Letter of Intent
Therapist Self-Disclosure: Appropriate or Not?
CAAP Final Project Requirement
February 15, 2007
Elizabeth Cairns
Supervisor: Roberta Neault
Problem Statement

One of the pertinent dilemmas facing many therapists is whether or not to self-disclose to their clients. This issue is further complicated by the fact that if therapists choose to disclose, they have to decide what, how much, and when to disclose. Indeed, there are no easy answers and this is why counselor self-disclosure has been a controversial topic in the literature for some time (Hanson, 2003; Knox, Hess, Petersen, & Hill, 1997). Freud argued that the therapist should never self-disclose and should remain neutral, like a mirror reflecting patients’ projections (Simon, 1990). Other authors, however, have pointed out the usefulness of counselor self-disclosure (Simi & Mahalik, 1997; Wells & Pringle, 2004).

The focus of this Campus Alberta Applied Psychology (CAAP) project will be on verbal disclosure statements made by therapists. Self-disclosure will be defined as interactions “in which the therapist reveals personal information about him/herself, and/or reveals reactions and responses to the client as they arise in session” (Knox et al., 1997, p. 275). In other words, self-disclosing and self-involving statements will be examined. This project will be a “synthesis and extension of scholarly literature” (CAAP, 2005, para. 5) because it will consist of an in-depth review of counselor self-disclosure, and from this review a “guidebook” for its appropriate use will be derived. The goal is to sort out the confusion for practitioners, and more importantly, determine what will most likely benefit and not harm clients (Canadian Psychological Association [CPA], 2001).

Rationale

Why study therapist self-disclosure? Counselor self-disclosure is an ethical issue (Peterson, 2002) and therefore therapists have a duty to determine what will benefit, and
not harm, their clients (CPA, 2001). Self-disclosure may cause harm because therapists can misuse it in a variety of ways, one being to state their sexual feelings towards their clients (Fisher, 2004; Goodyear & Shumate, 1996). However, therapist self-disclosure may benefit clients because it promotes equality and reduces the power imbalance in the therapeutic relationship (Simi & Mahalik, 1997). This may be especially valuable for minority populations (Constantine & Kwan, 2003; Kim et al., 2003). Guidelines on appropriate self-disclosure could help psychology become a more culturally competent discipline.

Another reason for an in-depth examination of therapist self-disclosure is that many clients view it as helpful or positive (Barrett & Berman, 2001; Hill et al., 1988; Knox et al., 1997). Practitioners should always take client views into account.

A final reason why self-disclosure research needs to be reviewed and synthesized into a set of guidelines is so therapists are better informed. The ultimate purpose of this project is to improve the counseling experience for practitioners, as well as clients. Given that more research on therapist self-disclosure is needed (Barrett & Berman, 2001; Collins & Miller, 1994; Constantine & Kwan, 2003; Goodyear & Shumate, 1996; Kim et al., 2003; Knox et al., 1997; Schechtman, 2004), the resulting guidebook could be modified as future studies shed new light on the subject. Thus, this project will be a work-in-progress, much like many resources which guide the practice of counselors and psychologists – even the CPA’s (2001) “Canadian Code of Ethics for Psychologists.”

Supporting Literature

Counselor self-disclosure has been debated in the literature for quite some time. Much of the literature asserts that humanistic, existential, and eclectic therapies are fond
of disclosure, and psychoanalytic therapies are against it (Knox et al., 1997; Mathews, 1988; Simon 1990). Feminist theorists are also in favor of therapist self-disclosure (Peterson, 2002; Simi & Mahalik, 1997). There is support in the behaviorism literature, on the other hand, for both sides of the self-disclosure argument; however, behaviorists are most often cited as preferring self-disclosure (Andersen & Anderson, 1985; Edwards & Murdock, 1994). It is likely, however, that things are not this straightforward. The bottom line regardless is that therapists disagree on whether to self-disclose (Mathews, 1988). It could therefore be fruitful to develop a guidebook that would address the concerns of all therapists, and help them practice self-awareness (Peterson, 2002; Simon, 1990) before making the decision to disclose.

