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Clients' Experience of Therapist-Disclosure: Helpful and Hindering Factors and Conditions

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Abstract

In psychotherapy, the norm and expectation is for clients to self-disclose, thus disregarding and discouraging self-disclosure by therapists. This study aimed to investigate clients' subjective experience of therapist disclosure, and in particular how clients interpret, appraise and react to therapist disclosure, using semi-structured interviews to gather data from eight research participants. By means of Interpretative Phenomenological Analysis (IPA) of the data three basic themes were revealed: (1) perceived underlying conditions of the disclosure event, (2) disclosure type and (3) disclosure impacts. The findings indicate that the underlying conditions surrounding the therapist's disclosure are the determinant factor as to how clients experience therapist disclosure, regardless of either the disclosure type or the impact of the disclosure on clients' lives.

Historically, therapists have been discouraged from self-disclosing in psychotherapy, since it was believed to be anti-therapeutic (Cooper, 1998; Farber, 2003; Motherwell & Shay, 2005; Willott, 2007; Zur, 2009). This belief was largely influenced by Freud's idea that therapists should remain anonymous and refrain from self-disclosure so as not to contaminate the transference relationship (Davis, 2002). However, some contemporaries of Freud, most notably Sándor Ferenczi, in the 1920s challenged the non-disclosure stance and experimented with boundary manipulation, mutual analysis and therapist disclosure (Cohen & Schermer, 2001; Farber, 2003). Ferenczi's actions, although somewhat questionable, could be seen to have paved the way for the use of disclosure as a therapeutic technique in some schools of psychotherapy (Motherwell & Shay, 2005). In such schools, therapist disclosure is primarily used as an educational tool for modelling new skills for clients, as well as a means of normalizing clients' experiences (Farber, 2006; Prochaska & Norcross, 2007).

Scholars have categorised therapist disclosure in various ways. Some have categorized self-disclosures in terms of the intentions of the therapist, while others explore differing content (i.e., the disclosure of facts, feelings, challenges, strategies, insights, professional issues, and so forth) (Hendrick, 1988; Knox & Hill, 2003). Zur (2009) divides therapist disclosure into three basic types: unavoidable, deliberate and accidental. Unavoidable therapist disclosures are self-revelations that are not directly related to therapy but may affect it. For example, the therapist may have to reveal a pregnancy or absence through illness. Deliberate self-disclosures occur when therapists wittingly reveal personal information to their clients. For example, a therapist may choose to disclose a personal experience and the way s/he coped with it. In contrast, accidental disclosures involve unplanned or spontaneous responses by the therapist.

Although simulated research studies have attempted to understand the impact of therapist disclosures (Klein & Friedlander, 1987; Myers & Hayes, 2006; Simonson, 1976), few existing studies have explored actual client experiences (e.g. Audet & Everall, 2010; Hanson, 2005;

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Knox, Hess, Petersen, & Hill, 1997). Previous research has revealed that therapist disclosures are helpful when used in moderation, are non-threatening, contain only moderately intimate content, are made to benefit the client, are made in the context of the client's material, are brief in content, draw on some similarity between the client and therapist, and are appropriately timed (Hanson, 2005; Knox & Hill, 2003). The opposite appears to hold true in the case of disclosures found to be unhelpful or obstructive (Hanson, 2005; Knox & Hill, 2003).

Previous findings have furthermore shown that client characteristics or demographics, treatment type, and the setting or treatment location can also determine the effectiveness of therapist disclosure (Dixon et al., 2001). For this reason, therapist disclosure has been referred to as a double-edged sword that can be either harmful or helpful depending on how therapists use it (Myers & Hayes, 2006). Several scholars suggest that a therapist should consider the following contexts or conditions before disclosing: the client's diagnosis, presenting problem, phase of therapy, client demographics, and the therapist's disclosure skill level (e.g. Cashwell, Shcherbakova, & Cashwell, 2003; Dixon et al., 1997; Farber, 2006; Hanson, 2005; Myers & Hayes, 2006; Patterson, 1985; Simone, McCarthy, & Skay, 1998). To investigate this further, we wanted to explore how clients personally experience (feel, make meaning of, interpret and evaluate) therapists' disclosures in order to identify helpful and hindering conditions associated with disclosure events.

Method

Participants

Eight (8) participants took part in the study. Two were undergoing therapy at the time, and the remaining six were no longer in therapy. The sample comprised one male and seven females ranging in age from 22–39 years.

