or practices to follow (Denzin & Lincoln, 2000). This shared inherent diversity appeals to the idea of exploring this phenomenon from a position of being open and not knowing, and yet also holding an awareness of bias. It is believed that the research question can be best explored using the chosen methodology and method, as it allows for investigations into this subject matter that reflect the 'lived experiences' of the participants' (Smith et al, 2009) and honours their individual understandings, interpretation, experiences and meaning-making (Smith et al, 2009). This study is

interested in exploring the participants' knowledge and understanding of therapist self-disclosure within the therapist-client relationship. Given the complexities involved in self-disclosure and the possible sensitivities that it might evoke in the individual participant, it is important that the participants feel comfortable and confident within themselves when discussing and talking about this phenomenon. Following a qualitative research method, involving a semi-structured interview approach, in line with Interpretative Phenomenological Analysis (IPA), appears to complement and honour the uncovering of unique, individual and detailed accounts of each participant's experience (Smith et al, 2009).

Husserl's (1970) contribution, advocating transcendental phenomenology, champions the notion that psychology involves the study of living subjects who do not merely react to external stimuli. Instead, living subjects respond to their own perception of how they experience their reality. It is argued that applying the methods of the natural sciences to study these complexities may prove inadequate and futile, as important points may be missed (Jones, 1975). For Husserl (1970), phenomenology provides an avenue for exploring and reaching true meaning, via deeper explorations into the living subject's unique experience. Phenomenology was regarded as a shift away from Cartesian Dualism. 'Reality' was no longer regarded as separate from the person (Jones, 1975). Husserl's (1970) primary focus is the study of phenomena as it appears through consciousness. Therefore, intentionally directing one's consciousness can possibly produce a specific interpretation of reality (Husserl, 1970). Husserl (1970) also believed that introducing epoche – bracketing off our preconceived ideas and experiences – can allow us to fully appreciate the others' perception of reality.

Existential phenomenologists argue that it is not entirely possible for one to completely bracket oneself off from the phenomena under study. In contrast, Heidegger (1962) argues that we are not separate from our realities and the world. Heidegger's (1962) emphasis on historical context and culture demonstrates that pre-understanding is a given, and therefore cannot be separated from the person. The individual's background, culture and context will always form an integral part of their experience. Thus, epoche is a useful tool, however, it has its uses and limits in the study of living subjects. Consequently, a definitive interpretation is not only impractical, but highly impossible (Annells, 1996). Heidegger (1962) and Husserl's

(1970) perspectives emphasise that there is no absolute truth/absolute reality, which contrasts greatly with the natural sciences and Cartesian Dualism. Instead, they suggest that there are multiple realities and multiple truths. Therefore, following an IPA methodology will allow me to remain open to such possibilities.

In line with the phenomenological and hermeneutic underpinnings, I have drawn on the social constructivist perspective (Cottone, 2011) regarding how knowledge is thought about and created. In this sense, and in agreement with IPA and this study's position, knowledge is dependent on the individual's learning, understanding, interpretation and experience of the phenomenon with which they interact. In my view, the participants' experience, meaning-making and knowledge of therapist self-disclosure involve a multi-layered influence: their personal histories and experiences and how they come to know and understand themselves and their 'reality' (Jourard, 1971). In accordance with the above positions (phenomenological, hermeneutic and social constructivist philosophies), therapist self-disclosure can be regarded as a form of 'social interaction' (albeit therapeutic and professional) that occurs within the therapist-client relationship. It is a co-created process, in which knowledge and interaction are shaped through social interaction and reciprocal mutual influence (Stolorow et al, 1987). In agreement with Heidegger (1962) and the social constructivist position (Cottone, 2011), this study argues that the person is not separate from their culture, history and social context. I argue that the above position can be transferable to the phenomenon that is therapist self-disclosure, as this subject matter involves the continuous interplay of communion between two subjectivities who influence and shape the knowledge that is created between them (DeYoung, 2003).

Cottone's (2011) notion of 'relational realism', which asserts that everything is viewed as relative, complements this study's position (regarding the unique and personal participant accounts) and the social constructivist perspective. Consequently, the created knowledge only exists within the participants' understanding, interpretation, meaning-making and their interaction with the phenomenon, which may also extend to 'the other' within the social interchange (Cottone, 2011). I appreciate Cottone's (2011) notion of 'Bracketed Absolute Truth', and make an integrative link with Husserl's (1970) notion of 'bracketing'. Although

both philosophical positions use this notion of ‘bracketing’ slightly differently, both point to the idea that a conscious separation of ‘sorts’ is potentially possible. Interestingly enough, and in slight contrast to Heidegger (1962), Husserl (1970), and IPA’s advocating of multiple truths, multiple realties and relative truths, Cottone (2011) offers the possibility of ‘absolute truth’ – where truth is held between the two subjectivities or between the community as absolute, whilst outside of this frame, truth is understood as relative. To my mind, Cottone’s view (2011) complements the notion of complexity involving ‘truth’ which Husserl (1970), Heidegger (1962) and IPA also advocate.

The above ideological and philosophical positions complement this study’s both/and position regarding multiple truths, relative truths and the notion of ‘absolute truth’ held between persons within a particular social frame. Hence, ‘truth’ involves interaction and is a social component of the human condition. It is my view that the phenomenological, hermeneutic and social constructivist perspectives all highlight the complexities of ‘truth’ and the importance of holding the tensions of ‘truth’ embroiled with sameness and contradiction. Thus, interaction involves a matrix of multi-layered ‘consensualities’ (Cottone, 2011) and just like human interaction, ‘truth’ remains a fluid and dynamic process where meaning, understanding and interpretation continue to be negotiated and renegotiated through the reciprocal mutual influence of the intersubjective exchange (Stolorow et al, 1987). This sense of unique and individual meaning-making and interpretation embroiled in multi-layered consensualities (Cottone, 2011) is further supported by Neimeyer (1995, p. 30), who states that ‘in a sense, speaking of ‘constructivism’ as a singular noun is more rhetorical than realistic, in that any close listening to the postmodern chorus reveals a polyphony of voices – not all of which are singing in the same key’.

3.1 Research Question and Research Aims

This research study adopts a qualitative methodology and follows an IPA method of investigation, in order to explore the personal impact and 'lived experience' of integrative therapists' who engage in therapist self-disclosure. The proposed research questions are:

- What is the experience and impact of therapist self-disclosure as 'lived' by the disclosing therapist?

- What is the personal impact and experience of therapist self-disclosure within the therapist-client relationship as 'lived' by integrative therapists?

- How do therapists experience therapist self-disclosure?

- What impact does therapist self-disclosure have on the disclosing therapist?

- How does training impact the therapist's decision to engage is therapist self-disclosure?

3.2 Interpretative Phenomenological Analysis

This study adopts the qualitative methodology known as Interpretative Phenomenological Analysis (IPA). IPA's incorporation of phenomenology, hermeneutics and idiography was compatible with this study's aim to draw on meaning and interpretation, by exploring the particular and unique experiences, understanding and interpretations of the individual participants (Smith et al, 2009). IPA allows for the potential of rich and detailed data to be uncovered in relation to the participants' lived experiences (Smith et al, 2009). The aim was to attempt to capture the individual participant's personal experience of using therapist self-disclosure and reflecting on the personal impact that working with this phenomenon may have for them.

Both Heidegger (1962) and Husserl's (1970) positions complement IPA. Husserl's (1970) focus is on the human being's intentionality - that which involved conscious experiencing. Nevertheless, it is important to acknowledge the central role of the researcher within the research context. Heidegger's (1962) approach demonstrates a shift away from transcendental phenomenology and instead emphasises the hermeneutic and existential components encompassed in phenomenological philosophy (Smith et al, 2009) – hence, 'the shared, overlapping and relational nature of our engagement in the world' (Smith et al, 2009, p.17).

Polkinghorne (2005) views the researcher to be at the centre of the research. Denzin and Lincoln (2000) view both participant and researcher as interactively linked. This study adopts the latter view, which links well with IPA, Heidegger (1962), Neimeyer (1995) and Cottone's (2011) respective positions, and the theme of the person and their 'reality' being inseparable from their world. IPA's use of the double hermeneutic (Smith et al, 2009) involving phenomenological research builds on Gadamer's (1990) contribution regarding the co-creative process between researcher and participant. There is also a view in the field to hold in mind the notion of 'empathic neutrality' (Ormston, Spencer, Barnard & Snape, 2014), as this approach embraces and acknowledges that subjectivity is always in the frame. It allows for the acceptance that research is never value-free and, as such, encourages the researcher to own and acknowledge their biases, assumptions, subjectivity, beliefs and values within an air of transparency, whilst simultaneously

striving for a neutral and non-judgmental approach (Ormiston et al, 2014). Consequently, viewing this study as a collaborative process (Reason, 1994) between myself and the participants felt important and also allowed me to position myself both at the centre of the research (Polkinghorne, 2005) and interactively linked with the participants within the research process (Denzin & Lincoln, 2000).

The epistemological position of my research question aimed to explore in depth and detail the unique understandings, interpretations and meaning-makings of the individual participants as lived by them (Smith et al, 2009). Subsequently, the research findings were enmeshed with the individual's context and my position as interactive researcher (Denzin & Lincoln, 2000). As an interactive and interpretivist researcher, I embraced and participated in the participant's 'world' from a position of inside-out (Rooney, 2005), rather than attempting to embrace the falsity of occupying an externalised and removed approach (Finlay, 2009). I worked with the double hermeneutic (Gadamer; 1990; Smith et al, 2009) and recognised the challenges brought on by subjectivity, interactive participation, bias, assumptions and beliefs, which could not necessarily be 'bracketed' off in the pure sense as Husserl (1970) advocates, if at all. Viewing bracketing as a cultivation of doubt (Jones, 1975) to support me to open myself up to the material the study manifested was helpful as it allowed me to consciously keep in the frame a critical awareness coupled with reflexivity.

Acknowledging my own subjectivity from the outset and recognising that it continues to shape the research process and outcomes (Etherington, 2004) was important. This allowed me to hold an appreciation of what was happening for me experientially and what was happening for the participants. Critical awareness and reflexivity ensured that I attend to my own biases, assumptions and context, appreciating their fluidity and being mindful of their presence throughout the various stages of the research process (Etherington, 2004). Subsequently, the researcher was able to work within the co-created intersubjective relationship (Stolorow et al, 1987), whilst simultaneously immersing oneself in the research process, so that rich, unique and detailed accounts were uncovered (Smith et al,2009)

3.3 Interpretive Phenomenological Analysis (IPA) as Opposed to other Qualitative Methods

I considered a range of methodologies when selecting an appropriate approach to investigate this phenomenon. I considered the aims and objectives of this research study and my position as researcher (values, beliefs, philosophies). Given the nature of the study, theoretical and philosophical contributions, the research question as well as my position to hold an open, explorative stance, a qualitative research methodology felt best suited. I decided on IPA because this methodology allowed for explorations of this complex phenomenon in great detail and depth. It honoured the uniqueness of the individual and their meaning-making, whilst acknowledging the complexities involved in undertaking research in this area.

3.3.1 Grounded Theory and Narrative Analysis

After reviewing several research articles and various methodologies that came under qualitative research, grounded theory was considered and discounted, as the aim of this study was not to generate a theory from the data collected (Glaser & Strauss, 1967). As my sample size was small (five participants), it would not be possible to generalise findings, nor was this the focused outcome and intention of the research. IPA was concerned with the opposite, namely exploring the unique and individual experiences, interpretations and meaning-making of the particular participant with a view to including explorations of themes and patterns across this purposive sample (Smith et al, 2009).

It has been observed that therapist self-disclosure often involves sharing an experience linked with the individual's story. This could easily be derived at via the use of narrative analysis (Andrews, Squire & Tamboukou, 2008). Although IPA and narrative analysis have both developed from social constructivism (Bruner, 1990), and the latter could be viewed as compatible within this area of research, this too was discounted, as the focus was not on the content of people's stories or how stories were constructed (Andrews et al, 2008). Although, IPA has an idiographic component, I felt that focusing primarily on the content and structural aspects of speech, albeit important, would detract from my research question and thus hinder

explorations into the intrinsically personal experience and impact that therapist self-disclosure may hold for the individual participant. I chose IPA, as my interest lay in exploring how therapists make sense and meaning of their experiences of therapist self-disclosure.

3.4 Limitations

IPA is concerned with arriving at a detailed and nuanced analysis of the participants' lived experiences and also explores the convergent and divergent elements pertaining to the participant accounts (Smith et al, 2009). Unlike quantitative methods, its findings cannot be generalised (Hoepfl, 1997). Nevertheless, IPA's concern with the micro level analysis of the individual participant's experience involving 'detailed explorations and presentation of actual slices of human life' (Smith et al, 2009, p. 202) should not be misunderstood as discounting the relevance and value of macro level claims. Instead, it highlights the value of micro level studies and claims and asserts that analyses at a micro level can enhance macro accounts (Smith et al, 2009). Given that this area under investigation appears to be 'under-researched', it felt appropriate to use IPA in order to encourage potential future studies to build on this micro level investigation. Thus, later investigations into this area may very well include macro level studies, quantitative methods and generalisable accounts.

Chapter 4

4. Participants, Sampling and Design

4.1 Purposive Sampling

Due to this study's phenomenological and hermeneutic foundation, it was important to use a homogenous and purposive sample of participants that would best suit the research question, fit the recruitment selection criteria and who were in possession of knowledge regarding this subject matter (Breakwell, 2004). Consequently, the material uncovered would allow for explorations of detail and depth, whilst allowing for the examination of 'convergence and divergence in some detail' (Smith, et al, 2009, p. 3). This study was able to concentrate on the participants in-depth accounts of their 'lived experience' (Smith et al, 2009) regarding therapist self-disclosure. A purposive sample lends itself to uncovering themes and meanings that this homogenous group shared (Smith et al, 2009). It was expected that within this homogenous group, there would still be enough data uncovered to allow for connections to be made across themes, as well as to allow for elements of difference (Smith et al 2009). As the primary focus was detail and depth, the emphasis was quality and not quantity, which could be derived from 'a concentrated focus on a small number of cases' (Smith et al, 2009, p. 51). This study still held the expectation that participants were diverse enough from each other to allow for the exploration and uncovering of rich and unique material (Polkinghorne, 2005).

4.1.1 Participant Criteria

This study included five participants. All participants were Caucasian. Three were female and two were male. Furthermore, two female participants were of foreign nationality whilst the remaining three participants were English. The participants' ages ranged from 37-66 years. All participants were integrative psychotherapists, held UKCP accreditation and had been post qualified for approximately plus four years. The rationale for specifically recruiting integrative therapists has been addressed in section 1.1 – the Purpose of the Research. As this study was unique and involved an exploratory engagement of this phenomenon in relation to the therapist's personal experience and impact of their self-disclosures upon

themselves, it felt appropriate to embrace the inclusivity component which underlies the integrative approach. Hence, narrowing the participant criteria to involve integrative therapists in this first instance provided a starting point for exploring this phenomenon and simultaneously honoured the relevance and insights pertaining to the various schools of thought and frameworks which exist under the integrative umbrella. The participants had knowledge and understanding of the phenomenon under investigation. All were familiar with the use of therapist self-disclosure within their individual therapist-client relationships to varying degrees. Given the complexity of the phenomenon and the sensitivities it could potentially evoke in the participants, I sensed that this 'hot potato' was an area that not too many counselling psychologists and psychotherapists wished to dabble in, research-wise. Hence, there proved to be a difficulty regarding recruitment, which is evidenced by the sample size, reduced from six to five participants.

Participants were required to have experience of working with therapist self-disclosure within the therapist-client relationship. All participants needed to be registered with a professional body such as the British Association for Counselling and Psychotherapy (BACP) and/or the United Kingdom Council for Psychotherapy (UKCP). This was to ensure that the participants were post-qualified and were accountable for abiding by the required ethical guidelines in their practice. All participants were expected to be integrative, relational counselling psychologists and/or psychotherapists who engaged in therapist self-disclosure as it was believed that this would potentially enhance the uncovering of rich and detailed data.

*4.1.2 Table 1: Participants Characteristics (*pseudonyms)*

Participant No.	Name *	Age	Gender	Professional registration	Therapeutic Approach	Work Context
1	Gabriella	45-50	Female	UKCP	Relational integrative	Private Practice
2	Cristina	35-40	Female	UKCP	Relational integrative	NHS & Private Practice
3	Anna	60-65	Female	UKCP	Relational integrative	Private Practice & Charity
4	Miles	55-60	Male	UKCP	Relational integrative	Private Practice
5	Jack	60-65	Male	UKCP	Relational integrative	Private Practice

4.1.3 Participant Recruitment

After being granted ethical approval from the Metanoia Research Ethics Committee (Appendix 1) for my research project, I began contacting various counselling psychologists and psychotherapists at universities, charities and via the internet. Unfortunately, the response I received was not favourable; either my invitation received no response or they agreed to pass on my information sheet and advert to other colleagues and organisations. Consequently, I adopted a more direct approach and ask colleagues and doctoral peers if they could assist me via word of mouth. This approach was far more successful, as it provided me with five participants, who then received the information advert, information sheet (Appendix 2) and consent form (Appendix 3). In hindsight, I wondered whether the subject matter was in itself a deterrent and therefore needed the 'personal touch' of recruitment via word of mouth, so that they (participants) felt 'safe' and open to trusting the process, the research study and me.

4.2 Data collection

A semi-structured interview approach was used in the process of data collection. This allowed me to gain an in-depth, detailed account (Kvale, 1996) and understanding of the individual therapist's personal experience regarding therapist self-disclosure. This approach also allowed opportunities for clarification and flexibility owing to the subjective and unique interpretation of the individual participants.

4.3 Interview Schedule

As an interactive researcher, my role was central to the process regarding how material was uncovered (Denzin & Lincoln, 2000; Polkinghorne, 2005). Being mindful of my relational contact, in terms of how I explored and interacted with the participants at each stage of the research process, was vital to producing rich and detailed data (Smith et al, 2009). It felt necessary to have an interview schedule to hand (Appendix 4) that allowed for focus and flexibility regarding the exploration of this phenomenon. It was important for the interviews to follow the course and concerns of the participant, thus honouring the uniqueness of each individual account (Smith et al, 2009). All interviews were recorded and transcribed. The recorded interviews allowed for the uncovered data to be listened to intently and for careful attention to be focused on phrases, words used and the implicit and explicit exchanges (Kvale, 1996). This process emphasised the participant-led agenda and thus was 'not structured around a priori issues or researcher led assumptions or topics' (Smith et al, 2009, p. 70). Exploring their significance allowed for the rich capturing of the participants' lived experiences, whilst ensuring depth and detail. IPA offered the necessary space for explorations into 'unanticipated and unexpected findings' (Smith et al, 2009, p. 70).

4.4 The Semi-Structured Interview Approach

A semi-structured interview approach was used as this allowed for flexibility in terms of how questions were phrased (Kvale, 1996). This approach is also known as an in-depth interview, providing structure with flexibility (Legard et al, 2003) and involving 'conversations with a purpose' (Webb & Webb, 1932, p.138). This view is reinforced by Corbin and Morse (2003), who regard the interactive process between researcher and participants as a collaborative experience involving both parties engaging in conversational intimacy, so that participants feel comfortable sharing their experiences and story. Some researchers have highlighted the fluid and illusive quality of the unstructured interview's position as a strength, because it remains organic and thus contains no preconceived theories or ideas (Corbin & Morse, 2003). Likewise, the flexibility of the semi-structured interview implies a fluid and on-going process embroiled in *living-in-the-moment*, interpretation and questioning the interpretations that unfolded (Hertz, 1997). Change was expected during data collection, as the purpose of hermeneutic phenomenology is to move toward a fuller understanding of the phenomenon (Smith et al, 2009). IPA proved useful in exploring this topic, especially as some conditions may be problematic to identify and were possibly not even identified as yet (Morrow, 2007). It made the idea of immersing oneself fully in the process, amongst the chaos and not knowing, all the more possible and acceptable in the collection of rich and detailed data.

I conducted a self-interview prior to interviewing participants in order to enter the field holding more awareness regarding my own assumptions and how they may potentially impact this study (Etherington, 2004). This allowed me to fully immerse myself in the process as an interactive researcher, whilst holding in mind my subjectivity (Etherington, 2004). This inside-out position (Rooney, 2005) supported me to be more fully present in the research process. I appreciated Gadamer's (1990) focus on the complex relationship existing between the interpreter and the interpreted material (Smith et al, 2009). Hence, holding an awareness of empathic neutrality within the context of conducting this research, coupled with the researcher's subjectivity remains a key factor. Moreover, it is necessary for the researcher to remain reflexive (Etherington, 2004) and cognisant of researcher prejudice. Indeed, Gadamer (1990, p.269) points out that 'the important thing is to be

aware of one's own bias, so that the text can present itself in all its otherness and thus art its own truth against one's own fore-meanings'. Thus, I made my interview relative to participant interviews by comparing and contrasting my account with their respective accounts as the interview process unfolded. Holding a conscious awareness of my assumptions, subjectivity and biases allowed me to remain cognisant of imposing my understanding of the phenomenon on the participants' accounts (Smith et al, 2009).

Each participant read the information sheet and signed a consent form (Appendices 2 & 3) and then participated in a semi-structured interview. The interviews lasted approximately one hour to an hour and a half in length. This enabled the participants to share rich, in-depth, personalised accounts of their experiences and their understanding of the impact of this phenomenon upon themselves (Smith et al, 2009). The in-depth interview allowed for space for the emergent and clarification within the interview process (Smith et al, 2009). The flexibility of the semi-structured interview implied a fluid and dynamic process involving detail and depth rather than holding rigidly to comparing participant reports (Smith et al, 2009).

I was aware of my anxiety at the start of each interview, which was largely due to a confidence issue regarding me finding myself in what I deemed to be unfamiliar territory as a 'novice researcher'. As the interviews unfolded and we became more involved and immersed in the interview process, I felt more confident, relaxed and began to enjoy the process. At some points, it did prove challenging to remain 'empathically neutral' and this helped me consciously hold an awareness of my bias and subjectivity. It highlighted for me that the very nature of self-disclosure is essentially organic. This allowed me to hold an appreciation of what was happening for me experientially and what was happening for the participants. It was necessary to attend to my own countertransference, biases, assumptions and context, appreciating their fluidity and being mindful of their presence throughout the research process (Etherington, 2004). It was important to keep a reflective personal journal throughout the research process, which included my experiences of how the interviews felt, how I experienced myself and the participants. A summary of my reflections taken from my personal journal can be found in the discussion section (see Chapter 5).

4.5 Data Analysis Procedure

As IPA data analysis is iterative and inductive by nature, involving a dynamic interplay of description and engagement with transcripts (Smith et al, 2009), I followed Smith et al's (2009) step by step approach to conducting qualitative research whilst following an IPA method of enquiry.

Firstly, it was important to analyse each individual interview in depth and detail. This involved drawing out exploratory comments and emerging themes (Smith et al, 2009). Secondly, becoming more immersed in the analytic process allowed for the emergence of similarities and differences across the participant interviews. The next step was to develop and create master and superordinate themes. By re-reading the material, I became more familiar with themes and common threads. I considered the language used and content provided by participants. Thus, data collection and analysis captured a rich, detailed account of both experience and meaning. Subsequently, extracting and exploring the emerging themes in more detail, creating a summary of the content by bringing together themes, common threads, looking for patterns and connections across transcripts added further depth (Smith et al, 2009, 2004). Holding a place for what emerged as difference, contradiction and paradox (Smith et al, 2009) added to the rich data being uncovered.

4.6 Transcribing the Recordings

As IPA involves a semantic recording of the interview (Smith et al, 2009), in order to analyse the qualitative data, recordings were transcribed and meticulously examined for accuracy. Participants' names and identifying information were removed from the transcripts in order to ensure anonymity and confidentiality. Rather than aiming for quantitative and generalisable findings, adopting a qualitative approach allowed for explorations of sensitive 'truths', 'meaning' and multiple interpretations in the pursuit of meaning (Willig, 2001). In line with IPA, focusing on the participants' experience, understanding and meaning-making was paramount. My role as an interactive researcher was to explore and examine the emerging data with a view to gaining a well-rounded understanding of the content, meaning-making, variations and complexities pertaining to each individual and unique participant's account. IPA allowed for the meaning of the participants experience to remain the central focus.

The aim of the phenomenological data analysis was to gain an understanding of the content and complexity of those meanings (Smith et al, 2009). Through this collaborative process and holding in mind the double hermeneutic, the researcher aimed to make sense of and interpret the meaning-making, understandings and experiences conveyed by the participants who were in the process of making sense of their 'lived experience' (Smith et al, 2009).

4.6.1 Assigning Exploratory Comments

Exploratory comments were arrived at by repeatedly listening to the individual recordings and simultaneously working through the individual transcripts. This approach was helpful as it allowed me to more fully access the participants' world. Thus, I developed a 'felt sense' (Stern, 1998) experience of the uniqueness of each participant's account whilst immersing myself further in the data analysis process. This was followed by a manual process of coding the data to arrive at exploratory comments, in line with Smith et al (2009) (See appendix 6). I was able to highlight similarities, connections, patterns within each individual transcript, which in turn illustrated the depth and detail contained within each individual transcript.

4.6.2 Capturing Emergent Themes

The coding process continued with the next step, which involved searching for emergent themes (Smith et al, 2009). Analysing the individual transcripts, section by section, and arriving at exploratory comments was followed by a phenomenological exploration of the data in order to draw out emergent themes. This process involved assigning a word or a thought/phrase to sections of a transcript, which was followed by making connections between sections of the transcript and arriving at a theme for each section (see appendix 6). This approach allowed for further depth and detail as it highlighted the essence, understanding and interpretation of each participant's transcript. Engaging in the process as an interactive and interpretivist researcher (Denzin & Lincoln, 2000) allowed for the 'synergistic process of description and interpretation' (Smith et al, 2009, p. 92) to be reflected through the dual process of emergent themes capturing the participant's words and thoughts, coupled with the researcher's interpretation of these words, thoughts and themes – thus honouring the double hermeneutic.

4.6.3 Developing Super-Ordinate Themes

The emergent themes (from the five participant interviews) were then grouped under potential master themes (see appendix 7). This was a laborious task, which took quite some time and left me feeling rather overwhelmed by the process and the vast number of themes and data that were manifesting. I engaged in the process of 'abstraction' and 'subsumption' (Smith et al, 2009) in order to identify patterns between emergent themes, so as to arrive at superordinate themes (Smith et al, 2009). This was followed by examining the data and creating clusters of emergent themes. Next, I engaged in a meticulous and thorough examination between the cluster of themes and the original transcripts, in order to ensure accuracy. The next step was to create superordinate themes for each cluster (appendix 7), so that the phenomenological interpretation and meaning-making of the participants' accounts, as well as my interpretation of the data encompassed in the emergent themes and superordinate themes, '[felt] like they have captured and [reflected] an understanding' (Smith et al, p. 92).

4.6.4 Searching for Connections across Cases

The next step involved a cross-analysis of the five cases, in order to identify patterns and interconnections between them. Superordinate themes considered most potent were listed in a table format (see table 5.1 in the findings). The aim was to make transparent how 'themes and superordinate themes, particular to individual cases, represent unique idiosyncratic instances, but also share higher order qualities' (Smith et al 2009, p.101). This process allowed for the nesting together of themes within a superordinate theme and simultaneously, in line with 'hermeneutic parlance' (Smith et al, 2009, p.100), scope was available for the emergence of new themes, which also resulted in the dispensing of others (Smith et al, 2009). Again, in order to lead to the development of master themes, 'abstraction' and 'subsumption' were engaged (Smith et al, 2009). This involved identifying patterns between superordinate themes and then nesting these under a master theme or where superordinate themes acquired a master theme status (Smith et al, 2009).

4.7 Ethical Considerations

Due to the controversial nature of this phenomenon and the sensitivities it may evoke in individual participants, it was important to consider the ethical implications. It was important to work within the British Psychological Society's Code of Human Research Ethics (2014), as well as adhere to the UKCP and Metanoia's Code of ethics. As stated earlier, ethical approval was sought and granted by Metanoia Research Ethics Committee. Ethical considerations operated throughout the study, as it implies a dynamic process and cannot merely be reduced to a set of rules (Orlans, 2007) (Metanoia Research Ethics Committee Approval Form see appendix 1).

4.7.1 Informed Consent

Prior to conducting the interview, each participant was provided with an information sheet (Appendix 2) to read and a consent form (Appendix 3), which was to be signed should they agree to participate in the study. The information sheet informed the prospective participants about the purpose of the study, what was involved, the possible risks and benefits. How their information would be stored and who would be allowed access to it was explained. Before beginning each interview, it was important for me to check where the participant was at in themselves and briefly recap the study's purpose regarding the phenomenon under investigation. It was necessary for me to check if they were clear about their involvement in the study and to answer any questions they might have had prior to conducting the interview. This was followed by me collecting in their consent forms. It was important that my participants felt safe and comfortable before, during and after conducting interviews, and with the research process as a whole. In the interests of ethics, participant care and wellbeing, debriefing each participant after interviewing them was necessary (Breakwell, 2004). Participants were made aware that they could approach me at any stage of the research to discuss concerns and were informed that they could terminate their participation at any point (Smith et al., 2009).

4.7.2 Avoidance of Harm

As the participants were qualified integrative therapists who accessed supervision and possibly personal therapy, I enquired as to whether any further support was needed regarding their self-care. It was important to enquire what support they felt would be useful in moments of distress and implement a plan that would complement their need (Breakwell, 2004). Given the controversial nature of this phenomenon, I acknowledged the participants' right to refrain from answering certain questions, should they choose to do so. As such, 'one must always evaluate the extent to which simply talking about sensitive issues might constitute 'harm' for any particular participant group' (Smith et al, 2009, p. 53). Likewise, accessing personal therapy throughout this process was important for me. Monitoring the participants' wellbeing throughout the interview and research process, in terms of whether they felt they needed additional support, was essential. It was important to create an atmosphere in which the participants' felt safe, supported and respected. This allowed for the establishment of rapport and trust. On completion of the interview, I thanked the participants for their time and generous contributions. I debriefed participants, also checking with them to see how they were feeling and if they required any further assistance.

4.7.3 Privacy and Confidentiality

It was essential that I explained and ensured anonymity and confidentiality of the participants, as this subject matter can be considered sensitive and exposing, due to the nature of the phenomenon under investigation. It was necessary to separate data from the identifiable individuals (Lee, 1993). I removed all identifying information (names, personal information), replacing them with codes linked to transcripts, themes and interviews. Interview recordings and transcripts were coded and safely and securely stored. The information was available only to myself. This way, I ensured my commitment to respecting the autonomy, privacy and dignity of the participants. I informed participants that some direct quotes would be used in the final write up of the study, which would not compromise anonymity and confidentiality. In the interests of confidentiality, anonymity and the safety of all involved in the study, tapes would be destroyed (Breakwell, 2004) after the examination of my thesis. I also registered with the Information Commissioner's

Office as a Data Controller for the duration of the research process, due to the keeping of electronic data.

4.8. Scientific Integrity

Considering the impact of my insider/outside (Rooney, 2005) status and subjectivity in relation to participant accounts and the research process was essential. Being aware of the limitations was important as this could potentially lead to the blurring of boundaries between participants and researcher. Indeed, it was necessary to strive for scientific integrity. This heavily influenced issues such as validity and trustworthiness. For the purposes of scientific integrity it was essential to guard against and avoid any potential situation that might result in the misrepresentation or misinterpretation of data, hidden agendas and/or false assumptions (Rooney, 2005). Given therapists' vulnerabilities regarding this phenomenon, I had to ensure that participant accounts remained authentic and honest representations of their interpretations of their world.

Advantages of my insider/outside researcher status allowed me to enter the field with an awareness and knowledge, which outsiders may lack (Rooney, 2005). Participants felt more comfortable speaking with me, as a fellow colleague, about this phenomenon. Scientific integrity is a complex and very necessary validity tool. I needed to ensure that participant accounts did not leave them open to feeling exploited, exposed, vulnerable or unsafe. Remaining cognisant of this aspect was essential, as to not do so would have very clearly influenced how they approached their semi-structured interviews, whilst also implying ethical dilemmas. Regarding validity, trustworthiness and credibility, insider/outside researcher status strived for authenticity, credibility and transferability (Rooney, 2005). The aim was for the reader to be able to construct their own perspective, which is just as valid as accounts held by researcher and participants respectively (Cohen, Manion & Morrison, 2000).

