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Counselling supervisors' attitudes to counsellor self-disclosure

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Counselling supervisors' attitudes to counsellor self-disclosure

Abstract

The aim of this study was to explore counselling supervisors attitudes to the use of counsellor self-disclosure in client work as a therapeutic technique. Self-disclosure in a therapeutic context has been a subject of considerable interest and controversy since the late 1960's. The literature on counselling supervision does not appear (at the time of writing) to have addressed the issue of counsellor self-disclosure in client work. The experiences of eight participants in relation to their personal use of self-disclosure in client work and their supervisory practice are explored by means of qualitative descriptions obtained through semi-structured interviews. The findings indicate that counsellor self-disclosure may not be as commonly used as the literature suggests. The training background and practice experience of the participants have strongly influenced their attitudes to counsellor self-disclosure. There is evidence that personal preferences regarding self-disclosure have been more influential than theoretical orientation of training. Feminist sensibilities have been very significant in the attitude of a minority of participants. Counsellor self-disclosure has been an issue in supervision for half of the participants. Supervisors' personal attitude to counsellor self-disclosure appears to be influential in their management in supervision of supervisees' self-disclosures in client work. Limitations of the study and areas for further research are discussed. Implications for supervisory practice in respect of counsellor self-disclosure are discussed and suggestions offered as guiding principles for supervisors.

Contents

Chapter 1 Introduction

This project will examine counselling supervisors' attitudes to counsellor self-disclosure. My interest in this topic began when as a relatively recently qualified counsellor I found myself occasionally self-disclosing to clients, something that had specifically been discouraged during my training in Humanistic counselling. It became evident that the clients had really appreciated my contribution to their story; they told me it had helped them feel more normal. It seemed that counsellor self-disclosure might have value and meaning for clients, indeed that some clients might need to know that their counsellor had experienced similar difficulties to themselves and had overcome them. I was fortunate in that I had the full support of my supervisor in my work with clients. As I moved into supervising counsellors myself I became curious about how other supervisors dealt with the issue of counsellor self-disclosure. My initial searches through the counselling literature revealed that there was a considerable amount of interest and controversy in the area of self-disclosure that extended over several decades (Jourard, 1968, Rowan & Jacobs, 2002). During my Post Graduate Diploma course at University of Central England I wrote an essay on the topic of counsellor self-disclosure, it was a broader and deeper concept than I (or my tutor) had envisaged, I therefore resolved to make it the subject of my MSc dissertation.

Counsellor self-disclosure defined in simple terms involves the counsellor sharing information of a personal nature with a client (Audet and Everall, 2003). A distinction is made between 'self-involving' statements that relate to the counsellor's feelings and reactions to the client as they arise in the session and 'self-revealing' statements that are far broader and may include revelations about the counsellor's

personal life, experiences or attitudes (Knox et al, 1997). This study will encompass both the 'self-involving' and 'self-revealing' types of self-disclosure.

Counsellor self-disclosure as a therapeutic technique has been commonly viewed with caution due to concerns that it may be unprofessional, unethical and potentially damaging to the therapy process (Peterson, 2002). Theorists are divided as to the appropriateness of the intervention, circumstances in which it might be useful and how often it should occur in therapy (Knox and Hill, 2003; Peterson, 2002). The divisions are based on theoretical orientation with each of the three major theoretical strands in counselling namely psychoanalytic/psychodynamic, humanistic and cognitive behavioural therapy holding distinctly different positions on counsellor self-disclosure, within each of the theoretical strands there are many modalities that have reached their own stance on self-disclosure which is closely linked with the underpinning philosophy of the model (Rowan and Jacobs, 2002). Feminist therapy in particular regards counsellor self-disclosure as essential (Worell and Remer, 2003) whereas it is expressly forbidden in classical psychoanalytic psychotherapy (Freud, 1915).

The empirical evidence from research presents a generally favourable view of counsellor self-disclosure (Knox and Hill, 2003). Surveys consistently indicate that most therapists use self-disclosure some of the time (Edwards and Murdock, 1994; Simone et al, 1998). There are also indications that counsellor self-disclosure contributes to improving the quality of the client- counsellor relationship; it can help to build rapport and trust and increase the clients' perception of the relationship as equal. Counsellor self-disclosure can enhance the therapeutic process by increasing client involvement, normalizing client issues, and offering insight and different ways of thinking and behaving (Knox et al, 1997). Research evidence from fields outside

counselling (mental health nursing and social work) is also presented which tends to support the positive view of counsellor self-disclosure.

Generally the various theoretical models of counselling take a cautious approach to counsellor self-disclosure whilst some counsellors and clients (Hendrick, 1990; Hill et al, 1998) have found it to be beneficial. The value of counsellor self-disclosure in a therapeutic context is contingent on good timing and relevance to the client's material (Audet and Everall, 2003). It is necessary for the counsellor who chooses to use this as a technique to mindfully assess opportunities for self-disclosure on a situation- by- situation basis (Peterson, 2002). The main models of counselling and their positions on counsellor self- disclosure and empirical evidence from research are discussed in the Literature Review chapter (page 5).

The literature on counselling supervision does not appear (at the time of writing) to have addressed the issue of counsellor self-disclosure in client work. From the perspective of the supervisor, knowledge of supervisees' use of self-disclosure in client work would provide useful material for discussion and evaluation in supervision sessions. The supervisor is first and foremost a counsellor and as such will have developed a personal stance on self-disclosure in their own work with clients. The first part of this study attempts to discover what the participants believe constitutes self-disclosure and how influential training has been in the development of participants' current thinking about counsellor self-disclosure. Given the range of opinion on this topic it is likely that the participants' supervisees may have developed a range of different stances on self-disclosure. The second part of this project aims to explore participants' management of this issue in supervision, specifically in situations where the supervisee's practice is different to their own.

The experiences of eight participants in relation to their personal use of self-disclosure in client work and their supervisory practice are explored by means of qualitative descriptions obtained through semi-structured interviews. The rationale for the use of the qualitative approach and semi-structured interview for gathering data is given in the Methodology chapter (page 34).

The analysis of the main themes from the interviews is presented in the Findings chapter (page 52) that concludes with recommendations for supervisors concerning the management of counsellor self-disclosure in supervision.

Chapter 2 Literature review

Introduction

The specific term 'self-disclosure' was introduced into the psychological literature by Jourard (1968,1971). Jourard's view was that in appropriate circumstances disclosing oneself was of benefit to the discloser on the grounds that it is healthier to reveal feelings and personal details rather than to suppress them. The idea of sharing personal information with another person is so familiar as to be unremarkable however, Jourard (1968) in naming the concept triggered considerable interest in researching its causes and effects. Antaki et al (2005) suggest that since 1981 almost one thousand journal articles have been published with the term self-disclosure in the title or abstract with a further unspecified number of references to self-disclosure in books, chapters, conference presentations and other publications.

'Self-disclosure' has been defined in a variety of ways, Knox et al (1997) offer a definition thus: interactions 'in which the therapist reveals personal information about him/herself [self-revealing] and/or reveals reactions and responses to the client as they arise in session [self-involving]' (Knox et al, 1997: 275). This definition is based on intentional verbal self- disclosures only whereas broader, looser definitions take in non-verbal disclosures many of which relate to what clients deduce or perceive about therapists (Rowan & Jacobs, 2002).

The literature shows that counsellor self-disclosure is a widely and commonly practised technique (Simone et al, 1998). Psychotherapy process literature holds counsellor self-disclosure as a potentially useful resource in terms of the counsellor's contribution to the therapeutic relationship (Norcross, 2002). There is however a wide range of opinion and practice between and within the different theoretical approaches to counselling and psychotherapy. There has been a

considerable amount of research in this area and the research findings in themselves can be confusing:

> ‘ Research into direct helper self-disclosure has led to mixed and even contradictory conclusions. Some researchers have discovered that helper self-disclosure can frighten clients or make them see helpers as less well adjusted. Or helper self-disclosure, instead of helping, might place another burden on clients. Other studies have suggested that helper self-disclosure is appreciated by clients. Some clients see self-disclosing helpers as down-to-earth and honest.’ (Egan, 2002: 207)

The psychoanalytic and psychodynamic view

Classical Freudian Psychoanalytic theory opposes analyst self-disclosure (Freud, 1915) the rationale being that it interferes with transference. The analyst aims to be a blank screen onto which the analysand (psychoanalytic term for client) projects and the transference produced is worked with in therapy as the analysand re-lives earlier traumatic relationships. This traditional view of therapy regards the transference as of central importance. The analyst’s own transference to the client, which is known as countertransference was regarded as a troublesome, even dangerous obstacle in analysis:

> ‘Besides, the experiment of letting oneself go a little way in tender feelings for the patient is not altogether without danger. Our control over ourselves is not so complete that we may not suddenly one day go further than we had intended. In my opinion, therefore, we ought not to give up the neutrality towards the patient, which we have acquired through keeping the countertransference in check’ (Freud, 1915: 164)

Post-Freudian psychodynamic approaches have expanded the concept of countertransference viewing it in a potentially more positive light. Holmqvist and Almelius (1996) caution against over-simplification of the term countertransference because of the difficulties involved in establishing where the countertransference has arisen, the client, the therapist or a combination of both.

Countertransference is a complex concept, the 'ambiguities of the term clearly vex many of those who write about it' (Rowan and Jacobs, 2002: 20). Rowan and Jacobs (2002) go on to distinguish between countertransference that originates from the therapist and could interfere with therapy and countertransference that originates in the client or the therapist or the interaction between them, which may be valuable to therapy. Rowan (1998) identifies forms of therapist countertransference that are likely to interfere with the therapeutic process as follows: Defensive countertransference where the therapist's unresolved material is triggered, possibly around issues of dependency, sexuality or aggression. Aim attachment countertransference where the therapist's unconscious needs for power, success, money, admiration, love, voyeurism or guilt may interfere with and damage the therapeutic relationship. Transferential countertransference occurs when the therapist responds as though the client is a parent, sibling or child figure. Reactive countertransference occurs where the therapist reacts to the client's transference as if it were real. Induced countertransference occurs when the therapist takes on the role (for example parent or adviser) that the client allocates to them. Identification countertransference occurs when the therapist over-identifies with the client. Displaced countertransference occurs where the therapist displaces feelings from elsewhere (personal life for example) on to a client or feelings towards one client are

displaced and acted out on another. These aspects of countertransference are not likely to be in the interests of the client and would need to be explored in supervision.

Countertransference has become recognised as a necessary and desirable contribution to contemporary psychoanalysis and psychodynamic therapy (Clarkson, 1995; Maroda, 1991) providing the useful aspects are carefully separated from the negative aspects which originate in the analyst and are unlikely to be in the client's interests. The therapist sharing their countertransference reactions with a client amounts to therapist's self-disclosure in a psychoanalytic therapeutic context.

Perhaps the psychoanalytic taboo around self- disclosure results from attempting to be true to the theoretical model. It is interesting to note that despite Freud's disapproval of the use of self-disclosure as evidenced in his writing on the subject, case histories and patient's reports of analysis show that he often spoke of himself and his family, Rowan & Jacobs (2002) suggest that there seems to have been a discrepancy between theory and practice.