Research Design

The current study utilized a phenomenological method of enquiry. A non-experimental qualitative research design was selected to allow for in-depth understanding of the client's experience of therapist disclosure. Semi-structured face-to-face interviews were used for this purpose. According to Craigen and Foster (2009), this particular design aims to draw out an understanding of how informants construct their world. The study used purposeful and snowballing sampling methods (Craigen & Foster, 2009). Purposeful sampling allows the researcher to select participants based on their knowledge or experience of a phenomenon with the aim of sharing their knowledge or experience (Streubert & Carpenter, 1999). For this study in particular, people who had been in therapy or were still undergoing therapy at that time and were willing to share their experiences of therapist disclosure were selected for participation.

Ethical Considerations

Ethical clearance to conduct the study was issued by the ethics committee of the University of KwaZulu-Natal. Given the nature of this study, there was a possibility that feelings of distress could be aroused in participants, especially when their reasons for seeking therapy were traumatic or had not been dealt with. Therefore, prior to data collection, arrangements were made with the University of KwaZulu-Natal's Centre for Applied Psychology Clinic for informants who experienced any distress to be given appropriate psychological help free of charge.

Procedure

Before data collection, potential informants read and signed an informed consent document. A pilot study was conducted before the final data collection. The aim of this was to refine the interview questions, familiarise the researcher with the interview method, and to establish the approximate duration of interviews.

The interviews were 30–60 minutes long and continued to a point of data saturation. Follow-up interviews were conducted where necessary to clarify some disclosure events and to fill in missing information. The interviews were transcribed before analysis. Pseudonyms were used to protect the interviewees' identities and all other identifying information in the transcripts was removed.

Data Analysis

The interview data was analysed using the Interpretative Phenomenological Approach (IPA) (Smith & Osborne, 2008). According to Eatough and Smith (2008), IPA has its theoretical underpinnings in phenomenology (experience) and hermeneutics (interpretation). IPA is phenomenological in that it seeks an in-depth subjective perspective on the lived experience of people. It is interpretative because it acknowledges that the personal beliefs of the researcher are necessarily implicated in making meaning of other people's experiences (Fade, 2004; Reid, Flowers, & Larkin, 2005). In the case of the present study, the first author listened to clients' lived experiences of therapists' disclosures. Themes identified and sample experiences were then checked for understanding and coherence by the second author.

According to Reid et al. (2005), a successful IPA analysis comprises three elements: (1) It is interpretative and subjective and therefore the results are not given the status of "facts". (2) It is transparent, since results are supported by verbatim excerpts from the data. (3) It is plausible and easily available for understanding by anyone who reads it.

The IPA data analysis procedure follows a number of steps: coding, organising, integrating, and interpreting (Reid et al., 2005). After the informant's demographic data (age, gender, therapy status) were tabulated, the transcript was read several times for understanding

before analysis began. Analysis involved an iterative process of developing themes from the material. This process was followed by the construction of super-ordinate themes to organise the data in a manageable fashion (Smith & Osborne, 2008).

Results

Twenty nine (29) therapist disclosure incidents were derived from the data, of which 17 were experienced as helpful or positive by clients, while 12 were experienced as hindering or unhelpful. Three superordinate themes emerged from the data (which encompassed several underlying sub-themes). The superordinate themes are (1) perceived underlying conditions of the disclosure event, (2) disclosure type, and (3) disclosure impacts.

Clients' perceptions of the underlying conditions of each therapist disclosure appeared to determine whether the disclosure was experienced as helpful or unhelpful. Eight disclosure conditions were identified: negotiation, elicitation of moralizing response, disclosure motive, perceptions of therapist's professional behaviour, amount of detail, timing of the disclosure, and communication of mistakes. Each condition had a positive and a negative dimension.

Perceived Underlying Conditions of the Disclosure

Negotiation of the Disclosure Event
Generally, clients reported that a disclosure that was well negotiated with them was helpful. For example, Lala's therapist disclosed a strategy that the client could use to deal with a lack of assertiveness. Before she disclosed, the therapist had asked the client if she could suggest a strategy (being bold enough to confront people when the need arises) to her, and even after disclosing she checked with the client if she was comfortable with applying the suggested strategy.

> ***Lala:*** *"She told me that 'Lala you might have to change, you have to make up your mind. It's all up to you to decide what you want'… . It was kind of nice to be allowed to make my own decision."*

In contrast, a disclosure that was poorly negotiated was experienced as an imposition, leaving the client feeling powerless or helpless. Tlotlo experienced this kind of unhelpful disclosure when her therapist disclosed that, in her opinion, Tlotlo was not making progress in therapy and it frustrated her (therapist). She then forced Tlotlo to leave the session. The therapist did not check with the client, or find a way of discussing her difficulty with her progress.