In order to ensure the scientific integrity of the project, it was important to adhere to the principles set out by Yardley (2011) regarding validity and trustworthiness. As with ethical considerations, these principles needed to be consciously monitored

throughout the study. Yardley's (2011) four principles provided a framework for conducting research aimed at highlighting validity.

4.8.1 Sensitivity to Context

Sensitivity to context required awareness of the socio-cultural setting, engaging in a thorough review of the literature related to the research topic, chosen methodology and research method, and a meticulous examination of material extracted from participant transcripts. Developing a sound understanding of qualitative research and choosing IPA as the most suitable method for undertaking this investigation was demonstrative of sensitivity to context, due to the focus on idiography and the particular (Smith et al, 2009). During the data collection stage, I remained empathically curious and empathically neutral, so as to build rapport and support the participants to feel listened to, validated and respected in view of their very personalised accounts.

Sensitivity to context involved maintaining a 'close awareness of the interview process – showing empathy, putting the participants at ease, recognising interactional difficulties and negotiating the intricate powerplay where research expert meets experiential expert' (Smith et al, 2009, p.180). Subsequently, making sense of how the participants were making sense of their lived experience involved exploring the raw material in a manner that allowed the researcher's focused attention to remain immersed and interactive with the participants' unfolding narratives, and what emerged as unique and similar within their individual accounts (Smith et al, 2009). Given the sensitivity and controversial nature of the phenomenon under investigation, I held a conscious and empathic awareness regarding the possibility for a potential parallel process (Clarkson, 1995) to manifest (this was acknowledged and evidenced in the write up). Verbatim extracts from participant transcripts were anonymised and evidenced in the data analysis section of this study (Smith et al, 2009).

4.8.2 Commitment and Rigour

Recruiting a reasonably homogenous sample by selecting participants who had a thorough knowledge of the subject area, closely monitoring the participants, myself and the research as it unfolded allowed me to meet the criteria for commitment and rigor (Smith et al, 2009). I remained sensitive to the participants' needs throughout the study by briefly checking in with them prior to commencing the interviews. I adopted a monitoring process throughout the interview process and then debriefed them once we had finished the interview. My aim was to demonstrate a continuous commitment to their wellbeing throughout the interview process. This level of care, commitment and rigour was further incorporated in the various stages of data analysis, when examining each individual transcript and again, when conducting a cross examination of the data. Indeed, Smith et al (2009, p.181) highlight this aspect with their remarks that maintaining a balance between 'closeness and separateness, to be consistent in one's probing, picking up on important cues from the participant and digging deeper' were necessary steps aimed at commitment to rigour.

4.8.3 Transparency and Coherence

Transparency and coherence involved a step by step description of the research process, so that the reader, participants and I were able to gain a thorough understanding of the research and its outcome. Revisiting transcripts and re-reading data allowed me to reflect on themes, contradictions and ambiguities. These elements were then clearly and thoroughly explored to support a coherent argument and outcome. This meant providing an audit trail of how the data was collected and findings were arrived at. The appendices section exhibits several examples of the process involved in data collection and analysis from transcribing the data, developing exploratory comments and emerging themes. This process was further enhanced by the development of superordinate and master themes. A list of themes was created and tables displaying aspects of the raw data were evidenced in the findings and discussion.

Providing an independent audit trail of every stage of the research process, that was reviewed by my research supervisor and a 'critical research friend', was a powerful way to facilitate the validity/credibility (Smith et al, 2009) of my findings and highlight

inconsistencies. IPA is a creative process and therefore scientific integrity requires that the criteria for validity be applied with a degree of flexibility (Smith et al, 2009). Keeping a personal reflective journal to account for my process and experiences throughout each stage of the study was important. This supported me in my account to hold a critical awareness of the process and my personal experience as a whole, which further enhanced the above outcomes. Amendments were accommodated for in the final analysis (Elliot et al, 1999).

In order to further meet the coherence aspect of my research, it was important that I provided a strong philosophical positioning, in which the faithful application of the IPA method was adhered to (Smith et al, 2009). Recording my thoughts, experiences, method decisions and recognising my own biases helped me own my perspective, as well as limit its influence upon the interview process, data collection and analysis. This allowed me to hold onto the raw transparency regarding the insights being offered, whilst allowing the participants' authentic voices to ring through strongly (Smith et al, 2009). In line with the phenomenological hermeneutic flavour put forward by Heidegger (1962), Husserl (1970) and the social constructivist position (Cottone, 2011) respectfully, regarding multiple truths and a contextualised absolute truth, IPA's approach coupled with an independent audit trail reinforced the above notion of scientific integrity. Thus, it allowed 'for the possibility of a number of legitimate accounts and the concern therefore [was] with how systematically and transparently this particular account [had] been produced' (Smith et al, 2009, p.183).

4.8.4 Impact and Importance

4.8.4.1 Triangulation

Triangulation is a powerful tool aimed at exploring a particular phenomenon 'from multiple perspectives' (Smith et al, 2009, p.52) and which results in a more detailed and balanced positioning of the findings (Smith et al, 2009) thus enhancing the plausibility of the study. My data and write-up relied on several drafts undergoing meticulous scrutiny, as well as feedback from a critical research friend (Smith et al 2009) and my research supervisor, in order to meet validity and credibility standards.

4.8.4.2 Impact and Importance continued

Impact and importance involved the research arriving at an outcome that the reader would find interesting, important and useful. In line with the subjective nature of this study, developing reflexivity (Etherington, 2004) and self-awareness was key in this respect. The impact of therapist self-disclosure on therapists, within the therapist-client relationship, was of interest from an ethical, professional, clinical, training, practical and personal position. It felt important to state that although impact and importance might be demonstrated, in terms of this study's potential contribution to ethics and the two-way interpersonal psychology operating between therapist and client, ultimately, it is the individual reader who will hold the decision in this respect. Impact and importance is subjective in that it is based on the individual reader's understanding, 'lived experience', interpretation and how 'embracing' this phenomenon within the therapist-client relationship may have personally impacted them (Kaiser, 1997). Potential future studies in this area could explore and grapple with more focused offshoots of this phenomenon, in relation to the therapist's personal experience, thus producing a knowledge base that lessens or closes the existing gap in this area.

Chapter 5

5. Findings

The analysis of the five participant interviews produced three master themes and included their respective superordinate themes, illustrated in Table 2 below. This chapter will provide a detailed exploration of the various master and superordinate themes. Verbatim quotes will be used in order to allow the reader to gain a sense of the participants' world and their 'lived experience', thus adding to depth and detail (Smith et al, 2009). Pseudonyms have been assigned to each participant's interview throughout, in order to protect their identities, and ensure anonymity and confidentiality of their material.

5.1 Table 2: Master Themes and Superordinate Themes for the Group

Master Theme 1: 5.2 What is Self-Disclosure	Superordinate Themes and Sub-Themes: 5.2.1 What is Self-Disclosure ***"Self-disclosure is more than that, is, is a absolutely anything, absolutely anything, erm, it can be quite, erm, it can be quite provoking for the, for the therapist erm, it can be very very provoking****" (793-795,p24, P2)* 5.2.1 Types of Self-Disclosure Intentional Therapist Self-disclosure ***There is one area that I often give disclosure about and that is um that I'm not very good with dates and calendars because er they will pick it up quite quickly anyway that when we go through and try and put in another date I go so we'll see each other on the 3rd of March and they go May (laugh) and I go yes May or ohh sorry we see each other on Wednesday so I often disclose that I'm not very good with dates and numbers –*** *(369-374, P3)*

	5.2.1.1 Unintentional Therapist Self-Disclosure ***So perhaps there is something about spontaneous self-disclosure that I've never thought about*** *(509-510, P5)*
Master Theme 2: 5.3 Risks Involved in Therapist Self-Disclosure	5.3.1 Decisions involved in Therapist Self- Disclosure ***"Distance between how much I disclose in a relational way erm is client appropriate and erm moment appropriate" –*** *(28-30, P3)* 5.3.2 Professional Risks ***"It's very, erm, risky, tricky water"*** *(527, P4)*
Master Theme 3: 5.4 Impact and Experience of Therapist Self-Disclosure on the Therapist	5.4.1 Emotional and Psychological Impact 5.4.1.1 The Positive and Negative Experiences and Impact of therapist Self-Disclosure on the Therapist ***"I can see in my reactions or in or in my, you know, being kinda like a little paranoid in the streets"*** *(550-551, P1)* ***"I could see the benefits so that kinda reassured, the anxiety, that I've done nothing wrong"*** *(178-179, P4)* 5.4.2 Power, Motivation and the Shadow ***"Who is it for? Is it for the person who wants to, feels wants to share something that is important for it to be out there, or, um, is it for the other person?"*** *(68-69, P2)* 5.4.2 The Self of the Therapist in Self-Disclosure ***"You feel more in tune with the core of who you are, almost the word I want to use is um (pause), it gets you in touch with your central force of gravity about***

	who you are" *(103-105, P4)* 5.4.3.1 The Vulnerability and Humanity of the Therapist ***"Maybe the self-disclosure will be more of you showing you know, showing how human you are"*** *(399-400, P1)* ***And it was a survival tactic really, it it really was, and you, yeah, I didn't get necessarily attacked but I did get threatened*** *(789-790, P5)* 5.4.3 The Therapist as Wounded Healer ***And so with her it was of great value at times for her to know where I might have had a slightly similar experience or I , she needed to know I I got it, I knew what she was talking about when she was clinging to the rest of the family*** *(381-384, P5)*

5.2 Master Theme 1: What is Self-Disclosure

This master theme explores the participants' understanding of what constitutes self-disclosure. Their accounts attest to its complexity. Self-disclosure can be viewed as a huge umbrella term, which is problematic to define. The participant accounts evidence therapist self-disclosure in all its forms, making explicit its existence at multi-levels within human interpersonal exchange. These findings are by no means exhaustive, but do provide valuable insight into therapists' understanding, experience and conceptualising of this phenomenon. This master theme comprises of two superordinate themes, namely: what is self-disclosure and the types of self-disclosure.

5.2.1 What is Self-Disclosure

There appears to be consensus among the participants regarding the ambiguity and complexity that constitutes self-disclosure. From their accounts, it is clear that this phenomenon is understood and experienced uniquely by all participants. Their

accounts mirror the struggle to hold the term self-disclosure within a definitive frame and this is evidenced in the following quotes:

> ***Gabriella says, "It's a really fine line and I dunno, sometimes self-disclosure in itself is a concept that can, you know, mean so many different things for different people… Something that is, um, meant to be kept behind doors or something like that disclosing of information, or you know, it, it's usually used in those kind of terms, you know, like a more legal or administrative terms" (80-95, 1).***

The above quote demonstrates the therapist's own struggle to arrive at a clearly defined understanding of this phenomenon. To my mind, Gabriella's comment ***"I think self-disclosure is quite loaded" (138, 1)*** captures the very essence of this complexity. Furthermore, Cristina's understanding shares the above struggle.
Cristina says, "It's a whole science and, and, and, an art actually" (543-544, 2). Here, the participant goes on to emphasise its complexity as she states ***"so many different parameters" (803, 2).***

Cristina's contribution is indicative of the therapist's constant grappling with this subject matter. This sentiment is further reinforced by her making transparent her process of working with such a complex concept.

> ***Cristina says, "Erm, so again, what is a disclosure? How do you define it? There's so many different elements of, of it, erm, so again, doing something can be equally, erm, speaks volumes, as not doing anything" (900-902, 2).***

Anna's understanding of 'what is self-disclosure' correlates with the above perceptions.

> ***Anna says, "I don't really have a very clear theory around it" (210, 3).***

Anna's comment points to the challenge all therapists face when working with this subject matter. Thus, Anna acknowledges the complexity and different types of therapist self-disclosure.

> ***Anna says, "I've just spoken about emotional disclosure, really, and then there is (pause), for me, perhaps I should have started with the fact that there are different types of disclosure (44-46, 3).***

Jack's contribution to the notion of self-disclosure evidences the therapist's challenge and need to provide a sense of a definition, albeit a personal one.

> ***Jack says, "Well on a very basic level, it's obviously revealing something about yourself or your experiences that you p'rhaps wouldn't tell many people, or that you find, consider to be rather sensitive material, erm. What is my sense of self-disclosure? I think it's something that's quite precious and not to be banded around, not to be played with" (651-655, 5).***

Similarly to other participants, Jack's process demonstrates his need to be reflective of what this phenomenon actually is. His use of the word ***'basic'*** can be understood to denote that many different formulations of this complex phenomenon exist. There is a sense that pinning it down in a defined framework remains impossible. Again, Jack, like other therapists, appears contradictory in view of his perception of self-disclosure. There appears to be a strong theme favouring a cognitive understanding and exploration of this phenomenon, which contrasts with the very subjective nature in which self-disclosures often occur. In this respect, Jack's view that self-disclosures should not consist of ***'sensitive material'*** is evidence of the potential struggle subjectivity adds to these well-thought-out cognitive contributions. This point is illustrated in Jack's very real and authentic human account, below:

> ***Jack says, "My own certain episodes, in my own life, that have been difficult, challenging, I've sometime shared not often but I've shared, found it useful to share and I've checked it with my supervisor, useful to***

share for the benefit of the client (pause), um, one or two very, very sensitive areas or episodes, not in great detail" (200-203, 5).

His emphasis and repetition of the word **'useful'** is symbolic of his professional and ethical awareness that self-disclosure is to be administered primarily for client benefit. Jack's contradiction, in terms of sharing sensitive material and also stating that therapist self-disclosure should not contain sensitive material is perhaps demonstrative of the struggle to hold the tensions within this phenomenon. His comment suggests a need to establish a cognitive understanding and workings of and with this phenomenon, which due to the added complexity of human subjectivity is not always possible. Linked to the above participant accounts, Miles' quote suggests that he recognises this complexity.

Miles says, "I think when you disclose, it's a big umbrella term" (97,4).
Miles says, "It's very, erm, risky, tricky water" (527, 4).

The above participants' narratives all highlight the uncertainty that exists within self-disclosure. There is an illusiveness about this subject matter that can potentially manifest insecurities within the disclosing therapist. There is a strong sense that therapists struggle with its definition and what constitutes self-disclosure. Hence, Gabriella's comment "***it's a really fine line and I dunno sometimes self-disclosure in itself is a concept that can, you know, mean so many different things for different people" (80-81,1).*** I understand their struggle to be suggestive of the very personal and unique interpretations of what self-disclosure represents for them, as individuals. These ambiguities potentially give rise to vulnerabilities, which centre around its use, its benefit for the client, its impact on their (therapist's) sense of professionalism, ethical considerations and their personal self. The subliminal message and fear - 'Have I done something wrong? Have I revealed too much? Can this be used against me personally, professionally, legally?' - are very evident in their respective narratives. Their accounts are indicative of the therapist's need to be very reflective and thoughtful about engaging in therapist self-disclosure. The exploration of this subject matter has produced valuable insight regarding complexities in the form of various types of self-disclosure, which in turn have implications for the notion of therapist self-disclosure - especially highlighting and questioning the expectation

that therapist self-disclosure is always ‘reflected’ upon and ‘thought-through’. These findings will be further elaborated on under section 5.2.2: Types of Self-Disclosure.

5.2.2 Types of Self-Disclosure

Existing research, the literature, empirical studies and the participant accounts all evidence that self-disclosure is multi-layered. Hence, this phenomenon exists in many forms. What constitutes self-disclosure is also influenced by the individual’s personal understanding, experience and impact in relation to this subject matter. To engage a thorough exploration of the types of self-disclosure, as understood by this purposive sample this superordinate theme has been divided into two parts, namely intentional and unintentional self-disclosure.

5.2.2.1 Intentional Therapist Self-disclosure

This sub-theme will focus on therapist accounts of intentional therapist self-disclosure. For the purposes of this study, intentional therapist self-disclosure involves the therapist intentionally and sometimes explicitly disclosing information that has been thought through, considered and pre-meditated, either in the moment of disclosing or prior to that moment. In this sense, and from the participant accounts, intentional therapist self-disclosure will include non-immediate, selective and subjective therapist self-disclosures. It is important to note that the above-mentioned types of therapist self-disclosure, incorporated under the umbrella term of ‘intentional self-disclosure’, can present verbally and non-verbally within the therapist-client relationship. Cristina’s quote is demonstrative of her intentional and yet selective disclosure.

> ***Cristina says, “Women can experience that” (122, 2).***

In the above quote, there is a sense that for Cristina’s self-disclosure to be of benefit to her client, it needs to be depersonalised, hence the reference to ‘women’ and the omission of ‘I’.

Gabriella says, "I think, I think it's quite common for people to ask me where I'm from and I don't, um, nowadays, I don't have a problem answering that or, you know, where I grew up in a different country, you know, or I don't go into details where my parents are from, where I was born, or, those kind of things are more complicated" (437-440, 1).

Gabriella's response is rather interesting, in that she holds an awareness of the non-verbal and transparent disclosure already in the frame – being foreign and different from many clients she may work with, on a cultural and national level. Her comment suggests that in past experiences, self-disclosure at this level may have felt problematic - hence her reference to **'nowadays I don't have a problem answering'**. Within her intentional and selective self-disclosure, there is evidence of a subtle and necessary boundary, as she is wary not to go into too much detail and affirms this by saying **'I don't go into details'.** Her acknowledgment of the complexity encompassed in this phenomenon is illustrated in her choice of words, **"more complicated",** which can be understood as a means of keeping therapist self-disclosures very to the point and boundaried. This point regarding detail is further highlighted by other therapists.

Anna says, "The disclosure has to be very, very general, nothing terribly personal" (430, 3).

Anna's response reinforces the notion of maintaining boundaries in relation to therapist self-disclosure. Her repetitive use of the word **'very'** appears to be indicative of the need to adhere to boundaries. Furthermore, her response alludes to the level of content shared. This is evidenced in the word **'general'** and her not wanting disclosures to involve personal aspects of the therapist. Moreover, her response may also be indicative of the therapist's attempt to employ self-protecting boundaries regarding themselves and their personal material. This sentiment is further affirmed in Anna's next quotes:

Anna says, "I disclose very little about my personal life, um, but if the client asks then I am quite honest, but explore why they want to know first" 47-48, 3).

Anna says, "If a person says to me, um, er, I, I wonder what you think about children, and do you have any? I would ask them first why do you ask, and you know, what would that mean for you if I did or didn't, but in general, I don't disclose anything of myself" (50-52, 3).

Anna's response shows something of her process of assessment regarding disclosure. There is a need to explore with the client their reason for wanting to know the information and the assessment is hence based on how the therapist can deliver her disclosure, so that it is of benefit to the client whilst also remaining protective of her personal piece. Her comment **"in general I don't disclose anything myself"** can be attributed to the therapist's need to hold boundaries and also possibly avoid disclosure, as there is a sense of the risks involved in this grey area of exploration. Nevertheless, like other participants, Anna's approach to therapist self-disclosure appears contradictory at times, as demonstrated in the following quote illustrating countertransference therapist self-disclosure.

Anna says, "I would let my emotions show, somebody who was sharing something very sad, I might really up the empathy and be, um, so disclose that it really felt that sad for me too" (42-44, 3).

Anna's response illustrates the complexity of this phenomenon, as her struggle between disclosing and non-disclosure mirrors the fluidity encompassed in therapist self-disclosure. There is a sense that sharing countertransference self-disclosures are experienced as more acceptable. Miles holds a slightly different view in relation to intentional therapist self-disclosure, which can be gleaned from the quote below:

Miles says, "Keep it short and curly, and only share stuff that you are really comfortable with in the public domain, I think that's key because otherwise it will come out wrong. So it's about parts of your story, parts of yourself that you are comfortable with people knowing" (224-227, 4).

Here, Miles' response echoes Gabriella and Anna's view to hold boundaries in relation to the detail being shared. He acknowledges the need for the therapist to be comfortable with sharing their disclosure and the content involved. His comment also

hints at the risks involved in working at this level, as it could **'come out wrong'**, thus potentially resulting in ruptures to the relationship, the work, as well as emotional injuries for both client and therapist.

Intentional therapist self-disclosure also extends to countertransference self-disclosures, which have been ever so subtly alluded to in Anna's expression of emotional self-disclosure. Miles recognises that different schools of thought hold different views on self-disclosure. Hence, experience, training and theoretical orientation also play a part in therapists' use and decisions to disclose.

> ***Miles says, "It's about you have to risk how you experience the client, you have to risk your countertransference because you give them a different take on how they come across, in a way that probably people outside don't risk" (617-619, 4).***

> ***Miles says, "I know more kind of relational psychoanalytical people would share some stuff, they wouldn't share their stuff. They would share their countertransference, that's it. But if I think of the humanistic psychotherapist, I think sometimes you have to risk something of yourself" (375-377, 4).***

Miles' response is illustrative of the benefits of countertransference therapist self-disclosure for the client. He uses the word **'risk'** often and thus conveys an impression that disclosure in any form is subject to risk and needs to be cautiously applied and consciously held in mind. Miles affirms that sometimes therapists need to find the courage to enter that 'intimate edge of exchange' (Ehrenberg, 1995) with their disclosures, in order to be of service in healing for the client. There is a sense that clients need to feel met by their therapist and this requires the therapist to give something of themselves, albeit of a more personal and private nature, in order for clients to trust, connect, engage in the work and enter into moments of working at relational depth (Mearns & Cooper, 2005). Miles' narrative draws attention to the different types of therapist self-disclosure as he says ***"I think sometimes we have to explicitly disclose or we subtly disclose" (367-368, 4).*** This reference to

‘subtly disclose’ evidences the various levels relating to self-disclosure and will be further explored below, under section 5.2.2.2.

5.2.2.2 Unintentional Therapist Self-Disclosure

For the purposes of this study, unintentional therapist self-disclosure will include implicit self-disclosures, embodied self-disclosures, as well as accidental and unavoidable self-disclosures. This sub-theme gives texture to the notion that self-disclosure is constant. Not to suggest that its constancy lies in this domain only - it is simply that unintentional self-disclosure adds a more tangible flavour to the notion of the constancy involved in therapist self-disclosure.

All therapists interviewed acknowledge the constancy pertaining to self-disclosure and highlight that disclosures can be unintentional, environmental and sometimes are also out of our hands. In reference to Freud’s (1912) contribution to be a mirror and reflect back what the client projects, Miles’ quote offers a more complex appreciation of the multi-faceted processes involved in self-disclosure.

> ***Miles says, “I think what he overlooks is that we are constantly giving out information, implicitly through our tone of voice, vitality of emotion and how it is expressed, our body language, even the position behind the couch, you pick up an awful lot from people’s energetic field” (41-44, 4).***

Cristina’s comment resonates with Miles’ viewpoint and is illustrated in the following quote:

> ***Cristina says, “There’s a lot of body expression that I have learned over the years to contain… The people I work with are British, they’re much more contained, so I don’t, I, you know, it doesn’t feel very natural to be very animated with someone who just works with, and sometimes I able to animate and that is self-disclosure” (643-649, 2).***

Cristina's contribution acknowledges the implicit embodied expression that can be aroused in moments of therapist self-disclosure. Later on in our interview, she affirms ***"self-disclosure is constant" (810, 2)*** *and* elaborates on the notion of constancy in the quote below:

> ***Cristina says "It can be absolutely anything that you carry in you… All the time, absolutely all the time and we take it for granted" (798-805, 2).***

Her repetitive use of words such as **'absolutely'** and phrases such as **'all the time'** in the above quote demonstrates that self-disclosure is always in the frame. Thus, we are always giving away something of ourselves in the intersubjective exchange (Stolorow et al, 1987) - Hence her view that, even without verbally and intentionally communicating a disclosure, we are always doing it in the sharing/exchange. Thus, Cristina continues to point out this constancy.

> ***Cristina says, "A sharing again comes from what I wear, how I sit, how I move my hands, you know, my culture shows, my accent shows, everything about me shows that I'm not, you know, that difference is there and I'm identifiable, um, I'm disclosing something about who I am" (684-687, 2).***

The above perspective is also shared by Gabriella and this is evidenced in her quotes below:

> ***Gabriella says, "My accent, you know, people wonder a lot where do, where do you come from, what language do you speak, why are you here, um, in London" (12-14, 1).***

> ***Gabriella says, "It was obvious that I also came from a different country" (241, 1).***

Gabriella's contribution lends further weight to self-disclosure's constancy and highlights the impossibility of neutrality existing within this frame. There is a sense that we are always communicating something implicitly, in our way of being with the

other and this does not always need to involve words. Cristina reverberates the above view, as there is a sense that implicit therapist self-disclosure is an inevitable and unavoidable part of the human exchange. Miles and Anna's perspectives complement the above view regarding self-disclosure's constancy and the impossibility of neutrality existing in these moments.

> ***Cristina says, "I think my self-disclosure would be more with a nodding or be more with a smile" (123-124,2).***
>
> ***Cristina says, "When I do it as an implicit kind of way of a nodding or a smile, then it's genuine, because I wouldn't just do it in any other way, it needs to be genuine and there's that implicit communication, that how, how can we look at it in a more healthy way" (152-155, 2).***
>
> ***Anna says, "You always disclose something of yourself, you always do and if somebody comes to your house there is disclosure…there's always gonna be something that shows, erm, that you're a human being and that you are not a machine, so there's always something, some disclosure, um, and I think it is about the balance of, um, having rules and boundaries, safety… Some disclosure is inevitable, there'll always be the mask that slips down" (388-406, 3).***

Anna's perspective elaborates on this unquestionable constancy as she understands it to stem from our essentially subjective, human nature. Hence, her need to acknowledge the importance of balance, boundaries, rules and safety, which in her view, to a degree, is experienced as a lesser danger when the individual is faced with a machine. For me, there is a naive notion of **'safety'** in relation to machinery that comes through in her statement. In this current era of social media, it can be argued that danger exits even more so, and then again, these dangers exist largely because they are 'powered' by human beings. To my mind, self-disclosure and human interaction can also present as an enmeshment with machines (e.g. computers, Skype etc.) - even within this frame, self-disclosure remains inevitable and risky.

Anna acknowledges the implicit constancy of therapist self-disclosure, which is evident in the following quote:

> ***Anna says, "We never spoke French but on occasion, she would use French expressions, we had a bit of a knowing look together, um, (laugh), so it was perhaps a corrective experience when I could say I could understand you even if you speak in a different language" (227-331, 3).***

Anna's example of implicit self-disclosure is indicative of the fact that disclosure is always in the room. There is a sense that we are always giving out something of ourselves, even when one intends not to. What is clear is that, within these very human moments, there appears to be a somewhat involuntary, automatic, spontaneous exchange which is further evidence of the constancy and fluidity embroiled in this phenomenon. These aspects - 'spontaneous', accidental' and involuntary' therapist self-disclosures - are further explored through Miles' experience of implicit self-disclosure. The quote below is evidence of the subtle, sensitive and empathic interplay that 'embodies' this phenomenon. His experience lends support to the notion of constancy encompassed in self-disclosure.

> ***Miles says, "Sometimes the client just knows things about us implicitly that doesn't need to be explicated" (372-373, 4).***

Here, Miles' contribution resonates strongly with Anna's sense of the **'implicit knowing'** involved. This notion of 'implicit knowing' is made apparent in the following quotes:

> ***Miles says, "I wonder, at an implicit level they know something about us already, so you know, could that be a kind of an amber light asking for something, something they feel but they don't know explicitly about us?" (631-633, 4).***

> ***Miles says, "But also those subtle moments when the client is picking something up implicitly and you can feel they're almost saying, mm,***

mm, am I picking this up right? You have to take the risk, I think" (843-845, 4).

There is a sense that sometimes implicit self-disclosures guide both therapist and client in the journey, but also hold therapists accountable to the boundaries involved when implicitly (or explicitly) disclosing. Miles also conveys a sense of risk, which is ever present in therapist self-disclosure. His repetitive use of non-verbal embodied expressions **'mm', 'mm'** is demonstrative of the non-verbal signals, which are automatic and organic in a symbolic sense of communion with the other.

Within this context of unintentional and implicit therapist self-disclosure, there occurs moments in which these disclosures manifest as accidental, spontaneous and unavoidable. These forms of therapist self-disclosure have been corroborated by all participants engaged in this study and further underscore the notion of constancy in relational to self-disclosure.

Miles says, "But sometimes, I think, those moments, a more intuitive sense is at play or there is something transferentially at play that makes you say something" (502-503, 4).

Miles' comment draws the reader's attention to hold in mind that an infinite array of factors is present in the therapeutic space, into which self-disclosure is but one element. Hence, there is the powerful resonance of the client's transferential projections, emotional traumas and wounds that sometimes require an intuitive and spontaneous response from the therapist. To my mind, in these moments, there is the possibility that the therapist's own wounds are called upon in the service of healing. Miles' view is also shared by other therapists.

Cristina says, "I think the nods and smiles come quite automatic, I think it's a natural kind of instinctual reaction, erm, which is driven by the body, it's all kind of, erm, acknowledgement in that moment" (346-347, 2).

Cristina expresses the innate processing involved in these moments of self-disclosure. Her reference to words such as '**automatic', 'natural', 'instinctual'** and the phrase **'driven by the body'** are all indicative of the essentially subjective and human interplay, which has a fluid feel, an urgency of meeting in the moment. Her use of the word **'massive'** adds to her perception of the power and risk hovering over these intimate moments. Cristina adds, ***'certain things that might come in a little bit natural or automatic, but actually, there's a whole different, um, you know, on its own you take something there that is just a bit, but then that bit is massive' (577-579, 2).*** Miles' outlook supports Cristina's perception regarding the power and risk emergent in implicit self-disclosure as he says, ***'I think sometimes we self-disclose with a sense of immediacy and spontaneity, which can be incredibly powerful, er, in a very moving and intimate way. And other times, it might backfire' (498-500, 4).*** In my view, all accounts conjure up a sense of the gut reaction, the embodied experience, that surfaces in these moments and that in itself is imbued with risk.

Jack offers an interesting revelation as he *says,* ***'so perhaps there is something about spontaneous self-disclosure that I've never thought about' (509-510, 5).*** There is a sense that disclosures can be so natural, instinctive and spontaneous that therapists maybe do not even recognise when in the midst of a self-disclosure. This notion lends support to the therapist's need to potentially understand self-disclosure as a clinical term involving the cognitive function of being carefully considered and thought through. Consequently, reducing self-disclosure to this rather narrow view negates its complexity and the human, subjective involvement in these moments. This underlying need to hold to a procedure, criteria and framework, in itself, can be considered to be the therapist's means of attempting to manage this fluid and changeable phenomenon as a way to reducing risk and increasing safety for both parties. All participants were able to recall experiences in which their self-disclosures came in the form of unavoidable, accidental, spontaneous and involuntary communicative displays.

> ***Gabriella says, "Sometimes, unavoidably, you will be throwing things out at them or you know, things that you not feeling that well or you ill or coughing or you, I dunno, sniff… When that happens, it, it's, it, you***

know, has a level of spontaneity or of, of, you know, feeling kind of, er, um, risk-taking" (322-337, 1).

Gabriella says, "It was kinda like aah, caught by surprise" (447, 1).

Gabriella's comments highlights the need for therapists to develop an emotional robustness that would support them to manage and recover from these risky and uncertain moments, so that they are able to remain focused on the client's material and offer the support needed to maintain safety for both. In light of the above experiences shared by Gabriella, Anna's encounter of accidental self-disclosure is indicative of these moments occurring outside of the therapist's control. Consequently, as Miles has previously indicated, in these moments, there is potentially something somewhat intuitive and transferential that may be emerging within the self-disclosure frame.

Anna says, "Just very recently I didn't mean to disclose… It wasn't deliberate disclosure, something happened" (245-255, 3).

Anna's accidental disclosure is in reference to her client attending their therapy session via a Skype-type process, in which he had gotten the day and time wrong. Consequently, he was able to see Anna in a completely different environment from her role as his therapist. Anna experienced this accidental self-disclosure as emotionally injurious to herself and by her own admission, she stated it had changed the dynamic. Her sense was that the transference was broken, thus the client being left with a sense of 'I don't know you'. Her experience acknowledges the potential pit-falls involved in self-disclosure moments, which are sometimes outside of the therapist's control. Below is another quote in which Anna talks about her experience of accidental and spontaneous self-disclosure:

Anna says, "I have another client who, who said, oh her parents lived in um, Avignon, so that's in France, so I asked where because I've lived in France on many occasions. I've um, um, I go to France a lot and she said that they were in Avignon. It slipped out, oh how interesting, I know

Avignon, my nephew was there and I thought why did you tell her that? Why did you, um, tell her that" (160-164, 3).