Amongst psychodynamic practitioners there is debate around self-disclosure, some believing that it may not interfere with projections and transference to any damaging extent however in general the psychodynamic counsellor tends to hold back from revealing herself allowing the client 'to imagine all manner of things about the counsellor' (Jacobs, 1999: 32). Self-disclosure is regarded as an advanced skill that is used carefully to avoid the possibility of the client getting a false view of the counsellor or idealising the counsellor. There seem to be concerns about the possible manipulation by the client of the counsellor's self-disclosed material, raising expectations of a deeper more intimate relationship with the counsellor and disappointment when this does not materialise. Casement (1985) working from a psychoanalytic perspective contends that self-disclosure constitutes a failure to

contain, a break in the analytic frame. He cites an example of an occasion when he disclosed something of his own experience, which had the effect of causing the client to be fearful of her analysis; she questioned whether she dared continue because she doubted the analyst's ability to cope. The impression given is that for some practitioners especially those who work within the traditional boundaries of classical psychoanalysis, self-disclosure is something that is feared and avoided. However, there are circumstances when a psychoanalyst might actively use self-disclosure, Kramer (2000) suggests that as psychoanalysis is moving towards an ending analyst self-disclosure may be used deliberately to dissolve the transference.

Greenberg (1995) from a psychoanalytic perspective cautioned against any sweeping statements about self-disclosure, and did not wish to have an all-encompassing technical prescription. Greenberg notes that self-disclosure happens non-verbally in many ways. Clients gather information and form opinions about therapists from physical appearance, mannerisms and habits, office location and decoration amongst other things. Therapists who work from home particularly reveal a huge amount about their personal lives; clients cannot help but notice the standard of accommodation and draw conclusions about the therapist's life-style, tastes, socio-economic status and family situation. In practice complete anonymity is very difficult to achieve, self-disclosure to some extent could be regarded as unavoidable.

Within other psychodynamic traditions there are a variety of attitudes and positions on self-disclosure. Kleinian psychotherapists are the least likely to self-disclose due to working within very tightly drawn boundaries (Rowan & Jacobs, 2002). By contrast Jungians view anonymity as unnecessary, Jung himself was a proponent of spontaneity and encouraged self-disclosure on the grounds that the therapist has experienced and healed his or her own wounds which gives rise to the

Jungian archetype of the wounded healer. It is this archetype that is brought to bear in therapy to activate the inner healer of the client.

> 'There would be little point in the analyst discovering the archetype of the wounded healer if he or she never shared this knowledge with the patient' (Rowan & Jacobs, 2000: 64).

The analyst will therefore explore and share this archetypal material with the client and will inevitably self-disclose in the process.

The Humanistic view

The Humanistic approaches are the second main group of theoretical frameworks in counselling and psychotherapy (McLeod, 1998). Humanistic approaches in general are much more open to the use of self- disclosure in therapy. The philosophical underpinnings of the humanistic approaches hold the concept of the 'I- Thou' relationship in which two unique individuals encounter and openly respect each other's essential humanity (Buber, 1923) as a core value. Jourard (1968,1971), a humanistic psychologist concluded from his research that self-disclosure is the best way of building 'I-Thou' human relationships.

One of the major humanistic approaches the person-centred approach to counselling began with Carl Roger's reaction against the directive and traditional psychoanalytic approaches to individual therapy (Corey, 1996). He challenged the 'establishment' dispensing with concepts and procedures he considered unhelpful to clients. Over the course of a lengthy career and after much research into psychotherapy process and outcome, Rogers formulated and developed his hypothesis of the necessary and sufficient conditions for therapeutic change. If the therapist is able to offer the core conditions of congruence, acceptance and empathy and the client

is able to perceive that these conditions are being offered then therapeutic change will occur. Of these core conditions congruence is regarded by person centred practitioners as the most important. Congruence implies that therapists are real, genuine, and open with clients. As Rogers commented

> 'It has been found that personal change is facilitated when the psychotherapist is what he is, when in the relationship with his client he is genuine and without "front" or façade, openly being the feelings and attitudes which at that moment are flowing in him. We have coined the term "congruence" to try to describe this condition.' (Rogers, 1961: 61).

Rogers (1961) acknowledged that the condition of congruence is not fully achievable and he advised against indiscriminate communication of every passing thought and feeling to the client, as this would be counterproductive and potentially damaging to the counselling relationship.

Congruence involves the counsellor in being as responsive to the client as possible and self-disclosure has a part to play here. Mearns and Thorne (1999) contend that whilst self-disclosure may be part of congruence they are not one and the same. They view congruence as being limited to the counsellor giving her genuinely felt response to the client's experience at that particular moment. The focus would therefore remain on the client and only rarely would the counsellor response disclose information about the counsellor's life. There is some concern that interrupting the client's flow with the counsellor's material risks distracting the client and the counsellor dominating the session. These views suggest a purist interpretation of self-disclosure that it should relate to the here and now experience exclusively. Mearns and Thorne (1999) also suggest that clients vary, some clients find counsellor self-disclosure very useful and relevant in that it encourages trust. Other clients are so

involved in their own internal process that they simply are not interested in hearing about the counsellor's experiences.

The purist person- centred theoretical view (Rennie, 1998) acknowledges that the counsellor will experience a whole range of thoughts, recollections, visual images and metaphors when working with clients, of these however only what relates directly to the client in that session is suitable for sharing cautiously with the client.

In existential therapy (Corey, 1996; van Deurzen, 2002) counsellor self-disclosure is used regularly because there is an emphasis on the importance of the therapist modelling authentic behaviour as a means of facilitating client growth. Therapists who keep themselves hidden in sessions or behave in inauthentic ways themselves will encourage clients to remain guarded and inauthentic. Well-timed selective self- disclosure is frequently offered for the benefit of the client, the content of the disclosure usually relates to feelings and thoughts arising in the session.

In 1965 the existentialist psychiatrist R.D. Laing founded a community at Kingsley Hall in London where people who were suffering schizophrenia and psychosis and therapists lived and worked together (Barnes & Berke, 1973). The boundaries between client and therapist were removed entirely with mixed results the most unfortunate being that many of the therapists began to experience psychiatric problems themselves. The 'experiment' at Kingsley Hall graphically demonstrates the risks to therapists involved in working in this intensively self-disclosing way.

The Cognitive Behavioural Therapy perspective

The third main group of theoretical approaches to counselling and psychotherapy is known as Cognitive Behavioural Therapy (McLeod, 1998). Cognitive behavioural therapy encompasses a range of therapeutic modalities that place the therapist in the role of educator (Nelson-Jones, 2000).

> ‘The client is usually regarded as someone who has problems, which need to be put right (by the client, by the therapist or by both); this can lead to the therapist acting in a somewhat programmed way. Technical ability is regarded as something both possible and desirable.’ (Rowan & Jacobs, 2002: 5)

As a consequence the therapist is viewed as a teacher using an active-directive style rather than someone building a therapeutic relationship on a feeling level (Dryden, 2000).

Cognitive behavioural therapy is usually delivered in a structured short-term format where the focus is exclusively on the client. There may be opportunities for the use of self-disclosure where the therapist sees it would be useful to the client, although self-disclosure itself does not feature as a technique in the recognised brands of cognitive behavioural therapy such as Rational Emotive Behavioural Therapy (Ellis, 1962) and Cognitive Therapy (Beck, 1976). The therapeutic relationship in Rational Emotive Behavioural Therapy is described thus

> ‘ Particularly during early sessions, therapists do most of the talking. They do not hesitate to confront clients with how they contribute to their own distress. They forcefully dispute and debate their clients’ illogical thinking as well as helping clients to do this for themselves. They freely share their opinions and self-disclose, so long as this is not detrimental to clients.’ (Nelson-Jones, 2000)

Therapists’ self-disclosures might therefore be offered as examples to illustrate the learning points in this educative therapeutic model.

Feminist Therapy perspective

Feminist therapy literature strongly favours counsellor self-disclosure; failure to self-disclose could be seen as a misuse of power (Brown, 1994; Mahalik et al,

2000; Worell and Remer, 2003). In tune with feminist values judicious self-disclosure is regarded as necessary in demystifying therapy; promoting counsellor- client collaboration; decreasing hierarchy; affirming women's shared and diverse experiences and acknowledging power differentials. Empowerment Feminist Therapy (Worell and Remer, 2003) advocates

> ' egalitarian client-counselor relationships and counsellor self-disclosure, EFT *[empowerment feminist therapy]* embraces a female perspective on the therapeutic process that conflicts with many beliefs of traditional therapies that are based on stereotyped Western male values. The objective, emotionally distant, expert-therapist model of many traditional therapies is replaced by a model that emphasizes empathy, nurturance, and mutual respect.' (Worell and Remer, 2003: 72).

In this model the self-involving type of disclosure is particularly useful in conveying the therapists' emotional reactions to the client or what the client is saying which in turn provides feedback to the client about how she is impacting on the therapist. In addition in sharing their feelings therapists bring their own vulnerabilities to the relationship. Self-disclosure also presents opportunities for the therapist to model effective communication skills especially in modelling the direct expression of anger that for women from many cultural groups is discouraged by traditional gender-role socialisation. The use of selective self-disclosure (sharing information about their current and past life experiences in addition to their here and now reactions) is viewed as helpful to female clients in identifying the common social conditions they share as women. Counsellor self-disclosure may also highlight differences in cultural gender role socialisation messages. Counsellor and female client looking at these different messages side by side would powerfully illustrate that gender-role messages are

socially constructed values rather than biological facts (Worell & Remer, 2003). It is acknowledged that self-disclosure and self-involvement must be used with care in the service of the client's psychological growth.

> ' The term self-disclosure has so many different meanings that there is no consensus on its appropriate use. However, because self-disclosure may be ill advised, it must be both value and theory driven and always in the client's best interest. As a result, therapists must develop methods of continually monitoring their levels of self-awareness. The Feminist Training Institute's Code of Ethics states that the therapist is responsible for the use of self-disclosure in a purposive and discretionary manner and always in the best interest of the client' (Wyche & Rice, 1997: 63).

Feminist therapy literature commonly presents counsellor self-disclosure in a positive light yet does not acknowledge or offer any guidance on handling the potential hazards (Roberts, 2005).

Self-disclosure in practice: Research

There is a sizeable body of research on counsellor self-disclosure in individual therapy (Fox et al, 1984; Hendrick, 1988; Mahrer et al, 1981; Matthews, 1988; Nilsson et al, 1979; Robitschek & McCarthy, 1991; Rosie, 1980). Most of this research has used non-client participant reactions to single contrived therapy sessions or presented participants with written scenarios and canvassed their opinions on a variety of factors.

Although self-disclosure has been recognised as an important personal and interpersonal behaviour it is interesting to note that relatively few attempts have been made to get the client perspective. There may of course be ethical and logistical difficulties in researching clients and perhaps fear of what might be discovered as

> ‘We therapists often seem to assume that if we open the Pandora’s box of counsellor disclosure, our clients will voraciously and neurotically seek to learn everything about us’ (Hendrick, 1988: 419).