> ***Tlotlo:*** *"I felt powerless so I took my bag and left. I had no choice."*

Moral Judgement of a Disclosure Event
Disclosures were often experienced as unhelpful when therapists disclosed thoughts that elicited moralizing responses in the client and conflicted with the client's values. Sam's therapist disclosed that she sometimes uses physical punishment to discipline her child.

> ***Sam:*** *"Owaii … I left there disappointed and hopeless of ever finding a solution to my problem … . I expected her to know that beating and smacking a child is not right."*

Ironically, something good came out of the disclosure in that the client was left feeling that his problem was universal. He consequently felt that he "was not the only one" that had parenting problems.

Intentions or Motives for Disclosure
Clients reported that they experienced disclosures as unhelpful when they did not know or understand the intent of the disclosure or when the disclosure was not made for their perceived benefit. The opposite was experienced to be true for helpful disclosures.

> ***Tlotlo:*** *"I had no idea* [why the therapist disclosed] *… that thing* [pregnancy disclosure] *came out of the blue. I think she was excited so she decided to tell someone."*

> ***Sisi:*** *"She said 'I am pregnant so that you know and my body will change in the next nine months.' And she prepared me because she was gonna be on maternity leave for like two months or something."*

However, a client's understanding of the intent of the disclosure did not necessarily mean that the disclosure was experienced as helpful at all times. In some cases, clients reported that they understood the intent of a disclosure but experienced the disclosure as unhelpful. This indicates that a mixture of understanding the motive behind the disclosure, together with other underlying conditions, appeared important in determining how a disclosure was experienced by clients. For instance, even if the motive was clear, if it was perceived by the client as unprofessional it was often experienced as unhelpful.

Perceptions of Therapist's Professional Behaviour
Clients found that, when therapists disclosed something that was not in line with what they considered acceptable professional behaviour (whether verbal or non-verbal), they experienced the disclosure as unhelpful.

> ***Sasa:*** *"And that* [therapist missing appointments] *actually made me lose trust in her and made me doubt her. I ended up stopping going to therapy because I saw her as inconsistent and unreliable and I just thought this thing does not help. I thought she didn't care about me."*

Of interest, the above disclosure empowered Sasa to try to cope on her own and made her less dependent on other people. This was one of the few negative disclosures that later had positive impact.

Addressing ruptures in the therapeutic relationship appeared to be perceived as important by clients and was taken as proof of good professional conduct on the therapist's part. An example was when Popi and her therapist met outside therapy (in a public place) and the therapist "ignored" her client. The issue was raised when they met again for therapy and the counsellor disclosed that she was not sure if the client wanted people to know that they knew each other and did not want to make the client uncomfortable.

> ***Popi:*** *"… I began to understand that she wasn't just ignoring me. I thought wow! She was well taught because she was keeping her ethical responsibilities … . I was no longer upset. In fact, I felt respected and knew that my secrets were safe with her."*

Detail of the Disclosure

Clients reported that they experienced disclosures as unhelpful when they were too detailed and too personal. Helpful disclosures, on the other hand, were those that were adequately detailed and generalised.

> ***Popi:*** *"I don't really want to know about her. I can't imagine why she would tell me personal stuff. But if it concerns our therapeutic relationship then it's ok … . She sometimes makes examples about her training but she makes it a generic sort of thing …. She doesn't brag about it."*

Disclosures were also perceived as helpful when the disclosure contained enough of the details needed by the client upon request.

> ***Sisi:*** *"It showed* [when the therapist disclosed more about her family] *that she acknowledged that she was human with a life, not a robot or a God. I mean she can't hide some things from me because she practises from home."*

At the other end of the spectrum, too few details were also experienced as unhelpful, as they were difficult to understand and link to the client's needs and context. Furthermore, a therapist who did not disclose certain "commonplace" details, as perceived by the client, often tended to be viewed as "cold", "unnatural" and overly professional. Sisi, for instance, felt this way when the issue of birthdays came up in therapy:

> ***Sisi:*** *"She doesn't say 'I know it's nice' and keep quiet* [when she comments on her therapist's life] *… and then you feel all uncomfortable."*

> ***Sisi:*** "*I think I sort of get frustrated by her, by the professional nature and sort of detached and cold manner. When she refused to tell me I thought: 'Lord, why can't you tell me because everybody has a birthday?!' She was being annoying, petty, silly and unnatural."*

Timing of the Disclosure

Clients mentioned that they preferred therapists who did not disclose frequently and only disclosed when it personalized an issue for the patient.