There is a sense of nervousness, worry and curiosity about Anna's accidental and spontaneous disclosure. As with all participants caught in these anxiety provoking moments, there appears to be a subtle punitive battle that they engage in intrapsychically, regarding 'was that okay', 'did I do something wrong', 'will this create a rupture', 'what is my part in this' and 'is there something I need to be attending to in my own process'. Jack's narrative corroborates the above points and also shares some interesting and unique discoveries.

Jack says, "The implicit as opposed to explicit, erm, p'rhaps the sense of the therapist you are, giving something without saying it, with a gesture or an expression, so p'rhaps we're saying it needn't actually be verbal, but it can just be something you co-create, which is felt" (742-746, 5).

Similarly to other therapists, Jacks' perception reinforces the notion of implicit self-disclosures involving gestures and non-verbal components. He also names the interpersonal two-way process in his use of the word **'co-created'.** This is suggestive of an interactive intersubjective meeting, in which both parties engage in dyadic communion. Jack takes this concept a step further in his exploration as he introduces a sense that self-disclosures of this nature resonate with the client's need to 'feel felt' (Stern, 1998). Jack continues to emphasise the notion of implicit self-disclosure as a therapeutic tool which supports clients to feel met. He remarks on the constancy of self-disclosure always being in the frame and comments ***'we know from the signals that the other person gets it' (746, 5***). This implicit embodied sense of self-disclosure is further expressed in his next quote, referring to offering a comforting touch/gesture to his client.

Jack says, "I didn't say anything, I just done that, so maybe there, p'rhaps with certain work, certain contexts, certain clients, it's more constant than with others" (755-757, 5).

His repeated reference to the word **'certain'** gives the impression that - as with each client, context and relational ways of being - each disclosure also holds a uniqueness that cannot be replicated or revisited in the same way. For me, even with all the infinite types of self-disclosure and the risks involved, there exists an underlying sense of embracing the magic of the moment that all the participants subtly, implicitly and explicitly allude to at times. Whilst exploring this concept of therapist self-disclosure, it became apparent from the various participant accounts that self-disclosure implies risk at many levels. This will be explored in the second master theme, titled Risks Involved in Therapist Self-Disclosure.

5.3. Master Theme 2: Risks Involved in Therapist Self-Disclosure

The second master theme reflects the participants' shared view that therapist self-disclosure is risky and therefore should be applied with caution. Furthermore, the risk governing therapist self-disclosure includes, but may not be limited to, the therapeutic relationship (thus involving ruptures) as well as professional and ethical risks to the therapist. This theme comprises of two superordinate themes, decisions for therapist self-disclosure and professional risks involved in therapist self-disclosure.

5.3.1 Decisions for Therapist Self-Disclosure

This superordinate theme captures all the participants' experience, in terms of the multi-layered processes they engage in when wrestling with the decision to disclose or not to disclose. The uncovered data also indicates that the therapist's training and theoretical orientation impacts their understanding, views and decisions about engaging in therapist self-disclosure. Assessment decisions about therapist self-disclosure involve the therapist having a secure sense of who is sitting in front of them. The client's psychological, emotional and physical presentation is an important factor. These assessments are on-going and involve the therapist's decisions regarding the client's availability and readiness to work with self-disclosure. An important consideration lies in: Is the client able to work with self-disclosure and recognise that the therapist is another human being in the room?

> ***Cristina says, "So factors, yeah, factors, factors of readiness, erm, readiness, erm, strength, are the person strong enough to see me as a human being, that I also share a vulnerability and not lose face, um in the therapy relationship, um, are they able to hold me as an object in their mind?" (422-425, 2).***

From the above quotation, Cristina is demonstrating her process regarding her criteria for decisions to engage in therapist self-disclosure. A lot of importance is placed on assessing whether or not a client is ready to engage in two-person psychology. This is further emphasised by Cristina's repetitive usage of words such as **'factors', 'readiness', 'strength'** and **'strong'**. These repetitions lead me to wonder whether Cristina's grappling with this subject matter is possibly alluding to her own attempts to convince herself and the interviewer that a discerning structure for engaging in therapist self-disclosure is available and exists. In my view, her attempt to 'create' a 'definitive framework' is evidence of the therapist's need to feel secure within the professional and ethical boundaries of the therapeutic relationship and code of conduct, whilst simultaneously demonstrating, via their efforts to do so, the complexities involved in the debate surrounding therapist self-disclosure.

Another point worth considering is Cristina's use of the words **'strength'** and **'strong'**, as these words have a subjective feel and highlight the reality that therapist self-disclosure is not clinically defined, but instead is encompassed within an essentially subjective experience. To my mind, this subjective quality would be a point of interest within their criteria. Furthermore, Cristina makes a valid point that if the client is not able to see the therapist as another human being/object in the therapeutic meeting/relationship (and this is often the case when working with individuals who have a strong trauma-based history, personality disorders), then therapist self-disclosure will not be beneficial to engendering client wellbeing and healing.

Moreover, Cristina asserts that by disclosing, the therapist places him/herself in a position of vulnerability. By sharing their therapist self-disclosure, the therapist opens him/herself up to opportunities, which may leave them feeling judged. This vulnerability may also trigger their unresolved developmental wounds. Although the

therapy space is a 'safe' place, Cristina's quote is also an attempt to remind therapists and clients that we are all human and, in that sense, fallible. Hence, judgement is always in the frame. Subsequently, the quote ends by the therapist reiterating that therapist self-disclosure can only be of value when the client is able to use the therapist as a healthy/good selfobject (Kohut,1971). Here, the ethical consideration of therapist self-disclosure being of benefit to the client is evident. Simultaneously, there appears to be a hint of the phenomenon's potential risk and impact on the disclosing therapist, which is encapsulated in the notion of the therapist's vulnerability. This current quote looks at the client's presentation, in relation to the therapist's decisions to engage in therapist self-disclosure. The quote also highlights another point, that being, how might the client respond to the therapist's self-disclosure, as this implies potential risks to the therapeutic relationship, the work and the therapist - hence the mention of the therapist's vulnerability. The next quote considers the client's response to therapist self-disclosure:

> ***Anna states, "You might be sending out a message of here you are, look at me, I've had your experiences but I'm all sorted out, I'm a therapist but you're not um, the client may be quite narcissistic and not want to know anything about you. They may feel that they may receive a message of, I've no right to be a victim" (105-108, 3).***

From Anna's quote, I notice that much focus on decisions to engage in therapist self-disclosure is based on the client's presentation and the client's response to the therapist's self-disclosure. There is a sense that Anna is aware of therapist self-disclosure's potential to create ruptures to the therapeutic relationship and the work. Anna's use of the word **'narcissistic'**, which alludes to the client's presentation, may also be a subtle attempt to acknowledge the power dynamics that interlink with this phenomenon. This quote draws attention to the notion that decisions to engage in therapist self-disclosure are not simple, but instead involve the therapist accessing their assessment skills at various levels within their multifaceted process. Hence, Anna states **'*you might be sending out a message*'**. This begs the question: What is the message on the different levels of relationship exchange?

There is a sense that although several types of self-disclosure exist, when one explicitly, verbally discloses, even these disclosures may have implicit, non-verbal, embodied, ambiguous and subliminal messages. Anna's quote potentially highlights the ethical and professional risks to the therapist and the work, in that some therapists - who are not aware of their shadow or have not resolved their narcissistic developmental injuries - may indulge the notion of being placed on a pedestal. My sense is that Anna is quite wary of self-disclosure and its power and therefore consciously monitors her usage of this phenomenon, as her need to be there for her client and their needs is paramount. Holding this in mind may be perceived as a supportive mechanism in keeping the therapist's process and needs in check, so as not to usurp the client's space and experience. Decisions to engage in therapist self-disclosure alert therapists to risks. Hence, self-disclosure's potential to trigger the client's (and therapist's) narcissistic injuries is a real possibility and may prove detrimental to client wellbeing, therapeutic work and the relationship. Consequently, it may potentially result in enactments, ruptures, disruptions and termination of therapy.

A further point worth considering in relation to client presentation is that therapist self-disclosure can be experienced as therapeutically beneficial to 'normalising' certain experiences (for example: a shared experience of bereavement). Nevertheless, it needs to be weighed carefully and applied cautiously, so as not to minimise the client's experience or problem. Thus sometimes, in relation to client readiness, it is best to withhold therapist self-disclosures and focus on acknowledging, witnessing and validating the client's experience (Miller, 1995). In this way, the client feels seen, heard and is able to integrate their experience. This last point is further emphasised in the quotation below:

> ***Miles says, "I think with certain clients I certainly wouldn't, so for instance, um, people who have lots of um, neglect in childhood or trauma, not appropriate" (433-435, 4).***

Miles' experience suggests that client presentation is a significant factor in therapist's decisions to engage in therapist self-disclosure. Below, the participants' material

highlights that decisions to engage in therapist self-disclosure are heavily influenced by their training, theoretical orientation, experience and skill.

> ***Anna says, "I think there's a part of me that always thinks, there's a part of me when talking to a client, I'm talking to my client, my therapy, my profession, the UKCP, erm, my insurance company, there's a part of me that will always think, um, there's an accountability out there, so it's gonna be pretty bland stuff anyway" (439-422, 3).***

Anna uses the word **'profession'**, which suggests that her sense and usage of therapist self-disclosure has links with her training and theoretical orientation. Her mention of the word **'accountability'** underscores the risks involved to the therapist when engaging in therapist self-disclosure. Subsequently, although Anna has experienced positive moments of therapist self-disclosure, which have resulted in deepening the connection between herself and her clients, there always remains a part of her that is mindful of the implications for the therapist. I view this point as alluding to the notion of confidentiality within the therapeutic relationship, which is afforded the client and not the therapist. Her comment emphasises the asymmetrical shape of the therapist-client relationship. Moreover, Anna's experience, in relation to 'accountability' is potentially indicative of the therapist's need and means of 'protecting their stuff' and themselves. This notion of training, skill and experience is further elaborated on in the quote below:

> ***Cristina says, "The value of learning when to stop, of assessing the right time, assessing the right words, assessing being more aware of your emotions, how you phrase your emotions, erm, and, and where to stop, so having the boundaries of experience, that, that experience that is disclosed, but that it is also held, contained, appropriate, necessary, honest, genuine, yet able to not be, not get out of hand" (176-180, 3).***

For Cristina, therapist self-disclosure is also connected with practice, experience and therapist skill as well as holding an awareness of the therapist's sense of self. Her emphasis on **'*having the boundaries of experience*'** is an important revelation, as it symbolises the notion that therapist self-disclosure will always involve risks. Thus,

as therapists grow in experience, practice, confidence and self-awareness, they are more able to manage these risks. This is an important point, in that it signifies the dangers therapist self-disclosure can present for therapists - and more specifically the trainee and newly qualified therapist - who are still in the process of learning the craft. This point is further illustrated in the quote below:

> ***Miles says, "Cos the training was very clear, no self-disclosure, particularly as a trainee… When I was a trainee, it was always drummed into me, which was very powerful, if you do do self-disclosure, three quick things you check, who is it for, keep it short and brief" (172-181, 4).***

Miles' quote emphasises the potential ambiguous message trainees receive when 'learning' about this phenomenon. My sense of Miles' experience is that one should avoid therapist self-disclosure as a trainee and if you do disclose, ensure that you are clear about your reasons – namely the therapeutic benefit for the client. This contradictory message directed at the trainee therapist is indicative of the complexities involved in therapist self-disclosure and is also rather misleading, as it implies that a 'checklist' exists, which can be accessed when wrestling with decisions around disclosure and non-disclosure. Subsequently, it can be argued that the term 'therapist self-disclosure' is full of contradictions and complexities and it is interesting that training appears to mirror this incongruity. Miles' contribution highlights the potential ethical dilemma therapists' face and therefore, the risks involved may be more costly when in the hands of the trainee therapist.

> ***Miles says, "I was really taught not to self-disclose, don't share until you've learned the craft of being with someone" (519-520, 4).***

> ***Jack says, "Well, we trained, aren't we, to use it sparingly if we are going to use it at all" (322-323, 5).***

The above two quotes are also indicative of the fact that therapist self-disclosure is best utilised in the experienced and skilled therapist's repertoire of therapeutic engagement with clients. This idea adds further texture to the complexities involved

in the decision-making process, which is inherent of risk. The above comments lead me to pose this question: If trainees are taught not to disclose whilst in training, how does this impact them in the later stages, as qualified therapists, when they find themselves wrestling with and making decisions about self-disclosure with their clients? Training, experience and client presentation are all significant factors in the therapist's decision-making process. Added to the complexity of this phenomenon and decisions about therapist self-disclosure is the notion of 'timing'. Hence, therapists need to be sensitive to the idea of *when* (Spinelli, 2002) is it appropriate and inappropriate to self-disclose, as this factor also involves risk. Below, Anna's quotes are indicative of the importance of consciously holding an awareness of timing when deciding about therapist self-disclosure:

> ***Anna says, "The distance between how much I disclose in a relational way, erm, is client appropriate and erm, moment appropriate" (28-30, 3).***

> ***Anna says, "I would definitely not if a client was angry with me, um, it really has to be at that point when, um, the client is in a receptive state and the, er, communication is, um, safe" (355-356, 3).***

It is evident that Anna has assessed her client's presentation and has made a conscious decision not to engage in therapist self-disclosure, as the timing would prove counter-therapeutic for the client's wellbeing. Decisions are also indicative of managing and monitoring the risk to the client, therapeutic relationship (rupture) and possibly the therapist's personal and professional self. Anna's responses allude to her experience and skill around assessment of the multifaceted layers involved in therapist self-disclosure. The above quotations can be linked back to the idea that therapist self-disclosure is best placed in the realm of the qualified, experienced and skilled practitioner, as it highlights the very real risks involved to the client, therapist and therapeutic relationship. To my mind, Anna's points highlight the argument favouring deterring trainees from venturing in this area. It can be argued that trainees wrestling with this subject matter may be completely out of their depth and, therefore, more prone to manifesting risks. This notion of timing, waiting for the appropriate moment to engage in therapist self-disclosure, has been put forward by all participants and suggests that timing in itself can render a disclosure helpful or

unhelpful to the client, therapeutic relationship and potentially the therapist. The quote below is, again, demonstrative of 'timing' considerations in therapist self-disclosure:

> ***Miles says, "So as I was saying, in the early stages, really creating safety, not self-disclosing personal pieces, but that comes much later in the piece and the journey" (483, 4).***

The issue of timing is further reiterated by Cristina who states, ***'I wouldn't disclose very early in therapy' (355-356, 2).*** Anna also draws emphasis to the notion of timing by saying, ***'It's really got to be the right person and the right time' (511-512, 3)***. Anna's quote emphasises client presentation and timing, and hints at her experience of self-disclosure involving caution and discernment, which all fall within the multi-layered factors operating simultaneously throughout the therapist's decision-making process.

This superordinate theme has discussed some of the factors that therapists take into consideration when making decisions to engage in therapist self-disclosure. This superordinate theme has touched on the notion of therapist self-disclosure in relation to professional risks, which will be further elaborated on under section 5.3.2, Professional Risks Involved in Therapist Self-Disclosure.

5.3.2 Professional Risks

This superordinate theme will explore some of the professional risks associated with therapist self-disclosure. These risks include, but are not limited to, risks to safety, risks to the therapeutic relationship and professional risks to the therapists.

> ***Miles says, "Cos risk means vulnerability and something I've appreciated as well, interestingly, the, the greater the intimacy of the relational meeting between therapist and client, the greater the risk. Cos what's at the heart of the risk is the relationship" (826-828, 4).***

Miles' quotation is quite revealing of the vulnerability of the therapist, both personally and professionally. The therapist's choice to self-disclose involves them sharing parts of themselves with their clients and relinquishing the power and control they have over some of their material. Although Miles is making reference to the power self-disclosure may have over the therapeutic relationship in terms of risk, there is also a sense of his own vulnerability coming through in his use of the words **'vulnerability'** and **'intimacy'**. To my mind, these words resonate with risk and may unwittingly be an expression of the fear associated with 'not knowing' what the client will do with the therapist's self-disclosure. The next two quotes appear to be illuminating this possibility.

> ***Miles states, "The client has the full right to expect confidentiality from us, but we do not have the right to say to a client I'm sharing something personal about me, but I don't want you share this with anyone else. I think that's wrong, for me ethically, professionally you're burdening the client" (131-134, 4).***

> ***Jack says, "I don't think you can disclose something and say, but please don't ever tell anybody else I said that, um, and again, it's about the trust between us, you know, don't you, that you're talking about a loved one's suicide, you know, you would only share that with someone who you know would not band it around like a piece of gossip" (421-424, 5).***

Both quotations appear to be alerting the reader to the fact that the therapeutic relationship is not symmetrical and therefore, the therapist's self-disclosures cannot be awarded the safety of confidentiality. Hence, relationship differences are an indicator of risks involved in therapist self-disclosure. Unlike clients, what therapists 'choose' to share is not afforded the same level of protection. All participants indicated that it is sometimes necessary to take these risks, as they may serve as therapeutically beneficial for the client. Therapists' responses indicate that the level of trust and strength of the bond within the therapeutic relationship is also a key factor when therapist self-disclosure is in the frame. Jack's quote adds further texture to the notion of risk involved in therapist self-disclosure:

Jack says, "So it's, it's carefully selected, but the person is also carefully chosen and that's my safety, that's my safety net, really. I know that person well enough to assume that the disclosure wouldn't be abused and I know that if it were spoken about outside, it wouldn't be damaging to my reputation as a therapist" (425-428, 5).

Jack highlights the sense that therapists are wary of the risks involved. His quote is indicative of his awareness that the therapeutic relationship is not set on equal footing. The above quote, as with others before, illustrates the multifaceted, simultaneous processing and assessment the therapist undertakes when deliberating on the use of therapist self-disclosure within the therapist-client relationship. In addition, Jack's response also links with risks regarding client presentation, as he states ***'the person is also carefully chosen'*.** Jack's repetitive use of the word **'carefully'** resonates strongly with the notion of risk, especially professional risk. His repetitive use of the word **'safety'** may be an indication of the therapist's vulnerability and a need to be somewhat 'protective' of the information they put out. Jack's acknowledgment that ***'if it were spoken about it wouldn't be damaging to my reputation as a therapist'*** is recognition of the professional risks pertaining to the disclosing therapist.

As with other participant accounts, Jack's need to ***'know that person well enough***' is suggestive of the concept of 'timing' involved in therapist self-disclosure. In other words, disclosures are more available to being shared when the therapeutic relationship has been developed over time, as this gives therapists a more secure sense of who is sitting in front of them, and it involves the establishment of 'trust' so ***'that the disclosure will not be abused'* (Jack)**. Although creating safety is key for the client's process, Jack's quote also points to the therapist's need to feel safe in moments of self-disclosure. This again highlights potential professional risks and vulnerabilities associated with this phenomenon. Nevertheless, therapist self-disclosure exists under a complex umbrella. Thus, no matter how much therapists attempt to inoculate themselves from its impact, owing to our essentially human and subjective nature, there will always be risks in relation to self-disclosure. Below, Anna's quote sums up the perception of professional risk and highlights the

relationship differences, as well as the potential blurring of boundaries tied up in this subject matter:

> ***Anna says, "I think there's a lot of risk in there and for the therapy, for the therapy. Is there a lot of risk in the relationship? I think it takes a therapeutic relationship into a personal relationship and that's what worries me, that it's not a personal relationshipness, erm, that's a shame but the person's not paying for a friend" (192-195, 3).***

Anna is alerting the reader to hold an awareness of therapist self-disclosure's power to change relationship dynamics, from that of a therapeutic and professional relational frame to one involving the blurring of boundaries, a friendship and potential role reversal. Anna's repetitive use of the word **'risk'** coupled with the word **'worry'** can appear to be suggestive of an expression of fear and anxiety regarding professional conduct, ethical issues and the therapist's self-esteem. This underlying expression of caution is not exempt from any moment in which therapists exercise self-disclosure. Nevertheless, it does highlight the dangers involved in dabbling in this area, especially as a trainee learning the craft and simultaneously wrestling with this phenomenon. The next quote reinforces the benefits of limiting therapist self-disclosure as well as acknowledging the asymmetrical relationship.

> ***Jack says, "I think there can't be total equality between the two because you're coming here, you're paying me, it's my room, it's my business and although I do believe that, I be thinking about the client as the expert actually, it's not, we not meant to be equal. We're not meant to meet halfway, it's not meant to be 50/50 and that's not so I can keep the power. It's so I just want to keep the work going and I can, if I'm not careful, I can talk a bit too much" (343-347, 5).***

In terms of professional risks, Jack's quote alerts therapists to always hold in mind the relationship differences. His expressions such as ***'paying me', 'my business', 'not meant to be 50/50***' are indicative of his awareness that the relationship is not a friendship. Jack demonstrates an awareness of relational differences within the parameters of the work. Jack's repetitive use of the word **'equal',** as well as alluding

to several variations of this notion: ***'not meant to meet halfway', the relationship is not '50/50',*** are indicative of the risk involved in this intimate meeting. As with most therapeutic relationships, therapists and clients meet regularly, weekly, develop a bond, therapeutic intimacy and these relational factors combined with moments of therapist self-disclosure may potentially exacerbate professional risks, taking the therapeutic relationship in another direction.

Jack's use of the words **'power'** and **'expert'** are rather interesting. There is a humility that comes through in his experience and expression of 'power', as he respects its presence as a necessary component to continuing the therapeutic work. His reference to the word **'expert'**, more specifically his need to hold the Rogerian (1951) perspective of the client as expert, may be indicative of Jack's subconscious need to wrestle with, work with and address the inequality within the therapist-client relationship. In my view, his quote draws attention to the sensitivities involved in power dynamics within the therapist-client relationship, which are potentially caught up in the practice of therapist self-disclosure. This quote is also suggestive of the therapist's need to maintain a middle ground for themselves. His attempt to 'balance' out notions of power and 'expertise' - and also not create 'equality' - may be potential admissions of the dangers and risks involved in positioning oneself in either extreme. What comes through strongly is the therapist's commitment and struggle to hold the tensions and boundaries, so as to minimise potential professional risks to the relationship, the client, the work and their professional (and personal) self. This impression is expressed in the following quote:

> ***Gabriella says, "I think as with, with someone who is already putting everything on you, yeah, like you are God or you are the doctor or you are, you know, the one who's gonna fix me or knows everything um, you know you have, for me I have to work to undo that a lot erm, and, and so I will be very careful to say things, you know, that would reinforce that" (393-397, 1).***

Gabriella's comment alerts therapists to the potential professional risks therapist self-disclosure may hold in relation to power dynamics. There is a sense that the therapist is aware of the client's potential need to engage in idealising the other. In

this sense, the power embroiled in therapist self-disclosure is double-edged. Thus, it has the potential to allow clients to perceive their therapist as real, human and imperfect (Bugental, 1987). Simultaneously, it can encourage clients to place their therapist on a pedestal, perceiving them as all-powerful (Rowan & Jacobs, 2002). It implies a professional risk to the therapeutic relationship, the work and warns of possible professional risks in reference to ethical implications. Given the uniqueness of the individual therapist's history, the power differentials within therapist self-disclosure could potentially trigger the therapist's unresolved narcissistic injuries leaving the client with a false sense of hope - 'you can fix me', which in turn can be regarded as mechanical, reductionistic, pathological and unethical.

In this respect, the professional risks are potentially damaging for the therapeutic relationship, the work and the client. In the face of such a colossal abuse of power, the therapist's self-disclosure merely serves their own narcissistic needs, which imply ethical and professional dilemmas. This identifiable risk may render therapy counter-therapeutic, as the client remains hostage to an external locus of evaluation (Rogers, 1951) - as does the therapist. Furthermore, professional risks involve legal concerns, which may have implications for the therapist's ability to continue to practice. The following quote builds on the idea of therapist self-disclosure needing to be held within a 'frame' of rules, boundaries and regulations in order to minimise harm and professional risk.

> ***Anna says, "It can be very risky to disclose, yeah, first of all inappropriately, secondly, could be much, you know, could be, um, in terms of perpetually doing it, um, thirdly, um, irrelevant, um hugely risky, hugely risky, um, and that's the why, um, the rules and regulations are set up as well, um, yeah, very risky" (461-461, 3).***

I notice Anna repetitively emphasises the word **'risk'** and **'hugely risky'**. Anna's response to engaging in therapist self-disclosure is suggestive of an underlying tone of personal sensitivity in this area. It may possibly be indicative of a past experience in which a self-disclosure had landed badly, resulting in a painful professional cost which has left its emotional scarring. This sense is further supported by her emphasis on **'rules'** and **'regulations'**, creating a mindfulness that rules and

regulations offer the client protection and, for the therapist, serve as guidelines to minimise professional risk whilst ensuring ethical practice. The following quote makes an interesting point about professional risk, as well as the benefits of non-disclosure, which can potentially be helpful to all therapists when considering the application of therapist self-disclosure in the therapist-client relationship. Even more so, it adds value to professional training standards advice to limit or discourage trainees from working with such a prospectively hazardous phenomenon, prior to developing a confidence in its ethical application, which appears to only materialise with practice, experience and skill.

> ***Jack says, "The realisation that this person doesn't, isn't bound by the same rules umm, yes, I think it did very early on teach me to be very discerning and it's absolutely rigidly confidential about what that person said and be very, very careful about what I say…it does also depend, and you know this, not just on the context and the relationship but if I said the setting, so in some of the more extreme places in which I have worked, in*** *(name of prison)* ***prison, I would barely even say my name or that I was a therapist , yeah, I wouldn't even say I was a therapist, in case the prisoner who wanted to see me didn't want anybody else to know, so even the fact that I was a therapist, I sometimes had to cover up, that is quite a thing isn't?...And it was a survival tactic really, it really was, and you, yeah, I didn't get necessarily attacked but I did get threatened…it's just an extreme of how dangerous self-disclosure could be…So now I'm just thinking about how sometimes we are forced to be rigidly non-disclosing but those are extreme examples" (592-815, 5).***

Jack's contribution provides the reader with an interesting albeit extreme version of 'professional' and 'personal' risks in relation to therapist self-disclosure. Jack highlights the dangers of therapist self-disclosure very clearly and also the benefits to operating a non-disclosure stance, which under the above described extreme conditions illustrates a duty of care to the client, as well as to the self of the therapist. His emphasis on ***'that is quite a thing, isn't it'*** is possibly indicative of the therapist's risk to safety for self and the client, and also an added burden placed on

the therapist in terms of wrestling with their own personal and professional sense of authenticity and congruence.

5.4. Master Theme 3: The Personal Impact and Experience of Therapist Self-Disclosure on the Therapist

This theme is at the heart of the research question, as it looks at the personal experience and impact therapist self-disclosure has on the disclosing therapist. These personal impacts and personal experiences shared by this group of therapists make transparent some of the personal issues that therapists face when engaged in moments of therapist self-disclosure, but are by no means limited to these particular personal experiences. This final theme comprises of four superordinate themes, which are 'the Emotional and Psychological Impact', 'the Motivation, Power and Shadow', 'the Self of the Therapist' and 'the Therapist as a 'Wounded Healer'.

5.4.1 The Emotional and Psychological Impact

This superordinate theme will explore some of the positive and negative impacts that therapist self-disclosure has on the disclosing therapist, but is not limited to the experiences captured in these participant accounts.

5.4.1.1 The Positive and Negative Experience and Impact of Therapist Self-Disclosure on the Therapist

> ***Anna says, "When I was a very, very new therapist, I disclosed something, I just said that kinda thing happens to all of us and it was, um, inappropriate. I regret it, um, but the client was very upset about it so I wanted to normalise it. I wouldn't do that again" (443-446, 3).***

Anna's tone when speaking about this experience was rather hesitant. This reflects the impact, as her self-disclosure appears to have had a lasting impact on her, so much so that Anna appeared momentarily uncomfortable, hence thwarting any further exploration into her experience of that particular moment. The repetition of the words **'very, very'** when explaining she was a new therapist at the time appears

to be an attempt to rationalise what had happened for her. Recalling the experience appeared to be uncomfortable, as it was indicative of the therapist feeling that she had done something wrong. Anna's words, expression and embodied experience at recalling this event is indicative of the intrapsychic struggle therapists experience when engaged in therapist self-disclosure. Her experience and expression provide a heightened sense of the fragility involved in dealing with the potential ruptures this phenomenon evokes. Subsequently, Anna's experience highlights the possibility that therapist self-disclosure can cause the client to feel that their experience is not important or not in need of acknowledgment and validation, thus proving injurious. Furthermore, it brings into the frame the need for the therapist's readiness to use this phenomenon. It highlights the very real struggle that is faced by the trainee and newly qualified therapist in wrestling with therapist self-disclosure. On a personal level, Anna's experience is indicative of the therapist being left with an emotional scarring that may also lead to the avoidance of therapist self-disclosure in future. Anna's experience of therapist self-disclosure appears to continue to impact her negatively, as she states in another quote below:

> ***Anna says, "It doesn't often come out terribly favourably, um, really, if I can avoid doing it, I will" (179-180, 3).***

This view of the negative impact of therapist self-disclosure on the therapist is a common feature across all participant accounts. Gabriella's experience is indicative of the above and is captured in the two quotes below. Gabriella's self-disclosure can be categorised as involuntary and unavoidable (relating to the therapist's pregnancy).

> ***Gabriella says, "It had a horrible cost" (556, 1).***
> ***Gabriella says, "It had a cost, horrible, horrible" (567, 1).***

Gabriella's repetitive use of words such as **'cost'** and **'horrible'** is suggestive of the psychological and emotional impact therapist self-disclosure has imprinted on her. As Gabriella recalls and speaks about her experience, she demonstrates a strong sense of fear, vulnerability and acknowledges the uncertainty and struggle of attempting to keep the client, herself and the work safe. In addition to the above-

mentioned negative impacts and experiences of therapist self-disclosure on the disclosing therapist, all participants reported feeling anxious, worried and vulnerable after disclosing. The anxiety and worry were mostly concerned with client care. This was interesting as although the therapist sits with the psychological and emotional impact within themselves, there appears to be less of a concern for 'the self', in terms of emotional and psychological self-injury and self-care. This point is further reinforced in the quote below:

> ***Miles says, "My anxiety was that, um, that I revealed too much. Would that feel like a burden?" (194-195, 4).***

The above quote is indicative of the therapist's struggle with self-disclosure. The sense of 'not knowing' appears to be experienced as anxiety. Miles' experience appears to have left him feeling exposed and vulnerable. In addition, his own psychological and emotional struggle has been placed on the backburner, as the client's wellbeing and the therapeutic relationship remain the central focus. The impact on Miles appears to be that his self-disclosure implies a concern about role reversal, ruptures and risk to the therapeutic relationship and client. He demonstrates less of a concern for the personal impact on himself, as the latter appears to be a secondary thought.

> ***Miles says, "The other anxiety would have been, could this be used against me, er, in a shaming way. I dunno where that came from, probably because of the shame attached to depression" (197-199, 4).***

Miles' quote provides further insight into the therapist's process. It appears to have triggered his own experiences of depression (although resolved, there still appears to be a momentary vulnerability). This notion of vulnerability is further incorporated in Miles' use of the word **'shame'.** The majority of participants also reflected on how these moments of therapist self-disclosure could reactivate past or current traumas, emotional and developmental deficits within themselves, thus alluding to the power of self-disclosure and the vulnerability of 'not knowing' its impact until it happens.

Whilst the participants involved in this study have shared their experiences of the negative impact of therapist self-disclosure, all concur with its therapeutic value to move the work forward and deepen the connection between therapist and client. Consequently, participants were able to recall moments in which their disclosures resulted in a positive impact.

> ***Anna says, "So I guess it, um, I guess it showed the disclosure could help the client feel a bit more connected to you" (250-251, 3).***

> ***Cristina says, "The impact of me was to show vulnerability in a person who would understand in the same way, I feel the patient felt understood by me" (258-259, 2).***

Both Anna and Cristina's quotes acknowledge the positive impact therapist self-disclosure holds for the client, the work and the therapeutic relationship. Therapist self-disclosure appears to strengthen the bond and gives the client a 'felt sense' that the therapist understands and empathises with their struggle. Interestingly enough, Cristina's quote subtly points to the duality of this phenomenon as she places her own subjectivity in the frame. This demonstrates the therapist's very real human need to also feel met by their client. To my mind, her quote signifies the importance of both subjectivities needing to be met in the service of healing for the client - and which may also heal parts of the therapist. There is a sense that they (clients) are not alone. This notion is further corroborated by the following quote:

> ***Jack says, "I certainly found that in prison the guys, guys needed to see recognition when they talk about, okay, they were criminals and they were found guilty, but when they talk about the horrors of incarceration, they needed to see that you felt something, that's my belief, again nothing dramatic, but just a sense of compassion, something to connect, that you felt something for them" (113-117, 5).***

Jack emphasises connection with the other, a need for the client to 'feel felt' and that the therapist really sees their current situation and plight (being incarcerated). This extreme context highlights what most clients (and therapists) yearn for – acceptance,

even on a very human level. Jack's experience is demonstrative of therapist self-disclosure conveying compassion and recognising the humanity within the individual. This interplay, in turn, allows for connection, movement and growth within the intersubjective meeting (Stolorow et al, 1987). What comes through strongly from all participant accounts is that although their therapist self-disclosures were primarily intended to be of benefit for their clients, they also acknowledged the positive impact on themselves.