Hendrick (1988) in a quantitative study looking at potential clients’ desire for disclosure sampled 235 undergraduate psychology students (male and female in approximately equal numbers) at an American University. Participants were given a questionnaire in which they were asked to rate how interested they were in hearing about a counsellor’s experience in 38 subject areas on Hendrick’s ‘Counselor Disclosure Scale’. The subject areas were grouped into 6 factors: interpersonal relationships (family and friends); personal feelings (anxiety, depression, happiness, fears, body image, anger, suicidal thoughts, personality); sexual issues (attitudes; sexual orientation; practices; personal history as abuse survivor); professional issues (qualifications, experience); success/failure (personal and professional); attitudes (religious beliefs, political views, physical health information, personal tastes in art, films, music and books). The main conclusion showed that participants were keen to have information about their counsellor in particular in the professional issues area and the interpersonal relationships area. The weakness of this study is the use of a group of participants who as psychology students might be expected to be interested in professional issues first and foremost. Later quantitative work by Hendrick (1990) used 24 participants (male and female in equal numbers), clients from an outpatient psychology department clinic, who were asked to fill in the same questionnaire. Results indicated that real clients seemed to be very similar to the 1988 study participants in their preferences for types of counsellor self-disclosure. The methodological weakness in the second study is the small number of participants. In conclusion the author indicates that

‘ it would be inappropriate to conclude from these results that just because clients express a wish for counselor disclosure counselors should always disclose. Such decisions must be made by the counselor on the basis of the particular situation. One basis for making a decision may be the client’s desire for disclosure relevant to the therapy experience. This research may help in determining possible appropriate areas for such disclosure.’ (Hendrick, 1990: 185)

Edwards and Murdock (1994) in a quantitative study surveyed 184 doctoral level psychotherapy practitioners (men and women equally), examining counsellors’ reasons for disclosing and the reported content of the disclosure using an adaptation of Hendrick’s (1988) ‘Counselor Disclosure Scale’. Only 6% of the participants reported that they never used self-disclosure. Participants in this study disclosed most about professional issues such as professional qualifications and experience and least about sexual issues and personal feelings. The main reasons given for self-disclosing was to model appropriate client behaviours or to increase similarity between themselves and clients. An interesting discrepancy was noted between the motives for and content of self-disclosure as

‘Self-disclosing counsellors may be decreasing counsellor-client similarity by disclosing frequently about professional content; however they may be simultaneously increasing counsellor expertness’. (Edwards & Murdock, 1994; 387)

It is apparent that the theoretical position on self-disclosure is far from clear-cut in psychoanalytic and psychodynamic circles. Some clinical studies suggest that self-disclosure is routinely used by the majority of practitioners, irrespective of theoretical orientation (Simone et al, 1998). The hypothesis that the psychodynamic

practitioner would be unlikely to self-disclose seems not to be borne out by these self-reporting surveys. Edwards & Murdock (1994) study indicated that psychoanalytic practitioners reported using significantly less disclosure than humanistic practitioners and eclectic practitioners (utilising a combination of several approaches to therapy) reported infrequent use of self-disclosure at a level similar to psychoanalytic practitioners. Perhaps what is being highlighted here is a discrepancy between theory and actual practice and what practitioners are prepared to admit is part of their practice.

In addition Simone et al (1988) noted that the likelihood of counsellor self-disclosure increased where the client was diagnosed with a high ego strength disorder such as adjustment disorders, anxiety disorders, and post traumatic stress disorder whereas clients diagnosed with low ego strength disorders such as narcissistic personality disorder, borderline personality disorder, mixed personality disorders and conduct and impulse control disorders were the least likely to receive counsellor self disclosure. This could be interpreted as evidence of counsellors adjusting their use of self- disclosure to suit the clients' needs using the client's psychiatric diagnosis as a guide.

Weaknesses of these studies need to be taken into account for example the sample sizes are relatively small at 184 (Edwards and Murdock 1994) and 120 (Simone et al, 1988), the self reporting format is problematic in itself, the response rates tend to be variable and often low, the self-disclosing behaviour of those who chose not to participate is therefore unknown and could potentially be very different from the participants' reports.

Few empirical studies have considered the client view on counsellor self-disclosure. Hill et al (1988) is a good example of bringing together both counsellor

and client's views. In this study (using 8 female clients and 8 male and female counsellors) 127 sessions of brief therapy were videotaped. Immediately after each session, client and counsellor completed a session evaluation questionnaire. Then client and counsellor were separately shown the video of the session. The client was asked to rate their emotional responses to the counsellor's interventions in the session and to fill in a form measuring treatment outcome. The counsellors were asked to describe their intentions regarding the interventions they made in the session. Overall it was found that of 32 different types of intervention, counsellor self-disclosure as an intervention gained the highest helpfulness rating amongst clients. Interestingly, the counsellors varied widely on how helpful they thought the self-disclosures had been to the client, some believing them to be most helpful and others not helpful. The researchers tentative explanation for this discrepancy was that " therapists may have felt more vulnerable when disclosing their own reactions, or may have felt uncomfortable with the shift in power dynamics" (Hill et al, 1998: 229).

In a study focused on long-term psychotherapy client perspectives, 13 clients were interviewed, attempts were made in the selection of participants to balance 'across client and therapist gender, therapist theoretical orientation, and when [in the therapy process] the interview was conducted' (Knox et al, 1997: 277). Participants were asked about the frequency of counsellor self-disclosure and the effects of the disclosures. They were also asked to give examples of helpful and unhelpful counsellor self-disclosure. All participants were able to describe a helpful counsellor self-disclosure that characteristically contained personal information from the counsellor's past. Clients in this study valued these disclosures as useful in broadening their perspectives and seeing themselves as normal. The clients also reported that it encouraged them to disclose more about themselves and gave them

ideas about possibilities for making positive changes in their lives. The effects described in this article are overwhelmingly positive, negative effects are briefly mentioned a small minority of clients reported that they felt uncomfortable with the closeness that seemed to follow counsellor self-disclosure. The relatively small number of participants in this study is a methodological weakness that limits the reliability of the study.

McCarthy (1982) used non-client participants to rate counsellors for trustworthiness and expertise by playing counselling audiotapes to the participants and asking for their opinions. The high self-disclosing counsellors were perceived to be more trustworthy and expert than low self-disclosers.

Audet and Everall (2003) examined counsellor disclosure from the client perspective. This small-scale study (9 participants) examined clients' experiences of counsellor self-disclosure and found that it had both beneficial and hindering effects on perceived counsellor qualities and the counselling process and relationship. They discovered that the frequency of self- disclosure had an impact, too much had the effect of removing the focus from the client. If the disclosures were too intimate this also had a detrimental effect on the counselling relationship, clients became ambivalent about how to respond to the counsellor. Timing was also important, badly timed self-disclosure was disruptive to the process. Clients viewed disclosures that demonstrated counsellor similarity to themselves in a positive light in that it helped to normalise their issues. Conversely, when the disclosure revealed differences the impact was negative leaving the client feeling misunderstood and doubtful of the counsellor's ability to help. The authors of this study offer some suggestions for using self -disclosure. They advise that clients generally welcome some disclosure. Low-intimacy disclosure appears to be helpful in building rapport especially in the early

stages of the counselling relationship; moderately intimate disclosure is more appropriately used in well-established relationships. Clients appreciate hearing about similarities between themselves and the counsellor. Clients are often reluctant to speak up about negative experiences in therapy so careful monitoring by the counsellor of clients' reactions to counsellor self-disclosures can be very helpful in being responsive to clients' needs.

Shadley (2000) using research findings has distinguished different types of self-disclosure that the therapist may consciously utilise. The first type is the intimate interaction when the therapist often refers to present or past personal issues. Sometimes this is unavoidable if for example the therapist becomes pregnant or ill. Shadley (2000) suggests that female therapists in particular use this type of self-disclosure regularly.

The second type is the reactive response that can be verbal or non-verbal and relates directly to something which has occurred within the therapeutic relationship. An example of this might be the therapist being moved to tears by something the client has said. This type of self-disclosure seems to produce a good outcome and fits in well with the 'I-thou' relationship sought after in humanistic counselling.

The third type is the controlled response where the therapists limits self-disclosures to past experiences, anecdotes, and literary parallels. The therapist carefully selects stories to share to suit the client on the basis of what the client might find useful.

The fourth type is reflective feedback where the therapist will not share any personal information or strong emotional reactions but will use counselling skills of paraphrasing, summarising and asking open questions to explore the client's issues. This is the type of behaviour is commonly taught on counselling training courses.

Recently it has been suggested that in some situations failure or refusal to disclose may be detrimental to clients (Hanson, 2005). Some authors have strongly recommended that counsellors should self-disclose in situations where the counsellor's views conflict with the client's on sensitive issues such as religious beliefs (Hawkins & Bullock, 1995) and sexual orientation (Mahalik et al, 2000; Hanson, 2003). The use of counsellor self-disclosure with gay and lesbian clients is strongly favoured on the grounds of moral solidarity, acceptance and affirmation (Hanson, 2003) believing this to be of therapeutic value to clients (Mahalik et al. 2000).

> ' Because of the oppressive nature of heterosexism and homophobia, it behooves (*sic)* therapists to take a non-neutral, morally affirming stance toward their sexual minority clients. Disclosure of therapists' attitudes towards and experience with sexual minorities (including information about having a relative or close friend who is a sexual minority) as well as their own sexual orientation, especially if they are also members of a sexual minority, can be a powerful way to accomplish this.' (Hanson, 2003: 4).

A recent study by Hanson (2005) has considered the effects of counsellor non-disclosure on clients. There were 18 research participants (16 female) in this Canadian study who self-identified themselves as white or white Caucasian. The participants were asked to talk about the effects of disclosures and nondisclosures in therapy. The participants were twice as likely to have found counsellor self-disclosure to be helpful with the benefit of strengthening the therapeutic relationship.

> ' Participants appreciated disclosures that made them feel their relationship was more egalitarian: the relationship seemed more balanced or mutual; the

therapist appeared more human or fallible; or the disclosures helped them to be more autonomous' (Hanson, 2005: 99).

Participants' experiences of unhelpful self- disclosures from counsellors had the effect of decreasing trust in the counsellor and causing the client to feel unsafe in the relationship. The participants identified non-disclosures that were experienced as helpful, most common reason for this was because they had felt free to imagine what they wanted about their counsellor. Unhelpful non-disclosures were more common and were perceived as damaging to the therapeutic alliance and destructive to trust. In addition counsellor non-disclosure inhibited clients' disclosure and often resulted in clients feeling they had to manage the relationship with the counsellor and avoid issues that the counsellor seemed to find uncomfortable. Hanson (2005) acknowledges that the skill, judgement and timing of both disclosure and non-disclosure are very important. For the participants in this study counsellor self-disclosure was an effective way for them to connect with the counsellor. The limitations of this study are the relatively small number of participants, the gender imbalance and lack of ethnic diversity.

There has been interest in the area of self-disclosure outside counselling and psychotherapy. From a social work perspective Goldstein (1994) has suggested that counsellor self-disclosure can be particularly useful in working with clients whose diverse backgrounds or unconventional lifestyles may lead them to feel alienated from the counsellor and prevent the establishment of a therapeutic relationship. There seems to be a case made here for counsellors to have personal experience of the issues affecting their client group and a willingness to share these with clients. On a negative note Goldstein (1997) suggests that in extreme cases counsellor self-disclosure could damage the client's perceived safety and trust in the counsellor. There is also the

possibility that a disclosure may trigger a childhood trauma in the client, a situation with unpredictable and potentially adverse consequences for the therapy.

Ashmore and Banks (2002; 2003i; 2003ii) in quantitative British studies explored the use of self-disclosure as an interpersonal skill in nursing. The 2002 study found that mental health nursing students were significantly more likely to self-disclose to patients than adult nursing students. The 2003 study (2003i) sampled 181 students from 2 British universities and further explored mental health nursing students' rationales for using self-disclosure. Of the reasons given for using self-disclosure there was a belief that it is an important skill in building a therapeutic relationship.

> 'Students suggested that self-disclosure by the nurse would encourage patients to reciprocate with their own disclosures and that this would be in direct proportion to the type and amount of information that nurses were willing to reveal. In recognising this strategic use of self-disclosure, students also noted that if the relationship were to be successful this process would have to be incremental with self-disclosure, progressing from few and less intimate items to more in-depth information over a period of time.' (Ashmore & Banks, 2003i: 1224).