> ***Sisi:*** *"She does it* [disclosure] *very seldom and when she does it, it means something because she is bringing herself into the room and I really like it."*

Disclosures made towards the end of therapy were found to be more helpful because they tended to "normalise" and validate the therapeutic process, and particularly the depth of the therapist's commitment.

> ***Tlotlo:*** *"… I felt it was a normal interaction between people* [when the therapist gave her a gift]*…. It actually communicates that you* [the therapist] *care and stuff like that."*

The following are examples of inappropriately timed disclosures which clients experienced as unhelpful.

In Popi's case, the disclosure (related to her personality difficulties) was made too early in therapy, before the therapist had a full understanding of her situation:

> ***Popi:*** *"It was based on surface observation … . I thought it was too early or a bit misinformed for someone to make that sort of observation … . Internally I was screaming: 'No, you are wrong! If you knew everything about me you wouldn't say I'm that kind of person …'."*

In Tlotlo's case, the disclosure was made when the client was emotionally unstable and the disclosure was out of context:

> ***Tlotlo:*** *"She had accompanied me to the hospital and as we were sitting there she broke the news that she was pregnant. Yah, I think I was so in my own world and so engulfed in my own pain that I even forgot to say congratulations … . I didn't know what to do with the news."*

Communication of Therapist's Mistakes

Some clients found that their therapists' disclosures of mistakes they had made were useful. When therapists failed to acknowledge perceived "mistakes", disclosures thereafter were more likely to be felt to be unhelpful. Popi reflected on these issues while discussing an incident when her therapist was late for a session:

> ***Popi:*** *"… she just turned things around on me like: 'Do you have a particular issue about time or something?' I just thought that maybe she has never had to apologise to any client* [for being late for a therapy session] *… . I think we now get on much better … . Maybe it's because she did actually say sorry after I told her how I felt."*

In another case, Sisi's therapist saw Sisi's boyfriend for a few sessions and then stopped seeing him, disclosing that it had been a mistake. Sisi experienced this as "the therapist also being human". However, what followed the apology made the disclosure unhelpful.

> ***Sisi:*** *"I battled to express anger to people and she tried to make out like me telling her that I was angry with her was like a step in therapy, like a breakthrough … . I just felt that she was side-waddling the issue."*

Simply put, clients found disclosures helpful in cases where therapists clearly admitted their mistakes and also apologised without putting the blame on the client or making excuses.

Disclosure Type

Clients' experience of different types of disclosures differed depending on their content (professional issues, feelings, strategy, and so forth) and whether a disclosure was intentional, accidental or unavoidable.

Clients reported that they experienced disclosures of *professional issues* (such as the therapist's theoretical orientation, or professional journeys) as helpful. For example, both Sisi's and Sam's therapists disclosed that they were "psychodynamic" in orientation. This was seen as helpful because the disclosure was not personal but general and contained appropriate "professional" content.

Disclosures of the therapist's personal *feelings* seemed mostly to be experienced as unhelpful by clients. These included both verbal and non-verbal disclosures. Examples included the verbalization of frustration and the therapist becoming tearful in the session. Such disclosures were often made "personal" and were also poorly negotiated. For example, two therapists were reported to have asked their clients to leave therapy, but this had never been openly discussed and was perceived as a personal issue related to the therapist's mismanagement of frustration and anger about change not taking place in therapy.

Related to the disclosure of personal emotions is that, when therapists disclosed challenges that they were still battling with, such as the use of physical punishment, their disclosures tended to be experienced as unhelpful in that they made the client perceive the therapist as incompetent.

> ***Solly:*** *"I thought because she was skilful in that area* [human behaviour] *she would be in a better position to deal with such challenges. But no, that wasn't the case."*

There were exceptions, however, when such challenges were clearly linked to a successful outcome. An example of this occurred when Sisi's therapist disclosed that she once had similar challenges in dealing with her overly controlling mother-in-law (that had been successfully resolved through the help of a third party).

> ***Sisi:*** *"I felt encouraged because her strategy had worked and I was looking forward to trying it out."*

Disclosures of *strategy* were in fact often experienced as helpful. Both Sisi's and Lala's therapists disclosed to them strategies that could help them to resolve their relationship issues with their mother-in-law and boy-friend respectively. Both clients perceived the strategies the therapists suggested as very helpful. They found the strategies helpful as long as they were in keeping with their values and morals.