> ***Cristina says, "So it made me feel more humble in that moment, that humble, that I was able to share it and it didn't, it wasn't dropped in the same way as their experience wasn't dropped" (260-262, 2).***

There is a sense that, in moments of therapist self-disclosure, the therapist also needs to know that they are accepted as a fellow human being, removed from the pedestal that some clients place them on and yet still operating within the boundaries of an asymmetrical relationship. In my view, therapist self-disclosure is a valuable and useful therapeutic tool and should always be cautiously applied, as its impact of 'not knowing' how it will be received has significant implications for client wellbeing, the therapeutic relationship, professionalism and therapist self-care.

5.4.2 Influences of Power, Motivation and the Shadow

This theme explores therapists' experiences of therapist self-disclosure in relation to power dynamics, motivation for their disclosures and the shadow influence entangled in this phenomenon.

All participants recognise the power differentials that exist within this phenomenon. The participants' experiences points to a need for therapists to be very careful in their moment-to-moment assessment of therapist self-disclosure, as the power-play can go either way. Within this theme, all therapists affirm the importance of assessing the motivation behind therapist self-disclosure.

> ***Cristina says, "Who is it for? Is it for the person who wants to, feels wants to share something that is important for it to be out there, or, um, is it for the other person?" (68-69, 2).***

Cristina's comment is suggestive of the rigorous assessment process therapists engage in when grappling with the decision to self-disclose. Her response is also indicative of her awareness regarding accountability, ethical concerns and always using self-disclosure as a means of therapeutic benefit for the client. Cristina goes on to address the sometimes overt and sometimes subtle power dynamics embroiled in therapist self-disclosure, and this is evident in the following quote:

> ***Cristina says, "You don't want too many elements of your own self-disclosure on the painting. Ideally, you want to have the, the patient's self-disclosure there on the painting, because that's what they take home with them, but it's also nice to have a few colours in, in there from the therapist" (555-558, 3).***

Her description of self-disclosure as an interplay of artistic expression is interesting. Her analogy conjures up a sense of the client leaving the therapy space with their own masterpiece, their own sense of authority, authenticity and autonomy, which has been guided and empathically held by the therapist. This is reflected in her words ***'but it's also nice to have a few colours in there from the therapist'.*** Cristina acknowledges the power that is borne from therapist self-disclosure.

> **Cristina says, *"I think real connection happens and what you do with it is your call. Erm, it's an opportunity, it's almost like a golden opportunity for something big to happen, if you choose to disclose something" (831-833, 2).***

The power element is rather ambiguous in that therapist self-disclosure holds the possibility of 'not knowing' the outcome until it happens. Simultaneously, there is a sense that the therapist holds the power. This is evident in the phrase ***'what you do with it is your call'.*** The following quote highlights power relations within the therapeutic relationship and, by implication, 'therapist self-disclosure'.

Anna says, "I have to be very careful because the client doesn't want to be, er, usurped in importance in their, um, in, in the therapy" (61-62, 3).

Anna's quote is evidence of how power in relation to therapist self-disclosure can shift the focus away from the client and onto the therapist, thus rendering the therapeutic relationship and work counter-therapeutic. Anna alerts the reader to further risks: the possibility of reinforcing the client's emotional injuries and developmental deficits regarding being seen, heard and feeling that they matter. This point is further explored in the quotes below:

Gabriella says, "People are coming to see you, but to for help, they want help and, um, it is already that you already have an idealised version of this, this person knows what's wrong with me or knows how, how to fix me. So if you occupy that position you, you know, in a way you become like a tyrant or like a, um, like a almighty (laugh) figure… Therapist in the same line as Jesus (laugh) and (laugh) that is what you know, that is something I strongly feel, um, at least in my practise, that's not the chair I wanna to occupy and it's difficult because you might even sometimes have this narcissistic ide, illusions, that you are because um all these people come to you for help" (156-168, 1).

Gabriella says, "I think as with, with someone who is already putting everything on you, yeah, like you are God or you are the doctor or you are, you know, the one who's gonna fix me or knows everything, um, you know you have, for me I have to work to undo that a lot erm and, and so I will be very careful to say things, you know, that would reinforce that" (393-397, 1).

Gabriella's wariness of the power dynamics caught up in therapist self-disclosure clearly allude to the clients' perception and expectations of the therapist, as well as provide a flavour of the shadow side of therapist self-disclosure. Gabriella's experience warns of how therapist self-disclosure can be transferentially played out with clients idealising their therapists. This can further heighten the possibility of risk

if the therapist has unresolved narcissistic traits which remain out of their awareness. Gabriella's use of words such as **'fix me',** the therapist as **'God', 'Jesus'**, the '**Almighty', a 'tyrant'** and **'doctor'**, highlight the dangers regarding power dynamics within the therapist-client relationship when therapist self-disclosure is in the frame. Her reference to the therapist's possible **'narcissistic illusions'** also highlights potential avenues in which therapists can become hooked into feeding their own unresolved issues. These concerns are shared by other therapists, as can be evidenced in the following quote:

> **Miles says,** ***"I think this was the shadow side of self-disclosure. If you didn't get witnessed and seen enough as a child yourself, adolescent, teenager, young person, young man, young woman, there, there could, the shadow side of disclosure, personal piece, you could want to share stuff because you want to be seen… And of course if you did, if you weren't seen enough as a child, adolescent, or a person, then you could get hooked too quickly to start sharing stuff, which you're thinking with all good intent is for the client, but actually it's for you" (396-415, 4).***

Miles names the shadow as a motivational influence in therapist self-disclosure. He clearly alerts the therapist to be mindful of their own personal process as their own past injuries may trigger the need to self-disclose. Miles' comment illustrates a cautionary approach to the therapist's use of self-disclosure. Subsequently, his comment highlights the need for therapists to pay attention to their own self-care, so that what they choose to share with their clients remains therapeutically appropriate and productive for their clients, whilst allowing them (therapists) to work with their shadow influences within the appropriate avenues of personal therapy, supervision, peer supervision and self-reflexivity. Although Miles highlights the shadow side of therapist self-disclosure, he adopts an integrative stance in this respect, as he states ***'I think sometimes revealing yourself can take you out of the ivory tower, like some clients put us transferentially' (66-67, 4).*** His comment attempts to address the power dynamics and use of therapist self-disclosure within this asymmetrical relationship. In addition, his response emphasises the need for therapists to help clients see them as another human being in the service of healing, when they (client) are ready to do so. Anna's narrative makes transparent how moments of therapist

self-disclosure have interfered with the power dynamics within the therapist-client relationship and also reveals its personal impact upon her.

> ***Anna says, "I've been, er, disempowered and have to, had to answer it even though I don't want to and they might feel sorry for me or they might, er, I might have lost some of my gravitas or some of my, they might start to judge me" (184-186, 3).***

On a personal level, Anna's self-esteem as a therapist is very much interlinked with how her clients may perceive her. My feeling is that a potential impact of the power-play involved in therapist self-disclosure centres around her fear of judgement and sympathy from her clients. This is reflected in her choice of words such as **'judge'** and **'feel sorry for me'**. Anna's narrative echoes a strong sense of the vulnerability experienced by the disclosing therapist, which is further explored in the following quote:

> ***Anna says, "I felt disempowered" (277, 3).***

This sense of the therapist feeling powerless is further illuminated in Anna's repetition of this theme later in our interview, as she repeatedly echoes this sentiment. This made me wonder about her vulnerability around her self-esteem when in the midst of a disclosure, as Anna admitted that her regular job is not a very high-powered job. Therefore, I recognise her sensitivity in relation to power differentials and how they may impact her on a personal level.

> ***Jack says, "The realisation that this person doesn't, isn't bound by the same rules, um, yes, I think it did very early on teach me to be very discerning and it's absolutely rigidly confidential about what that person said and be very, very careful about what I say" (592-595, 5).***

The above quote demonstrates Jack's awareness of power differentials within the therapeutic relationship. His comment***, 'this person isn't bound by the same rules',*** is indicative of his perception that whatever he chooses to share can be repeated outside of the therapeutic space. This quote evidences the therapist's vulnerability and powerlessness in relation to what they share with their clients. In my

view, Jack's narrative offers an interesting perspective, in view of therapist self-disclosure and power-play, evident in the following quote:

> ***Jack says, "So I quite like the fact that you can say anything and that I can never ever tell anyone. It's a kind of (long pause) the, the sort of safety vacuum… I mustn't and I wouldn't ever tell anybody. So think I quite like the feeling that your secrets are safe with me… Yeah, safe and it all stays in this room and no one will ever know we've had this conversation" (600-614, 5).***

Jack's use of power does give a sense of the power imbalance favouring the therapist. Although his understanding of power does not specifically involve therapist self-disclosure in this instance, his approach offers food for thought as his use of power in this respect feels appropriate. Power is very much focused on the benefit and protection for the client and the client's material. His repetitive use of words such as **'safety'** and **'safe'** are aimed at highlighting the need to keep the space safe for the client. I also wondered if there was a possibility, perhaps a subconscious realisation that the space was not a place of safety for the therapist.

5.4.3 The Self of the Therapist

This superordinate theme incorporates the vulnerability and humanity of the therapist in relation to therapist self-disclosure. Here, participant accounts aim at exploring how their self-disclosures, which have been shared with their clients, have impacted them personally. The content uncovered under the sub-theme of vulnerability and humanity provides a snapshot of the personal experience and impact therapist self-disclosure has on the disclosing therapist. All entries are aimed at capturing this process and are by no means exhaustive, in terms of the material manifested.

5.4.3.1 The Vulnerability and Humanity of the Therapist

The vulnerability and humanity experienced by the disclosing therapist can manifest itself in many ways, both consciously and subconsciously. Sometimes, the vulnerability experienced is so raw and fragile that is can be missed or dismissed.

> ***Cristina says, "It's quite powerful when you think about talking about vulnerability, it's something powerful behind a word that can create a lot of anxiety and stress. Erm, that's why I feel it's fear and strength together" (285-287, 2).***

Cristina's comment alerts the reader to the paradox encompassed within the notion of 'vulnerability'. Her choice of words **'powerful'**, **'vulnerability'**, **'fear'** and **'strength'** all convey the potential turmoil the disclosing therapist is left to grapple with, after sharing their disclosure with a client. Moreover, in these moments, the triggering of their own anxieties, self-doubts and past emotional injuries may have implications for their professional and ethical practice, as well as self-care. Her repetition of the word **'powerful'** lends weight to the notion of how therapist self-disclosure can be experienced as quite evocative and potentially traumatising for the therapist. This aspect of therapist self-disclosure is suggestive of an experience in which the therapist is left feeling exposed - exposed to the client and exposed to themselves. There is an element of the therapist needing to be protective over themselves and their vulnerabilities, and this notion is further corroborated in another quote:

> ***Cristina says, "Perhaps it brought something for me in that moment that I wanted to dismiss as well, so I guess I did not want to disclose perhaps my feelings, that I was going to be away from my family, I hadn't, which I said, but even for me, it was something more than that, I would be away from my family, I didn't have any plans, I would probably going to spend Christmas on my own, already evoked anxiety and stress, so I dismissed it" (313-317, 2).***

Cristina's experience of vulnerability in relation to therapist self-disclosure can also be viewed as projective identification. Her experience is indicative of the subconscious experience of the parallel process that sometimes operates between therapist and client. It appears that the therapist experiences a very real intrapsychic conflict between disclosure and non-disclosure. Cristina goes on to acknowledge the anxiety and stress she experienced in the moment. Given the fragility experienced by both parties, there is a sense that the therapist is careful not to allow her countertransference feelings and her personal piece to usurp her client's experience. Her non-disclosure may be suggestive of her need to be protective of her vulnerabilities and unresolved material, which need further exploration outside of the therapist-client relationship. Consequently, non-disclosure may also be interpreted as an attempt to contain and hold the client's experience. Cristina's response feels symptomatic of Ehrenberg's (1995) notion that to do nothing in these moments is just as dangerous as disclosing. Hence, the impact leaving her with feelings of regret, that she had missed her client in that moment and also admittedly dismissed her own feelings. Later on, Cristina confirms this sense of regret when she says '***and also I missed my own vulnerability' (408, 2).*** This sense of the therapist's vulnerability when disclosing to clients is further explored within the next quote, as Miles reflects on his experience of self-disclosure:

> ***Miles says "With that**, **there are ramifications. There, there come costs, maybe to your family, your culture, your religion, your relationship" (109-110, 4).***

Miles' experience of vulnerability alerts the reader to the dangers and risks involved for the disclosing therapist. His use of the word **'ramifications'** evokes a sense of grave danger, which he acknowledges can not only penetrate and damage the therapeutic relationship, but also severely jeopardise the therapist in a very personal way – their culture, religion, family, the therapist's self. Miles' view of his vulnerability is further reinforced in the following quote, in which he names his experience as anxiety:

Miles says, "I was quite anxious afterwards, because then I realised you'd given a part of yourself away, and she could do whatever she wants with it" (186-186, 4).

Miles alludes to the potential powerlessness a therapist can experience after disclosing, coupled with very intense emotional and embodied experiences. These intense experiences are shared by all participants. This is further reiterated in Gabriella's quote, which speaks of her vulnerability at being pregnant and having to work with a client whose partner indirectly threatened her (therapist) safety and that of her child.

Gabriella says, "So that was, er, extremely hard and, erm, and it had a huge cost, yeah, erm, in many ways because it went on for some time. And it did take me to a place of erm, quite, quite, of, of, fear and erm, I, yeah, and oh of er, of erm, you know, that, and you had to do with, with past experiences, in, in the environment and where I grew up…it was difficult to manage in terms of, okay, I'm feeling really scared and it's bringing up all these things from, from my past… I can see in my reactions or in, or in my, you know, being kinda like a little paranoid in the streets…I supervised a lot and talked a lot with my supervisor and erm, mm, erm, but because I, for me, the need not to drop my patient was really important as well, er and I really thought that if we, we were able to go through it together, in a way, that meant we were both safe and the work was safe, cos it was an attempt to disrupt the work, really, what, what my partner was doing (referring to her client's partner) ***and you know, I took risk of understanding it that way and think okay, I don't think he's going to call me or my child, or you know, but I took precautions" (527-561, 1).***

Gabriella's vulnerabilities were very much in the fore in her experience. Her use of words such as **'risk', 'paranoid', 'scared'** all evidence the emotional and psychological turmoil the therapist experiences when feeling vulnerable. Recalling this experience appears to momentarily dysregulate Gabriella which is evident in her speech. There is a limbic resonance/regulation (Schore, 2005) that comes out as

she speaks of her experience, in terms of her repetition of words such as **'quite, quite, with, with, in, in, we, we, what, what'**, which adds to her experience of fear and vulnerability. I wondered if perhaps recalling her experience, going there again, felt vulnerable and the rhythmic manner of speaking was an attempt to regulate her emotional self. These intense emotions appear to be balanced out with the need to keep the therapist, client and work safe. As with other therapist accounts, there was an overwhelming need to '*be there'* for her client. To my mind, the therapist's duty of care to their client appears to hold more significance, even in the face of real danger towards the self of the therapist. This is an interesting development, because it can be suggestive of the therapist's need to remain professional, ethical and *'be there'* for their client, at the expense of self-care and *'being there'* for themselves. This has implications for therapist self-care. This point is further elaborated on by Jack's experience of vulnerability and the need to hold a non-disclosing stance.

> ***Jack says, "My brother died not, not that long ago, on a Monday and I was due in here on the Tuesday to see 6 or 7 people in a row, and I found it easier to come in and keep those appointments than move all those people, because I didn't know what I would tell them. I couldn't imagine saying something so awful has happened, I can't keep the appointment tomorrow. I couldn't lie about having the flu (pause), does it make any sense? I just found it easier to turn up and act normally for 50 minutes and there was 10 minutes of panic-mode before I see the next client. I wasn't trying to be a hero, I just didn't know how to cancel them…I'm just saying that I could contain myself and think in the moment this is who I am and this is what I'm doing and the other stuff is, I, is too huge to process so I'd rather go to work because there I have these 7 people lined up that's what I chose to do…I think it was alright, I spoke to another therapist about it and she'd done something similar and she said actually, looking back, I think really what we should do is take a few days or weeks off, get on with the horrors of grieving but I couldn't agree, I, all I could do was turn up and do the stuff yeah" (525-548, 5).***

Jack's narrative exposes the rawness and the robustness that therapists must be in possession of, so as to work with their clients' wounds whilst simultaneously keeping their own traumas and hurts contained. The work itself and the need to *be there* for their clients unconditionally proves to be an important obligation therapists employ, which potentially supports and contains them (therapists) whilst in the midst of danger and tragedy. Again, Jack's quote echoes Gabriella's sense of needing to be protective of the therapist's self and *be there* for their client. There is still a sense that, in these moments of vulnerability, a possibly subconscious need emerges on the part of the therapist to be dismissing of their own self-care (a theme shared by all participants) and focus their efforts on remaining duty-bound to their client's wellbeing. To my mind, this sense of their duty-bound 'work ethic' raises ethical concerns, in relation to the therapist's self-care. The next quote points to the therapist's vulnerability at feeling exposed when faced with an accidental self-disclosure.

> ***Anna says, "I felt quite naked that he could see me in a different environment, erm, so I felt very, erm, stripped of my therapeutic mask if you can, like or, erm, therapeutic persona in that environment" (271-273, 3)***

Anna's experience of vulnerability links with the notion of exposure, hence her remark, ***'I felt naked'***. There is a sense of the therapist wanting to appear professional, and holding onto her power. This image is eclipsed by her experience of the mask falling off, leaving the other her, perhaps the human being - her true self - exposed (Winnicott, 1965). There is a sense of this human self possibly interfering with the transference. On another level, it can also be interpreted as the therapist's own intrapsychic conflicts regarding her authenticity being unwillingly invited into the therapeutic frame. Anna's experience of vulnerability in the moment of therapist self-disclosure is also evidenced in the following quote.

> ***Anna says, "Er, bit of dread to be honest (laugh), um, a bit of dread because, er, (pause) er, and vulnerability. I really don't want to be that vulnerable in front of my, erm clients" (135-136,3).***

Anna names her experience and vulnerability. She repeats the word **'dread'** in relation to self-disclosure and this may be suggestive of her inclination to avoid therapist self-disclosure, as it may be experienced as disempowering or an attempt to peel off the professional mask/persona. There is a strong sense of her need for her clients to see her as a therapist rather than as a human being, at times. This protective mechanism may be indicative of the therapist's own struggle to be seen as a fellow human being and feel 'comfortable' basking in her own authenticity. There is also an element of the therapist's exposed vulnerabilities potentially being disruptive to the therapy, as it may result in role reversal with clients emotionally holding (Winnicott, 1965) their therapist.

Cristina's narrative is supportive of the humanity of the therapist and its value in shifting the therapeutic work, the relationship and increasing client wellbeing. There is a sense that we need to meet intersubjectively (Stolorow et al, 1987). Thus, both therapist and client need to be engaged in an interactive two-way interpersonal process (Siegel 1999) for the work to happen and for the client to progress. Given this study's focus, I argue that these interactive ways of relating also progress the therapist. I am reminded of Casement's (1990) contribution, which demonstrates the therapist's humility and humanity as he contends that we (therapists) are in the process of learning as much from the patient as they are learning from us. The following quotes are illustrative of the need for connection within the therapist-client relationship and therapist self-disclosure can be a powerful tool, in this respect:

> ***Cristina says, "I also feel like there needs to be a human siting opposite them, not just a mirror… I would like to think there is a human being interested in me rather than someone who is some sort of giving technique or intervention, not being in a particular way, that I would find very wooden and alienated, alienating" (47-56, 3).***

Jack and Gabriella's understanding of the humanity encompassed in therapist self-disclosure further emphasises the above-mentioned point.

> ***Jack says, "I hope they think, though (pause) he's had to deal with challenges too, he's an ordinary bloke like me, um, just because you're***

a therapist doesn't mean that your life is easy to manage, um (pause). I think might just help them realise that so much of life is random and whatever you're doing, bad things will happen and it's how we manage those bad things really, so p'rhaps they think, I hope they think, oh he always seems okay and yet, there have been those examples of difficult times having to be coped with" (450-456, 5).

Gabriella says, "A sense of being there, yeah, of there's something human" (44, 1).

Further along in our interview Gabriella asserts, ***"maybe the self-disclosure will be more of you showing, you know, showing how human you are" (399-400, 1).***

Miles says, "When you disclose, you, in their eyes, you join the human race" (874, 4).

Jack, Miles and Gabriella give the reader more of a sense of the therapist's need to have themselves seen as imperfect, fallible and human (Bugental, 1987). In a sense, breaking the transference and dispelling the idealising piece contained within it. There is a need for the therapist to be perceived as another human being joining the client in the service of healing, yet honouring the asymmetry existing within the therapeutic relationship. Elements of humanity manifesting within therapist self-disclosure can also be viewed as a very necessary therapeutic manoeuvre intended to support the development of the 'real relationship' (Clarkson, 1995), where both client and therapist can meet holding their authenticity (Rogers, 1951) within the mutuality of the exchange. This next quote below illustrates a slight shift in favour of protecting the vulnerability of the therapist:

Anna says, "I suppose you could ask something about the disclosure procedure as I'm disclosing, aren't I, at the moment and, um, whether or not there would be anything that would stop me disclosing to you. Um, that would be one interesting thing, because the disclosure that I regretted, I wouldn't even put into words, um, because I was embarrassed, I was naive, it did affect the therapy probably, but it was my first client so I guess is there disclosure about disclosure (laugh)…

Even as I'm speaking in the interview, you're thinking do I need to disclose cos obviously there's another side to conducting the interview and not to say too much or too little, so there really is a real disclosure process, perhaps there's a parallel process going on here um, which is interesting, so yeah it is quite vulnerable, yeah" (526-545, 3).

Anna's narrative is suggestive of the caution and wariness embroiled in therapist self-disclosure. There is a sense that her assessment for disclosure involves a sense of accountability to her profession, her insurance, UKCP, her client and herself. Furthermore, Anna names the parallel process operating between us. Her response is indicative of the therapist's vulnerabilities experienced on multi-levels. Her use of words such as **'embarrassed'** and **'naive'** suggests that the experience of being vulnerable in the midst of therapist self-disclosure and also in this interview is still very much enmeshed within her core and appears to also evoke an uncomfortable embodied experiencing of this phenomenon.

The above superordinate theme has explored therapist self-disclosure, in relation to the impact of vulnerability and humanity experienced by the disclosing therapist. This notion of vulnerability and humanity is not confined to this particular theme, as its echo infiltrates aspects of the master themes and the next superordinate theme – the Therapist as a 'Wounded Healer'.

5.4.4 The Therapist as a 'Wounded Healer'

This superordinate theme explores the therapists' use of self-disclosure and incorporates their vulnerability and humanity within their humble pursuit as wounded healers in the service of healing. The following two quotes really draw out the emotional impact on the therapist when disclosing to their client. There is a sense of the therapist being reminded of their own vulnerabilities, as well as their own unresolved wounds.

Cristina says, "I think what's costly is when you agree with the patient in, in, inside of your mind, and you're thinking to yourself, God, yeah, I know exactly what you mean, um, and it and on, in the moment it brings

me back to my own space, it brings me back to my own fears, or my own anxieties… So that was quite costly in the sense that, yes, we met, but also it brought up my own fears and my own anxieties, so there was a meeting, but there was also something that is quite costly for me in a sense, it, it brings me back to my own sense of, you know, I understand you and I also did not want to be in that position may, maybe, or maybe I am, so you know, it's, it brings you back to those questions in your own mind. So I think the cost for me is that it takes me away from the therapy room for a bit, until I regroup myself and my thoughts, um, and try to use that experience as an empathy… The cost for me is that it brings certain things that I know I need to address, you know, it just brings a box into my check list I need to work on outside of the room, and use it empathically rather than as an alienating kind of sense, where I'm off the room, I've left you to it because I'm, I'm next door, um, so I guess the cost for me is that it brings certain things that I know I need to address… It touches something that is quite personal and quite sensitive… So there is a cost both for the patient in that I have checked out for a bit and when I check out, I go into a little bit of a bubble, but it's just for a few minutes, I know I'm coming back… It also shows therapist, I, I, you know, no therapist has ever resolved everything in their lives… It can be quite painful to know that not everything in your life had been resolved (laughs). You still have open wounds, it can be quite pain, it can be quite painful, it is also very painful to see, particularly you also need to be in check with what is going on in the moment" (435-479, 2).

Cristina's narrative details her experience of moments when therapist self-disclosure reminded her of her own wounds. She refers to the cost involved for herself, the client and the work, acknowledging that in those very intrapsychic moments, there is a need for the therapist to hold themselves, remain emotionally robust and sometimes, this means briefly dissociating from the experience as a protective mechanism. There is a sense that Cristina accepts that this cost is a necessary 'evil', in that it keeps the client and the therapist safe, so that the work can continue. Her comment conveys empathy and emotion for the client and the work. It is also suggestive of her acknowledging her humanness, vulnerabilities and her position as

a wounded healer. Her repetitive use of the words **'pain'** and **'painful'** are indicative of the rawness she experiences when being faced with the mirror reflecting back her own wounds. These costly wounding experiences conjure up deep-seated emotion and hurt that maybe lay dormant as the vulnerability of these wounds feel too much to touch.

Cristina goes on to reveal more of her emotional impact as she says, ***"I saw her checking my wedd, my wedding finger, for instance too, cos I don't think she's ever done that, that, so that broke me a little bit" (442-443, 2).***

The participant demonstrates her need to hold her wounds and contain her countertransferential feelings and experience. It is an attempt to be there for her client, providing emotional holding (Winnicott, 1965) and a safe secure base (Bowlby, 1998) whilst putting on the brakes (Rothschild, 2003), so as not to flood the client and take away from the client's experience or their (client's) right to be acknowledged, witnessed and validated (Miller, 1995). Gabriella's experiences of her wounded past also echo the impact experienced above.

> ***Gabriellla says, "That place took me back to that fear of, of, the world around you in a way… Of, of my childhood as well and, and the importance of having, you know, not giving into that whilst looking after yourself, no really, in a very dark area, really" (575-579, 1).***

Gabriella's experience is indicative of the therapist's developmental traumas surfacing within their experience of self-disclosure. Her acknowledgement of ***'not giving in'*** is demonstrative of her robustness and ability to use herself and her self-disclosure as a source of healing for the client and herself. Again, there is a rhythmic resonance that comes through in her repetitive emphasise on words such as **'of'** and **'and',** as a means to convey the depth of impact and fear existing in those moments. Gabriella's limbic and rhythmic resonance can also be an attempt to self-soothe (Stern, 1998), as a means of supporting her to talk about and manage the impact this experience may have on her in this moment. These experiences of therapist self-disclosure bring to the fore the notion of the therapist as a wounded healer and are further evidenced in the following quotes:

Jack says, "Okay, so I'm happy to say I don't flood, I don't tear up I, I remind myself why I'm doing it and I tell myself this is for the client to help the client through that bit. P'rhaps it's easier if I give you an example. My brother committed suicide and I had a client going through the same thing and this client thought, imagined did had happened, never happened to anybody else and I thought, I never thought I'd say this but I want to tell you something and remind you that you can survive this, you can get through, it won't be easy and I thought I was slightly nervous, I checked within with a supervisor in two hours and we talked through it, but it, it did something, it certainly lifted something for the, myself and the client because I would have felt dishonest sitting here not sharing it" (206-214, 5).

Jack says, "I shared with someone who could not see why her husband had just upped and gone. I talked about having being divorced and know what it was like to sit with someone you have loved and divorcing from and I remember my wife, soon to be ex-wife, both in a restaurant and saw my tears falling into a bowl of soup and when I looked across, her tears were falling into a bowl of soup, there were two bowls of soup being filled with tears, and I didn't know whether to laugh or cry and I told this to this poor woman, who was sobbing besides herself when her husband said I'm off and (pause) I think she might have thought that does happen to other people. There might be some people who go into therapy for a crisis and think it hasn't happened to anyone else, so yeah, that was another disclosure (458-467, 5).

Jack's narrative illustrates his use of his own wounds in the service of healing for his client. By his own admission, his first quote is suggestive of the anxiety and panic he experienced once his self-disclosure was 'out there'. He demonstrates self-care via exploring his disclosure in supervision. Interestingly enough, Jack bravely acknowledges that sometimes within these moments of therapist self-disclosure, when therapists use their wounds in the service of healing, they open themselves up to the possibility of supporting their client to heal and also themselves. Jack's above-mentioned follow-on quote is indicative of his authentic need to bare his wounds and

make transparent his own very personal pain, in the hope of supporting his client to know that she is not alone in her hurt. Without attempting to take away her pain, he demonstrates that he is there with her, holding his own wounds and using them as a vehicle to help his client work with her own wounds. In this way, his client may use this experience as a platform for transformation and a source of compassion, empathy and strength. Jack's quotes are evidence of the duality that exist in therapist self-disclosure as his narrative powerfully alludes to the notion of the two-way interpersonal process and intersubjective meeting, in which healing in itself is not a one-sided occurrence. This theme of the 'wounded healer' (the duality of the healing for both client and therapist) demonstrates the power of therapist self-disclosure to intimately move both subjectivities and is further supported by the following quote:

> ***Miles says, "You feel more in tune with the core of who you are, almost the word I want to use is, um (pause), it gets you in touch with your central force of gravity about who you are… I think you're embodying, trying to be authentic and true to yourself which in my book, for many clients, that's what they're struggling with… As a therapist, being true in certain pockets of time with clients, can be, help them but I think it can also help the therapist" (103-115, 4).***

Miles' experience of disclosing his wounds illustrates the positive impact and healing therapist self-disclosure can have on the therapist, leading to further integration and authenticity within their core-self. He further acknowledges that taking the risk of being authentic and true may support clients to also embrace their fear of stepping forward as their true selves (Winnicott, 1965). Miles' comment reinforces the two-person psychology (Stark, 2000) at play within the therapeutic dyad. In contrast, the following quote takes a different direction in relation to the wounded healer:

> ***Anna says, "You might be sending out a message of, here you are, look at me, I've had your experiences but I'm all sorted out, I'm a therapist but you're not, um, the client may be quite narcissistic and not want to know anything about you. They may feel that they may receive a message of I've no right to be a victim" (105 – 108, 3).***

Anna's position highlights the ambiguity present in these moments of therapist self-disclosure and reminds us that sometimes, baring our wounds can prove injurious to the client, the work and the relationship. Furthermore, when disclosure lands badly, it can also impact the therapist, tearing open old wounds that maybe have never fully healed. Anna reinforces her point with her next quote:

> ***Anna says, "My self-esteem's quite tied up in my work, so anything that damages that work, then, er, or threatens that work or impacts that work impacts me, so the thought that I've lost, I may have lost, erm, (pause), th-th-that ability, er, now to help him in as much as I could have bothers me" (292-295, 3).***

Anna's revelation of a potential rupture in the midst of therapist self-disclosure echoes a strong theme of vulnerability and disempowerment, whilst demonstrating the immense pressure therapists place on themselves in their accountability to be a healing presence for their clients. Her narrative makes transparent the potential emotional injuries and damage to the therapist's self-esteem and, I would argue, also impacts their sense of self as a human being in the world. There is a sense that in these challenging moments, self-doubt manifests, which can also be symbolic of past traumas and wounds being ignited.

Chapter 6

6. Discussion

This study's purpose was to explore and gain an in-depth understanding of what impact the use of therapist self-disclosure may have on the disclosing therapist. The participants' accounts explored in great detail and depth their subjective and countertransference experiences of therapist self-disclosure. They shared what they experienced, how they felt impacted, how they understood and managed their own psychological, emotional, embodied experiences and wounds, with a particular focus on their personal process.