Other reasons included sharing experiences and passing on appropriate information about themselves which were mainly concerned with professional matters such as qualifications, clinical experience, hours of work, time available to spend with the patient and to a lesser extent personal experiences via sharing attitudes, tastes, interests and opinions with the patient. Conversely students' reasons for the non-use of self-disclosure (Ashmore & Banks, 2003ii) included concerns about patients attempting to cross the line from a professional to a personal relationship and student

nurses wishing to avoid becoming too friendly with patients. There was also the recognition that self-disclosure may be meeting the nurses' need to offload and may put the patient in a position were they are expected to listen to the nurses' problems. Participants also identified possible non-therapeutic effects of nurse self-disclosure in that it may take up the time that should be devoted to the patient and that the patient may develop a negative view of the nurse on the basis of their self-disclosure leading them to believe the nurse to be maladjusted or not likeable in some way which would in turn lead to barriers being created in the therapeutic relationship. There was also a fear that the patient may attempt to apply the nurse's own solution to their problem and then blame the nurse if it is unsuccessful. In addition there were issues around patients becoming dependent if the solutions offered were successful, patients' confidence in finding their own solutions to problems could be seriously undermined. The worst effect of nurse self-disclosure given was that it might add to the patient's distress if they are emotionally fragile.

The participants were particularly aware that self-disclosure can be potentially risky for a mental health nurse and withholding certain information was a way of protecting themselves. There were various concerns expressed around the theme of professionalism such as being reported to their professional body and losing their job; not being liked by the patient and the patient losing trust in the nurse.

Student nurses identified types of patient that they generally would regard it as dangerous to self-disclose to on the grounds that the information given could be used against them. In order to protect their own vulnerability student nurses would avoid self –disclosure with patients: in a forensic setting; who have a history of stalking; who tend to develop inappropriate attachments; a personality disorder diagnosis; who are verbally and/or physically aggressive; judged to be manipulative;

who are child sex offenders, who are experiencing a psychotic episode, who exhibit sexually disinhibited behaviour; who have a criminal record or are confused. The authors question the unwillingness of student nurses self-disclose anything to these types of patient because of the detrimental effect on the therapeutic relationship and call for mental health nursing students to engage in some form of clinical supervision as

> 'an appropriate forum for students to explore any fears of risk they had associated with using self-disclosure, as well as reflecting on any beliefs about and attitudes towards particular types of patients. In addition, clinical supervision offers the opportunity to develop a clear understanding of the need to use self-disclosure in therapeutic relationships and the skills needed for its effective deployment in different contexts.' (Ashmore & Banks, 2003ii: 1279)

The authors acknowledge that the use of questionnaires to gather data may have limited the quality and quantity of the responses. In addition other variables such as gender, age and cultural differences were not explored.

Antaki et al (2005) have addressed the topic of self-disclosure from a social psychology perspective. They make the point that they are 'agnostic' as to the therapeutic benefits of disclosure however "if psychologists want to assess it, it would be better if they first had the means of recognizing it, and what it does in interaction" (Antaki et al, 2005: 184). Using examples from transcriptions of a set of psychotherapy sessions (as embodiment of a context where there is a high premium on disclosure) and transcripts of a series of mundane telephone calls (where disclosure is one option amongst many) the authors used discourse analysis as a means of teasing out the significant features of the speakers talk that make it work as a disclosure. In the discussion of their results Antaki et al (2005) comment on instances of disclosure

that showed the speaker's understanding of the previous speaker's story by adding 'a corresponding account which maintained (or enhanced) the intersubjective trajectory of the talk' (Antaki et al, 2005: 195).

The authors suggest that this finding concurs with Jourard's (1971) observation that self-disclosure from one person regarding their experience begets self-disclosure from the other person in the conversation. This may be regarded as similar to the psychological concept of reciprocation.

Antaki et al (2005) examined self-disclosure in context from a social psychology perspective recognised the significance and purpose of reciprocation

> 'Reciprocating disclosures are good means for providing a candidate understanding, stronger than utterances like, 'I understand', 'I know what you mean', or simply repeating, formulating or reformulating what the first has said, which only presents a claim to understanding. It is important for therapists to be able to project a sense for their clients that 'my mind is with you: and that the client is not alone or particularly crazy' (Antaki et al, 2005: 196).

In this study discourse analysis was used to deconstruct examples of reciprocation, the authors concluded that

> ' In our therapy data, for example, second self-disclosures by the therapist may be carrying out some kind of operation on prior utterances, for example as a sophisticated form of (re)alignment, a subtle way to do embedded correction, a form of other-clarification, or a way to locate/realign the boundaries of normality. (Antaki et al, 2005: 196)

From this perspective it seems that counsellor self-disclosure may have a reassuring effect on the client and may encourage further client disclosure.

The ethical dimension of counsellor self-disclosure

Concerns about counsellor self-disclosure seem to be linked closely with boundaries. A range of attitudes to boundaries exists amongst person-centred practitioners extending from the rigid and precise to the loose and variable depending on circumstances and individual preferences. Boundary issues are determined by the individual counsellor to a large extent within ethical guidelines laid down by any professional body that the practitioner may belong to (Bond 2000). In the past the lack of ethical guidelines and sanctions against transgressors may have contributed to some extreme examples of counsellor self-disclosure or self-exposure including Thorne's naked embrace with a client (Thorne, 1987) which at the time it occurred was regarded as legitimate by some who accepted his rationale for having done it as selfless act of deep mutuality and congruence; however there were others who regarded this as highly questionable (Gale, 1999).

Rowan and Jacobs (2002) cite examples of successful therapy where boundaries have been very loose to the point where the counselling relationship has been indistinguishable from friendship or a parenting relationship, where counsellors have discussed their personal, family and work problems with clients, have gone out together socially, and visited each others homes for meals. Presumably these clients made no complaints about unethical behaviour. The anti counselling lobby literature (Masson 1992) abounds with horror stories of therapists who have no sense of boundaries and ruthlessly exploit vulnerable clients for their own satisfaction. From an ethical standpoint the theoretical orientation of the counsellor is an important consideration in establishing whether use of self-disclosure might be deemed exploitative and unethical where a complaint has been made against a counsellor. What might be considered appropriate in person- centred work may be seen as

incompetent or irrelevant in other orientations (Bond 2000). The context of the intervention has to be taken into consideration. The guidance given by the various professional bodies (for example British Association for Counselling and Psychotherapy Ethical Framework for Good Practice in Counselling and Psychotherapy (2002)) are often necessarily vague or entirely absent when it comes to counsellor self-disclosure because they apply to therapists from a range of theoretical orientations.

Counselling supervision and counsellor self-disclosure

Counselling supervision as a distinct practice unlinked to training only came to be recognised in the 1980s (Holloway, 1995). Since that time there has been a steady growth in the literature on supervision that has identified and developed various aspects of supervision such as the functions and process of supervision (Casement, 1990, Hawkins & Shohet, 2000) and the organisation of supervision (Page & Wosket, 1994). There are several models or frameworks for the practice of supervision that according to van Ooijen (2003) may be categorised into four types. First, models which focus on practitioner reflection where the supervisor facilitates the reflective process of the counsellor. Second, models that utilise a 'psychological approach', where supervision is conducted within the parameters of the particular theoretical framework, for example psychodynamic (Casement, 1990), person-centred (Tudor & Worrall, 2004) or feminist therapy (Worell & Remer, 2003). Third, models that may be described as developmental where the focus is on the educative function of supervision (Hawkins & Shohet, 2000). Fourth, specific models that focus on the whole concept of supervision from how to set it up through to how to do it and how to evaluate it (van Ooijen, 2003).

The topic of counsellor self-disclosure and how it is viewed in supervision appears to be absent from the literature. References to self-disclosure in the supervisory literature are limited to discussion on the value of supervisor self-disclosure (Page & Wosket, 1994) and difficulties supervisees may experience in being able to self-disclose to supervisors (Webb, 2002).

Weaks, (2002) has suggested that there are three key components within a good supervisory relationship, safety, equality and challenge. Safety in the relationship meaning feeling secure, not judged or threatened in any way and being confident of confidentiality, also the freedom to be able to talk about all aspects of client work. The equality component is linked to safety; Weaks (2002) regards equality or an equal power-base as an essential component of good supervisory practice. Appropriate supervisor self-disclosure is valued by supervisees and helps to establish a mutually collaborative relationship based on equality. As one participant in this study put it 'his knowledge is superior but his attitude isn't' (Weaks, 2002: 37).

The majority of research into supervision has been conducted in the USA where counselling supervision is mandatory during training only (Webb, 2002). Ladany et al (1999) an American study reported that one third of their participants found their supervision to be unsatisfactory for a variety of reasons linked to failure to establish a good working alliance between supervisor and supervisee. Another study by Ladany and Lehrman-Waterman (1999) examined 105 trainees' experience of the supervisory relationship, specifically looking at supervisor self-disclosure and its impact on the supervisory alliance. Supervisor self-disclosure was found to be useful in building and enhancing the supervisory relationship and particularly important in providing modelling to supervisees about how to deal with conflict and tensions in their relationships with clients. The study data showed that 'the more frequently a

supervisor self-disclosed, the greater was the agreement between the supervisor and the trainee on the goals and tasks of supervision and the stronger was the emotional bond between the two' (Ladany and Lehrman-Waterman, 1999: 156). The authors recommended appropriate supervisor self-disclosure as beneficial but cautioned against excessive or inappropriate self-disclosure that may undermine the supervisory process.

By contrast in Britain supervision of counselling practice is a career-long requirement. Carroll (1996) observes that there is relatively little research on supervision in the British context. The British literature tends to highlight negative aspects of supervision. West (2003) explored the culture of supervision and commented, ' at the present time, the culture of supervision can be characterised by significant levels of secrecy, an absence of a ready ability to engage in collaborative working, and an avoidance of ethical dilemmas' (West 2003: 125). There are concerns that supervision is

> ' at least partially a form of surveillance and is associated with professional bureaucracy…….Supervision by its nature creates micro-cultures of conformity and mediocrity. Anecdotally there is ample evidence of supervisees feeling cowed, deskilled and wary in relation to supervision, however skilled and ethically competent the supervisor. This is because supervision is an institution in which we are at risk of infantilisation' (Feltham, 2002: 27).

Counsellors in this type of supervisory relationship would be unlikely to reveal instances of self-disclosure in client work in order to avoid the supervisors' disapproval.

Webb and Wheeler (1998) in a British study involving ninety-six counsellors enquired into the counsellors' experiences of disclosing sensitive information in supervision. The sensitive material included instances of unorthodox practice, sexual feelings towards clients and strong feelings towards their supervisors. There seemed to be a strong correlation between supervisees' perceived levels of rapport with their supervisors and their willingness to disclose sensitive issues in supervision. Where there was a low level of rapport the likelihood of disclosure of sensitive issues was inhibited significantly.

Up to this point the type of supervision under discussion has been individual supervision. There are other supervision arrangements such as supervision in pairs, group supervision with 3 or more counsellors, peer group supervision where there is no one supervisor overseeing the process. (British Association for Counselling and Psychotherapy, 2004). Kaberry (2000) contends that there is very little empirical research on supervision in general, individual supervision arrangements have been studied however there is even less research on group supervision arrangements. Kaberry (2000) focused on abuse within supervision especially abusive supervisors. Participants in this small-scale study experienced destructive abuse and persecution in both individual and group supervision.