Accidental disclosures and deliberate disclosures were mostly experienced as unhelpful, as they tended to have excess detail, to be mistimed and poorly negotiated, and not to be related to what was being discussed by the client (i.e., they were therapist-centred). This was evident in Tlotlo's case where her therapist disclosed her emotions inappropriately, which negatively impacted the client's life.

> ***Tlotlo:*** *"…It was like you know 'attention to me now. It's time for my life' … she was very excited about her pregnancy. I think I didn't have that attention that she needed. I was occupied by my own pain and didn't really care."*

> ***Tlotlo:*** *"… my understanding was that she was the one who was supposed to contain me, you know. Be stronger … if she started crying she is trying to say that my situation is unbearable for her as well. Like she was so overwhelmed and she couldn't contain it herself…. Yah, it was more like 'so my pain is too much now.'"*

Unavoidable disclosures were mostly experienced by clients as helpful, as they were seen inevitably to impact the therapeutic process and thus as important to acknowledge. An example of an unavoidable disclosure was that of Sisi's therapist's pregnancy. Sisi found the disclosure helpful because the situation was going to affect therapy (maternity leave and body changes); as such, it was clearly necessary for her to know about the pregnancy. The disclosure was experienced as relevant, appropriately timed, well negotiated and adequately detailed.

Impacts of Therapist Disclosure Events

Clients reported both negative and positive impacts of therapist disclosure events. However, the impacts were not always directly linked to the disclosure experience. For example, some clients reported positive impacts that resulted from "unhelpful" disclosures. Disclosures were found to impact on *clients' emotions*, *the therapeutic relationship*, and *perceptions of the therapist*.

Impacts of Disclosure on Clients and their Emotions
Helpful therapist self-disclosures tended to make clients feel better about themselves due to feeling encouraged, less judged, cared for, hopeful and accepted.

> ***Sasa:*** *"I was able to open up* [after the therapist disclosed that she had also struggled with her studies at some point in her academic life] ... . *Yah, I got to understand that this person is not here to judge me but she is here to listen to me and help me deal with the things which were emotionally challenging."*

Disclosures that were experienced as unhelpful by clients tended to make them feel negative about themselves. Common feelings verbalised included feeling hurt, selfish, disappointed, uncared for, belittled, useless and disrespected.

> ***Sisi:*** *"*[After the therapist said that the client's lack of progress in therapy frustrates her] ... *It made me think that maybe I've been selfish. I felt guilty and ashamed that I'm useless in therapy."*

Impacts of Disclosures on the Therapeutic Relationship
Depending on the content disclosed, some disclosures were perceived as helpful when made at the start of therapy. Disclosures related to deep content such as an analysis of the client's character were, however, found to be unhelpful when occurring at the beginning of therapy as compared to disclosures made on the similarity between the client and the therapist. Lala's therapist disclosed that she spoke the same language as Lala, which enhanced the degree of rapport.

> *Lala: "There is that degree of connection because she can speak Xhosa and I am Xhosa ... for me, I could say most of what was bothering me and she understood what I was going through."*

Disclosures occurring after a stable working alliance had been formed were often seen as helpful and further strengthened the relationship. In the cases below, the therapists had respectively disclosed not only that they were psychodynamic in orientation, but that they were experiencing relationship problems of their own.

> ***Sam:*** *"Yah and it* [the disclosure] *kind of enhanced my degree of rapport…"*

> ***Sasa:*** *"… I don't know if I was 'dependent' … but I began to trust her after she revealed that to me."*

However, some unhelpful disclosure events weakened the therapeutic alliance if they were linked to perceived unprofessional behaviour.

> ***Sasa:*** *"And that* [therapist missing appointments] *actually made me lose trust in her and made me doubt her. I ended up stopping going to therapy because I saw her as inconsistent and unreliable ... and I couldn't trust her."*

Impacts on Client's Perception of the Therapist
Often clients perceived their therapists as all-knowing, problem solvers and powerful. They were regarded as "perfect" and having no unresolved issues.

> ***Sasa:*** *"I often think that she is always right. Actually I've got this picture of her just like God who knows everything and I bring her my problems … ."*

This initial perception of the therapist often hindered clients and led to their feeling guarded. However, after therapist disclosures, clients appeared to feel more at ease and free of the image of a "perfect therapist".