A review of the current literature and empirical studies illustrated that the subject of self-disclosure has been widely explored, with most studies following a quantitative methodology. Fewer studies have been carried out using a qualitative methodology. All research studies (including my own), point to explorations of therapist self-disclosure, in terms of its impact and benefit for the client. This study went a step further and explored the impact of therapist self-disclosure on the disclosing therapist, as this appeared to be an under-researched area.

Given the interpersonal dynamic that exists within the therapeutic relationship, it felt important to highlight and explore this phenomenon from the therapist's perspective. Subsequently, this investigation may contribute new and important knowledge that could become part of the existing research. This chapter will focus on the findings, in relation to the literature and research questions posed by the study. This will be followed by a discussion of the limitations of the study and possible avenues that may be explored under future research. Thereafter, my personal reflections will be addressed, as well as the implications of the results for theory, practice, ethics and self-care.

6.1 What is the Therapist's Understanding of 'Self-Disclosure'?

This research question explored how the participants understood, viewed, thought about and interpreted what 'self-disclosure' meant for them. The participants' accounts were evidence of the complexity involved in this phenomenon. What constitutes self-disclosure was variable and personal to the therapist's unique experience and interpretation. It is interesting to note that most participants held an awareness of self-disclosure, and yet found themselves wrestling with this concept at different levels within our interview. All therapists' accounts were representative of an awareness that 'self-disclosure' involves risk, vulnerability and sometimes comes at a cost to the disclosing therapist (personally, professionally, ethically). These risks were explored in greater detail in the second master theme and were evidenced at various levels in all three master themes.

One participant described 'self'-disclosure' as being constant and stated that it happens **'all the time, absolutely all the time and we take it for granted'**. This view was shared by all therapists who participated in this study. All participants agreed that therapist self-disclosure appeared to benefit the client and therapeutic relationship, and invited relational depth and intimacy between therapist and client. The participants' views link well with empirical studies (Audett & Everall, 2003); Barrett & Berman, 2001; Knox et al's, 1997; Knox & Hill, 2003; Watkins, 1990) in which explorations into this phenomenon appear to evidence a correlation between therapist self-disclosure and increased therapist likability and connection when applied cautiously and in moderation.

Owing to the complexities involved in self-disclosure, it was clear from the various interviews, literature and empirical studies that numerous types of self-disclosure exist. This variation and complexity pertaining to this phenomenon was also evident in the participants' accounts. The complexity of self-disclosure sub-types is alluded to by Audet and Everall (2003), Gibson (2012), Knox et al (1997) and Farber (2006). This study's findings support the existing knowledge base encapsulated in the literature review and empirical evidence that self-disclosure is problematic to define. How therapist self-disclosure is understood is personal to the individual therapist, as

it involves a complex interplay of **'everything they carry in them'**. Indeed, Kaiser (1997) states that the therapist's history, experience, personality, education and culture is always in the frame.

Regarding the sub-themes (intentional and unintentional self-disclosure), all participants were able to acknowledge that therapist self-disclosure occurred in moments where psychological space was available to allow for assessment, thinking through and following a personal 'criterion', as well as existing in moments where the instinctual, automatic and spontaneous nature of therapist self-disclosure manifested. Therapist self-disclosure was not always premeditated or privy to assessment. One participant surprised himself by discovering that self-disclosure can occur spontaneously. This study acknowledged that when therapists talked about self-disclosure, their perception of this concept reflected multileveled thinking and an awareness of risk which was ever present. All participants mirrored previous research findings that self-disclosure involves intentional and unintentional elements. Exploring this theme illustrated the broadness of this subject matter, which also created dilemmas for therapists using self-disclosure and wrestling with its complexity. Participants appeared to be aware of this phenomenon's complexity and its unique 'definitions' ascribed by individual therapists. Although therapist self-disclosure remains constant, more emphasis appears to be placed on its cognitive, thought-through nature, perhaps because this gives therapists an element of control over these very risky moments.

It can be argued that due to the nature of automatic, instinctual and spontaneous self-disclosures, it is very possible for this latter cluster (unintentional therapist self-disclosure) to potentially go unnoticed - Hence the impression that, at times, therapists were not even aware that they were disclosing. Moreover, owing to their specific interpretation, one therapist may consider a moment to be self-disclosure whilst another therapist may not. These essentially subjective experiences merely amplify the notion of complexity and difficulties involved in wrestling with 'what is self-disclosure'. These various types of self-disclosure all point to the struggle regarding how therapists think about, understand, and consciously and unconsciously engage in therapist self-disclosure.

Explorations into the types of therapist self-disclosure led to a consensus amongst participants that self-disclosure is a multi-faceted and multi-textured phenomenon. This revelation highlighted the inevitability and the insecurity of not always being consciously aware of moments of self-disclosure. Whilst wrestling with this question, similarly to Knox and Hill (2003), the participants recognised that moments of therapist self-disclosure involve other factors, such as guidance, support and empathic challenging. These factors involve the contextual frame, intrapsychic and interpersonal processes, which are simultaneously in operation during these moments.

6.2 What are the Risks involved in Therapist Self-Disclosure in Relation to Client Presentation, Decisions to Disclose and Timing?

All participants acknowledged that their self-disclosures involve assessing the client's readiness, with additional considerations around timing and decisions to disclose. The latter two points correlate with arguments put forward in the literature review, regarding engaging in therapist self-disclosure once there is a sense of a strong therapeutic relationship (which can only be fostered over time). The various schools of thought concede that early therapist self-disclosures are to be avoided, as they imply a risk to the therapeutic relationship and client. This stance is also held by the participants in this study as their accounts highlighted the need for and importance of trust between therapist and client, in order for therapists to venture into what can be deemed unchartered territory.

Four participants suggested that they felt fairly 'comfortable' taking the risk of engaging in therapist self-disclosure, as a means of increasing client wellbeing. One participant indicated a reluctance to enter into this way of relating and being with clients, which is indicative of how her own personal experiences of self-disclosure impacted upon herself and the work. Therapist self-disclosure raises ethical concerns, as it involves decisions aimed at client beneficence and not therapist gratification (Zur, 2009). Subsequently, it is imperative that therapists take into consideration their client's presentation - emotionally, psychologically and physically,

as this has implications for the client's wellbeing and ability to work with this level of intimacy within the therapeutic frame.

Three participants made reference to avoiding therapist self-disclosure when working with clients who presented with personality disorders and/or trauma pieces, as this has implications for the client's developmental level of engagement, as well as their ability to use the therapist as a good selfobject (Kohut, 1971). The remaining two participants tended to focus on client presentation, in terms of assessing where they (client and therapist) were at in themselves and their therapeutic relationship. Assessment also involved a judgment call and trust regarding the therapist's sense of the client's readiness to go there. Overall, all participants agreed that therapist self-disclosure has the ability to powerfully impact and move therapeutic work forward. Nevertheless, participants acknowledged that even when therapist self-disclosure appears to be therapeutically productive, it still involves risks. These risks may render therapy counter-therapeutic, potentially blurring boundaries and interfere with the client's transference, material, process (Freud, 1912) and potentially injure the therapist. All participants conceded that therapist self-disclosure should be applied cautiously and sparingly, as it remains a vehicle that can potentially result in therapeutic breakthrough or rupture to the client, the work, the therapeutic relationship (and the disclosing therapist).

6.3 How do Professional Risks Impact Therapist Self-Disclosure and the Disclosing Therapist?

This question looked at how professional risks influence the use of therapist self-disclosure. All participants demonstrated knowledge of power differentials and relationship differences in the therapist-client relationship. It was important for the participants that their clients experience them as another human being in the relationship. The aim is to support the client to grow in self-awareness and feel self-empowered, in terms of their experience and perspective on their presenting issue. All participants were wary not to allow their clients to perceive them as all powerful, as to do so would be suggestive of the therapist's own narcissistic injuries surfacing, whilst simultaneously perpetuating the client's pathological outlook on self-and-other. The view that power-play is a delicate component to manage was shared by all

participants. Likewise, it has been evidenced in the literature review that therapist self-disclosure can impact power dynamics, for example resulting in role reversal (Zahm, 1998). Furthermore, Audet (2011) and Gibson (2012) state that therapist self-disclosure can place certain expectations on the client. Hence, clients may feel inhibited in their process to work more authentically, demonstrate congruence (Rogers, 1951) and step forward in true self-expression (Winnicott, 1965). This attitude is further heightened if they (clients) perceive their therapist to be placing expectations on them, in terms of behaving in ways which served the therapist's interests (Zahm, 1998). Subsequently, it may be indicative of the therapist's own wounds and unresolved past issues entering the frame and interfering with the work and the client's process, as Freud (1912) feared.

The above risks require the disclosing therapist to have a strong sense of self-awareness, so as to be able to embrace therapist self-disclosure whilst simultaneously managing their countertransference feelings, experiences and embodied states. All participants acknowledged the importance of engaging in regular self-reflexivity (Etherington, 2004) and holding an empathically curious stance (Rogers, 1951) when exploring these moments both for themselves and with their clients. The participants' readiness to engage at this level demonstrates their understanding of risk at various levels and their duty to be of beneficence to their clients. It highlights the therapists' ethical code to contain their own potentially narcissistic injuries from surfacing, especially as therapists owing to their subjective and human configuration also want and need to feel accepted by the other (Storr, 1990).

6.4 What is the Personal Experience and Impact of Therapist Self-Disclosure on the Disclosing Therapist?

This final master theme explored how therapists are emotionally and psychologically impacted by their disclosures, as well as the role power, motivation and the shadow play in this respect. It also looked at the therapist's use of self in relation to therapist self-disclosure. Lastly, the therapist as a wounded healer was examined, in respect of the therapist's self-disclosures and their impact on the disclosing therapist.

6.4.1 What is the Emotional and Psychological Impact of Therapist Self-Disclosure on the Disclosing Therapist?

All participants were able to recall positive and negative experiences and impacts of their self-disclosures. Previous research affirms that in most cases, therapist self-disclosure is viewed positively by clients (Audet, 2011, Knox et al, 1997) and this position correlates with the participants' accounts. Therapists acknowledged that these positive experiences often left them feeling vulnerable. Gibson (2012) and Zahm's (1998) respective contributions remind one of the sensitivities involving power-play and that negative consequences reportedly left clients feeling resentful and distrusting of their therapist (Audet, 2001; Gibson, 2012). Negative experiences related to therapist self-disclosure reportedly intensified the therapist's sense of their vulnerability and fragility. Negative experiences often left a lasting impression on the disclosing therapist, and included a heightened sense of anxiety and worry. Consequently, negative experiences of therapist self-disclosure often led therapists to attempt to avoid self-disclosure. These intensely vulnerable and anxiety provoking moments raise issues around the therapist's perceived sense of emotional safety for self (and by implication the client). Despite this awareness, there still appeared to be a consensus amongst therapists to focus on the emotional, psychological and physical safety of their clients, arguably due to the ethical implications of holding the client's wellbeing as central and paramount. This perceived imbalance highlights the disparity between ethics and practice, as well as amplify issues involving therapist self-care.

Moreover, all participants felt that, at times, it is necessary to take the risk of therapist self-disclosure, as the benefits to the client far outweighed the risks to the therapeutic relationship, the work and therapist. In line with Ehrenberg's (1995) view, the participants agreed that therapist self-disclosure is a necessary part of the therapeutic work. The participants' accounts correlate with the study carried out by Knox et al (1997), thus recognising that therapist self-disclosure was experienced as helpful by the client and resulted in a deeper connection between therapist and client. Therapist self-disclosure allowed for more moments of authentic engagement (Rogers, 1951) within the intersubjective meeting (Stolorow et al, 1987). All participants acknowledged the uneasiness they felt when embroiled in these

moments. Yet, it is their conviction of duty and care towards their clients, coupled with their accountability to their profession and ethics that provides them with the courage to take these risks in the service of healing for their clients.

6.4.2 How does Power, Motivation and the Shadow in relation to Therapist Self-Disclosure Impact the Disclosing Therapist?

All participants emphasised the importance of holding an awareness of power differentials, their motivational force behind self-disclosure and the potential shadow side of therapist self-disclosure. Participant accounts demonstrated a need to remain in a continuous state of assessment, which is captured in one participant's comment: ***'it feels freakin exhausting'.*** Within this frame, there also exists professional and ethical accountability as well as clinical implications. The participants acknowledged the delicate nature of power-play. They demonstrated a wish to ethically, clinically and therapeutically honour power differentials within this asymmetrical relationship. Their approach to work through and understand potential power struggles, if/when they arise, from a place of empathic curiosity and exploration for both self-and-other, was indicative of ethical considerations. Holding in mind this sensitivity supported therapists to allow themselves to be used as a good selfobject (Kohut, 1971) in the transference and therapeutic relationship. Subsequently, clients did not feel disempowered but instead experienced their story, trauma and hurt being acknowledged, validated and witnessed (Miller, 1995), thus potentially resulting in a 'corrective emotional experience' (Alexander, 1961).

Power-play as an extension of therapist self-disclosure can encompass a darker side – the shadow. This sentiment was acknowledged and shared by all participants. Jung's (1993) notion of the shadow is a useful concept for therapists to consider when contemplating a disclosure and exploring their motivational force. Jung (1993) alerts the therapist to embrace, work with and familiarise themselves with their shadow parts. Therapists attempts to hold a conscious awareness of this unconscious part ensures that the work, the therapeutic relationship, the client's material and the client's process are not usurped or interfered with. Participants acknowledged the power of therapist self-disclosure to potentially trigger their own

narcissistic or unresolved injuries/needs. From the therapists' accounts, there appeared to be consensus regarding the therapist needing to be robust enough to own and manage their shadow parts. This idea links back to master theme two regarding risks. There was a sense that the therapist's readiness to use self-disclosure involves experience and skill, which in turn is strongly linked with therapist robustness. The therapist's willingness and accountability to 'deal with their own demons' allows the therapeutic space (in which therapist self-disclosures manifest) to remain emotionally safe, therapeutically and clinically productive for the client and the client's material.

Participant comments were indicative of ethical implications and accountability, as they acknowledged the possibility of the shadow side of therapist self-disclosure as a motivational force aimed at indulging the therapist's needs. In view of power differentials, there was consensus among all participants for the need to therapeutically cross idealising transactions when appropriate, in two-person psychology/intersubjective meeting (Stark, 2000; Stolorow et al, 1987), with a more authentic, humanity-based and humble interaction. This way, clients perceive their therapist as real, imperfect and fallible (Bugental, 1987). A contrasting point was offered via one participant, as there appeared to be a very real and strong sense of hurt that manifested when operating the delicate notion of 'power'. What came through strongly was the very fragile sense of feeling disempowered and emotionally injured in moments of therapist self-disclosure. This sensitivity made me wonder about the very careful 'workings' of the power dynamic, in terms of its potential to re-awaken the therapist's past emotional injuries and unresolved material. Furthermore, this fragility exists in all human beings (and therapists are not exempt), and thus echoes the huge cost to the therapist's vulnerable and emotional self, also aligned with their self-esteem, self-worth and self-value.

Another participant's responses in relation to power dynamics within the therapist-client relationship placed a unique spin on the notion of 'power' pertaining to therapist self-disclosure - that keeping secrets safe embodies a sense of power. All participants adhered to the boundary of client confidentiality. This notion of 'keeping secrets safe' and the power dynamic involved were interesting points, which were not made by other participants. The thought process regarding 'power', in this respect, is interesting - to be of benefit and service to the client in a protective

manner and not as a tool, which could potentially place the therapist in the position of expert. Nevertheless, I acknowledge it to be a point all participants would agree with. As with all participants in this study, the notion of client confidentiality as an extension of 'power' contrasts greatly with therapist self-disclosure, which often leaves therapists feeling exposed, vulnerable and powerless over their shared disclosures.

6.4.3 How is the Therapist's Use of Self (Vulnerability and Humanity) in relation to Therapist Self-Disclosure experienced by the Disclosing Therapist?

There was consensus among the participant accounts regarding therapists feeling exposed and vulnerable, as well as allowing their humanity to be more fully present in these moments. Whilst therapists hold in mind a broad range of 'assessment criteria', albeit based on their personal and unique make-up, they also acknowledged the very personal impact their disclosures had on themselves. One participant's shared disclosure of depression demonstrated to his client that it may be possible to work through a mental health condition. This disclosure offered the client a sense of hope. In contrast, the therapist's disclosure evoked in himself a sense of panic, anxiety and shame. I believe these latter impacts experienced by the therapist to be indicative of the therapists' humanity and vulnerability entering the frame. These impacts resonate with the discussion regarding the emotional and psychological impact of therapist self-disclosure.

For some therapists, the experience of therapist self-disclosure (albeit unavoidable) left a lasting impact regarding their personal safety, the safety of their family and their client. Again, this links with the human fragility which can leave the therapist feeling paranoid. Furthermore, it can re-awaken past developmental traumas. All participants demonstrated the therapist's robustness (which I argue is very much a necessity when in the realm of therapist self-disclosure). Thus, the participants were willing to put themselves in a position of vulnerability and fragility, whilst holding their past wounds, hurts and using this shared wound as a strength. In this way, they supported both themselves and their respective clients to reach a point of resolve and real safety - physically, emotionally and psychologically.

The participant accounts demonstrated that therapists, just like clients, are in the process of trying to understand, integrate and work with their own material. Sometimes, this happens within the two-way interpersonal process. Perhaps therapist self-disclosure may also support clients (and therapists) to work through their own 'broken line of being' (Winnicott, 1965). Therapists stepping forward in the 'uncomfortability' of their own vulnerabilities, fragilities, authenticity and as fellow human beings validate the human need to share with the other (the client) the hope and possibility of coping and managing trauma, hurt, emotional and psychological disturbances in healthier ways. Adopting an integrative stance where therapists hold the luminosity and the shadow supports clients to hold a both/and position of their realities, in which 'good' and 'bad' in the self can co-exist and be embraced, understood, accepted, empathically held and integrated. All participants conceded that therapist self-disclosure still requires therapists to be clear as to their decisions to disclose. This way, this therapeutic tool remains a vehicle for client benefit and not an opportunity for therapist self-gratification, blurring boundaries or over-identification with the clients experience (Maroda, 1990).

Therapist self-disclosure being both helpful and unhelpful for clients also attests to the personal impact on the therapist. This is especially pertinent when the **'therapist's mask slips off'** and exposes their humanity and vulnerability. This can impact the therapist's sense of self and their self-esteem. It may cause moments of self-doubt regarding the therapist's professional self (and by implication, their personal self), the therapeutic work, the therapeutic relationship and how therapists (in these very delicate and sensitive moments) perceive their clients to be experiencing them. The vulnerability and humanity of the therapist's self in moments of therapist self-disclosure required participants to manage their countertransference feelings and hold the boundaries through awareness of 'what is their stuff' and what belongs to the other (client). This careful, conscious tuning in to self-and-other allows the therapist to make more emotional and psychological space available for therapeutic work with their clients.

6.4.4 How does Therapist Self-Disclosure Impact the 'Wounded Healer'?

Considering the two-way interpersonal process which operates throughout the therapeutic relationship, it feels appropriate to reflect on how therapist self-disclosure may impact the disclosing therapist. Rowan and Jacobs (2002) state that within this relational dynamic, there are moments when self-disclosure serves a dual purpose. This view honours the notion of the two subjectivities, their beings within the therapeutic dyad mutually influencing the other, resulting in transformation and healing for both. Within this relational way of being, both therapist and client are involved in the intrinsic interplay of the shape and feel of the therapeutic relationship, and the shared experience of being-with-self-and-other (DeYoung, 2003). The participants in this study all acknowledged this dual impact, dual sense of healing that sometimes sharing something of yourself for the client's healing can also heal parts of the therapist.

All accounts acknowledged the impact therapist self-disclosure has on the therapist at multi-levels: emotional, psychological, embodied. Consequently, it can be argued that holding a conscious awareness of this complex phenomenon operating at multi-levels within both subjectivities (therapist and client) may help therapists to more 'comfortably' own that they too experience healing and/or discomfort in these moments. Often, it is the embodied experience that alerts the therapist that something is happening for them too. I argue that this notion can be extended to therapist self-disclosure, which can also be experienced in an embodied form. It feels appropriate to say that the experience of being wounded emotionally/psychologically can support therapists to use their wounds in the service of healing with great empathy and compassion. These moments can also prove emotionally and psychologically injurious for the client (and the therapist) if the shadow side of the therapist delivers the self-disclosure (Storr, 1990).

Consequently, the participant accounts indicated that judicious use of self-disclosure, aimed at client benefit, complements and enhances the human dimension, which, in turn, strengthens the working alliance, therapeutic relationship and attachment bond between therapist and client, thus allowing movement in the work. The duality of

therapist self-disclosure is further reinforced by Storr (1990) and the participants in this study, as it was noted that just like clients, therapists also need to feel known, connected, appreciated and respected by the other.

The participant accounts reflected the therapist's need for clients to see therapists as wounded, fallible, imperfect, ordinary and willing participants in the service of healing. Participants acknowledged their need as human beings and therapists to have their clients remove them from the pedestal or ivory tower, in which clients sometimes place their therapist transferentially. What came through strongly is the therapist's humility - needing clients to see that they too have difficulties, traumas, hurts, wounds and continue to work through and manage these challenging experiences. It was evident that these very intimate moments require the therapist-client relationship to be secure and solidified so that the trust present in these moments remains powerful enough to embrace therapist self-disclosure, transformation and weather the storm of ruptures.

6.5 Limitations of the Study and Prospective Future Research

Despite the findings apparent consistency with past research, it must be noted that the current research evidences some limitations. Focusing on integrative therapists is not without its limitations. The uniqueness of the individual therapist's integrative frame makes the generality of findings rather challenging. Perhaps exploring this phenomenon's impact on therapists practising singular modalities may provide more generalisable outcomes. This limitation presents challenges in relation to findings, as reaching consensus over what aspects should be accepted as evidence-based outcomes by the broader counselling psychology and psychotherapy field may prove impossible (Lapworth et al, 2001).

Recruiting participants proved rather challenging. My advertisement met with a lack of response from therapists and organisations. However, some therapists were happy to circulate my advert and information sheet to their colleagues. Upon reflection, I came to believe that therapists' reluctance to participate in the study was possibly due to the nature of the phenomenon under investigation. Consequently, it

felt important to adopt a more personal approach to elicit interest. I decided to contact colleagues in the field and ask them to assist me with recruitment, which proved successful as it brought forward five participants. Upon reflection, the issue of 'trust' and the need for 'familiarity', via a link with someone known to them in order to feel 'safe' to participate in the study felt pertinent. This issue highlighted another limitation: ethnic homogeneity. Only Caucasian participants put themselves forward for this study, which begs the question: what would the findings reveal if participants from different ethnic groups were involved?

All participant accounts of therapist self-disclosure in this study provided interesting, unique, valuable insights and findings. Future research may focus on the personal experience and impact of therapist self-disclosure in relation to the culture and/or ethnicity of the disclosing therapist. This study focused on integrative psychotherapists as it was felt that, given the uniqueness of the question, focus and the inclusivity this approach embraces, it would prove more useful to initially explore a small and purposive sample, in order to generate knowledge in this particular area in the first instance. Future research may consider exploring this research question by allowing for more diversity within the range of modalities or theoretical orientations, cultures and ethnicities and possibly carrying out comparison studies.

Another limitation was the 'language barrier' as two participants were of foreign nationality and spoke English as a second language. This added condition also brought with it challenges in terms of analysing the data. Thus, speech was not always coherent, as it reflected the participants struggle to think in their own native language and then find the words to express their experience, impact and interpretation in another language. This possibly felt less comfortable and constricted, in terms of available vocabulary and expressions. A follow-up study may want to explore this phenomenon in relation to therapists whose mother tongue is or is not English respectfully.

Another area that may provide interesting and unique findings would be to explore this phenomenon in relation to the transpersonal or integrative transpersonal therapist. This current study highlights the potential interplay between this subject matter and the transpersonal: both holding within them a similar quality of illusiveness. Consequently, the insights may provide consensus with current findings or could potentially result in creating contrasting and differing outcomes.

The above considerations for future research (as is the case with this study) all involve the therapist's subjective, countertransferrential feelings and embodied responses. Future research may investigate the above, in combination with factors such as culture, ethnicity or theoretical orientation. This may uncover new knowledge that would benefit those working in the field of counselling psychology and psychotherapy, with a view to this phenomenon's impact on culture, ethnicity and training.

This study's purposive sample size involved five Caucasian therapists. This small sample size highlights a significant gap in the research, as it signals that not only was there a reluctance to participate in a research study of this nature, but also that other ethnic groups were not represented in this study. Future research may close this gap by exploring this research question in relation to minority or underrepresented groups. Encouraging more studies in this area, in relation to the various factors already mentioned, will add flavour in terms of diversity and enhance knowledge regarding whether or how culture and/or ethnicity play a part in therapist self-disclosure and the therapist's decisions to engage in self-disclosure. These potential future research avenues may allow for comparisons to be made between studies and thereby, expand and enhance the current knowledge base.

Another consideration would be therapist self-disclosure in relation to the impact and personal experience of the trainee/newly qualified therapist. This current study evidences similarities and contradictions in qualified therapists thinking in relation to this phenomenon, and the 'decisions' to engage/not engage with this subject matter. Future research may explore how training courses, trainees and newly qualified therapists understand and work with this phenomenon, as well as how they are impacted subjectively, countertransferrentially and personally by their disclosures. I feel this would be an important area to explore, especially as the 'criteria' for

engaging in therapist self-disclosure remains subjective and personal, and parallels this phenomenon's illusiveness as none of these factors exist within a definitive frame. The question of how do trainee/newly qualified therapists know that they are experienced, skilled and robust enough to work ethically, effectively and therapeutically with this subject matter in relation to client wellbeing and therapist self-care will be an important and interesting area to explore for future research.

Finally, although all participants were debriefed after the interview, there is a sense that 'wrestling' with this subject matter within the interview process brought to the fore a need to consciously explore their current ways of being and responding, in relation to their own process, their clinical work, thinking and interaction with self-and-other, self-and-self, clients, supervisees and trainees. For instance, does training do enough to prepare the trainee, newly qualified therapist, supervisee and therapists in general to work with and manage this subject matter within the therapist-client relationship? Upon reflection, a follow up interview may have proved useful in ascertaining the impact of therapist self-disclosure, in relation to the participants' experience of being interviewed in this study.

6.6 Personal Reflections on the Study

As Etherington (2004) states, the researcher's subjectivity shapes and influences the study and thus remains in the frame at all times. Within this qualitative study, it was important to adopt a reflexive attitude (Etherington, 2004), own my biases and assumptions. Subsequently, holding these factors in awareness was necessary, so as not to interfere with, compromise the participants 'lived experiences' (Smith et al, 2009) or influence the way the uncovered material was worked with or interpreted. It was important that I attended to the participants' accounts in a manner that data analysis and the subsequent superordinate and master themes reflected the participants' 'lived experience' (Smith et al, 2009) and were not marred by my assumptions, biases and interpretations.

As I have previously stated in section 1.2, Locating Myself in the Topic, this subject matter – Therapist Self-Disclosure – has personal resonance and relevance for me as a client, therapist and as a human being in the world, engaged in interaction with self-and-self and self-and-other. Subsequently, in light of this phenomenon and the notion of 'being seen' and 'being known' to the other (and by implication known to the self), it felt necessary and important to disclose my personal reflections, which, until now, have remained 'safely' contained in my personal reflective journal. This sense of self-disclosure felt apposite in terms of me making transparent how my subjectivity, experience, history, personality, meaning-making and interpretation were interwoven and thus influenced, and shaped data collection and analysis.

Given my position as a novice researcher, I initially found the process of engaging in qualitative research and IPA rather daunting. Following the semi-structured interview process slightly unnerved me to begin with. Subsequently, on the onset of interviews, I was aware of my feeling rather anxious and nervous, yet through this self-acknowledged awareness, I managed to approach the interviews in a manner that allowed the participants to feel at ease, safe, attended to and thus encouraging rapport. I noticed that, as the interview progressed, my anxiety dissipated and I was able to 'relax into the flow' of the dynamic and enjoy the process.

Throughout the interviews, I remained cognisant and mindful of a potential parallel process (Clarkson, 1995) that might be operating between myself and the participant. This aspect was especially pertinent as one participant named this factor towards the end of our interview. This revelation further alerted me to hold in mind the notion of reflecting on disclosure about disclosure. When debriefing the participant, I acknowledged the curiosity we both shared (researcher and participant) in relation to how we think, feel, experience, understand and interpret therapist self-disclosure, as well as trust the process and, more specifically, trust the interview process occurring between us, as this too was a form of self-disclosure. This notion of a potential parallel process was made more explicit in my interview with another participant, as he required more of me, indicating that a more interactive (Denzin & Lincoln, 2000) way of being was needed in order for him to feel safe and able to share his personal experience and impact. Furthermore, I was conscious of the parallel process operating between me writing up my research and sharing it with my research supervisor and critical research friend. There was a strong sense of my

vulnerability, fear of exposure and being seen that remained constant within my personal frame. Hence, I empathised with the participants' experience of sharing parts of themselves with me through their interview and their self-disclosures.

I chose not to disclose my personal thinking on this subject matter or to answer questions regarding my thinking about the questions put forward in the interview schedule, unless this was required by the participant in order that they felt 'I got them' and understood them from their perspective, or if they needed a sense of me as an interactive researcher (Denzin & Lincoln, 2000), to feel part of the process. I remained aware of this dynamic as, although it could facilitate rapport and potentially result in more detail and depth in relation to the participants' personal accounts, it also had the propensity to result in 'competition, comparative dynamics and even lead to a kind of response bias' (Smith et al, 2009, p.66), or the sense of being a 'good participant' (Smith et al, 2009) in the study. Consequently, I preferred to respond more openly and with more transparency in regards to my thoughts, experiences and understandings once the interview had come to an end and we engaged in an 'informal debriefing', 'after the participant had been free to express themselves in their own terms' (Smith et al, 2009, p.67).

Conducting these interviews required me to hold an awareness of and honour the uniqueness of the participant sat before me. This involved being available to what they may need from me in order to feel comfortable, trusting and embracing of their part in this study. In this respect, I sensed - and Jack signalled through his interaction with me - that a more active/dialogical interviewing style was needed (Burman, 1994; Gubruim & Holstein, 2002) to support our engagement in the interview process. There was a need for Jack to have the interview process involve some sharing of me and my thinking on this subject matter, at certain points. There was a sense that Jack needed to feel that we were two subjectivities engaged in the intersubjective meeting (Stolorow et al, 1987), albeit that of researcher and participant. There was a need for Jack to 'feel felt' (Stern, 1998) and know that 'I got him', in terms of his disclosures. Furthermore, there was a need to know something of me in return, which I felt added to the interplay of what has already been established in the research findings related to this study – the reciprocal mutual influence (Stolorow et al, 1987).

Below is an extract example of Jack's need for interactive involvement in our interview:

> ***Jack: It's so I just want to keep the work going and I can if I'm not careful, I can talk a bit too much. Can you, do you find yourself with clients?***
>
> ***Researcher: I think I'm mindful of who is sitting in front of me um, yeah, so.***
> ***Jack: How 'bout you, how 'bout whether you think, sometimes a bit too much?***
> ***Researcher: I don't say, I don't say too much um, I, I, I think possibly because this area, self-disclosure is a focus for me as a trainee and I recently qualified. I don't generally delve into to it, um, it's very rare.***
> ***Jack: Ok.***
> ***Researcher: So it's, it's just sitting there for me.***
> ***Jack: Yeah, it's interesting and I wonder how you'll change over the years.***
> ***Researcher: Yeah.***
> ***Jack: Whether you'll start playing with it a bit, with from all your research and all your writing, whether you might be slightly reframing it.***
> ***Researcher: Maybe, maybe, um, thank you.***

In these moments, I noticed I felt slightly anxious and uncomfortable – not so much at my disclosure, but due to the wariness of not wanting to allow my subjective and countertransference experiences/responses to interfere with Jack's commentary or the material being uncovered in the study. Upon reflection, I felt my anxiety and 'uncomfortableness' mirrored participant accounts regarding their 'disclosures', which are evidenced in the findings and discussion. My moments of self-disclosure alerted me to my embodied, exposed and vulnerable community of selves (Bromberg, 2011), which correlates with participant accounts, more specifically situated in Master Theme 3 and its associated superordinate themes.

As I immersed myself in the literature, research and the active process of collecting and analysing data, I found myself oscillating between periods of excitement and periods of feeling overwhelmed at the volume of information the research was

uncovering, and what felt like an insurmountable task. At times, I found myself enjoying the interviews, analysis, especially the re-reading of the transcripts and coming up with exploratory comments, emergent themes, superordinate themes and master themes. I noticed I became increasingly more fascinated by the new knowledge, the participants' thinking, interpretation and meaning-making. I noticed the knock-on effect in terms of my own thinking, interpretations and meaning-making expanding and creating a broader outlook of the uncovered material, in relation to this phenomenon.