In theory at least providing the supervisory relationship is sound the supervisee should feel able to be open and honest in revealing instances of self-disclosure in client work. If however the supervisee chooses to conceal such occurrences the supervisor will be unaware of what has taken place. As one commentator described it

> ' It is reassuring to believe in or construct an image of the omniscient and omnicompetent supervisor, preferably supervising the conscientious and open

counsellor, both committed to the same therapeutic model. In reality, however, there is probably always an area in which a degree of supervisor ignorance and anxiety overlaps with a degree of supervisee ignorance, anxiety and partial (conscious or unconscious) concealment of significant material.' (Feltham, 2000: 14).

Conclusion

The literature on self- disclosure in a therapeutic context is extensive and wide –ranging. Counsellor self-disclosure clearly cannot be considered to be a simple intervention (Watkins, 1990), likewise research into this area is complex and caution should be exercised in interpreting research findings. Despite the wealth of research and interest in the subject of counsellor self-disclosure the topic does not appear to have been addressed in supervision of counselling practice research in relation to the client-counsellor relationship.

The next chapter will consider the methodology used in this research project.

Chapter 3 Methodology

Introduction

The previous chapter reviewed a selection of the literature and research on 'self-disclosure'. This chapter will discuss the rationale and procedure of this particular project.

This small-scale project will attempt to make links between the supervisors' theoretical model of counselling and psychotherapy and their actual practice in respect of the use of counsellor self-disclosure as a therapeutic technique. It is evident from the literature review (see Chapter 2) that the majority of studies exploring counsellor self-disclosure have favoured quantitative methodologies where quantity was ascribed to the amount of counsellor self-disclosure and types of counsellor self-disclosure that occurred in populations sampled ((Fox et al, 1984; Hendrick, 1988; Mahrer et al, 1981; Matthews, 1988; Nilsson et al, 1979; Robitschek & McCarthy, 1991; Rosie, 1980; Simone et al, 1988). Other studies combined quantitative and qualitative methods (Hill et al, 1988; Knox et al, 1997) in ways that suggest that the statistical data increases the credibility of the research. However, a case can be made for using a qualitative approach to explore this topic on the grounds that quantitative methods overlook the complex nature of self-disclosure whereas qualitative methods attempt to develop an understanding of the complexity, detail and content of self-disclosure. Qualitative research is grounded in a philosophical position that is interpretivist in the sense that it is concerned with how the multi-layered social world is interpreted, experienced, understood or produced (Mason, 1996). Given the multi-factorial nature of self-disclosure, the complex relationships between those factors, the inherent contradictions and differences in opinion it could be argued that

quantitative methods of enquiry in this topic area have been insufficient in providing a thorough picture of the complexities involved.

Denzin and Lincoln (1994) indicate major differences in emphasis of quantitative and qualitative research methodologies. Qualitative methodologies are concerned with processes and meanings that are not measured in terms of quantity, frequency, amount or intensity.

> 'Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry. Such researchers emphasize the value-laden nature of inquiry' (Denzin and Lincoln, 1994: 4).

However quantitative studies focus on the measurement and analysis of causal relationships between variables and are not concerned with process. Quantitative inquiry therefore purports to operate on a value-free basis.

Viewing qualitative and quantitative research methodologies in opposition to each other overlooks the possibility that they may be complementary in some circumstances and that they can be used together effectively. Mason (1996) suggests the distinction between quantitative and qualitative methods is not entirely clear cut therefore researchers need to consider carefully how methods may be combined and be able to justify the decision to use both methodologies in their study. The literature on counsellor self-disclosure contains several studies where methodologies have been combined to varying extents.

In a critique of the use of quantitative methods in self-disclosure research Antaki et al (2005) assert that self-disclosure has long been the subject of research in clinical and social psychology and 'suffers the fate of many interactional phenomena.' (Antaki et al, 2005:181). Specifically the phenomena has been reduced

to a set of bald statements and measured as dependent variables (for example age and gender of discloser, degree of acquaintance with the recipient of the disclosure, degree of expectation of reciprocity) or manipulated as a causative independent variable which has effects on the perception of the discloser or the effectiveness of the therapy or many other possible outcomes. An argument is made against the use of the 'standard factors and measures paradigm of experimental social psychology' (Antaki et al, 2005: 181) that is quantitative in nature. Reducing the phenomenon of counsellor self-disclosure to categories and statistics represents an over-simplification that results in loss of meaning thus:

> 'This treatment of self-disclosure, embedded in a research culture of a-contextual, experimenter-defined phenomena, risks missing the point that in ordinary life, self-disclosure is a social performance that must be brought of in interaction, and has its interactional context and its interactional consequences*.' (*Antaki et al, 2005: 181).

The context and the consequences are therefore integral to a broader understanding of counsellor self-disclosure.

Quantitative methodologies have undoubtedly been useful in identifying some of the various factors that are contained within the phenomena of self-disclosure. However, they are limited in their capacity to provide an understanding of the complexity of the phenomena of self- disclosure due to the stripping of context that results from the methods of data collection and the statistical analysis, which in turn renders the statistics difficult to interpret. Furthermore the statistics do not provide any indication as to why counsellors use self-disclosure (intentionally or otherwise) as a therapeutic technique.

In order to be able to consider the phenomenon in context and to acknowledge the complexities a qualitative framework (Denzin and Lincoln, 1994; Mason, 1996; Marshall and Rossman, 1995) has been chosen as the most appropriate paradigm in which to position this study. In counselling and psychotherapy generally qualitative approaches are favoured (Maione and Chenail, 1999; McLeod, 1994) due to the emphasis on the processes and outcomes of therapy. The processes of therapy in all its forms are by their very nature interpersonal procedures and qualitative methodologies in themselves are ideally suited to explore the complexities of interpersonal processes. Therefore, the depth of enquiry made possible by the qualitative approach confers distinct advantages because the context of processes and outcomes are crucial to understanding the concepts.

Hass (2001) suggests that historically the relationship between the related fields of psychoanalysis, psychotherapy and counselling and research have been problematic possibly due to the uneasy fit of the scientific approach with its quantitative, positivistic and statistical procedures. The increase in qualitative methodologies applied to counselling and psychotherapy research over the last thirty years has contributed to a wider acceptance of the value of research in this area. Maione and Chenail (1999) have reviewed the literature on qualitative research into psychotherapeutic processes and comment that qualitative inquiries are growing in frequency and diversity, and they predict that the volume of clinical qualitative research will rise and its relevancy for clinical work will also increase.

The choice of a qualitative framework for this study seems to complement the nature of the topic under scrutiny. The use of the qualitative paradigm is well suited to this study since the topic area appears to be one where there is no consensus. The ‘reality’ or constructed meaning of participants is contextual and time and place

specific. In essence this study will represent a 'snapshot' of the opinions of the participants at time of interview, it has to be acknowledged that these opinions are subject to change and modification in the light of subsequent experience. In addition the interviewer is inevitably part of the phenomena observed not least because the participant is self-disclosing to the interviewer.

Qualitative research

Qualitative research is an umbrella term for a collection of methodologies that have grown out of several traditions ranging from the humanities and arts to social and natural sciences; each tradition has its own conventions regarding methodology and presentation of work. As a consequence of the varied origins qualitative research does not have a unified set of methodological principles or one uniform philosophy. Qualitative studies are essentially discovery oriented (Mahrer, 1988); the intention is to 'explore the meanings, variations and perceptual experiences of phenomena' (Crabtree and Miller, 1992: 6). Qualitative researchers use a variety of methods, procedures and analysis techniques 'to create unique, question-specific designs that evolve throughout the research process' (Crabtree and Miller, 1995: 5). This study will utilise what could broadly be described as an inductive thematic approach (Boyatzis, 1998; Dey, 1993) applied to data obtained from semi-structured interviews of participants (see method and analysis for further details).

Given that the researcher and the majority of the participants in this study are female, it seems to be appropriate to consider the feminist view. This project will also present opportunities to explore the feminist viewpoint in counselling and psychotherapy research. Feminist qualitative research itself is a complex subject because there are many approaches to feminism, hence many views, some conflicting (Tong, 1989; Stanley and Wise, 1990). Oleson (1994) comments on absence of

women or the marginalisation of women's research reports in the research arena and discusses feminist standpoint epistemology research as an identifiable model of feminists' research. Feminist standpoint theory borrowed the idea of standpoint from the work of Marx, Engels, Lukacs and others, in order to formulate a coherent explanation of feminist authority in terms of whom it speaks for and the forces of oppression and exploitation it opposes (Hennessy, 1993). Feminist standpoint is a way of conceptualising reality from the vantage point of women's lives. Claims have been made for the superiority of this approach thus:

> ' A feminist epistemological standpoint is an interested social location ("interested" in the sense of "engaged", not "biased"), the conditions for which bestow upon it's occupants scientific and epistemic advantage. The subjugation of women's concrete, relational activity permits women to grasp aspects of nature and social life that are not accessible to inquiries grounded in men's characteristic activities'. (Harding, 1986: 148)

A feminist epistemological standpoint may be regarded as an alternative yet equally valid interpretation.

Feminists use a range of qualitative styles but there is a shared assumption amongst qualitative or interpretive researchers that interpretive human actions can be the focus of research (Oleson, 1994: 158) Embedded within this approach is the notion that there are issues around the gender of the researcher. Perhaps observations on the gendered nature of research can be extended further into the nature of counselling and psychotherapy itself which as McLeod (1998) indicates

> ' Virtually all the key historical figures in counselling and psychotherapy have been men, and they have written, whether consciously or not, from a male perspective' (McLeod, 1998: 129).

An exception to this apparent rule would be Melanie Klein, a rare female theorist whose work is not seen to be in the same league as Freud, Jung and Rogers but, who nevertheless made a contribution. The male dominance tradition in counselling and psychotherapy writing and research continues to the present day, influential authors of contemporary counselling and psychotherapy texts (for example Dryden, Thorne, Corey, McLeod, Egan, Ryle, Jacobs, Yalom and many others) are male. Very few female authors appear to have achieved such prominence; notable exceptions are Orbach, Clarkson and van Duerzen. When one considers that the business of counselling and psychotherapy is predominantly a female occupation (British Association for Counselling and Psychotherapy, 2005) the lack of female perspective raises concerns.

Eichler (1988) discusses sexism in research suggesting that

> ' it is not really possible to find a form of gynocentricity that is in any way comparable to androcentricity, for the simple reason that we live in an androcentric social, political, and intellectual environment. Thus even when we attempt to take a *consciously* female perspective, this attempt occurs within an overall intellectual environment in which our vehicle for thought (language) and the content of thought (concepts) are colored by thousands of years of overwhelmingly androcentric thinking' (Eichler, 1988: 5).

This observation is clearly relevant for counselling and psychotherapy too where androcentricity is so firmly embedded that it is rarely acknowledged. Eichler (1988) identifies gender insensitivity and overgeneralization as two of seven major weaknesses in research, where the gender of participant may be ignored or findings may be presented as if they are applicable to both sexes. In an attempt to address these concerns this project will endeavour to avoid 'the seven sexist problems' (Eichler,

1988: 5) by identifying gender, using non-sexist language and acknowledging and exploring differences between male and female responses.

Method

The data collection method in this study is by means of individual interviews using a semi-structured interview format that allows the participants the opportunity to express their perspective on the topic of counsellor self-disclosure.

The semi-structured interview format confers many advantages over a structured interview or questionnaire based study, because it allows the interviewer scope to probe beyond the initial responses and offers an opportunity to expand on issues raised. This type of interview is said to allow participants to respond to questions in their own terms (May, 1997). There is however a need for the researcher to keep the interview within the bounds of the topic under discussion because participants may wish to digress and bring in points that are of limited relevance to the research topic (Dey, 1993). The skill of the interviewer in encouraging the participant to stay reasonably close to the brief is like any other skill, something that develops with practice. For an inexperienced researcher initially there is anxiety around getting through all the questions, in the right order, not missing anything out and working within a time limit of 45 minutes. Very often a participant will respond to a question in a way that completely or partially answers a question that is scheduled for later in the interview. In these circumstances the researcher finds it necessary to adjust the schedule, the semi-structured format allows enough flexibility to be able to make adjustments without compromising the interview (Denscombe, 2003).