> ***Sisi:*** *"It was nice* [when she disclosed that she has the same challenges] *because she always seems like such a robot, so perfect."*

This realisation could, however, also negatively impact the client's perception of the therapist in the sense that the client could begin to doubt the therapist's capability generally.

> ***Sisi:*** *"… at that moment* [when she disclosed that she had made a mistake by seeing Sisi's boyfriend] *I felt she was wrong and I started to think maybe she could be wrong in other areas as well."*

At times, the loss of the therapist's "expert status", brought about by disclosure, thus appeared to be linked to thoughts of the therapist being unskilled or a failure. In such cases, the positive or negative impact of the disclosures appeared to be linked to other conditions mentioned above, such as the perceived intention behind the disclosure and its timing.

Change in Perception about the Concern or Problem
The interviews revealed that, after a disclosure that was experienced as helpful, clients' perceptions of their problems often changed from negative to positive.

> ***Sam:*** *"…it* [the disclosure that the therapist was also having problems with instilling discipline in his child] *kind of made me feel that I was understood … and it made me feel as if it is … something real that I'm going through … . I could be catastrophizing the issue."*
>
> ***Sasa:*** *"I actually felt that there are people who are going through more than what I am going through. I felt comforted and hopeful."*

However, some cases of therapist disclosure impacted negatively on clients' perceptions of their struggles:

> ***Solly:*** *"I was hurt because my hopes were dashed* [after the disclosure that the therapist was also having relational problems]. *Because at first when I went there I thought that the problem was transient and solvable. But now if it's not going to be resolved then it's a huge problem. That increased my pain and worries … because the problem now seemed bigger and serious."*

Discussion

Generally, therapist disclosure events seem to be among the therapy highlights for clients (Knox et al., 1997). The qualitative exploration undertaken in this paper goes some way to understanding why this may be the case, from both negative and positive points of view.

The experience of disclosures as helpful or hindering often depended on what the clients perceived as the "underlying conditions" for the disclosures. This is in keeping with the observations of other researchers in the field who acknowledge the role of situational and contextual variables (Henretty & Levitt, 2010), or the conditions (Hanson, 2005; Wells, 1994) that determined the experience of therapist self-disclosure.

Most of these conditions appeared to be related to the perceived level of skill of the therapist. Others have highlighted this aspect of disclosure, particularly in terms of interpersonal skills. These skills include the therapist being tactful and aware of timing, as well as demonstrating patience, humility, perseverance and sensitivity (Hanson, 2005; Levitt, 2010). In this study, the conditions were elaborated in detail, and some of the examples of skill given by prior researchers emerged although some were named differently. For instance, when Hanson (2005) referred to a disclosure as "morally non-neutral", we referred to it as "eliciting moral responses", meaning that the material could be judged as morally right or wrong by the client.

In terms of conditions, the amount of detail a disclosure contained appeared to be significant. Clients found overly detailed disclosures unhelpful since they overwhelmed them and were often thought to be of benefit to the therapist rather than the client. Similarly, refusal to disclose, or disclosing without adequate detail, was found to be unhelpful. Clients perceived this as the therapist shying away from his or her "human side", which is in line with arguments that disclosure assists therapists' move away from rigid conceptions of the "therapist" role. Several researchers (e.g., Balint, 1968; Corey, 2005; Hanson, 2005; Henretty & Levitt, 2010) have acknowledged the importance of the detail and length of the disclosure. It appears that a disclosure that is too detailed is likely to overwhelm the client as compared to one that contains adequate detail and is made with the intention of enhancing the process of therapy (Balint, 1968).

Perceptions of how therapists communicated with their clients during therapy was one of the vital conditions that emerged in this research. Most prominent aspects related to whether therapists (1) communicated their mistakes in a clear and apologetic manner, and (2) if disclosures were related to the context of what clients were discussing. In regard to the former, therapists who "avoided" an issue rather than addressing it clearly and acknowledging their mistakes, risked their disclosure being experienced as unhelpful. This could be because such therapists may be perceived as dishonest and "too proud" or inauthentic. Pertaining to the second aspect, therapist disclosures not related to the context of what the client was discussing appeared to make the therapist seem non-empathetic to the client's concerns. This is perhaps why disclosures that were "out of the blue" were experienced as unhelpful.