Conducting this research has supported me to broaden my horizons, in relation to raising my awareness of how I think about, understand and work with this phenomenon clinically, therapeutically, ethically and personally for my clients' wellbeing, whilst also holding an awareness of the personal impact and experience upon myself. Attending to this part of myself effectively via supervision, personal therapy, peer supervision and in other creative ways felt important. Throughout the research process, I was mindful to pace myself (as a means of addressing my personal sense of self-care and supporting me in moments when feeling overwhelmed). This self-supportive approach involved ensuring that I remained available for socialising with friends and family, as well as engaged in regular meditation and self-practice of healing arts.

6.7 Training and Clinical Implications

This qualitative IPA study involved a homogenous sample of five participants, focusing on therapist self-disclosure, in relation to the personal experience and impact on the disclosing therapist. In line with IPA, this study focused on the 'particular' involving depth and detail (Smith et al, 2009). This study was not concerned with generalising findings, generating a theory from the data collected (Glasser & Strauss, 1967) or constructing an understanding of this phenomenon in relation to cause-and-effect.

Results are consistent with existing literature and empirical research (including literature pertaining to the historical background), as well as participant accounts, as they all emphasise the ethical point that therapist self-disclosure be applied as a therapeutic tool for the benefit of the client. Consequently, literature and research

relating to the personal impact and experience of therapist self-disclosure on the disclosing therapist appears sparse - hence the need for this piece of research. In order to highlight its importance, I attempted to make an integrative link with research and literature associated with 'the therapist's use of self' (Rowan & Jacobs, 2002) and notions of the therapist as a 'wounded healer'.

I believe this study goes a step further as it brings into awareness what has remained absent – the personal experience and impact of therapist self-disclosure on the disclosing therapist. In view of clinical, training implications, personal and professional development, as well as therapist self-care, this study makes recommendations in terms of holding a conscious awareness of the impact and experiencing of self-disclosure in moments of therapist self-disclosure by the therapist. There is a need for therapists to have a 'felt sense' (Stern, 1998) of their robustness, a secure sense of self, involving owning their shadow. In this way, clinical work can sit more 'comfortably' with the humility and humanity of the therapist in relation to this phenomenon within the therapist-client relationship. Subsequently, their imperfections and wounds may be integrated and embraced holistically and, through awareness, may serve both subjectivities working in a 'togetherness' (albeit asymmetrically and aimed at client beneficence) in their individual pursuits of healing.

The focus on the therapist in relation to therapist self-disclosure may allow therapists to attend to and address the imbalance regarding '*being there',* for themselves and for their clients. In my experience, the therapeutic relationship can feel and be experienced as even more 'intimately close' than relationships clients experience outside of the therapy room. In my view, this factor can leave clients with a sense that their therapist will *'always be there'.* Given the uncertainties and random events that take place in our (clients and therapists) daily lives, this feels an unattainable expectation to hold and meet. Furthermore, the therapist's duty-bound nature regarding the client and the therapeutic relationship (and in relation to ethical practice) highlights the need for therapists to become more open and concerned with engaging in regular and effective self-care. Subsequently, demonstrating more transparency regarding therapist self-care may encourage therapists to consciously explore and wrestle with the notion of *'being there for the other whilst also being there for the self'*.

Timing in relation to therapist self-disclosure was highlighted by all participants in this study. This emphasis on timing made me wonder if there *is* a *'right time'* to share therapist self-disclosures (holding in mind that with certain client presentations and not a strong enough working alliance which can only develop over time, therapist self-disclosure would not prove beneficial). I wondered more about the notion of *'right time',* in the sense that perhaps, it might be helpful for clients to have a sense of their therapist's humility and humanity from the outset of therapy, so as to balance out power dynamics and their (client's) preconceived notions of therapists being 'fixed', 'sorted', 'all powerful', 'unconditionally being there' and holding the magic wand that will 'fix' them (clients). Nevertheless, I hold in mind the notion of client presentation, as some clients who have a strong trauma base or experience personality disorders may not be ready or available to using the therapist as a good selfobejct (Kohut, 1971) or engage in two-person psychology (Stark, 2000). Thus, they may need to engage in the developmental processes of mirroring and idealising (Kohut, 1971) the other first, having their experience witnessed, validated, (Miller, 1995) emotionally and empathically held (Winnitcott, 1965) – thus integrating these missed processes before being open to therapist self-disclosure. This begs the question: How does the therapist meet their client's needs and still reflect their humanity and woundedness as a continuous journey of discovery and challenge, so as to dispel the myth of 'the all-powerful therapist who is sorted and will fix me'?

Therapist self-disclosure requires the therapist to hold an awareness of their subjective and countertransference feelings/responses, wounds, history, traumas and challenges. Self-reflexivity (Etherington, 2004) becomes a significant factor in supporting therapists to regularly and rigorously engage in explorations relating to their own personal process. Reflexivity increases and encourages therapist's awareness and personal growth, whilst also operating as a therapeutic tool that prevents interference and contamination of the client's therapeutic space and process. I argue that therapist reflexivity aids the therapist's ability to hone their craft and develop skills and experience, which are essential for engaging in therapist self-disclosure. The notion of reflexivity links well with the concept of therapist self-care, as it involves constant personal supervision and periods of empathic curiosity, involving explorations via personal therapy, supervision (and peer supervision when possible). Subsequently, therapists will maintain a heightened level of their own

conscious self-awareness, which allows them to operate professionally, clinically, therapeutically and ethically from a place of integrity. These safeguarding measures protect both parties and, in a sense, alert the therapist to his/her 'internal saboteur' (Bollas, 1987), thus keeping this part of the self at bay for further personal explorations, outside of the therapist-client relationship. Simultaneously, the therapist's 'internal supervisor' (Casement, 1985) remains readily available to the therapeutic relationship and the work. Hence, the therapist's continuous assessment and processing of moment-to-moment interaction between self-and-self and self-and-other, listening to the client's non-verbal cues, especially when therapist self-disclosure enters the frame, requires rigorous and constant internal supervision (Casement, 1985).

In relation to training programmes and trainees (as well as newly qualified therapists), it feels crucial that students in the field of counselling psychology and psychotherapy remain in regular supervision and personal therapy throughout their training programme - especially as this research study indicated that therapists appear to learn more about therapist self-disclosure via supervision and personal therapy. In my view, learning the craft of psychological therapies is one thing and honing the craft of therapist self-disclosure (which involves experience and skill) is an entirely different animal, as it can prove to be of therapeutic benefit or harm to the client. Furthermore, it can prove injurious and costly to the disclosing therapist at various levels. My own experience, which is in consensus with the participant accounts, evidences that therapist self-disclosure appears to be more of a 'possibility' for therapists to draw on when they feel experienced, confident and skilled enough to work effectively with this phenomenon.

Other areas of encouragement were acknowledged in the participants' accounts of their experience of their own therapists and supervisors engaging and encouraging them to engage with this subject matter for client benefit (and by implication the self of the therapist). The above acknowledgment mirrors my own experience noted in section 1.2 Locating Myself in the Topic. This revelation raises questions about training and how best to prepare the trainee, newly qualified therapist and therapists in general for embracing and working with this phenomenon in practice. The research findings in this study – the personal experience and impact of therapist self-disclosure on the disclosing therapist – has produced unique and interesting

material. Moreover, it is essential that these findings be shared with the wider practitioner body. It feels imperative that research into this subject matter become more openly discussed within training, supervision and practice. Holding a more open and transparent approach to therapist self-disclosure may also impact how this phenomenon plays out in relation to ethics and self-care. Subsequently, research about therapist self-disclosure needs to be effectively communicated within the various relevant forums and levels. It is essential that training bodies provide greater care and consideration when delivering this subject matter to trainees and novice practitioners. Dissemination of the findings may be articulated via a range of channels, such as publications, reports, workshops, meetings, conferences, journal articles, talks, formal and informal networks, social media outlets (for example: websites, TED talks, vertical conferences and workshops), in order to make them more readily available to and included in training programmes and professional development workshops/discussions. In so doing, this phenomenon may be experienced as more digestible to therapists and, more specifically, the trainee and novice practitioner.

6.8 Summary of Findings

What can be derived from this study is that the disclosing therapist does indeed experience a personal impact, as a result of sharing their self-disclosure with their client. The therapist is impacted on an emotional, psychological and embodied level. Within this catalogue of personal impact and experience exists further impacts, relating to the therapist's humanity as well as their own personal emotional traumas/deficits and psychological wounds. Subsequently, this study evidences the therapist's need for their clients to sometimes witness their (therapist's) humanity and 'woundedness', as a means of therapeutic benefit for the client. In these instances, the client is able to accept the therapist's fallibility, imperfections and by implication, accept their (client's) own. As research acknowledges that the therapeutic relationship is the most powerful determinant of successful psychological outcomes (Bordin, 1979; Gelso & Carter, 1994; Safran & Muran, 2000), it feels imperative to potentially extend this acknowledgment to include the phenomenon that is therapist self-disclosure. From undertaking this research, it is my view that therapist self-disclosure is underscored as an integral component encompassed

within the therapeutic relationship, which has the propensity to produce good psychological outcomes (notwithstanding the dangers) for both therapist and client.

It is this study's view that the therapist's personality, developmental history, unique experiences, training, theoretical orientation, personal therapy and supervision all play a significant role in the therapist's decisions and readiness to engage with this phenomenon. The therapist's capacity to reflect on and engage with this subject matter's personal impact upon themselves, coupled with their countertransference responses, subjectivity and ways of being with the other (client) is of importance. Consequently, it carries implications for how therapists develop and practice the craft and art of counselling psychology and psychotherapy professionally, clinically, personally and ethically, whilst also holding in mind the therapist's self-care.

Chapter 7

7. Conclusion

The research undertaken in this study – 'what is the personal experience and impact of therapist self-disclosure on the disclosing therapist' – has indeed uncovered evidence that therapists are impacted on a very personal level by the self-disclosures they share with their clients. Most poignantly, the gift of this research is the personal experiences of the therapists' self-disclosures: the transformative impact for the therapist, as well as the vulnerability and anxiety this can elicit at the cost of being relational.

Subsequently, this study's findings have ignited new knowledge that strengthens arguments in favour of future explorations into the personal impact and experience of therapist self-disclosure on the disclosing therapist. Moreover, this study has highlighted the duality of the reciprocal mutual influence for both client and therapist. Furthermore, this study has made transparent the risk to the therapist, in relation to the emotional and psychological impact as well as accentuated their humanity, 'woundedness' and vulnerabilities, which feature as key components embroiled in the process of therapist self-disclosure. Consequently, Casement (2019, p.83) recognises this duality, as he states:

> *"The patient then needs to find some evidence that this has not only reached the analyst but is having an effect upon him/her. When an analyst is truly in touch with difficult feelings they will be experienced as difficult. Often it is the evidence of emotional contact that counts more than a clever interpretation".*

In addition, the participants' accounts of their vulnerability, humanity and 'woundedness' in this respect remain underscored. In my view, this 'excruciating' cost implies significant 'risk' for the self of the therapist and their self-care. Thus, I postulate that, perhaps, further attention needs to focus on the areas of therapist self-care, which may in itself lead to more ethical workings and practice. Continued research in this area may result in reframing perceptions regarding this phenomenon, which in turn may end the disparity which currently exists between ethics and practice.

Immersing myself in this journey has proven transformative, in terms of how I position myself in relation to this phenomenon. I am more cognisant of the risks, the impact and the costs, thanks to my participants' accounts, and what it will mean to self-disclose. In my view, the gift from my participants is that I have a greater resolve to move between safety and risk. In this sense, engaging in this area of research has allowed me to fully immerse myself in and wrestle with this phenomenon. Subsequently, I am more able, willing and 'comfortable' with sharing more of myself thoughtfully, with intent to aid my client's journey and participate in the service of healing. Moreover, I hold that in sharing more of myself through my self-disclosures, I also acknowledge the duality at play – holding the luminosity and the shadow, and the potential healing for both self-and-other.

Chapter 8

8.1References

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Chapter 9

9. Appendices

Appendix 1

METANOIA INSTITUTE

13 Gunnersbury Avenue
Ealing, London W5 3XD
Telephone: 020 8579 2505

Facsimile: 020 8832 3070
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Genevieve Marais
Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych) Metanoia Institute

2nd March 2018

Ref: 04/17-18

Dear Genevieve,

Re: A phenomenological exploration into therapists' experience of non-immediate therapist self disclosure within the client therapist relationship

I am pleased to let you know that the above project has been granted ethical approval by Metanoia Research Ethics Committee. If in the course of carrying out the project there are any new developments that may have ethical implications, please inform me as research ethics representative for the DCPsych programme.

Yours sincerely,

Dr Nargis Islam
Director of Studies DCPsych
Faculty of Post-Qualification and Professional

Doctorates On behalf of Metanoia Research Ethics

Committee

Registered in England at
the above address No.
2918520

Registered Charity No. 1050175

Appendix 2

Participants Information Sheet

Research title: 'A Phenomenological Exploration into Therapists' Experiences of Therapist Self-Disclosure within the therapist-client relationship.

I would like to invite you to take part in a research study. It will be important to read the information sheet, so that you understand what the research is about, why it is being conducted and what it will involve before consenting to participate. Please, feel free to discuss this topic with others and with me if you feel the need or are seeking further clarification. Taking part in this study is voluntary and your decision to participate or not will be respected. Should you choose to participate, you will be given a consent form to sign. You may also choose to withdraw from this study at any point. Please take your time to read the material provided and then decide whether you wish to take part in this study.

Thank you for taking the time to read the information and consider your participation in this study.

What is the purpose of the study?

Therapist Self-Disclosure remains controversial within the field of counselling psychology and psychotherapy. The aim of this study is to explore in detail the experience of therapist self-disclosure within the therapist-client relationship. My focus will be to explore the therapist's experiences of therapist self-disclosure within the therapist-client relationship, with a focus on how therapists make sense of their experiences.

Do I have to participate in this study?

It will be the participant's choice to participate in this study. Participants will need to meet the following criteria in order to qualify for selection:

- Qualified therapists who are UKCP or BACP registered;

- Therapists that are currently working with adult clients on a 1-2-1 and face to face basis, and use therapist self-disclosure within the therapist-client relationship;
- Therapists who have taken their self-disclosures to supervision;
- Therapists who can commit to being part of the study for one year.

If I choose to participate in this study, what will it involve?

Initially, you will meet with me, the researcher, to discuss your interests and involvement in the study. You will be asked to consider the commitment involved in participating in this study. Upon agreement to participate, we will arrange to conduct one interview. Each interview may take 60-90 minutes. The interview will be conducted by me (the researcher) and will follow an informal semi-structured interview format aimed at asking you questions about your experiences. You have the option of omitting questions from the interview that you do not wish to answer. The questions will look at your experience of therapist self-disclosure within the therapist-client relationship. I will do my best to put you at ease whilst carrying out the interviews. Participants are asked to commit to this research study for one year. This commitment will allow for the researcher to contact participants in order to seek further clarification of their individual accounts should this be necessary. It is also an opportunity for the participants to contact the researcher, should they have any further concerns/issues that come to mind during the research process.

What are the possible disadvantages and risks of taking part?

It is possible that during the interview process issues may arise for you. If this were to occur, we can agree to stop the interview and allow you to continue when you feel able, or we can agree to stop the interview and terminate your participation, should the latter be in your best interest. Therefore, I will provide you with my contact details, should you wish to contact me at any point to discuss any difficulties or if you have any questions about your participation. After each interview, you will be debriefed. We can decide together on the appropriate level of aftercare, should you require this. We will also look at issues regarding confidentiality and check that you feel satisfied with the information you have provided.

What are the possible benefits of taking part?

It is hoped that the findings of this study will significantly contribute to a greater understanding of therapist self-disclosure within the therapist-client relationship as experienced by therapists and will hopefully encourage explorations into this avenue.

Will my taking part in this study be kept confidential?

Your participation, information you provide and identification will always remain confidential: your name, address and any other personal forms of identification will be removed and replaced with codes, so that the information provided will remain confidential, anonymous and unrecognisable - hence protecting your identity. Changes will also be accommodated for in the final write up or any future publications to ensure anonymity. The codes and the names they correspond with will be kept separately from transcripts and securely locked away. Access to the original records will only be available to the researcher. All recording will be destroyed upon completion of this study.

If you have any further questions that you feel have not been addressed in this information sheet, please feel free to contact me and I will be happy to further discuss this with you.

What will happen to the results of the research study?

This research forms part of a Doctorate in Counselling Psychology and Psychotherapy, a copy of the final project will be kept at the Metanoia Institute and Middlesex University. It is hoped that the results of the study will contribute to the field of psychotherapy and counselling psychology, and more specifically provide an in depth understanding of therapist's use of therapist self-disclosure within the client-therapist relationship as experienced by the participants. This in turn may have implications for how therapists are impacted by therapist self-disclosure within the therapist-client relationship, especially regarding their self-care. Furthermore, it may also produce valuable insights pertaining to ethical considerations. It is hoped that in time this piece of research may be published and thus offer a formal contribution to this field. I hope to undertake and complete this research study in 2018. Following this the results will be published at a later date and your anonymity will always be upheld. If you would like a copy of the finished research document, please do

contact me, Metanoia or Middlesex University so that you can be informed as how to access the published results.

Who has reviewed the study?

The study is reviewed and ethically approved by Metanoia's Research Ethics Committee.

Contact for further information

The researcher, Miss Genevieve Marais at Metanoia Institute, 13 North Common Road, Ealing, London W5 2QB.
Email: genevievemarais@hotmail.com

Research Supervisor – Dr. Alistair McBeath (Metanoia Institute)
Email: Alistair.mcbeath@metanoia.ac.uk

A copy of the information sheet and a signed consent form will be given to you to keep. Thank you for your contribution to this research project.

Appendix 3

CONSENT FORM

Participant Identification Number:

Title of Project: **'A Phenomenological Exploration into Therapists' Experiences of Therapist Self-Disclosure within the therapist-client relationship.**

Name of Researcher: Genevieve Marais

1. I confirm that I have read and understood the information sheet dated……..for the above study and have had the opportunity to ask questions. Please initial box ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided.
   Please initial box ☐

3. I understand that my interview will be taped and subsequently transcribed. Please initial box ☐

4. I agree to take part in the above study.
   Please initial box ☐

5. I agree that this form that bears my name and signature may be seen by a designated auditor.
   Please initial box ☐

Name of participant	Date	Signature
Name of person taking consent (If different from researcher)	Date	Signature
Researcher	Date	Signature

1 copy for participant; 1 copy for researcher

Appendix 4

Interview Questions

1. Freud emphasizes that "The physician should be impenetrable to the patient, and like a mirror, reflect nothing but what is shown to him" (Freud, 1912; Petersen, 2002, p. 21). I wonder if you can share your thoughts on this with me?

2. What comes to mind when you hear the words 'self-disclosure'?

2.1 What does that evoke in you?

3. Yalom (2002, p.83) states that "there is every real reason to reveal yourself to the patient and no good reason for concealment". What are your thoughts on this?

4. What happens for you when you engage in self-disclosure with a client?

5. Do you ever disclose personal information/private information about yourself when engaged in therapeutic self-disclosure with a client? (Prompt - What's that like for you?)

6. As a therapist, what therapeutic value do you see in self-disclosure, in your use of your self-disclosure with your clients?

7. When you decide to self-disclose, what criteria are you checking before you engage in self-disclosure?

8. Can you give me an example of a moment when you shared/disclosed something of yourself to your client which had a positive impact? (Prompt - What did that feel like for you?)

9. Can you give me an example of a time when self-disclosure resulted in a negative outcome? (Prompt - What did that feel like or do to you?)

10. What factors influence your decision to self-disclose with your clients?

11. Are there any other aspects that you feel influence or lessen your use of self-disclosure?

12. Have you ever felt, even though your use of self-disclosure was helpful to a client, that maybe it sometimes has been costly to you in some way? (Prompt - Can you tell me more about your experience?)

13. How does your self-disclosure when used therapeutically with your clients impact you?

14. I wonder if your training may have influenced your thinking and engaging in self-disclosure with your clients?

15. What other influences or aspects, personable to you, do you think may have a bearing on your decision to self-disclose or not?

16. I'm wondering if there is anything else you would like to say on this issue of self-disclosure that my questions have not elicited?

Appendix 5

Extract from Participant 3 (Anna's transcript pages 4-8)

	Line number	Transcript
P3	***165-174***	My, my nephew was there and I thought, why did you tell her that? Why did you, umm, tell her that and er, I suppose the reason why she was a little bit bashful about telling me as though she might be showing off umm, that she you know, her parents were there. So I guess it was me saying it, it's okay er, you know, I understand that 'cause often you say South of France and people go "Oh the South of France!". 'Suppose she was trying to protect me, and I, my subliminal mind's subconscious message was to say you need to protect me, I go to France quite a lot. So was that good disclosure or bad disclosure, I don't know, umm. I really don't because we avoided working with the fact that she hesitated to tell me and we could have perhaps worked with,, I notice you a little bit shy of telling me, you wonder what's going on there umm, so there you go, eeer yeah, I think that's about it yeah .
I	***175-176***	Ok thank you, so when you in therapy with a client and you engage in self-disclosure, what happens for you?
P3	***177-180***	(Pause) Um, I immediately do a little reki on myself and say why did you do that. So I, so I immediately think is, is what you've done, what you've done is risky, is it justified and why have you done it, umm and did you actually need to do it and to be honest it doesn't often come out terribly favourably, umm, really if I can avoid doing it I will.
I	***181***	When you say that, what do you mean?
P3	***182-190***	(Laugh) That it doesn't come out favourably, I suppose if I go back to the um, some of the examples I've mentioned, either I might be trying to make friends with the client, either they've asked me a question and I've been, er, disempowered and have t-, had to answer it even though I don't want to and they might feel sorry for me or they might, er, I might have lost some of my gravitas or some of my, they might start to judge me, that well I don't actually have the life experience to be talking to them about what we exploring, umm, or, er, I might be trying to make a friend, did I just say that, er or I might be putting too much responsibility onto them the transference might be broken and so there's a lot of risk in there.
I	***191***	There's a lot risk in there for relationship and
P3	***192***	Erm
I	***193***	there's a lot of risk in there for you (clarifying).
P3	***194-197***	I think there's a lot of risk in there and for the therapy, for the therapy. Is there a lot of risk in the relationship? I think it takes a therapeutic relationship into a personal relationship and that's what worries me that it's not a personal relationshipness, erm, that's a shame, but the person's not paying for a friend.

I	***198-199***	I know earlier you said that you don't really disclose personal or private information about yourself to the client and you've also shared with me that sometimes you do
P3	***200***	Mm.
I	***201-202***	Um, so my sense is there's some ambivalence around that, I just wanted to know if we could explore that again more?
P3	***203-213***	Mmm (long pause), umm there is ambivalence work and (name of work place) in London required to put some bio about why we work with food and eating issues and so there's a lot of personal stuff about me on the website. I don't like it to be honest, I really don't and it's very rare that a client actually says "Oh on your website, I saw that you said this". They seem to forget that, so I can't see the point of it, I guess I haven't really ever seen any advantage of disclosing myself with a client, erm, and the ambivalence is perhaps about the fact that I do it because I'm a bit stuck in therapy or maybe a bit bored or maybe I think I'll try this, a bit experimental, I don't feel I really know what I'm doing. All I feel is that once my supervisor gave me an example of how he did it and I feel once in a while it's okay. So I really don't really have very clear theory round it umm, probably this is the one first time I've really thought about why I do or don't do it umm, so it's a little, feels a little bit hit and miss for me.
I	***214-215***	Thank you. (pause) I know you've given me several examples and I just want to know if you could share with me maybe an example of a moment with a client that had positive impact.
P3	***216***	That disclosure had a positive impact?
I	***217***	Yeah your disclosure.
P3	***218-242***	Yeah, umm (long pause). I'm going to use the same lady that I used when she er, when she said umm, when we both said at the last minute that we both avoidant umm, previous to that right at the beginning umm, she had an interest in France, and umm she, eerrr, spoke French and she studied French and she wanted to go and live in France and umm, I think, er, she was a bright lady but she, very intelligent lady and she, er, I rev-, I revealed to her that I also spoke French and (pause), I did it for a couple of reasons. I think one was to umm (pause), I think one was to help her with umm, because she couldn't relate to a lot of people in her life. I felt it gave me an opportunity to relate to her and say I understood about this French side that she had about herself and also because (pause), umm, I think it was an opportunity to also help her with her self-esteem and to say that her French must be extremely good and (pause), umm, on occasion she would use some French expressions, we never spoke French but she would use some French expressions, we had a bit of a knowing look together umm (laugh), so it was perhaps a corrective experience when I could say I could understand you even if you speak in a different language umm. There was something about that, about it and umm I'm not so narrow-minded, because she had lived in a very narrow-minded part of the UK as a child. She was, just to give you some background

		knowledge, she was um, a black, er, illegitimate child born into a white family in 50s or early 60s, you know, very um remote, w-, then I suppose quite parochial part of well it was (place name), so it was quite, err, sort of closed off from, not very cosmopolitan place. There weren't many black people there and she had never fitted in with her family or anybody else. So I guess it was an opportunity for me to say I, (pause), I, I know what it's like, I, I know the world is slightly bigger than what you've experienced. Interestingly enough I have also lived in (place name) as a child and felt like a outcast as a white person but I never revealed that to her so that was interesting. I did reveal that umm, I, I understood French culture.
I	***243-244***	So what would you, if you could think about the impact on you on that positive self-disclosure
P3	***245-250***	(Long pause) Umm, the impact on me? (Long pause), I suppose the positive impact on me was really reflected in the client, because she reacted positively to that and we never got competitive about it. Umm, the positive impact was that she seemed to warm towards it and it gave me an idea that she was, that she could warm, she could have the ability to build relational when she found something in common with another person. So I guess it umm, I guess it showed the disclosure could help the client feel a little bit more connected too.
I	***251-252***	Ok could you think of a time you used self-disclosure with a client and it had negative impact?
P3	***253-254***	Mmmm (long pause), just very recently I didn't mean to disclose, is that helpful? It wasn't deliberate disclosure something happened.
I	***255***	Well sometimes disclosure happens in a second, yeah, so.
P3	***256-271***	Yes, so a client and I had a face time session. He's gone on a business trip and it's a difficult, um, time difference so we agreed to talk at 8pm at (name place) the same environment for me, he was in a different environment, different time, um, zone. He got this day 24 hours confused and he called me the previous evening at 8pm and I was at my other job and it was a face time session. So, I all I saw was a mobile number come up on the WhatsApp and it was quite loud, it was sort of intruded into my office environment and I was completely in a different place mentally and physically, so when I saw the client I didn't even recognise him because on the phone screen he looked different and I said "Oh hello, who are you?" (laugh) and, umm, he said "Oh it's the (name of the client)" and, eer, I then became really, really self-conscious about what he could see behind me. He could see other colleagues. I felt quite naked that he could see me in a different environment. So I felt very stripped of my therapeutic mask if you like or my therapeutic persona in that environment. I felt the next time we spoke that he was different. I asked him how the face time was and he said he was surprised it felt ok, but I felt um, I felt the transference had broken um, even though he has no idea where I was I could have been in another branch of (name of place) but it did look very much like I had another job, so I felt disempowered.
I	***272***	Thank you. (pause)

P3	***273-276***	And I felt as though he was talking to me as though he didn't know who I was anymore. So that's what I felt, that was my account of transference. I no longer held that same identity. It felt a bit fluid because of safety, safety is one of his big issues. I felt that I was not holding the safety boundary very well.
I	***277***	In that sense self-disclosure, um, um, would it appear to be costly?
P3	***278-280***	Yes, it could threaten the therapy, um and we might have to work through that at a different time because it's difficult for him, he can't ask me do you have another job or what do you do, um so there's an elephant in the room now, isn't there, that we can't talk about.
I	***281-282***	(Pause) And when you said that it left you feeling quite naked, mm, and disempowered, mm, that was a cost to you personally?
P3	***283-292***	I suppose my, um, self-esteem's quite tied up in my work, so anything that damages that work then or threatens that work or impacts that work impacts me. So the thought that I've lost, I dunno, I've lost (pause), I think I may have lost that ability now to help him in as much as I could have bothers me and it goes a bit further than that, because in my job, I actually do document formatting and this is something that has come up in therapy he had to do once and he said it was beneath him, so there's some countertransference on there that I feel, well his phoned me, he called me, his therapist who, you know, he should be, umm, feeling has something, experience of life to offer him that he doesn't have or umm knowledge or whatever um, actually makes her living out of doing something that he um has put down in therapy. So (small laugh) we'll see on that.
I	***293-296***	So I think we've touched on this one before, but I just want to see if we can explore it a little more in terms of self-disclosure and when you chose to use it or not to use it, what criteria do you hold in mind or consider when you're dealing with um a client and deciding to disclose or not to disclose?
P3	***297-306***	(Pause) Umm, I think it's about ego strength with the client, er, does the client have the ability to draw on experiences of others or are they totally wrapped up in their own, um, (pause), their own existence or if might their sense of existence be threatened by somebody um highjacking them, their experiences or making their experiences look um, less significant. I think particularly um, so there's either the client that's so emotionally, um, wrapped up in themselves, who might be quite traumatised, er, or maybe narcissistic client, who's yet not realised that he's not able to use you as the object in the relationship, though um, they are so, they are quite threatened by hearing um, or they might hear it slightly differently, if you would say I know, I know what you going through. I have experienced that. Um (pause). Sorry could you please repeat the question?
I	***307-308***	I was asking basically, what criteria would you hold if you consider using self-disclosure with clients, mm?
P3	***309-325***	Um, so one criteria would be if the client was um I felt was asking if I could relate to what they saying or if um the client would benefit from

		some disclosure that would normalise what's happening to them. It might calm them down, they might feel less ashamed, um, so sometimes um, yes, it is very much about the clients ability to relate to me and the relationship not being a threat, me not feeling I might be a threat, um, so something of the clients ability to self-reflect in relation to another person, um, (pause) and of course, it's about what it is you're relating. So if the client got something out of proportion, very much out of proportion, sometimes it helps to say, to just make her feel less conspicuous um, by saying these things do happen, I do understand and its happened to me, it does happen. In the one sense you know you feel like the spotlights on you but you know it's, um, we've all been there, it's quite human and so I suppose to humanise what's happened, um. I probably wouldn't go into too much detail but, um, just to, um, say I knew where they were. It really is about, um, as I said it's about the client's ego strength and whether they will be overshadowed by you or, um, dismissed by you or whether or not they're being competitive with you or um, or whether they might suddenly split and become, um, critical of you or dismissive so, um. I probably would start with by giving them a little bit of saying we need to see how that goes for them. I think it's about the amount of detail that you give too.
I	***326-328***	Thank you (pause). I think you answered this question earlier, but maybe we can see where we go with it, mm, is there anything that you can think of that would make you hold back from a self-disclosure agreement?
P3	***329-341***	(Long pause). Definitely if I felt the relationship was hostile, um. Definitely if I felt it was completely irrelevant um. Definitely if I can't tell what the client was, any idea what the client was thinking or if I felt that they were paranoid, um, or if I felt the client wasn't responsive or relational. Definitely if I felt the client was struggling to use me as the object, um. Definitely if I felt I was walking on egg shells with clients, umm, mm, (long pause) and at different times of therapy say, for instance I might disclose more in the beginning, in, if there's a little bit of chit chat, people come in and say, um (pause), it's been a lovely day today or something then I may say something back or they may say have you been out for a walk, I might say yes, I had a lovely walk but, um, if they would come in a mood and they just wanted to offload onto me then that wouldn't be a time for me to disclose either. (Clears throat). Definitely not with a client who's angry with me um it really has to be at that point when um the client is in a receptive state and um the communication is um safe. I suppose there is a safety feeling about what to do what not to do and how much to do.
I	***342***	So safety feels like a key factor, mmmm, when considering self-disclosure?
P3	***343-344***	YES! Safety for me, safety for the therapy and safety for the client. Safety is very key (laugh) and safety inappropriateness.
I	***345-346***	Are there any other factors that you can think of that maybe influence your choice to disclose or how you feel in terms of disclosure?
P3	***347-355***	(Long pause) Umm, (long pause). I suppose one other aspect would be if the client has too much grandiosity so much so that it's interfering with

		therapy um, and there's yes, um, (long pause) it may be helpful to sort of humanise myself a bit more by giving a bit of information um (long pause). There is one area that I often give disclosure about and that is um, that I'm not very good with dates and calendars because they will pick it up quite quickly anyway when we go through and try and put in another date. I go, so we'll see each other on the 3rd of March and they go May (laugh) and I go yes, May or oh sorry, we'll see each other on Wednesday. So I often disclose that I'm, I'm not very good with dates and I don't ask them what it's like for them. I just say it think they never actually
I	***346***	What's it like for you to disclose that?
P3	***357-358***	I'm quite confident about it, because I've decided that I've got other qualities, um, and that, um, it perhaps says it's ok to be vulnerable or not very good at something.