Holstein and Gubrium (2004) advocate an active approach to interviewing in contrast to the traditional approach where the interviewer is supposed to be a neutral

inconspicuous figure in the exchange in order to minimise bias, misunderstanding or misdirection. Holstein and Gubrium (2004) suggest that

> "treating interviewing as a social encounter in which knowledge is actively constructed suggests the possibility that the interview is not so much a neutral conduit or source of distortion, but rather a site of, and occasion for producing reportable knowledge" (Holstein and Gubrium, 2004: 141).

This is essentially recognition of interviewing as meaning-making conversation that is unavoidably interactional, constructive and active. As Holstein and Gubrium (2004) contend

> 'Because all interviews involve the active construction of experiential reality, the traditional model of the respondent as a vessel of answers and the interviewer as a neutral interrogator loses its appeal' (Holstein and Gubrium, 2004: 155).

This observation would seem to be particularly pertinent for a researcher interviewing participants who are peers, colleagues, friends or acquaintances where it is not possible (or desirable) to become the neutral interrogator.

Oakley (1981) commenting on interviewing women from a feminist standpoint suggests that the paradigms of traditional interviewing practice are problematic for feminist interviewers. Oakley (1981) characterises the one-way nature of the interview as 'absurd' and asserts that traditional interviewing practices 'owe a great deal more to a masculine social and sociological vantage point than to a feminine one' (Oakley, 1981: 38). The main objections seem to be concerned with the power dynamics in the interview situation. Researchers rarely comment on important factors such as the social and personal characteristics of the interviewer, participants' feelings about being interviewed and about the interview and interviewers' feelings

about participants. It is suggested that these factors are important for the feminist interviewer interviewing women because consideration of these factors assists in the exploration and validation of the subjective experiences of women. Arguably, research involving male interviewers and/or male participants would benefit from considering these factors because there will be a power dynamic arising from other differences such as class, ethnicity, socio-economic status, age, as well as gender. Also the traditional description of an interview as 'a conversation with a purpose' (Kahn & Cannell, 1957: 149) is refuted because the expectation is that interviewer asks the questions and the participant provides their answers, participants are not supposed to ask questions and if they do the interviewer is advised to side-step them for fear of introducing bias. The normal conventions of conversation are therefore suspended.

There are further limitations and weaknesses inherent in interviews. The process relies on the full cooperation of participants, there may be many reasons (conscious or unconscious) why the participant cannot or will not fully engage with the process (Marshall and Rossman, 1995). This may be a serious weakness when exploring topics that may be regarded as sensitive in some way. 'Telling another about those aspects of one's self which are in some way intimate or personally discrediting- confessing in other words- is a difficult business' (Lee, 1993: 97). The participant may make an informed decision to take part in a study but the decision about how much to share with the interviewer is entirely their own, the interviewer may be totally unaware that the participant is withholding material or possibly being economical with the truth. 'Interviewing is rather like marriage: everybody knows what it is, a awful lot of people do it, and yet behind each closed front door there is a world of secrets' (Oakley, 1981: 31).

The interview schedule was drawn up (see Appendix I, page 88) following extensive discussion informed by the literature in project supervision sessions. Broadly the questions covered the areas of interest namely background information regarding the participant's training in counselling and psychotherapy, personal practice information and information relating to supervisory practice. It was envisaged that the interview schedule would be covered in 30-45 minutes. A pilot or 'trial run' (Teijlingen and Hundley, 2001) was conducted. All interviews were recorded and subsequently transcribed.

The pilot study

The purpose of the pilot study was to pre-test or try out the research instrument. Teijlingen and Hundley (2001) cite a variety of reasons for conducting pilot studies: they are important in developing and testing the adequacy of the research instrument; assessing whether the research protocol is realistic and workable; identifying logistical problems; and assessing the proposed data analysis techniques to check whether the data from the pilot may be appropriate. Peat et al (2002) suggest practical guidelines for undertaking pilot studies including using the same format for the pilot interview as intended for the main study; checking the time taken to complete the interview schedule; asking participants for feedback on difficult or ambiguous questions; changing the interview schedule, rewording questions perhaps or adjusting the number of questions (up or down); where substantial changes have been made it is necessary to re-pilot the revised interview schedule.

When the pilot was conducted it was decided that one additional question should be added 'What do you understand by the term self-disclosure?' This was included in order to give opportunities for each participant to offer their personal

definition of the term. The remainder of the schedule was used unchanged in the main study.

A preliminary data analysis was conducted in order to check that the analysis method proposed was appropriate for the data gathered in the pilot interview. The pilot interview was included in the main study because it was conducted using substantially the same interview schedule as the main study.

Access to participants and sampling

The eight participants in this study were individuals who have a work role as counselling supervisors in addition to other work roles. Three participants (2 females and 1 male) work as counsellors and supervisors. The remaining five, (3 females and 2 males) work as counsellors, lecturers in counselling and psychotherapy in Further and Higher Education and counselling supervisors.

Supervision in counselling and psychotherapy is mandatory for counsellors working to the British Association for Counselling and Psychotherapy (2002) Ethical Framework for Good Practice in Counselling and Psychotherapy. In practical terms this means that counsellors are required to have supervision of their counselling work for a minimum of one and a half hours per month. Individuals who provide this supervision to counsellors are qualified and currently practising counsellors themselves.

Seven of the eight participants were known to the author prior to the study, in varying capacities as author's supervisor, former tutors, teaching colleagues and a fellow course student. The eighth participant was recruited by personal recommendation of one of the original participants.

There is an assumption in research literature on interviewing that participant and interviewer are generally of a different group, anonymous to each other and unlikely to meet again, or are social inferiors (Platt, 1981). In this study however the relationships between the researcher and the participants do not conform to any of those assumptions. Peer interviewing may raise issues for the researcher and participants,

> 'Shared community membership is enormously helpful in some ways, but it implies personal relations which carry social obligations that can make the normal impersonal and instrumental use of the interview difficult.' (Platt, 1981: 78)

Perhaps the level of difficulty increases where the topic under discussion is controversial or contentious in some way. In this instance however interviewing peers was experienced as very positive mainly because the pre-existing relationship helped to quickly establish social interaction necessary for active interviewing (Holstein and Gubrium, 2004).

Supervisors were approached to discuss whether they wished to participate in the study, they were then given a letter of invitation (see Appendix II, page 89); an information sheet (see Appendix III, page 90) detailing the purpose of the project and practical information regarding the interview, and a consent form (see Appendix IV, page 92) to fill in and return to the researcher. The interviews were conducted at mutually convenient locations in private settings free from distractions and interruptions. Unobtrusive audio recording equipment was used; Denscombe (2003) suggests that that participant's awareness of the presence of a recording device may have an inhibiting effect on the naturalness or authenticity of the data collected. Speer and Hutchby (2003) found that to the contrary the recording device in some

circumstances became an interactional resource that some participants view positively whilst others become accustomed to it during the course of the interview and appear to be unconcerned about being recorded. It does have to be acknowledged that the fact of recording does have a bearing (positive or negative) on the interview process (Denscombe, 2003). Participants in this study were made aware via the participant information sheet that the interviews were to be recorded and were given assurances that the recordings would be treated as confidential.

The researcher avoided engaging in conversation with the research participants about the topic of self-disclosure prior to interview to ensure that the participants comments were not influenced in any way by the researchers personal opinions on the topic. During the interviews the researcher took care to minimise reactions to the participants material, maintaining a neutral stance as far as possible. As Platt (1981) points out this neutral stance can be very difficult to achieve particularly with participants who are friends, acquaintances or colleagues.

Reliability and validity

Positivist traditions hold that the success of a research effort at achieving objectivity is measured in terms of its validity and reliability. Qualitative researchers however are concerned with studying their interaction with objects rather than the objects themselves, which makes objectivity very difficult (Kirk and Miller, 1986).

> 'Perfect validity entails perfect reliability but not the converse; perfect validity is theoretically impossible. Herein lies the paradox of the qualitative tradition'. (Kirk and Miller, 1986: 71).

When the principles of reliability and validity associated with quantitative work are applied to qualitative work it is apparent that they are inappropriate as

methods of assessing qualitative research (University of Central England, 2001). Alternative concepts have been developed to compensate for this major limitation. Denzin and Lincoln (1994) propose criteria for assessing rigour in qualitative research based on trustworthiness that includes credibility (as a parallel concept to internal validity); transferability (as a parallel concept to external validity); dependability (as a parallel concept to reliability) and confirmability (as a parallel concept to objectivity). The criteria may be used to assess the techniques and strategies used to minimise bias and maximise the usability of the research, that is, on the research process itself rather than the results of the research. Although these assessment criteria are widely used a consensus has not been reached because some qualitative researchers take issue with their similarity to the positivist traditions of reliability and validity (University of Central England, 2001).

Mason (1996) takes issue with the application of conventional measures of reliability to qualitative research that obscures the more important question of validity.

> 'Judgements of validity are, in effect, judgements about whether you are 'measuring' or explaining, what you claim to be measuring or explaining. They therefore concern your conceptual and ontological clarity, and the success with which you have translated these into a meaningful and relevant epistemology.' (Mason, 1996: 146).

Mason (1996) emphasizes the importance of explaining how and why both the method and the analysis are valid. In particular the validity of interpretation of qualitative research depends on the end product and the account of how the interpretation was reached explaining the logic of the interpretation process. In arguing for transparency and self- reflexivity in the research process Mason (1996) is

critical of the 'quick fix' approach to the question of validity of interpretation, especially 'standpoint' positions (including feminist standpoint) that claim epistemological privilege. This privilege should not excuse the researcher from demonstrating the validity of their interpretation in other ways in addition to the 'stand point' view.

In order to establish an audit trail for the project a reflexive journal will be kept in which details of the steps of the research process (preparation, discussions, interviews, analysis and writing the dissertation) will be noted.

Ethical considerations

It is important that research involving human beings is conducted in an ethically acceptable way with due consideration given to potential harm to participants (Seedhouse, 1998). The Ethical Framework for Good Practice in Counselling and Psychotherapy (British Association for Counselling and Psychotherapy, 2002) is based on the ethical principles of Beauchamp and Childress (2001) who identify beneficence (the obligation to provide benefits and balance benefits against risks); non-maleficence (the obligation to avoid the causation of harm); respect for autonomy (the obligation to respect the decision-making capacities of autonomous persons) and justice (obligations of fairness in the distribution of benefits and risks) as underpinning principles.

Bond (2004) has proposed ethical guidelines for researching counselling and psychotherapy that are consistent with the Ethical Framework for Good Practice in Counselling and Psychotherapy (British Association for Counselling and Psychotherapy, 2002). Key ethical issues to be addressed in the research process include ensuring that the research is consistent with the requirements of trustworthiness in the practice of counselling and psychotherapy; thorough risk

assessment and consultation on ethical issues taking place prior to and during the research process; researcher accountability and responsibility for protecting participants from any risks associated with the research.

Relationships with research participants are also a major focus for ethical concern. This includes the importance of obtaining informed consent from participants prior to involvement in research; recognising participant's right to withdraw consent at any stage in the research process without adverse consequences for the participant; managing confidentiality; ensuring that all participants are treated respectfully, taking adequate account of any vulnerabilities of participants (Bond, 2004).