In most disclosure events. clients seemed very interested in trying to understand the motive for their therapist's disclosure. For helpful disclosures, the motive was clear and understandable and was perceived to have been of benefit to the client. For example, this occurred when the therapist openly sought to use the disclosure to normalize and reassure the client. The same was found by Knox et al. (1997). Unhelpful disclosures were those where the motive was not understandable or was perceived as harmful. This occurred when the disclosure was perceived as benefiting the therapist rather than the client. Generally, the disclosure overwhelmed clients. This is in line with critics of the excessive use of disclosure who claim that it often leads to the reversal of therapeutic roles (Farber, 2006; Simone, McCarthy, & Skay, 1998).

The timing of a disclosure appeared to be a crucial condition for how it was experienced. Most of the participants in this study discussed this theme, and its importance has been highlighted in previous research (Hanson, 2005; Henretty & Levitt, 2010). Timing was related to the client's emotional status, readiness to accept the disclosure, and phase of therapy. In general, when a disclosure was mistimed, it was experienced as

unhelpful, and when it was appropriately timed it was experienced as helpful. Examples of the former include disclosing too early during therapy and disclosing when the client was in emotional pain. These findings resonate with Audet and Everall's (2010) emphasis on the need for subtle attunement if a disclosure is to be experienced as useful.

The above also appears to relate to client observations about the negotiation of a disclosure, another underlying condition. According to the participants in this study, a well negotiated disclosure was one in which they were consulted when it occurred, implying the therapist checking with the client during or after the disclosure. When a therapist negotiated a disclosure with a client, it appeared to empower the client and leave him or her with a sense that the therapist had respect for the client as a person. Unhelpful disclosures, on the other hand, were experienced when a therapist imposed a disclosure on the client, leaving him or her feeling powerless.

Finally, the issue of the therapist's professional conduct was very important to clients. It appears that clients were cognizant of the rules and guidelines that govern therapists, and when these rules were broken during a disclosure, the disclosure was experienced as unhelpful. Apparent breaches of the professional code seemed to make clients feel unsafe and perceive the therapist as unprofessional and incompetent. Hence, following the guidelines for professional conduct appears significant in the context of self-disclosure.

Different disclosure types were experienced by clients as either negative (unhelpful) or positive (helpful), in most instances depending on the conditions under which the disclosure was made. In keeping with the findings of Hanson (2005), the majority of disclosures were experienced as helpful.

In line with the findings by Dowd and Boroto (1982), *self-disclosures* and *self-involving statements* were neither viewed nor experienced by clients as significantly different from each other. Although no clear findings are evident from past research (see Balint, 1968; Hanson, 2005), disclosures concerning the therapist's personal life or feelings are often experienced more negatively (Fox et. al., 1984; Knox & Hill (2003). In the current study, most of the disclosures concerning the therapist's professional life and disclosures of reassurance were experienced as helpful. Disclosures of professional background were often perceived as factual (not too personal) and appropriately detailed, while disclosures of reassurance were valued for their supportive content and because they were often well negotiated and focused on the client's needs.

In relation to Zur's (2009) disclosure categories, it was evident from the findings of the current study that unavoidable disclosures were mostly experienced as helpful, and were described in terms of having been adequately detailed, well negotiated and appropriately timed. This may be explained by the circumstances that surround unavoidable disclosures, given that they are often prepared and planned beforehand. Furthermore, disclosures about such events are based on "real" observable "facts", which may make it easier to accept unavoidable disclosures as part of the therapeutic relationship. Unavoidable disclosures were also linked to seeing the therapist as "human with short-comings" (that they have accepted). This appeared to make the client feel secure and brought a sense of equality to the relationship.

Deliberate disclosures were also often experienced as helpful. This may be linked to the fact that the therapist would have had ample time to assess the need for the disclosure beforehand. In contrast, accidental disclosures were often experienced as unhelpful, probably because they were, by their nature, unplanned and thus not well thought through. They also tended to be associated with uncontained feelings and narcissistic needs on the part of the therapist. Such disclosures were also described as overly detailed, mistimed and over-personalized.

In sum, it appears that the types of disclosures that were experienced as helpful were perceived as such in the context of favourable underlying conditions. As noted above, certain types of disclosure were also inherently linked to certain "conditions of disclosure".

The impacts of therapist self-disclosure on clients' lives matched those documented in the literature (Hanson, 2005; Knox et al., 1997). These include impacts on the client's emotions and the therapeutic relationship, and changes in perceptions of self, therapist and problem.