Much of the literature suggests clients prefer therapists who self-disclose. Clients from Hill et al. (1988) rated self-disclosure as the most helpful skill from their therapists. Unfortunately, this study only examined immediate client perceptions and thus, their perceptions could have changed over the course of therapy. The findings by Knox et al. (1997) validate Hill et al.’s findings, however, because they found that long-term therapy clients viewed therapist self-disclosure as helpful. Specifically, clients viewed it as helpful when (a) it occurred during discussion of important personal issues, (b) they perceived it as an attempt to normalize their experience, and (c) the therapist disclosed information from his or her past. Similarly, Andersen and Anderson (1985) found that counselors using positive self-involving statements were viewed by clients as more trustworthy, attractive, expert, and appropriate. However, since this study only examined one aspect of self-disclosure, self-involving statements, it is hard to compare its results to other studies. Finally, Barrett and Berman (2001) found that clients reported reductions in
their symptoms as a result of their therapists using self-disclosure. However, this study did not account for extraneous variables such as age. The therapists and clients in this study were similar in age; perhaps the results of this study would have been different if there were a wider age gap between therapists and clients (Barrett & Berman, 2001). Despite the limitations of all the studies, there does seem to be enough evidence to indicate that clients value therapist self-disclosure.

It is important to note that clients of different cultural backgrounds (Constantine & Kwan, 2003), and clients who are gay or lesbian (Hanson, 2003), may especially value counselor self-disclosure because it establishes trust. Without trusting their therapists, clients who have been victims of discrimination, may find it difficult to feel safe and comfortable in therapy. Considering these reasons, it becomes obligatory to depict situations in which counselor self-disclosure can be used effectively and ethically.

Counselor self-disclosure is controversial because it can have positive and negative effects. Negatively speaking, it can cause a lack of motivation in clients and lead them to see their therapist as incompetent (Patterson, 1985). In addition, self-disclosure may be the most common type of boundary violation antecedent to sexual involvement between client and therapist (Simon as cited in Simon & Fitzpatrick, 1995). Some therapists even use self-disclosure as a means of stating their sexual feelings towards clients (Fisher, 2004). Given this, a handful of therapists have proposed guidelines around therapist self-disclosure. Peterson (2002) proposes that it is more ethical for therapists to disclose (a) information about their experiences and credentials, rather than their personal life situations; and (b) when it’s necessary to show empathy, establish trust, normalize experiences, model, increase client disclosures, or let the client know of
something that could interfere with therapy (i.e., therapist bereavement). Knox and Hill (2003) also propose several suggestions for therapists’ use of self-disclosure, such as switching the focus immediately back to the client afterwards. This project will attempt to build on the work of past authors by producing a guidebook for therapists on disclosure.

Project Procedures

The procedures for this project consist of two main objectives: (a) conduct a thorough review of the literature, and (b) develop a guidebook on counselor self-disclosure. When reviewing the literature, CAAP’s (n.d.) “Nine Building Blocks to the Literature Review” (adapted from Mertens, 1998) will be adhered to. Close to a hundred articles will be critically reviewed overall to ensure comprehensiveness (Mertens, 1998). In order to meet Step 1, “Identify the research topic/focus,” I will narrow down my topic as I read the literature. I have done this already to an extent, by limiting my interest to the appropriateness of self-disclosure in terms of what, when, and how much. However, it is important I remain flexible in my conceptualization as I continue to review the literature.

To meet Step 2, “Review secondary sources,” I will use reputable search engines like Google Scholar and type in key words such as “psychological bulletin therapist self-disclosure.” I will also visit the library to search for books that contain reviews on the subject.

Step 3 of the research process, “Develop a search strategy,” and Step 4, “Conduct search” can be combined. I will search online databases such as psycINFO, psycARTICLES, and Academic Search Premier and type in key words such as “disclose,” “self-disclosure,” and “therapist self-disclosure.” I will also truncate terms, such as “counsel$ self-disclosure.” I will save resulting articles to my hard-drive that are
appropriate to my research purpose, or if they’re not available online, I will order them from the university library. I will also supplement my search by looking on the World Wide Web, while following Branham’s (1997) guidelines to ensure the sites are scholarly. Lastly, I will eliminate articles found from any of these methods that do not meet scholarly criteria (e.g., have at least 10 references).