In addition research integrity is also a key ethical consideration, this includes issues of researcher competence; ensuring fairness and honesty in the collection and analysis of research data; fostering a research culture through communicating and sharing research and constructive relationships with other researchers; access to appropriate complaints procedures for participants and recognition of the personal safety needs of the researcher (Bond, 2004).

Research governance requirements must also be considered as an ethical obligation in the research process (Bond, 2004). An application together with a research proposal was submitted to the University of Central England Faculty of Health and Community Care Ethics Committee in May 2005. The Ethics Committee is responsible for examining the ethical issues outlined above. Ethical approval was given in June 2005.

Since informed consent is a major issue in research ethics emphasis is placed on the quality of written information provided to potential participants who need to fully aware of what the interview will be about, what potential risks to themselves

might be, how the researcher intends to manage any risks and inform potential participants of their right to not to participate or to withdraw their consent at any stage in the process.

Analysis

The recordings of the interviews were transcribed and the transcripts were analysed. The process of analysis used in this project is inductive thematic analysis (Boyatzis, 1998) where the transcripts were systematically coded line by line, the code being a single word summary of each line. In this way emergent themes can be identified directly from the text. The themes that emerged from each of the interview questions are then gathered together to form a cluster of concepts, which were further organised into analytical categories. In the discussion of the findings quotations that reflect the essence of each of the themes will be presented.

The next chapter will present the findings of the project, discuss the significance of the findings and make suggestions for supervisory practice in respect of counsellor self-disclosure.

Chapter 3 Findings

The Methodology chapter described the rationale and procedure of this study. The participant interviews provided descriptions of their experience of counsellor self –disclosure in their practice as a counsellor and in their supervisory practice. Interviews were recorded and transcribed, the transcripts were systematically analysed to detect the emerging themes. The findings of this study are presented as sets of key themes reflecting the structure of the interview schedule. Excerpts from the original interviews are used where they contribute the most apt summaries of the concept under discussion. In order to protect the anonymity of participants and to clarify individual participants' contributions each participant has been allocated an identifying letter A to H (see Appendix V- page 93)

Participants' training

The Participant profiles chart (see Appendix V -page 93) shows the variety of training that the participants have undertaken. The trainings have been listed in the order that they occurred in the participants' responses. The diversity in training was expected, all participants identified person-centred counselling as a core model amongst other models in training. Participant D identified psychodynamic as her core model followed by integrative which included person-centred. The participant who identified his training as 'eclectic' first and foremost did not specify what theoretical models (other than person-centred) contributed to his eclectic model.

Definitions of self-disclosure

Participants' definitions of what constitutes self-disclosure (with one exception) broadly concurred with the Knox et al (1997) definition thus: interactions

'in which the therapist reveals personal information about him/herself [self-revealing] and/or reveals reactions and responses to the client as they arise in session [self-involving]' (Knox et al, 1997: 275). That is intentional verbal self-disclosure. Self-revealing disclosures would be anything the counsellor says about themselves and their experiences whereas self-involving disclosures would be directly related to the counselling session where the counsellor would share how they are feeling and what they are thinking as the session progresses.

The exception was participant E who offered a broader definition in addition to the above that included " automatic" self-disclosure

"if we work as counsellors there are of things that we automatically self-disclose, just by choosing to be in a counselling relationship, we automatically disclose to people, perhaps where we live, if we work from home. And our homes, what bit of it the clients see, will tell them something about us. It will say something perhaps about our social status et cetera. Whether we work from home or not, just by our physical appearance will disclose something about our age, will disclose something about our mannerisms, perhaps something about our geography by the accent that we have. We will disclose something of our values, I guess by the way in which we chose to operate from the counsellors' chair".

As Rowan & Jacobs (2002) indicate self-disclosure is not just verbal, it includes what clients deduce or perceive about therapists.

Training and counsellor self-disclosure

Generally participants reported that they recalled more negative than positive messages regarding counsellor self-disclosure during training. This finding concurs with Shadley's (2000) observation that during training self-disclosure is not

encouraged. Counsellor responses tend to be restricted to reflective feedback where the therapist will not share any personal information or strong emotional reactions but will use counselling skills of paraphrasing, summarising and asking open questions to explore the client's issues.

Participant A recalled that during her training self-disclosure was strongly discouraged

> "a pretty prohibitive sort of view of self- disclosure, most acutely I think in the psychodynamic stuff that I did, but actually the person centred stuff was almost as strong on the subject. Perhaps a little unusually, the cognitive behavioural stuff was fairly anti any significant measure of self-disclosure".

This participant could not recall anything positive about self-disclosure being taught on any of the training courses she had attended.

For participant B the rationale for not self-disclosing as explained during her training was that it was considered unsafe. Consequently she avoided self-disclosure during her training. "Always really thought it was safer not to do it at all in training."

Participant C recalled being taught that self-disclosure could be useful in some circumstances.

> "The word appropriate comes to mind. I remember picking up that phrase early on, that occasions will arise when appropriate counsellor self-disclosure can sort of facilitate the process……. I remember it cropping up in that context and probably with little warning words about keeping the balance of things. So that a certain amount of counsellor self disclosure can be facilitative, helpful and so on, that obviously it could easily become self-indulgent and that is not a pathway to follow."

This participant went on to become a regular user of self-disclosure.

Participant D who identified her initial training as psychodynamic (Jacobs, 1999) was very clear about the influence of her training regarding self-disclosure

> "I have to admit that I'm strongly bounded by the training that I've had and I will tell you how I've dealt with it from a psychodynamic perspective…….as a psychodynamically trained counsellor, I am not aware at any time in my training that that (*counsellor self-disclosure*) was recommended at all, because in effect the therapist has to be like a blank slate, if you like, for the person to talk, to free associate as we say."

This way of working did not preclude self-disclosure totally because she did occasionally choose to self-disclose material to clients after the therapy was completed and there was no prospect of further therapeutic work "if something has come up which I know resonated well with the client' situation" she would reveal her own experiences after therapy was completed. This participant felt that self-disclosure could be useful if it was well timed, it could also be very damaging to therapy if used carelessly.

Participants E and F held strong negative views. Participant E said

"This is a very contentious area, a very risky area, and that self-disclosure is a subject where I really have to look at myself."

Participant F made a direct reference to her training "Counsellor self-disclosure, I can still sort of hear the tutors words – "who's it for?" very prominently,…… but me, I am sorry, don't go there unless you really must." These participants had chosen to avoid the use of self-disclosure as a counselling intervention.

Participant G whilst acknowledging that self-disclosure was "acceptable or even desirable" if it assisted the client, had, during training, become alert to potential

safety implications for the counsellor. " There were dangers however, and those were issues around the client gaining too much knowledge of the counsellor which they might use for their own purposes". This concern seemed to parallel significant reasons for not self-disclosing discussed in the Ashmore & Banks (2003ii) mental health nursing study.

Participant A had over the last year reviewed her stance on self-disclosure as a direct result of attending a workshop on the subject of 'the quality of presence' given by Brian Thorne

> "who as you may know has a much more open attitude, quite a deviant attitude in some ways in terms of his peers within the person-centred school and that has caused me to reflect a lot on what I'd been told previously and has left me frankly ambivalent in some ways about boundaries generally, it has just made me review a lot about what I think about boundaries, and roles and relationships."

The consequence for this participant seems to have been that she felt more able and confident to experiment with self-disclosure with the support of her own supervisor.

Personal experience of self-disclosure

All participants had used self-disclosure in client work with a variety of outcomes. The responses fell into three broad categories regarding the frequency with which they currently use self-disclosure. The first category is 'very rare to no usage' which participants self-defined as less than twice a year or never, participants A, E, F, G, H made up this largest category. The second category is 'occasional usage (frequency not given) in well-defined circumstances only', participant D's response

fitted this description. The third category is 'frequent and free use' identified by participants B and C.

Two participants who self-disclosed very rarely revealed that unsatisfactory experiences with the use self-disclosure had been influential in their current view and conscious decision to avoid it. These had been defining experiences for both participants. Participant E whose normal practice was to avoid self-disclosure described a situation where he and a male client had become accustomed to a five minute 'chit-chat' at the beginning of each session mostly about football. However in one session the counsellor revealed a considerable amount of seemingly innocent information about concerts he had been to in the 1960's. The client appeared interested in the conversation at the time but entered the session the following week complaining that the counsellor had caused him to feel very angry and upset the previous week as he had become acutely aware that he had missed out on opportunities that his counsellor had enjoyed. The participant concluded,

> " it was an opportunity for the client to go into victim mode. It was a reinforcement that even the most innocent self-disclosures can, well, will be interpreted by the client in their own individual way".

The participant's negative opinion of self- disclosure had been confirmed.

Participant H had attempted to share with her female client the fact that she, like the client, had herself had lost a sibling when the client became extremely angry and turned on her saying that that was nothing to do with her loss. The counsellor concluded that the intervention had "absolutely backfired"; the incident had served to confirm the participant's uneasiness with the use of self-disclosure.

Participant F who was opposed to the use of self-disclosure and had only used it once recently in what she considered to be a very superficial manner regarding

discomfort she had experienced in the past in enclosed spaces with a client who had a fear of flying. However judging by the client's reaction she did not believe that the disclosure had been particularly helpful. This participant could not envisage ever using self-disclosure, she said "I just don't go there because I just don't see the point."

Participant A felt there had been rare instances where she had used self-disclosure constructively although when it came to revealing information regarding her "personal struggles" she used it "very, very sparingly". Although in the light of her recent training experience she felt that she would probably be using self-disclosure more in the future.

Participant G recalled only 2 incidents over the preceding year, he said that the need to self-disclose had not arisen and this was normal practise for him since the need rarely arose in his experience.

Participant D identified very clear criteria for her use of self-disclosure as a means of equalising power dynamics within the therapeutic relationship she suggested

> "Now the way I do that, if, to be more specific, is in work with women, and in work with women where I feel that there's a common alliance, so not so much as a therapist, but as woman to woman from a feminist perspective, actually sharing with this women that, although I'm a therapist, there are common things that we experience and that on that basis yes, I do do it."
>
> This participant revealed that she self-disclosed with female clients but never male clients.

Participant C was aware that he used self-disclosure regularly " I tend to be quite free with it to the point of needing to be on guard about it, that I am not

overdoing it you know". Nevertheless self-disclosure was an important part of his personal style of counselling.

Participant B considered in advance the possible benefits of self-disclosing although she was aware that it had not always been a good decision.

> " I've certainly not got a formula for when I self- disclose and I don't even think I do it more with some people than others, in fact I've never thought about whether there is a formula, I suppose in those few seconds when I say am I going to say it or not I'm considering the mental health of the client and whether they could be damaged by it or whether they could be made more dependent by it. I suppose I've got a general feel about whether the person can accept it but of course sometimes I 'm aware that I get it wrong. I have heard myself self-disclose and know the person didn't want to know and felt if anything rebuffed by my entering their space with my information. So its funny how one knows but sometimes I do feel that when I self-disclose it wasn't wanted and at other times I feel I self-disclosed and it was useful and this happens when patients report back as well, they will often say that was useful when you told me that, but of course they don't report back when it wasn't useful."

The clients' perspective appears to be very important for this participant although she is aware that negative reactions from clients often go unreported, a point that was made in the Audet and Everall (2003) study.