Appendix 6

Extract from Participant 3 (Anna's transcript pages 4-8) Exploratory Comments and Emerging Themes

P3= participant 3 I=Interviewer

	Line number	Emerging Themes	Transcript	Exploratory Comments
P3	***165-174***	Roles reversal – client may want to protect therapist	My, my nephew was there and I thought, why did you tell her that? Why did you, umm, tell her that and er, I suppose the reason why she was a little bit bashful about telling me as though she might be showing off umm, that she you know, her parents were there. So I guess it was me saying it, it's okay er, you know, I understand that 'cause often you say South of France and people go "Oh the South of France!". 'Suppose she was trying to protect me, and I, my subliminal mind's subconscious message was to say you need to protect me, I go to France quite a lot. So was that good disclosure or bad disclosure, I don't know, umm. I really don't because we avoided working with the fact that she hesitated to tell me and we could have perhaps worked with,, I notice you a little bit shy of telling me, you wonder what's going on there umm, so there you go, eeer yeah, I think that's about it yeah .	S-D barrier to work Missed opportunity Avoidance of signif issue Aware client wanting to protect therapist Ambivalence re: S-D Unsure if it's good or bad Implies risk Complexity of S-D
I	***175-176***		Ok thank you, so when you in therapy with a client and you engage in self-disclosure, what happens for you?	
P3	***177-180***	Therapist question self Risk/caution/danger	(Pause) Um, I immediately do a little reki on myself and say why did you do that. So I, so I immediately think is, is what you've done, what you've done is risky, is it justified and why have you done it, umm and did you actually need to do it and to be honest it doesn't often come out terribly favourably, umm, really if I can avoid doing it I will.	Therapist = self-reflective Risk= S-D – approp? Therapist question self and practice Therapist not comfortable with S-D, links with Therapist's avoidant style
I	***181***		When you say that, what do you mean?	
P3	***182-190***	S-D results in +ve impact on therapist Role reversal Powerplay Risk/danger/caution	(Laugh) That it doesn't come out favourably, I suppose if I go back to the um, some of the examples I've mentioned, either I might be trying to make friends with the client, either they've asked me a question and I've been, er,	Highlights motives of S-D Th aware of power issues, client might feel sympathy/sorry for therapist

		Judgement Risk – relationship differences Risk	disempowered and have t-, had to answer it even though I don't want to and they might feel sorry for me or they might, er, I might have lost some of my gravitas or some of my, they might start to judge me, that well I don't actually have the life experience to be talking to them about what we exploring, umm, or, er, I might be trying to make a friend, did I just say that, er or I might be putting too much responsibility onto them the transference might be broken and so there's a lot of risk in there.	Therapist feeling undermined Therapist fear/concern about being judged Therapist aware of relat. Dynamics Motives for S-D Role reversal Disruption to therapy/work S-D = risk/danger
I	***191***		There's a lot risk in there for relationship and	
P3	***192***		Erm	
I	***193***		there's a lot of risk in there for you (clarifying).	
P3	***194-197***	Risk/caution/danger Relationship differences	I think there's a lot of risk in there and for the therapy, for the therapy. Is there a lot of risk in the relationship? I think it takes a therapeutic relationship into a personal relationship and that's what worries me that it's not a personal relationshipness, erm, that's a shame, but the person's not paying for a friend.	Danger in S-D Aware of changes to therapeutic relationship Aware of therapy expectations
I	***198-199***		I know earlier you said that you don't really disclose personal or private information about yourself to the client and you've also shared with me that sometimes you do	
P3	***200***		Mm.	
I	***201-202***		Um, so my sense is there's some ambivalence around that, I just wanted to know if we could explore that again more?	
P3	***203-213***	Pers. Impact TH Disempowered – forced to S-D on Website for work Approp. Of TSD Motivation for TSD	Mmm (long pause), umm there is ambivalence work and (name of work place) in London required to put some bio about why we work with food and eating issues and so there's a lot of personal stuff about me on the website. I don't like it to be honest, I really don't and it's very rare that a client actually says "Oh on your website, I saw that you said this". They seem to forget that, so I can't see the point of it, I guess I haven't really ever seen any advantage of disclosing myself with a client, erm, and the ambivalence is perhaps about the fact that I do it because I'm a bit stuck in therapy or maybe a bit bored or maybe I think I'll try this, a bit experimental, I don't feel I really know what I'm doing. All I feel is that once my supervisor gave me an example of how he did it and I feel once in a	Therapist vulnerability of exposure Ambivalence Unsure Confusion Therapist uncomfortable with TSD = too much being shared about them Therapist motives Experience/skill Rationale Needs authority to sanction doing it e.g. to justify S-D training, skill, orientation

			while it's okay. So I really don't really have very clear theory round it umm, probably this is the one first time I've really thought about why I do or don't do it umm, so it's a little, feels a little bit hit and miss for me.	
I	***214-215***		Thank you. (pause) I know you've given me several examples and I just want to know if you could share with me maybe an example of a moment with a client that had positive impact.	
P3	***216***		That disclosure had a positive impact?	
I	***217***		Yeah your disclosure.	
P3	***218-242***	Selective S-D Subjective S-D Definitions of S-D	Yeah, umm (long pause). I'm going to use the same lady that I used when she er, when she said umm, when we both said at the last minute that we both avoidant umm, previous to that right at the beginning umm, she had an interest in France, and umm she, eerrr, spoke French and she studied French and she wanted to go and live in France and umm, I think, er, she was a bright lady but she, very intelligent lady and she, er, I rev-, I revealed to her that I also spoke French and (pause), I did it for a couple of reasons. I think one was to umm (pause), I think one was to help her with umm, because she couldn't relate to a lot of people in her life. I felt it gave me an opportunity to relate to her and say I understood about this French side that she had about herself and also because (pause), umm, I think it was an opportunity to also help her with her self-esteem and to say that her French must be extremely good and (pause), umm, on occasion she would use some French expressions, we never spoke French but she would use some French expressions, we had a bit of a knowing look together umm (laugh), so it was perhaps a corrective experience when I could say I could understand you even if you speak in a different language umm. There was something about that, about it and umm I'm not so narrow-minded, because she had lived in a very narrow-minded part of the UK as a child. She was, just to give you some background knowledge, she was um, a black, er, illegitimate child born into a white family in 50s or early 60s, you know, very um remote, w-, then I suppose quite parochial part of well it was (place name), so it was quite, err, sort of closed off from, not very cosmopolitan place.	S-D = benefit Allowed both client & Therapist to share same space & feel validated & real Benefits of S-D Relate/rapport You are not alone S-D = common ground Boost client's self-esteem Implicit S-D Togetherness Connection S-D = +ve experience Client also felt closed off Hence need to feel belonging with therapist Connected to therapist

		Selective S-D	There weren't many black people there and she had never fitted in with her family or anybody else. So I guess it was an opportunity for me to say I, (pause), I, I know what it's like, I, I know the world is slightly bigger than what you've experienced. Interestingly enough I have also lived in (place name) as a child and felt like a outcast as a white person but I never revealed that to her so that was interesting. I did reveal that umm, I, I understood French culture.	
I	***243-244***		So what would you, if you could think about the impact on you on that positive self-disclosure	
P3	***245-250***	powerplay	(Long pause) Umm, the impact on me? (Long pause), I suppose the positive impact on me was really reflected in the client, because she reacted positively to that and we never got competitive about it. Umm, the positive impact was that she seemed to warm towards it and it gave me an idea that she was, that she could warm, she could have the ability to build relational when she found something in common with another person. So I guess it umm, I guess it showed the disclosure could help the client feel a little bit more connected too.	S-D leads to competitiveness S-D = better therapist/client relat. Connection between therapist & client
I	***251-252***		Ok could you think of a time you used self-disclosure with a client and it had negative impact?	
P3	***253-254***	Types of S-D	Mmmm (long pause), just very recently I didn't mean to disclose, is that helpful? It wasn't deliberate disclosure something happened.	Accidental S-D Not conscious decision to disclose
I	***255***		Well sometimes disclosure happens in a second, yeah, so.	
P3	***256-271***	Personal impact on Therapist Exposed Vulnerable Powerplay	Yes, so a client and I had a face time session. He's gone on a business trip and it's a difficult, um, time difference so we agreed to talk at 8pm at (name place) the same environment for me, he was in a different environment, different time, um, zone. He got this day 24 hours confused and he called me the previous evening at 8pm and I was at my other job and it was a face time session. So, I all I saw was a mobile number come up on the WhatsApp and it was quite loud, it was sort of intruded into my office environment and I was completely in a different place mentally and physically, so when I saw the client I didn't even recognise him because on the phone screen he looked different and I said "Oh hello, who are you?" (laugh) and, umm, he said "Oh it's the (name	Exposed/vulnerable Disempowered Naked, stripped of therapeutic mask Judged Accountability – others

		Risk	of the client)" and, eer, I then became really, really self-conscious about what he could see behind me. He could see other colleagues. I felt quite naked that he could see me in a different environment. So I felt very stripped of my therapeutic mask if you like or my therapeutic persona in that environment. I felt the next time we spoke that he was different. I asked him how the face time was and he said he was surprised it felt ok, but I felt um, I felt the transference had broken um, even though he has no idea where I was I could have been in another branch of (name of place) but it did look very much like I had another job, so I felt disempowered.	exposed not just therapist Loss of power Environ S-D Changed dynamic Disrupted work
I	***272***		Thank you. (pause)	
P3	***273-276***	Risk/safety	And I felt as though he was talking to me as though he didn't know who I was anymore. So that's what I felt, that was my account of transference. I no longer held that same identity. It felt a bit fluid because of safety, safety is one of his big issues. I felt that I was not holding the safety boundary very well.	Identity as therapist vs 'normal person' Therapist concerned about how they are perceived S-D disrupted safety of client
I	***277***		In that sense self-disclosure, um, um, would it appear to be costly?	
P3	***278-280***	Risk	Yes, it could threaten the therapy, um and we might have to work through that at a different time because it's difficult for him, he can't ask me do you have another job or what do you do, um so there's an elephant in the room now, isn't there, that we can't talk about.	Disruption to the work Ruptures to work/relat.
I	***281-282***		(Pause) And when you said that it left you feeling quite naked, mm, and disempowered, mm, that was a cost to you personally?	
P3	***283-292***	Risk/caution/danger Personal impact on therapist Vulnerability of therapist	I suppose my, um, self-esteem's quite tied up in my work, so anything that damages that work then or threatens that work or impacts that work impacts me. So the thought that I've lost, I dunno, I've lost (pause), I think I may have lost that ability now to help him in as much as I could have bothers me and it goes a bit further than that, because in my job, I actually do document formatting and this is something that has come up in therapy he had to do once and he said it was beneath him, so there's some countertransference on there that I feel, well his phoned me, he called me, his therapist who, you know, he should be, umm, feeling has something, experience of life to offer him that he	S-D = risk Impacts therapist self-esteem Damage/threaten Therapist feeling unhelpful S-D = hindrance to the work Therapist feeling concerned/worried Therapist = feeling disempowered/inadequate Questioning self

			doesn't have or umm knowledge or whatever um, actually makes her living out of doing something that he um has put down in therapy. So (small laugh) we'll see on that.	Triggering emotional wound – am I good enough
I	***293-296***		So I think we've touched on this one before, but I just want to see if we can explore it a little more in terms of self-disclosure and when you chose to use it or not to use it, what criteria do you hold in mind or consider when you're dealing with um a client and deciding to disclose or not to disclose?	
P3	***297-306***	Criteria for S-D Client presentation	(Pause) Umm, I think it's about ego strength with the client, er, does the client have the ability to draw on experiences of others or are they totally wrapped up in their own, um, (pause), their own existence or if might their sense of existence be threatened by somebody um highjacking them, their experiences or making their experiences look um, less significant. I think particularly um, so there's either the client that's so emotionally, um, wrapped up in themselves, who might be quite traumatised, er, or maybe narcissistic client, who's yet not realised that he's not able to use you as the object in the relationship, though um, they are so, they are quite threatened by hearing um, or they might hear it slightly differently, if you would say I know, I know what you going through. I have experienced that. Um (pause). Sorry could you please repeat the question?	Criteria about client resilience Judgement call – where the client is at Client readiness
I	***307-308***		I was asking basically, what criteria would you hold if you consider using self-disclosure with clients, mm?	
P3	***309-325***	Types of S-D Selective S-D Subjective S-D Definitions	Um, so one criteria would be if the client was um I felt was asking if I could relate to what they saying or if um the client would benefit from some disclosure that would normalise what's happening to them. It might calm them down, they might feel less ashamed, um, so sometimes um, yes, it is very much about the clients ability to relate to me and the relationship not being a threat, me not feeling I might be a threat, um, so something of the clients ability to self-reflect in relation to another person, um, (pause) and of course, it's about what it is you're relating. So if the client got something out of proportion, very much out of proportion, sometimes it helps to say, to just make her feel less conspicuous um, by saying these things do happen, I do understand and its happened to me, it does	Will S-D be helpful/unhelpful Client ability to sues S-D in helpful way S-D to alleviate distress Selective S-D = to normalise issue Client ability for self-reflection

			happen. In the one sense you know you feel like the spotlights on you but you know it's, um, we've all been there, it's quite human and so I suppose to humanise what's happened, um. I probably wouldn't go into too much detail but, um, just to, um, say I knew where they were. It really is about, um, as I said it's about the client's ego strength and whether they will be overshadowed by you or, um, dismissed by you or whether or not they're being competitive with you or um, or whether they might suddenly split and become, um, critical of you or dismissive so, um. I probably would start with by giving them a little bit of saying we need to see how that goes for them. I think it's about the amount of detail that you give too.	Level of detail = S-D Risk = client robustness Risk to therapy relat. Risk to competitive dyn? Risk t client process and emotional holding
I	***326-328***		Thank you (pause). I think you answered this question earlier, but maybe we can see where we go with it, mm, is there anything that you can think of that would make you hold back from a self-disclosure agreement?	
P3	***329-341***	Client presentation Personal impact on therapist Timing of S-D Risk Safety	(Long pause). Definitely if I felt the relationship was hostile, um. Definitely if I felt it was completely irrelevant um. Definitely if I can't tell what the client was, any idea what the client was thinking or if I felt that they were paranoid, um, or if I felt the client wasn't responsive or relational. Definitely if I felt the client was struggling to use me as the object, um. Definitely if I felt I was walking on egg shells with clients, umm, mm, (long pause) and at different times of therapy say, for instance I might disclose more in the beginning, in, if there's a little bit of chit chat, people come in and say, um (pause), it's been a lovely day today or something then I may say something back or they may say have you been out for a walk, I might say yes, I had a lovely walk but, um, if they would come in a mood and they just wanted to offload onto me then that wouldn't be a time for me to disclose either. (Clears throat). Definitely not with a client who's angry with me um it really has to be at that point when um the client is in a receptive state and um the communication is um safe. I suppose there is a safety feeling about what to do what not to do and how much to do.	Criteria for non-Discl. Quality of relat. Therapist vulnerability Therapist always assessing where client is at Client process & timing is key Therapist = self-protection = non-disclosure protecting self from risk/harm Safety around S-D is important
I	***342***		So safety feels like a key factor, mmmm, when considering self-disclosure?	
P3	***343-344***	Triangulation	YES! Safety for me, safety for the therapy and	Safety = key theme

		of safety: Therapy Therapist client	safety for the client. Safety is very key (laugh) and safety inappropriateness.	Safety of client/therapist/work
I	***345-346***		Are there any other factors that you can think of that maybe influence your choice to disclose or how you feel in terms of disclosure?	
P3	***347-355***	Different types of S-D	(Long pause) Umm, (long pause). I suppose one other aspect would be if the client has too much grandiosity so much so that it's interfering with therapy um, and there's yes, um, (long pause) it may be helpful to sort of humanise myself a bit more by giving a bit of information um (long pause). There is one area that I often give disclosure about and that is um, that I'm not very good with dates and calendars because they will pick it up quite quickly anyway when we go through and try and put in another date. I go, so we'll see each other on the 3rd of March and they go May (laugh) and I go yes, May or oh sorry, we'll see each other on Wednesday. So I often disclose that I'm, I'm not very good with dates and I don't ask them what it's like for them. I just say it think they never actually	Client's view of therapist Different types of S-D Therapist comfortable with S-D
I	***346***		What's it like for you to disclose that?	
P3	***357-358***	Impact & experience of therapist Vulnerability linked to S-D	I'm quite confident about it, because I've decided that I've got other qualities, um, and that, um, it perhaps says it's ok to be vulnerable or not very good at something.	Comfortable with vulnerability about S-D that will be picked up on

Appendix 7

Extracted Themes for the Group

PERSONAL EXPERIENCE/IMPACT ON THERAPIST

Participant 1

"I have to go and lay down on the floor and breathe and like ooh" (76-77, p2, P1)

"So that was, er, extremely hard and, erm, and it had a huge cost, yeah, erm, in many ways because it went on for some time. And it did take me to a place of erm, quite, quite, of, of, fear an,d erm, I, yeah, and oh of er, of erm, you know, that, and you had to do with with past experiences in in the environment and where I grew up" (527-531, p12, P1)

"It was difficult to manage in terms of, okay, I'm feeling really scared and it's bringing up all these things from, from my past" (548-549, p12, P1)

"I can see in my reactions or in, or in my, you know, being kinda like a little paranoid in the streets" (550-551, p12, P1)

"Protect myself on and my family" (552, p12, P1)

"I supervised a lot and talked a lot with my supervisor and, erm, mm, erm, but because I, for me, the need not to drop my patient was really important as well, er, and I really thought that if we, we were able to go through it together in a way, that meant we were both safe and the work was safe cause it was an attempt to disrupt the work really, what, what my partner was doing (referring to client's partner) and you know, I took risk of understanding it that way and think okay, I don't think he's going to call me or my child or you know, but I took precautions." (555-561, p12, P1)

"That would have been a hum-humugous impact on me had I not continued working with that person" (562-563, p12-13, P1)

Gabriella says, "It had a cost, horrible, horrible" (567, p13,P1).

“You kind of working with your gut feelings as well and with, you know, trust, trusting the, that what you know of the process and, but also I think I learned loads as well” (568-570, p13, P1)

PARTICIPANT 2

“I feel part of belonging as well, and part of being, being part of, erm, being part of a greater human experience” (145-146, p5, P2))

“I think the greatest value for me for self-disclosure, when appropriate, is the sharing, is the sense of belonging, is the sense of the vulnerability and exposure might not necessarily be dangerous, it is difficult, it cannot necessarily have to be uncontained” (173-175, p6, P2)

“So it was helpful in the fact that I was able to model my thinking process afterwards, the fact that I was under distress in that moment, but I was able to place into consideration the fact that they were a junior doctor” (237-239, p7, P2)

“So it, it, it, turned out with conversation that sometimes you have to learn that sometimes we, we are exposed to them as much as they are exposed to us” (247-248, p8, P2) (re intersubjective two way interpersonal process?)

“The impact of me was to show vulnerability in a person who would understand in the same way, I feel the patient felt understood by me” (258-259, p8, P2)

“So it made me feel more humble in that moment, that humble, that I was able to share it and it didn’t, it wasn’t dropped in the same way as their experience was dropped” (260-262, p8, P2)

“It’s quite powerful, when you think about talking about vulnerability, it’s something powerful behind a word that can create a lot of anxiety and stress. Erm, that’s why I feel it is fear and strength together” (285-287, p9, P2)

“I could have dealt with it a little bit differently, rather than to just dismiss” (303-304, p, P2) (regret?)

“It made me (laughs) feel quite unprofessional in that moment (slight laugh), really unprofessional and careless, erm, like I’ve missed something he was telling me” (306-307, p9, P2)

“It made me feel quite bad afterwards actually, that I’ve missed erm, I’ve missed how a particular time in the year can be more than just Christmas” (311-312, p9, P2)

“Perhaps it brought something for me in that moment that I wanted to dismiss as well, so I guess I did not want to disclose perhaps my feelings, that I was going to be away from my family, I hadn’t which I said, but even for me it was something more than that, I would be away from my family, I didn’t have any plans, I would probably going to spend Christmas on my own, already evoked anxiety and stress, so I dismissed it” (P313-317, p9, P2) (Parallel process?, projective I.D. – vulnerability?)

“And also I missed my own vulnerability” (408, p12, P2)

“Think what’s costly is when you agree with the patient in, in inside of your mind, and you’re thinking to yourself, God, yeah, I know exactly what you mean, Um, and it and on, in the moment it brings me back to my own space, it brings me back to my own fears, or my own anxieties” (435-438, p13, P2)

“I chose to say there’s a lot of women that, that, that might be in that stage. I chose to use that, rather than I am the same space as you are, but yet it, it, again, um, I saw her checking my wedding, my wedding finger for instance too, ‘cause I don’t think she’s ever done that, that, so that broke me a little bit” (440-443, p13, P2)

“So that was quite costly in the sense that, yes, we met, but also it brought up my own fears and my own anxieties, so there was a meeting but there was also something that is quite costly for me, in a sense, it, it brings me back to my own sense of, you know, I understand you and I also did not want to be in that position may, maybe, or maybe I am, so you know, it’s, it brings you back to those questions in your own mind. So I think the cost for me is that it takes me away from the therapy room for a bit until I regroup myself and my thoughts, um, and try to use that experience as an empathy. (443-450, p13, P2)

“The cost for me is that it brings certain things that I know I need to address, you know, it just brings a box into my check list I need to work on outside of the room, but it take a few minutes to get there and to regroup myself and my thoughts, um, and try to use that experience as an empathy. And use it empathically rather than as an alienating kind of sense where I’m off the room, I’ve left you to it because I’m, I’m next door, um, so I guess the cost for me is that it brings certain things that I know I need to address. (448-452, p13, P2)

“It touches something that is quite personal and quire sensitive” (454, p13, P2)

“So there is a cost both for the patient, in that I have checked out for a bit and when I check out I go into a little bit of a bubble, but it’s just for a few minutes, I know I’m coming back” (455-457, p13, P2)

“It also shows therapist, I I, you know, no therapist has ever resolved everything in their lives” (458-460, p13-14, P2)

“It can be quite painful to know that not everything in your life had been resolved (laughs). You still have open wounds, it can be quite pain, it can be quite painful, it is also very painful to see, particularly you also need to be in check with what is going on in the moment” (476-479, p14, P2)

“So regardless of what the feelings are around that sense of vulnerability, there is something about holding it, talking about it, owning it, um, so I want to believe the cost comes with with a level of strength afterwards, erm, but it’s it’s very painful to go through”(483-486, p14, P2)

“It feels freakin’ exhausting” (488, p14, P2)

“I would say that I have experienced that with, erm, when I feel cold in the room and it gives me goose bumps, that’s when I know I I’m in 100% meeting of that patient and it’s safe to do whatever in that space, but it lasts a few seconds” (825-827, p25, P2)

“It feels like I’m in an air-conditioned room, all of a sudden, and I feel goose bumps” (828-828, p25, P2)

PARTICIPANT 3

“It doesn’t often come out terribly favourably, um, really if I can avoid doing it I will” (177-178, p4, P3)

“I then became really, really self-conscious about what he could see behind me, he could see other colleagues, I felt naked that he could see me in a different environment, so I felt stripped of my therapeutic mask” (270-272, p6, P3) (accidental s-d)

“I felt as though he was talking to me, as though he didn’t know who I was anymore so his, my, that’s what I felt, that was my countertransference, I no longer held that same identity, it felt a bit fluid and because of safety, because safety is one of his big issues, I felt that I was not holding the safety boundary very well” (279-282, p6, P3) (accidental D)

“I suppose my, um, self-disclosure’s quite tied up in my work so anything that damages that work then or threatens that work or impacts that work impacts me (292-293 ,p7, P3)

“I suppose you could ask something about the disclosure procedure as I’m disclosing aren’t at the moment and um, whether or not there would be anything that would stop me disclosing to you. Um, that would be one interesting thing because the disclosure that I regretted, I wouldn’t even put into words, um, because I was embarrassed, I was naive, it did affect the therapy probably, but it was my first client so I guess is there disclosure about disclosure (laugh).” (526-532, p12, P3)

“Even as I’m speaking in the interview, you’re thinking do I need to disclose, ‘cause obviously there’s another side to conducting the interview and not to say too much or too little, so there really is a real disclosure process perhaps there’s a parallel process going on here, um, which is interesting, so yeah it is quite vulnerable, yeah” (541-545, p12, P3)

“It doesn’t often come out terribly favourably, um, really if I can avoid doing it I will” (179-180, P3)

PARTICIPANT 4

“You feel more in tune with the core of who you are, almost the word I want to use is, um (pause), it gets you in touch with your central force of gravity about who you are” (103-105, p3, P4)

“I think you’re embodying, trying to be authentic and true to yourself which in my book, for many clients, that’s what they’re struggling with” (106-108, p3, P4)

“With that there are ramifications, there, there come costs maybe to your family, your culture, your religion, your relationship” (109-110, p3, P4)

“As a therapist, being true in certain pockets of time clients can be, help them, but I think it can also help the therapist” (114-115, p3, P4)
“It felt important to share something of me that was deeply personal and after she left, I did feel anxious, at first I felt anxious, had I done the right thing? (170-172,p4,P4)

I could see the benefits, so that kinda reassured, the anxiety, that I’ve done nothing wrong” (178-179, p4, P4)

“It took me several days and I took it to supervision and I actually thought I’m okay about this if she talks about it” (175-176, p4, P4)

“My anxiety was that , um, that I revealed too much. Would that feel like a burden” (194-195, p5, P4)

“The other anxiety would have been, could this be used against me, er, in a shaming way, I dunno where that came from, probably because of the shame attached to depression” (197-199, p5, P4)

“Sobering if not highly unpleasant experience” (287-288, p7, P4)

“The painful learning, um from that which has not left me, rich learning but nevertheless was painful at the time, um, was that it, when I got a client, which is from time to time I do get trainee psychotherapists, to be more thoughtful about self-disclosure” (312-315,p7,P4)

"The painful learning, really not good, regretted bring the professional piece, I should have kept it away" (350-351, p8, P4)

PARTCIPANT 5

I've got better at it knowing it's ok or it's not ok and that's just through practice (162, p4, P5) (TH Training, Skill and Experience)

Yes and (pause) how did I feel afterwards (pause) moved (pause) but not regretful and once the client had left the room I just needed a bit of a pause to think about what I'd done. (217-219, p5, P5) (+ve impact of TSD on TH)

Umm (long pause), I don't think so there must be though (pause), there is because I once went to the supervisor and said I shouldn't have said that should I, I'm trying to think what it was (pause) and I was reassured that it wasn't actually a bad thing, (274-276, p6, P5) (Risk of impact of SD on TH and also CL)

'Cause I can hear myself saying to the supervisor, I think that was a mistake, (279, p6, P5) (Impact on TH)

Slight nervousness, I knew I was taking a chance and also I felt slightly guilty about talking about also having to be a part-time career, 'cause I've been a bit, I imagine like it's fine I can do this, (305-307, p7, P5) (Impact on TH)

But for a little while it bothered me (313, p7, P5) (Impact on TH)

On those two levels, had I perhaps risked a rupture in the relationship and had that been, umm, I can't think what the word disloyal to my family (315-316, p7, P5) (Risk, Impact on TH)

Slightly embarrassed, uumm, but ok in the end, it made me feel, it left me feeling sad too (474, p11, P5) (Impact on TH)

My brother died not, not that long ago, on a Monday and I was due in here on the Tuesday to see 6 or 7 people in a row, and I found it easier to come in and keep those appointments than move all those people, because I didn't know what I would tell them. I couldn't imagine saying something so awful has happened I can't keep the appointment tomorrow. I couldn't lie about the flu (pause), does it make any sense, I just found it easier to turn up and act normally for 50 minutes and there was 10 minutes of panic-mode before I see the next client, I wasn't trying to be a hero I just didn't know how to cancel them. (525-531, p12, P5) (Impact :Vulnerabilty of TH)

I'm just saying that I could contained myself and think in the moment this is who I am and this is what I'm doing and the other stuff is, I, is too huge to process so I'd rather go to work because there I have these 7 people lined up that's what I chose to do. (537-539, p12, P5) (Impact: Vulnerabilty of TH)

I think it was alright, I spoke to another therapist about it and she'd done something similar and she said actually looking back I think really what we should do is take a few days or weeks off, get on with the horrors of grieving but I couldn't agree I, all I could do was turn up and do the stuff, yeah (545-548, p12, P5) (benefit of non-D – Self-protection from hurt/pain)

I know, well I had to think very carefully about doing it because I thought well this is self-disclosure and ok hands up, am I going to regret having said anything I've said. But then your email's very reassuring and you said (844-846, p19, P5) (Risk of SD, Parallel process – impact – vulnerability re interview with researcher)

FACTORS for READINESS, HUMANITY of the therapist, Therapist EXPEREINCE/SKILL/ETHICS/PROFESSIONALISM and READINESS for USING self-disclosure

PARTICIPANT 1

"I think it's very risky, because (pause), because we're human, because there, er, is it is incredibly emotional space" (72-73, p2, P1)

“Maybe the self-disclosure will be more of you showing you know, showing how human you are” (399-400, p9, P1)

“You build a position, don’t you, you know, erm, that you, that keeps on changing as well but also um, matures, you know, in to more or less comfortable places, um, you know, comfortable at being uncomfortable maybe with not knowing or (laughs) with the unknown” (488-491,p11, P1)

“I being, being a bit more comfortable with sometimes being uncomfortable or not knowing, not, or with not know whether you’ve, you’ve done the right thing or not being able to wait and trust the process and trust that you’ll, you’ll work with it if it wasn’t okay” (494-497, p11, P1)

PARTICPANT 2

“I also feel like there needs to be a human sitting opposite them, not just a mirror” (47-48,p2,P2)

“I would like to think there is a human being interested in me, rather than someone who is some sort of giving technique or intervention, not being in a particular way, that I would find very wooden and alienated, alienating” (54-56, p2, P2)

“self-disclosure for me would be, er, er, two ways basically erm, fear and strength. Strength because I think it requires a lot of strength to be open to someone and show vulnerability, so it requires a particular strength of sorts and readiness and okayness in one’s confidence and self, but fear because you are open to being interpreted or you’re open to be, erm, be described or characterised, or you know, you are open to someone else’s thoughts and reactions, so it is an exposure, but it is also a strength” (76-81, p3, P2)

“the value of learning when to stop, of assessing the right time, assessing the right words, assessing being more aware of your emotions, how you phrase your emotions, erm, an and where to stop, so having the boundaries of the experience, that that experience that it is disclosed, but that it is also held, contained,

appropriate, necessary, honest, genuine; yet able to not be, not get out of hand" (176-180, p6, P2)

"If it's something that is not very appropriately contained and safe then I wouldn't bring it up, so it needs to feel quite right for me" (393-395, p12, P2)

"I can share as a human being, but then it would be the therapist sharing it wouldn't necessarily be me the person sharing" (688-689, p21, P2)

"We go back to that old vulnerability that you want to feel that you are able to show as a patient's vulnerability to your therapist and you don't want to have a robot sitting next to you, simply because they come from a particular school of thought because they're so overwhelmed with their own fear, their own anxiety of their own unresolved wounds, they don't want to go there, the other person wants to go there, so you've got this pull and push kind of feeling" (885-890, p26-26, P2)

PARTICIPANT 3

"It may be helpful to sort of humanise myself a bit more by giving a bit of information" (368-369 ,p8, P3)

"There's always gonna be something that, er, shows, erm, that you're a human being and that you're not a machine, so there's always something, some disclosure, um, and I think it's about balance of, um, having rules and boundaries, and safety" (396-399, p9, P3)

"Some self-disclosure is inevitable, there'll always be the mask slips down" (406-407, p9, P3)

"I think there's a part of me that always thinks there's a part of me when talking to a client I'm talking to my client, my therapy, my profession, the UKCP, erm, my insurance company, there's a part of me that will always think, um, there's an accountability out there, so it's gonna be pretty bland stuff anyway" (439-442, p10, P3)