To adhere to Step 5, “Read and prepare bibliographic information and summary notes,” I will write notes on the problem, hypothesis, procedures, findings, and conclusions for each article. In addition, I will record any information that answers the questions of: what therapists should disclose, when they should disclose, and how much they should disclose. Furthermore, I will make notes on any criticisms I have of the articles, as well as any positive comments. I will thus be adhering to Step 6, “Critically review (evaluate) the research literature.” Finally, while reading the articles I will look for authors that are repeatedly cited in reference to counselor self-disclosure. I will then make sure I already have the articles, or if not, go back to steps 3 and 4 to search for them.

In order to meet Step 8, “Synthesize: develop conceptual/theoretical framework,” I will follow the suggestions on synthesizing outlined in the fourth chapter of Leedy and Ormrod (2005). Additionally, I will use content analysis as my conceptual framework to produce themes that converge around the categories of what, how much, and when to disclose. Therefore, my research will be largely inductive and qualitative in nature, as the categories I’ve already identified (what, when, and how much) were derived from the literature I’ve read to date.
The last step, “Write several drafts (get feedback)” is an obvious one. I will have to write several drafts. I plan to analyze my review according to CAAP’s (n.d.) “Review of Literature Self-Evaluation List” to ensure it is up to peer-review standards (Leedy & Ormrod, 2005). I will get feedback from my project supervisor and other experts on counselor self-disclosure during this step, as well as throughout the entire process.

The second objective of this project, developing a guidebook for practitioners on therapist self-disclosure, will be partially met by completing the literature review steps. By recording notes on what, when, and how much to self-disclose and by performing a content analysis, themes for the guidebook will be produced. These themes will then need to be developed into guidelines. The guidelines will need to be re-written several times to ensure clarity. The resulting project will be a guidebook which will provide practical insight to therapists considering self-disclosure. The guidelines must be able to help counselors evaluate under what circumstances it is appropriate to self-disclose. Peer and expert review of the guidebook in the future would allow for refinement of the guidelines, thus adhering to its status as a work-in-progress. Although such a step is beyond the scope of this project, it would be an important step in ensuring the book is useful for practitioners.

Potential Project Implications

The guidebook this project produces could help practitioners engage in better-informed conscientious decision-making (CPA, 2001). The guide is not meant to be a book of answers, but rather a tool to help therapists practice awareness when making the decision to self-disclose. It is hoped that this project will help therapists and clients. It
could help therapists by sorting out the confusion in the literature. Also, the advice offered may protect therapists from violating their ethical code (i.e., harming clients).

Obviously, this project will benefit clients because it is an attempt to protect them as well. The negative effects of counselor self-disclosure on clients include: a lack of motivation (Patterson, 1985), interference with transference (Mathews, 1988), and a precursor to sexual involvement with their therapists (Simon as cited in Simon & Fitzpatrick, 1995). This final project is an attempt to avoid the negative consequences and promote the many benefits of therapist self-disclosure. According to the literature and empirical evidence, the benefits of counselor self-disclosure include providing a model for clients, strengthening the working alliance, normalizing client experiences, promoting client learning and insight, fulfilling clients’ right to be informed, and validating clients (Hanson, 2003; Simon, 1990). This project can only be a starting point because much more research on counselor self-disclosure is needed (Barrett & Berman, 2001; Collins & Miller, 1994; Constantine & Kwan, 2003; Goodyear & Shumate, 1996; Kim et al., 2003; Knox et al., 1997; Schechtman, 2004). Furthermore, the limited time frame for the project (close to one year) does not allow it to be more than a beginning. Hence, another implication is that the guidebook will be adaptable to information garnered from future studies.

When discussing potential implications, it is necessary to ascertain the level of risk this project may have. It is essential the guidelines are worded very carefully to avoid misuse by practitioners (this is assuming practitioners use the guidebook). If therapists misinterpret anything in the guidebook, they may do something that could potentially damage their clients. The guidelines must be reviewed by experts and reworded
according to their feedback, so that the guidelines are clear and appropriate. Only then will the guidebook be able to improve the counseling experience for clients and therapists. The ultimate goal of this project, to better the counselor-client experience, is aspirational, but necessary.
References


Campus Alberta Applied Psychology. (n.d.). *Nine building blocks to the literature review.* Retrieved September 14, 2005 from [http://www.abcounsellored.net/courseware/caap617/Fall/](http://www.abcounsellored.net/courseware/caap617/Fall/)