Regarding disclosure impacts on the clients' emotions, it has been reported that therapist self-disclosure may often help the client feel reassured and less alone in the therapeutic process (Chelune, 1979). Consistent with the findings of others (e.g., Knox et al., 1997), a sense of "feeling normal" after a disclosure, be it positive or negative, was often dominant. For example, Solly gained a sense that his own problem (parent-child relational problem) was universal, even though the therapist disclosure in itself was experienced as unhelpful. Some disclosures, however, do have negative impacts on clients' emotions and, in such cases, the client often manages this by taking on the role of the "therapist's caretaker" (Meiselman, 1990; Patterson, 1985). Clients also report having felt overwhelmed by the therapist's emotions. In the present study, this was evident in one participant who felt that the therapy roles were reversed when her therapist "inappropriately" disclosed the fact that she was pregnant.

In relation to the client's relationship with the therapist,

disclosures were at times helpful, in so far as they led to a "balance of power" in the relationship (Lander & Nahon, 1992). Data from the present study revealed that clients longed to have an equal, human, or natural relationship with their therapists, and this was often achieved through appropriate disclosures. Hanson (2005) has contended that disclosures have an impact on the relationship by way of strengthening the therapeutic alliance and the level of trust. In the present study, clients who lost trust in their therapists or the therapeutic relationship generally terminated therapy early, before change had occurred in the patient or therapeutic goals had been achieved.

It has been noted that some disclosures can cause alliance ruptures, decreasing trust in the relationship (Gutheil & Gabbard, 1993; Hanson, 2005). Some of the participants in the present study (notably, Sasa and Popi) reported that their therapeutic relationships were weakened (at the beginning of therapy) by lack of trust linked to disclosures. Sasa reported that she feared that her therapist would judge her for her problems, while Popi reported that she thought that her therapist had judged her character too early in the relationship. Once again, the impact appeared to be determined by the underlying conditions and the perceived intentions of the therapist.

Similar to the findings of the present study, Knox et al. (1997) found that therapist self-disclosure also helped clients change their perceptions about themselves. This change in perception may be from positive to negative or vice versa. In explanation, Patterson (1985) stated that disclosures provide "social comparison data", thus impacting on the clients' evaluation of themselves. Therefore, whether clients see themselves as better or worse after a disclosure depends on the outcome of social comparison. In this study, this was evident in the case of Sasa and Solly, who both compared their own problems (study difficulties and parenting problems) with those of their therapists and hence felt that their problems were universal.

Therapist self-disclosure also often resulted in changing clients' perception of their problems or situations. For instance, in this study, disclosures were found at times to make clients see their problems as more manageable. For example, Sasa reported that she felt motivated to solve her problems as the disclosure made her diffculties seem manageable. Fox et al. (1984) report similar findings in terms of increased motivation. In addition, Knox et al. (1997) found that therapist self-disclosure often gives clients additional insight regarding their problems. However, when conditions were unfavourable for disclosure, some clients reported perceiving their difficulties as worse. For instance, Solly reported that disclosure made his own problems appear unmanageable since he felt that the therapist herself was failing to manage the problem.

On the whole, the general literature on counselling has indicated that therapist disclosure is mostly a positive intervention and should be perceived positively (Hanson, 2005; Henretty & Levitt, 2010). These approaches argue that disclosures tend to make the client see the therapist as human, real, and imperfect. This is associated with an equalized or improved relationship (Knox et al., 1997). Although this was true for some of the clients in this study, the findings were not clear-cut, and it was evident that disclosures can, under certain conditions, be problematic and can be experienced as judgmental, causing the therapist to lose status in the eyes of the client (Chelune, 1979).

Conclusion

In conclusion, no type of disclosure can be said to be completely helpful or unhelpful. The helpfulness of a disclosure depends on the complex conditions under which the disclosure is made. Clients also appeared to interpret their experiences of therapist disclosure based on these underlying conditions. Furthermore, no single perceived condition of disclosure can be said to make a disclosure helpful, as these conditions appear to overlap with each other in complex ways. These perceived underlying conditions seem to correspond with research around the theory of the therapeutic alliance. In this context, interpretation of the underlying conditions (whether good or bad) affects the therapeutic bond, negotiation of tasks and therapy outcome.

Although the above observations are not meant for generalization (Smith & Osborne, 2008), hopefully the focus on client experiences of therapist self-disclosure has served to highlight possible helpful and hindering factors. Furthermore, the findings may help therapists come to understand the different impacts that therapist self-disclosure has on their clients. What the study points to most centrally is the need for therapists to be aware of the underlying conditions of disclosures in order to enable them to make informed decisions in this regard where possible.

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