PARTICPANT 4

“I think sometimes revealing yourself can take you out of the ivory tower, like some clients put us in transferentially” (66-67, p2, P4)

“That I obviously must have had enough confidence to take a risk, before that I wouldn’t have done. Which I think is right when you are a trainee” (524-525, p12, P4)

“If you take a risk, it takes you out of the ivory tower and it doesn’t mean you’re symmetrical, you know, there are and asymmetry, it has to be, it means you’re, you’re joining them as a fellow human being” (853-856,p, 19 P4)

“When you self-disclose, you in their eyes, you join the human race” (874, p19, P4)

PARTICIPANT 5

I think sometimes under certain circumstances the client almost needs to see recognition on the face of the therapist that a cord has been struck. I’m thinking especially of someone who for example with HIV clients and their families I would find it difficult if not impossible and perhaps not right if someone’s talking about the death of a child which I’ve done quite a lot of and see nothing I’m not saying that you should flood your client with tears, but I think, I think that sometimes the client needs to know that the therapist got that bit does that make sense? (105-111, p3, P5) (human connection)

I certainly found that in prison the guys, guys needed to see recognition when they talk about, ok, they were criminals and they were found guilty, but when they talk about the horrors of incarceration they needed to see that you felt something that’s my belief again nothing dramatic but just a sense of compassion something to connection, that you felt something for them (113-117, p3, P5) (Humanity of TH)
But we talk a bit about why you want to know and I say I’m happy to tell you, but I just tell them, answer whatever they’ve asked me. I did invite one very shy young man who I’d seen for a long time, I said I’m curious you appear to be completely innocuous about anything about me and I wonder if you would agree with that and he said no that’s not true and I said well is there anything that you would like ask me do you sometimes say to your partner or friend, oh I would really love to ask him so

and so cause I spent the past 2 years, talking to you every Wednesday, and he said well there is something (pause) I said what is it and he said (pause), you've mentioned Italy and I've wondered if you've got a house in Italy? That was his question isn't that fascinating? (188-196, p5, P5)
(Humanity of the TH)

OK so I'm happy to say I don't flood I don't tear up I, I remind myself why I'm doing it and I tell myself this is for the client to help the client through that bit perhaps it's easier if I give you an example. My brother committed suicide and I had a client going through the same thing and this client thought, imagined did had happened, never happened to anybody else and I thought I never thought I'd say this but I want to tell you something and remind you that you can survive this you can get through it won't be easy and I thought I was slightly nervous, I checked within with a supervisor in 2 hours and we talked through it but it, it did something it certainly lifted something for the, myself and the client because I would have felt dishonest sitting here not sharing it (206-214, p5, P5) (Wounded Healer/Humanity of TH)

I thought I'm actually duty-bound, but I'm being authentic (216, p5, P5)
(REAL RELAT./Humanity of TH)

I don't want to paint myself as this um, saintly person who, cause I'm not (237, p6, P5) (Humanity of TH)

I think, I think I'd rather model sometimes, actually sometimes, first sometimes, we first have to, to break the rules a bit, you just have to bend the boundaries a little bit (440-441, p10, P5) (Humanity of TH)

I hope they think though (pause) he's had to deal with challenges too, he's an ordinary bloke like me umm just because you're a therapist doesn't mean that your life is easy to manage um (pause) I think might just them realize that so much of life is random and whatever you're doing bad things will happen and it's how we manage those bad things really, so p'rhaps they think, I hope they think oh he always seems ok and yet there have been those examples of difficult times having to be coped with (450-456, p10, P5) (Humanity of TH/Wounded Healer)

I shared with someone who could not see why her husband had just upped and gone. I talked about having being divorced and know what it was like to sit with someone you have loved and divorcing from and I remember my wife soon to be ex-wife, both in a restaurant and saw my tears falling into a bowl of soup and when I looked across, her tears were falling into a bowl of soup, there were two bowls of soup being filled with tears, and I didn't know whether to laugh or cry and I told this to this poor woman who was sobbing besides herself when her husband said I'm off and (pause) I think she might have thought that does happen to other people. There might be some people who go into therapy, for a crisis and think it hasn't happened to anyone else, so yeah that was another disclosure that one was actually (458-467, p10, P5) (Humanity of TH/Wounded Healer)

Just remind everyone that I'm just an ordinary bloke, I might do a good job but I'm an ordinary bloke and I have the same frailties and the same fears, so p'rhaps he's saying with his quote it's unreasonable to expect yourself not to disclose if you're having a human reaction with another human being, even if it's a therapeutic one, you're not being yourself if you're completely anonymous to the client. (699-703, p16, P5) (Humanity of TH)

The thought of going to a totally neutral work with somebody as a client or as a therapist, I think being completely one-sided I would never see the value in it myself so no I can't see how you can disclose and still be neutral. I may be wrong but because it, because it is about the relationship to me, I think it's about the relationship (726-730, p16, P5) (Humanity of TH)

CLIENT PRESNETATION

PARTICPANT 1

"I think as with, with someone who is already putting everything on you, yeah, like you are God or you are the doctor or you are, you know, the one who's gonna fix me or knows everything um, you know you have, for me I have to work to undo that a lot erm, and, and so I will be very careful to say things, you know, that would reinforce that" (393-397, 1). (Client perception and expectations)

PARTCIPANT 2

"Most, most, most clinically appropriate for that person" (102,p4,P2)

"So factors, yeah, factors, factors of readiness, erm, readiness, erm, strength, are the person strong enough to see me as a human being, that I also share a vulnerability and not lose face, um in the therapy relationship, um are they able to hold me as an object in their mind?"(422-425, p13, P2)

"Certain people that, they are very uncontained, they are very stressed and they are very worried and that would be I think unethical and unprofessional if you feel that by sharing an experience you're helping and actually you're not helping, because they end up worrying about their therapist's ability to hold them (524-527, p15-16, P2) (also role reversal?) (ethics)

"There are certain patient's that you need to hold boundaries, especially if they have got some issue with personality disorder traits" (855-857, p25-26, P2)

PARTICPANT 3

"The distance between how much I disclose in a relational way, erm, is client appropriate and erm, moment appropriate" (31-32,p1, P3).

"You might be sending out a message of here you are, look at me, I've had your experiences but I'm all sorted out, I'm a therapist but you're not um, the client may be quite narcissistic and not want to know anything about you. They may feel that they may receive a message of, I've no right to be a victim" (107-110, p3, P3).

"I think it's about ego strength, er, with the client, er, does the client have the ability to draw on experiences of others or are they totally wrapped up in their own, um (pause), er, their own existence or might their sense of existence be threatened by er, somebody highjacking them, their experience or making their experience look um, less significant" (306-310, p7, P3)

“A narcissistic client who’s yet not realised that the, erm, the use of the object, you know, not able to use you as an object in the relationship” (311-313, p7, P3)

“The client’s ability to self-reflect” (324, p7, P3)

“I would definitely not if a client was angry with me, um, it really has to be at that point when, um, the client is in a receptive state and the, er, the communication is, um, safe and I suppose, there’s a there’s a safety feeling about what to do, not, not to do and how much to do”(355-358, p8, P3)

PARTICPANT 4

“You have to be the word judicious, you have to be really thought about who’s in front of you, what their character style is like” (63-64, p2, P4)

“I think with certain people I certainly wouldn’t, so for instance, um, people who have lots of um neglect in childhood or trauma, not appropriate” (433-434, p10, P4)

PARTICPANT 5

My own certain episodes in my own life that have been difficult, challenging, I’ve sometime shared not often but I’ve shared, found it useful to share and I’ve checked it with my supervisor, useful to share for the benefit of the client (pause) umm one or two very very sensitive areas or episodes, not in great detail. (200-203, p5, P5)
(TSD +ve impact on TH)

It might be based on umm what the client is trying to manage, is trying to handle (pause) and the extent to which I actually trust them, trust the client to use what I might disclose properly (364-366, p8, P5) (Criteria for SD)

I might just not think they would see the benefit of it they might not understand quite why I was doing it whereas other clients I can think of definitely do (367-369,p8, p5) (Criteria for SD)

And so with her it was of great value at times for her to know where I might have had a slightly similar experience or I , she needed to know I I got it, I knew what she was talking about when she was clinging to the rest of the family (381-384, p9, P5) (Risk)

"So it's, it's carefully selected, but the person is also carefully chosen and that's my safety, that's my safety net, really. I know that person well enough to assume that the disclosure wouldn't be abused and I know that if it were spoken about outside, it wouldn't be damaging to my reputation as a therapist" (425-428, 5).

Appendix 8
Extract Evidencing documenting Step 6 of Analysis (how themes were combined to group as a whole)

Master Theme	Superordinate Theme (S.O.T):	Participant's contributing to S.O.T
Impact and Experience of Therapist Self-Disclosure on the Therapist	Power, Motivation and the Shadow	All participants

Master Theme 3 Impact and Experience of Therapist Self-Disclosure on the Therapist

SOT	Key Cross References P(Participant) L(Line)	Indicative Quotes	Notes re levels of analysis
Power	**P1: L156-160; L165-168; L393-397**	People are coming to see you but to for help they want help and umm it is already that you already have an idealise version of this, this person knows what's wrong with me or knows how how to fix me. So if you occupy that position you you know in a way you become like a tyrant or like a umm like a almighty (laugh) figure. 9156-160, P1) The therapist in the same lime as Jesus (laugh) and (laugh) that is what you know that is something I strongly feel umm at least in my practice that's not the chair I wanna occupy and it's difficult because you might even sometimes have this narcissistic ide illusion that you are because umm all these people come to you for help. (165-158, P1)	Demonstrates wariness of power differentials re idealised version, fix me – also highlights dangers of power in TSD – can manifest therapists' narcissistic illusions re 'Jesus', The Almighty': sense of being a saviour and all powerful – 'Tyrant' – dictator/dangerous figure -shows therapist also wrestling with personal issues re narcissism versus human/authentic/real in front of client – at some level wary of the transference and not wanting to break it – holding the tensions 'God' and Dr' – again a sense of all powerful and superior – wary on client's perceptions re 'gonna fix me' P1 warns of client's possible perceptions and expectations of

		I think as with with someone who is already putting everything on you yeah like you are God or you are the doctor or you are you know the one who's gonna fix me or knows everything umm, you know you have, for me I have to work to udo that a lot erm and and so I will be very careful to say things you know that would reinforce that. (393-397, P1)	therapist and is therefore sensitive to meeting client's need whilst not colluding with their version of reality Both P1 quotes also link with power entwined with the shadow as possible motivation for TSD.
	P2: L555-558	You don't want too many elements of your own disclosure on the painting. Ideally, you want to have the, the patient's self-disclosure there on the painting, because that's what they take home with them, but it's also nice to have a few colours in, in there from the therapist. (555-558, P2)	Use of metaphor re TSD – as a work of art – gives a sense of the beauty of what manifest in the powerfully real, authentic moments – but as art is open to interpretation – it also gives a sense of power re not knowing outcome/interpretation of TSD until it's out there – risk/danger/growth Sense of fluidity conjured up in the experience of TSD as art form P2 mindful not to take up or take over client space –ethics – instead importance of serving as vehicle for client's own masterpiece – P2 acknowledges 2-way mutually influencing reciprocal process of two subjectivities as well as owns her part in the intersubjective meeting re 'but it's nice…'
	P3: L56-60; L61-62; L84-86; L104; L139-144; L184-186, L277;	Sometimes it is really um important for the client to feel um privileged that you've actually at this perhaps at this final parting before they've left you just reveal something of yourself or your personal life. There are often times when I might do it when the client feels very alone in their experience um and that perhaps no-one has experienced what they are going through. (56-60, P3)	Privileged: emphasis on client re importance, value Timing re final parting – TSD used as powerful tool to potentially even out power dynamics Reveal – sense of Therapist vulnerability and exposure but also within therapist's control Time when I might do it – selective disclosure Support client out of isolation and alienation with the problems
		I have to be very careful because the client doesn't want to be, er, usurped in importance in their, um in, in the therapy. (61-62, P3)	Usurped – alerts to power relations and potential role reversal and shifting focus from client to therapist. Potential replay of client's original wounds re lack of importance and validation
		We actually parted on even though we'd	P3 recognises power struggles and

		been in terrible power struggles and sulking and ager for the whole three years we parted on a really adult um tone. (84-86, P3)	names it Sense of hooked into a battle of wills Importance of working through re leaving each other on more adult terms – sense that both their processes we triggered and needed on order to break through and feel freed from their wounds
		I don't have a very high powered job except for therapy which I do on a Thursday although um actually that's quite high pathed for me but I don't make my living out of it so there could be a bubble burst there I I have another job that supports me umm disclosure might be about umm things which er I haven't succeeded at in my past so whilst that could show empathy I wouldn't want a client feeling sorry for me. (139-144, P3)	-power dynamics affect therapist re her own issues with status High pathed for me – a sense of therapist feeling uneasy with power differentials and sense of humility in terms of holding a working with own power Bubble burst – alludes to issues with self-esteem – Disclosure may reflect therapist's flaws and failures which impact therapist's self-esteem and could result in potential role reversal
		I've been, er, disempowered and have to, had to answer it even though I don't want to and they might feel sorry for me or they might, er, I might have lost some of my gravitas or some of my, they might start to judge me. (184-186,P3)	P3 feels powerless and forced to disclose – points to vulnerability re impact of power Power is strong theme for P3's narrative – more so than other participants P3 experiences real power struggles with self when managing power dynamics in relations to TSD – potentially signalling igniting own wounds in this respect – power issues impact self-esteem – also emphasis on how client will perceive therapists e.g. judge or pity therapist – echoes of P3 wounds around 'not good enough'
		I felt disempowered (277, P3)	Repetition of 'disempowered' – power and disempowered come across as loaded and emotionally charged expressions re P3 Power dynamics linked with self-esteem and P3's personal script re acknowledgment by P3 that main job is 'not a high-powered job' – hence low status – P3 power references give sense of her sensitivities and emotional paralysis in these moments
	P4: L186-187; L252-257	was anxious afterwards because then I realised you'd given a part of yourself away	Evidence of impact of TSD on therapist –sense of loss control when disclosing –

		and she can whatever she wants with it (186-187, P4)	client all-powerful because can hold/exploit/expose therapist with TSD – sense of therapist's vulnerability/humanity -powerlessness
		I suppose other things to add is that you know you I don't want to give the impression that I'm sorted cause I'm not, it it is risky and I know it could be harmful for a client and for me but I also hold the light, luminosity, the healing potential for both as you were rightly teasing at earlier umm I think it can show courage, courage to be and if and if that has an impact on the client that in turn which doesn't mean it can be a loose cannon. (252-257, P4)	therapist holding his own humanity in frame – 'risky'; recognises power of TSD to heal/harm client and therapist P4 holds transpersonal view re TSD – 'luminosity', light' – duality of healing for both client and therapist P4 alluding to therapist emotional robustness re 'courage' referenced twice 'loose cannon' – metaphor for TSD and impact on individual – signifies risk/danger/damage
	P5: L592-595; L600-601; L605-606; L613-614	The realisation that this person doesn't, isn't bound by the same rules, um, yes, I think it did very early on teach me to be very discerning and it's absolutely rigidly confidential about what that person said and be very, very careful about what I say. (592-595, P5)	Evidences impact of TSD on therapist – client all-powerful to hold/exploit/hurt therapist – demonstrates therapist vulnerability and humanity in relation to power dynamics P5 aware of power differentials in therapeutic relationship re therapist's vulnerabilities and powerlessness re TSD once it's out there.
		So I like the fact that you can say anything and that I can never ever tell anyone. It's a kind of (long pause) the, the sort of safety vacuum. (600=601, P5)	Indication for therapist need for safety and protection re 'very discerning' (subtle indicating therapist has some power re choice of person to disclose to)and 'rigidly confidential' (at another level is therapist talking about client confidentiality but also implicitly alluding to lack of confidentiality for therapist?) 'very very careful about what I say = awareness of power of TSD to hurt therapist
		I mustn't and I wouldn't ever tell anybody so I think I quite like the feeling that you secrets are safe with me. (605-606, P5) Yeah, safe and it all stays in this room and no one will ever know we've had this conversation. (613-614, P5)	P5 interesting perspective – re power and secrets – P5 evidences the power imbalance favouring therapist – P5 use of power in contrast to other participant accounts – sense of therapist being seat of all power in this sense – re keeper of secrets and safety re client disclosures - perhaps on (micro level analysis) P5 is saying I know

			the therapeutic space is not a safe space for the therapist Sense of therapist in control and in power… can also be viewed as therapist feeling special (chosen) so could also allude to unconscious narcissistic ideation penetrating these moments
Motivation	**P2: L68-69; L831-833**	Who is it for? Is it for the person who wants to, feels wants to share something that is important for it to be out there, or, um, is it for the other person? (68-69,P2)	-demonstrates assessment: accountability, ethics, focus on client benefit -can also link with shadow re who is it for…and is perhaps implicitly indicating ab awareness of struggle for therapist between personal and prof self and client beneficence.
		I think real connection happens and what you you with it is your call. Erm, it's an opportunity, it's almost like a golden opportunity for something big to happen, if you chose to disclose something. (831-833, P2)	Real connection: social inclusion level as humans – b power of TSD and both subjectivities joined You call; power and uncertainty about TSD- 'not knowing outcome – powerful yet vulnerable Repetition of words e.g you you adds to magnitude of the tone of feeling Emphasis on opportunity, re 'golden opportunity: special, rare – powerful moment Big to happen: power of TSD – accountability/responsibility
	P3: L454-458	I'd want to know why a therapist was disclosing that much about themselves, was it lack of experience, was it lack of understanding the therapeutic, um, relationship, was it, eeeer, why were they, had there been a reversal of roles, did the therapist want to talk about themselves with the client. Do they want to impress the client, or shock the client or had they lost sight of the, what was going on therapeutically. (454-458, P3)	P3 highlighting TSD link with experience/skill – also links to shadow re potential shift away from client onto therapist Eeeer: demonstrative of P3 uneasiness of exploring this topic Role reversal: points to dangers of TSD, ethics and shadow Therapist motivation for TSD acknowledged
	P4: L620-623	I think not to respond, either sharing your countertransference or even feeling the need to share a little bit of your own story to, in the service of healing of the client, not to do that I think is equally unprofessional and unethical (620-623, P4)	Points to Therapist accountability and ethics and professional role Acknowledged need for TSD re client needs to know something of you as therapist/human (social comparison level)– importance of TSD re healing

			element Re Not to respond' also may be indicative of therapist vulnerability and exposure in these moments (wanting to be professional and yet tensions with wanting to be authentic too – possibility of therapist hiding in these moments re self-protection
	P5: L227-299	I I just make sure it's for the work and the good of the work and it's not done very often but I've found it can be very very powerful when done occasionally and when done well. (227-229, P5)	Focus on client and therapeutic work Also acknowledges TSD happens but it is rare Repetition of 'very': emphasis on power of TSD to shift work When done well – also implicitly points to the potential backfire when TSD lands badly re ruptures, risk/danger
The Shadow	**P4: L396-399; L413-415**	I think this was the shadow side of self-disclosure. If you didn't get witnessed and seen enough as a child yourself, adolescent, teenager, young person, young man, young woman, there, there could, the shadow side of disclosure, personal piece, you could want to share stuff because you want to be seen (396-399, P4) And of course if you did, if you weren't seen enough as a child, adolescent, or a person, then you could get hooked too quickly to start sharing stuff which you're thinking with all good intent is for the client but actually it's for you (413-415, P4)	P4 names shadow in interview – demonstrates awareness of ulterior motives -shows he is mindful of his own process and how his past emotional injuries can enter the therapeutic frame Demonstrates degree of caution in respect of TSD On another level P4's quotes highlight the importance of therapist self-care and how therapist self-care can befit therapist and client and lack thereof can hinder progress for both Hooked: suggestive of unwittingly being pulled into disclosure – therefore P4 awareness of unconscious processes that influence TSD

Appendix 9

Extracts from personal Reflective Journal

31/03/18

I felt anxious as this was my first interview, however, I felt I was able to build rapport and trust (re: ethical considerations) – this was helpful for the flow of the interview – also I noticed it helped P1 relax into the flow of the interview.

P1- foreign – therefore English was not her first language
P1- demonstrated sound knowledge and understanding of the concept of therapist self-disclosure (TSD) – but I recognised that the language barrier possibly sometimes made it difficult to convey her sense of the concepts. This was evidence of P1 struggling to access vocabulary in English.

This is important as it potentially highlights limitations of research. Perhaps recruitment criteria needs to be tighter to specify English as a first language as a prerequisite for eligibility in the study? Due to the language barrier, the interview prved challenging but was nevertheless interesting and enjoyable.

01/04/19

Data analysis of transcript

Noted again issues regarding language barrier in terms of making transcription difficult to analyse due to issues around coherency – sometimes made arriving at exploratory comments challenging as text was not always coherent to follow. Transcribing P1's interview felt like a very long and laborious task. I noticed I needed to take breaks from transcribing due to how interview left me feeling, as there were issues with incoherence, which I found to be very draining on me energetically. Listening and re-listening to the recording of the interview and re-reading of transcript felt emotional heavy – hence the need to pace myself and introduce breaks for self-care so that I could return to the transcript and do it justice for both our sakes.

I noticed P1 struggled to stay with topic – maybe due to language issue or possibly due to feeling uncomfortable with the topic of therapist self-disclosure. I noticed a lot of repetition with

words e.g. and and, in in, of of especially when P1 spoke about difficult experiences in relation to therapist self-disclosure. There was a strong sense of impact on P1 evidenced in limbic resonance and rhythmic way of speaking – this behaviour was possibly a means of support for P1 to self-sooth and manage emotional regulation when feeling impacted by revisiting traumatic moments involving therapist self-disclosure, which is related to evidence of psychological and emotional impact on therapist. It was also evident that P1 was emotionally robust enough to manage difficult feelings during our interview.

Throughout the transcription, I also noticed P1's use of the phrase "you know" was prevalent throughout the interview. It felt like this was evidence of a language gap filler when P1 felt stuck for vocabulary to communicate what she wanted to say.

02/04/18

Exploratory concepts and emerging themes for P1

This stage involved working with the transcript to produce exploratory comments and emerging themes through re-reading the transcript and creating potential themes and grouping extracts in clusters associated with emerging themes and assigning notes to pieces of extract based on different levels of analysis.

I found this part of process far easier to engage with although it still remained time consuming – I felt more connected with the piece after immersing myself more deeply in the process. I was also more able to 'bracket off' (Husserl, 1970) the interference (such as lack of coherence and language barriers) during this stage of analysis, possibly because I felt more present and involved in the process as an interactive researcher (Lincoln& Denzin, 2000).

02/05/18

Interview with P3

Overall, I felt this was a very successful interview, which was also enjoyable. Whilst I still felt anxious, I was more able to step into the flow of things within the interview.

This interview provided a lot of rich and detailed data and P3 demonstrated a lot of thinking

about the subject of therapist self-disclosure. However, I also sensed her wariness and caution regarding what P3 was willing to disclose within the interview process. This was later made transparent re P3's acknowledgement of a parallel process operating between us and disclosure.

What was very evident in the piece was P3's real struggle with tensions between her professional self and her personal self when sitting with a client and sitting with moments of therapist self-disclosure with clients – what came to mind for me was Heidegger's (1962) notion of 'throwness – falleness- authenticity' – and moving between these various positions – also by her own admission, the inevitability of 'the mask that falls off'.

P3 demonstrated a need for clients to see her as a professional, as a therapist – not so much a real person/human. This made me think of this revelation in terms of the therapist's need for self-protection – I feel this points to the vulnerability of the therapist in moments of therapist self-disclosure.

Power differentials was a key feature in this interview and given that P3 disclosed that her main job was not a high-powered job, I wondered how 'power' impacted her…there was a strong sense of pain/hurt attached to experience of power and disempowerment

03/05/18

Exploratory comments (EC) and emerging themes (ET) for P3

EC: regret about S-D, negative experience of S-D, uncomfortable with S-D, therapist disempowerment

ET: Power-play, Types of S-D, Risk/Caution towards S-D, Sense of vulnerability of therapist in moments of S-D.

I experienced working through the different levels of analysis as less daunting than in other interviews I analysed. I think this was due to me growing in confidence, as well as experience, the expansion of my own knowledge regarding this topic becoming more integrated, developed and enhanced. I felt that this was a fascinating process; at this stage I experienced the data

analysis as rather fun, which surprised me and unnerved me at the same time. This created a level of doubt as I was a novice researcher: “Am I doing this correctly?” – which emerged as a burning question for me. This awareness highlighted my subjectivity and personal piece, which would from time to time enter the frame and the research space. This required sensitive, conscious, curious, empathic exploration, emotional robustness, and continuous self-reflexivity as to how my subjectivity shaped and informed the research process and data collection and analysis (De Young, 2003). This personal issue also required reassurance of my work from my critical research friend and research supervisor in order to support me to feel confident in my effort to extrapolate meaningful insights from the emerging data and developing a robustness around trusting myself as a novice researcher.

I noticed that as I moved through the interviews and analysis, the pace at which I was able to engage with and work with this section of analysis sped up. This, in turn, boosted my confidence and rhythmic way of engaging with the data.

I also noticed a degree of overlapping of themes from the transcripts so far, as well as noticing differences between participant accounts.

14/09/18

Interview with P5

Again, I felt this was a very interesting interview, however I observed that P5 went off topic at times. This required me to adapt my interviewing style and become more dialogical – re active and interactive in the exchange. I sensed that maybe because the area of therapist self-disclosure was possibly experienced as ‘taboo’, P5 required more of me to feel safe – hence it needed to feel like a collaborative interactive approach within the interview conversation.

I felt I was able to build rapport and support P5 in a way that allowed him to share very personal and painful disclosures. I believe that P5 must have felt very safe in our interview to share at this level – it made me think that the disclosures he shared had been shared three times: once with client, once with supervisor, and once with me. P5 was very open regarding the impact of his disclosure on himself – hence his anxiety, therefore he accessed supervision

soon afterward. This points to emotional and psychological impact of therapist self-disclosure, which demonstrates his humanity, vulnerabilities and giving a sense of himself as a wounded healer. His narrative also evidences the duality of therapist self-disclosure as a healing experience for both therapist and client.

The collaborative dialogical interviewing style unnerved me and I felt I was sometimes put on the spot – this helped me to hold in mind my subjectivity and also recognise my own vulnerabilities. This also helped me to empathise with all of the participants in terms of how they experienced themselves in these self-disclosing moments – it really brought to the fore my own wounds around being seen. Holding this in awareness, I was able to consciously grapple with my emotional robustness and self-reflexivity – sometimes noticing a bracketing off of my personal piece in order to make the space more available for what the participant chose to share. Consequently, I recognised the parallel process operating between us at times and empathised with their (participants') vulnerabilities in taking part in this study.

22/09/18

Analysis re P5 transcript

There was a powerful quote regarding self-disclosure around brother's suicide, which was a surprising and electric moment – I was not expecting a revelation of such deeply personal disclosure. His disclosure dramatically changed the tone of the interview as I felt privileged to be allowed to share with him as such a deep and intimate level. I felt his pain, which was momentarily present with us. I felt this level of disclosure demonstrated that from an ethical position P5 felt safe, trusted me and the process, and P5 felt emotionally held (Winnicott, 1965). P5 demonstrated emotional robustness regarding his own personal tragedy and his ability to use this painful experience as a source of healing for self-and-other. H piece also is powerfully moving in terms of the impact on the disclosing therapist.

"My brother committed suicide and I had a client going through the same thing and this client thought this never happened to anybody else and I thought, I never thought I'd say this, but I want to tell you something and remind you that you can survive this, you can get through, it won't be easy and I thought I was slightly nervous, I checked within with a supervisor . . .

it certainly lifted something for myself and the client because I would have felt dishonest sitting here not sharing it"

Moving through analysis, this particular quote demonstrated Heidegger's (1962) view of Throwness-Falleness-Authenticity. The quote also showed the spontaneous nature of therapist self-disclosure, which was not always thought through. The quote illustrated P5's humanity, vulnerability, emotional, and psychological state – seeking support through supervision: "Had I done something wrong"; "Did I do the right thing". These questions highlighted a sense of self-doubt and anxiety. It also shows the wounded healer in P5 – the quote acknowledges the duality of therapist self-disclosure to be a source of healing for both client and therapist.

P5's discussion about Non-Disclosure was very interesting. An extreme, but understandable example was given (re: prison) which gives a view of how dangerous disclosure can be and how sometimes therapists need to engage in non-disclosure to protect both themselves and their client – something I had never really thought about until P5 shared his piece on this. His words 'rigidly non-disclosing' stuck in my mind.

23/09/18

Analysis continued

At this stage, the focus was on looking at the list of themes with relevant quotes and thinking about the relationship between the quotes.

I enjoyed this stage – just looking at the volume of information extrapolated from the various participant accounts was overwhelming at times but also fascinating. I appreciated the depth, detail, and rich and interesting insights. I noticed the relationship between the transcripts, as well as areas that stood out as different. It really speaks to the uniqueness and intrinsically individual experiences, perceptions, accounts relating to how individual therapists understand, work with, experience and hold this phenomenon.

This stage was a laborious task and very time consuming – but I felt more confident in my approach to working with the data even though I was a novice researcher.

29/09/18

Next stage of analysis

This involved creating a visual hard copy of clustering the various themes and quotes and laying them out on the floor and sticking them on my walls. This gave me a felt sense of the volume of knowledge I was uncovering, as well as provided a system for working with the various themes in terms of writing up the findings.

Looking at the number of quotes (and coverage across participants) in one theme supported me to consider the significance of the theme, as well as whether to keep it in tact or split it into sub-themes – hence following Smith et al.'s (2009) process of abstraction and subsumption.

The clustering of quotes within a theme was a means of showing the relationship between various themes and participant accounts – e.g a theme consisted of quotes that showed relevance to that particular theme and evidenced the different considerations therapists go through in their process when deciding on disclosing or e.g how Powerplay features in a theme and how the participants' view this factor in relation to themselves and S-D.

This process was an eye-opening experience for me. I began to take in the magnitude of what was being uncovered and how it may have implications for how this field currently approaches this topic. This felt huge for me and I almost felt intimidated by the subject matter's impact on me.. I was continuing to hold a both/and position regarding the positive and negative impact TSD may have on myself, client, therapeutic relationship and our work and also an awareness about therapist self-care.

30/09/18

Analysis continued

It was important for my critical research friend to look at my visual example of themes and abstraction/subsumption decisions. My critical research friend provided feedback on my clustering, as well as engaged in discussion about my choices of themes and quotes to support me to gain a clear understanding of the process and what was being uncovered. This was an enjoyable and interesting experience. Having the support of a critical research friend

and my research supervisor during this process also supported me in terms of highlighting how my own subjectivity shaped the data colleting and data analysing process (Etherington, 2004), and also spot any inconsistencies (Smith et al., 2009).

The triangulation process involving me, my supervisor, and my critical research friend allowed for a broadened outlook of the subject matter and also the opportunity to view the research and uncovered material from differing vantage points – thus, engaging more fully in the hermeneutic circle (Heidegger, 1962). In this way I felt more secure that the outcome, findings, discussion, and researcher's account as well as the participants' accounts would be credible and do justice to the experiences and meaning-making of both

06/010/18

Analysing the data continued

The more I engaged with this stage of analysis the more intrigued I became when working with the raw data of someone's words and thoughts – fascinating how it supported me to widen my own views on the subject. It's quite humbling really, to be entrusted with something so precious as an individual's unique and intimate workings of their experience and meaning-making of their reality. This made me reflect further on the notion of power – in this sense, strangely, there appeared to be a power that I hold and that they (participants) simultaneously relinquish in the goodness of faith that I as researcher, will do their words and experience justice. This is a huge responsibility and accountability factor that I as researcher hold.

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Write up and discussion

This stage involved several drafts back and forth between me, my research supervisor, and critical research friend.

My supervisor and critical research friend continued to review the various stages of the research and also looked at the piece as a whole. This 'exposure' brought up a lot for me in terms of my fears re: being seen and exposed, judged, and criticised as well as raising in me a feeling of self-doubt. Again, I own this is my personal piece – nevertheless it was interesting to see how I was impacted by disclosure and how it also resonates with feelings around power,

self-esteem, self-worth – factors all the participants attest to in different ways, to differing degrees and levels depending on their personal piece. As such, I could truly empathise with the impact on the participants in this study and also feel genuinely privileged to be entrusted with their very personal and vulnerable parts.