Appropriate circumstances for self-disclosure

The participants who identified themselves as not in favour of self-disclosure were able to envisage certain specific circumstances in which it might be

appropriate. The most obvious example given was when a client asks a direct question about the counsellor. These participants indicated that depending on the nature of the enquiry the response could contain some self-disclosed material. It was important to Participant H that she could justify the client's " need to know ", something that did happen from time to time. Participant E was not going to rule out the possibility of ever using self-disclosure in the future however his experience to date made this unlikely.

Participants D and B indicated that they were likely to self-disclose to female clients. They used self-disclosure as a means of demonstrating their first-hand experience of their clients' issues and crucially how they had overcome their difficulties in similar circumstances. Participant B expressed that she was especially interested in helping "women to be on the journey to equality" and her use of self-disclosure with female clients was frequently concerned with her views and experiences of equality issues in marriage. Elements of feminist therapy principles (Worell and Remer, 2003) could be observed in what these participants said about their practice.

Participant A needed to be sure that any self-disclosure was not going to be a burden for the client, she was very conscious of how it might be received. Participant G indicated that the only circumstances in which he might consider using self-disclosure was if the client was experiencing difficulty in making progress and there was no other way forward. This participant was very much aware that his personal practice had been affected by his experience as a supervisor where he had had issues with supervisees' inappropriate self-disclosures to their clients. He had also had experience of working with clients who had been 'victims' of incompetent counsellors. These clients complained about excessive self-disclosure by these

counsellors to the point that participant G considered these particular counsellors' behaviour to be exploitative. This had resulted in him being even more wary about his own use of self-disclosure.

Participant C who described himself as freely self-disclosing found that self-disclosure was useful in " putting the client at ease" particularly in the first session. Also in situations were the client is embarrassed or ashamed about something an appropriate self-disclosure from the counsellor could have a reassuring effect in his experience. For this participant the use of self-disclosure contributes to "the feeling of being OK together" and a "nice freeness of exchange". He saw this as being conducive to offering the core conditions (Rogers, 1961) of empathy and unconditional positive regard.

Suitable subjects for self-disclosure

The non self-disclosing participants F and E obviously felt there were none.

Participant H would discuss briefly with clients her experience of bereavement at the request of the client and also her position on spiritual matters again at the specific request of the client. Another minimal disclosing participant G did not specify subjects because for him it was dependent on the client's own process, if they were stuck then he might consider self-disclosing after very careful consideration.

Relationship issues, marital difficulties and parenting problems were highlighted by the female participants B and D who identified themselves as most likely to self-disclose to women. As participant D expressed it

> "if I'm going back to feminist thinking and my alliance with other women is to work on a par with other women and use that as a part consciousness raising process that particularly in relational issues, no women is immune to relational difficulties**."**

Minimal self-disclosing participant A had on rare occasions shared with clients something of her personal experience of depression. For freely self-disclosing participant C the subjects ranged from family, marriages, local knowledge, experience of nursing the terminally ill and depression.

It was notable that none of the participants identified subjects that could be regarded as 'professional issues' such as qualifications and professional experience, a finding which departs from the Edwards and Murdock (1994) study in which participants disclosed most about professional issues and least about sexual issues and personal feelings.

Unsuitable subjects for self-disclosure

Amongst those participants who used self-disclosure minimally or freely there were restrictions on what subjects they were prepared to share with clients. All participants considered that anything of a sexual or intimate nature to be unsuitable. However participant B initially identified this as an obviously unsuitable area for discussion but then recalled incidences where she had discussed such matters with clients (male and female) in such a way that was not directly self-disclosing but nevertheless would have left the client in no doubt that she had personal experience of what she was talking about.

One male participant used his judgement as to what he believed the client could cope with because he did not want to worry the client, he explained " I won't

tell them this or they will think they are in the presence of someone who really can't help them at all". This participant did not specify any unsuitable subject areas.

Other participants were keen to protect personal information about their family life, marital status, their children, work-life, medical history, experience of abuse, sexuality, financial position, religious beliefs and political affiliations. Participant A avoided self-disclosure that involved third parties (for example husband, children, colleagues) because she felt that clients could not be expected to keep these disclosures confidential.

Participant F located her objection to self-disclosure at this point, she felt that there was a risk of the counsellor over identifying with the clients issues and "mixing it all up".

Management of counsellor self-disclosure in supervision

Advice to supervisees considering self-disclosing to a client

The participants generally would want to explore with supervisees their reasons for wanting to self-disclose to a client. In particular most would be keen to explore what benefits the counsellors self-disclosure might bring to the client and to ensure that the clients' needs were being served rather than the counsellors.

Participants E and G were not comfortable with the word 'advice' as they did not feel that giving advice was appropriate in supervision. Nevertheless all the participants indicated that if supervisees mentioned that they were thinking about self-disclosing then they would be concerned about the appropriateness and relevance of the material to be disclosed, the potential effect on the counselling relationship and any ethical issues that may arise. Participants E and H suggested out that unless the supervisee was open about this they would not know anything about it, as participant E said " at the end of the day my supervisee will go and do whatever they chose to

do". Acknowledging the possibility that counsellor self-disclosure may not come to the attention of the supervisor if the supervisee chooses not to mention it.

Participant B expressed the view that her level of concern would be closely linked with how much she trusted the judgment of the supervisee which in turn depended on how experienced they were. She would trust experienced supervisees who she felt she knew well to decide for themselves whereas with less experienced practitioners she would want them to take a while to reflect on whether it was a good idea and what the consequences might be.

Participant G who rarely self-disclosed himself supported one of his supervisees in his use of self-disclosure; he accepted that it was a feature of the supervisees style of counselling. The supervisee was an alcoholic in recovery who shared that fact and some of his experiences with his alcoholic clients. The participant commented that it was apparent that these self-disclosures were relevant and very effective and he trusted the supervisee to use the intervention judiciously.

Management of substantial self-disclosures

The participants who self-disclosed freely themselves expressed similar views on this. Participant C said that he would respond "with respect, because I would say to myself that this person did this at this time because of what they were thinking, what they were feeling and what the situation was". If however the outcome of the self-disclosure had not been positive he would want to work with the supervisee to see what lessons could be learned from the experience. Participant B felt that she would not assume that a mistake had been made however she would want to 'check out' what had happened especially if she was aware that the supervisee had recently been through some sort of personal crisis.

Participant D who self-disclosed occasionally was generally not in favour of supervisees using this intervention, her approach would be to pre-empt this situation by setting boundaries early on in the supervisory relationship which would include advising the supervisee against using self-disclosure. If however a substantial self-disclosure had been made she would work through it with the supervisee to check the ethical dimension and consider if further action was needed such as terminating the contract or making a referral.

The non self-disclosing participants took a variety of stances on this. Participant E would put the onus on the supervisee to consider what had happened, he said: "So I say to my supervisees if you disclose, OK, we can't change the past, so what was it that you did? What where the reasons that you did it? What were the outcomes for you and the client, and in the light of that would it be appropriate for you to do it again?" Thereby allowing supervisees to draw their own conclusions.

Participant A would focus on what happened and whether she felt there had been adequate self-reflection on the part of the counsellor before they made the disclosure. She would then caution them against further self-disclosure because she saw this as an area where a directive approach was justified in order to protect the client.

Participant F would be concerned if it was something major but it would very much depend on if it had helped or hindered the client. She would want to explore with the supervisee how the self-disclosure had impacted on the client.

Participant H anticipated that she would be alarmed and would seek to explore with the supervisee whether they might need to go back into personal therapy or take a break from counselling. Her concern would lead her to spend a considerable amount of time ensuring that the supervisee understood what was appropriate and ethical.

Management of supervisees who over-use self-disclosure

The participants who were free self-disclosers had not ever found themselves in that situation. Participant B said that if that situation were to occur she would not necessarily believe that the supervisee was in the wrong but she would feel obliged to confront it. Participant C said that he would raise the subject with the supervisee as a pattern he had observed in their practice and open this up for discussion and reflection.

Participant A had experience of this situation where it had come to her attention that a supervisee had self-disclosed an "enormous" amount of information. The supervisee had not discussed this with her supervisor; it was informal feedback from the supervisee's clients that alerted the supervisor. The participant had felt obliged to challenge the supervisee about this and to review whether it was appropriate for this supervisee to be in the role of counsellor. In the event the supervisee took the decision herself to move out of counselling.

Participant C would address this as soon as the pattern had emerged because over-use of self-disclosure suggested loose boundaries and there would probably be other issues connected with competency to be considered. Although in certain circumstances it might be appropriate nevertheless he would want to know about it.

Participant D who uses self-disclosure occasionally would take steps to discourage excessive use of self-disclosure by supervisees by reminding them of her view that self-disclosure for its own sake was not in the interests of the client and she would prefer that they ceased using it. In addition this participant would discuss self-disclosure with the supervisee at the outset of the supervisory relationship when she

would make clear her expectations of them, so hopefully this situation would not arise.

Participant F had also had experience of this situation. It was apparent to the supervisor in this instance that the supervisee was over-identifying with the client and it was damaging their relationship, initially the supervisee was adamant that she was doing it for the client's benefit but eventually after discussing it in supervision she came to the decision to go back into personal therapy and have extra supervision.

Participant H would be very concerned about the effect on the counselling relationship; there was a risk that it was moving away from being a professional relationship to something 'chummy', an undesirable state of affairs. This participant said " how would they feel if they were at the doctor's or the dentist and they were sharing something, or if a their solicitor was sharing something – how appropriate would they feel it to be?" This participant would be very keen to address the appropriateness of regular self-disclosure with the supervisee. Participant E was clear that in this situation he would suggest that the supervisee consider personal therapy.

Management of the non self-disclosing supervisee

Participant E indicated that he would be supportive of supervisees who never disclose to clients, he said

> "Well, I would identify with them, wouldn't I? I would say they were a nice, safe, sound practitioner. Another person might say they were heartless and impersonal but I think you can give of yourself in a counselling relationship by choosing to be there and by choosing to be there you automatically disclose lots of things about yourself, and the client is not there to listen to my life history and my problems".

This participant would prefer supervisees not to use self-disclosure at all.

Participant D who identified psychodynamic as her core theoretical model would view no self disclosure as entirely appropriate for a psychodynamic supervisee and she would prefer supervisees from other theoretical orientations not to self-disclose either. Consequently a non self-disclosing supervisee would meet her expectations.

Participant H would respect the supervisee's choice not to self-disclose but would be curious as to their rationale for reaching that decision. If they had decided to consciously avoid self-disclosure and there was "a coldness" about their counselling relationships because of that then there would be cause for concern. "I suppose if someone was giving masses of self-disclosure I would be concerned but if someone said they never had shared a moment with a client I might also be equally concerned, so it's like finding the right balance for me."

Participant F would take the theoretical orientation of the supervisee into consideration; she would not be concerned if a psychodynamic practitioner never self-disclosed since that would fit their theoretical model. She would also not be surprised if a person-centred counsellor declined to self-disclose since this was her own personal stance. She acknowledged that there could be many reasons why a supervisee might never use self-disclosure such as lack of confidence, fear of doing harm or simply that they, like herself, had never felt the need to use it.

The totally non self-disclosing supervisee would raise concerns for participant G who would be uneasy about the power dynamic in the supervisees counselling relationships and how "real" or genuine they might be with clients. He would want to discuss this with the supervisee.

Participant A expressed doubts

> "my concern would be about what they were modelling to clients, if their boundaries were so tight that that they were actually defensive walls which were preventing any one or anything getting close to them, ……. but my concern would actually be how real they being with clients, whether there's any transparency, whether they really have an appropriately open presentation with clients or whether the clients feels they're just talking to a brick wall, not a human being. Well, brick wall is the wrong word because then they then might possibly have good body language, but none the less be quite closed as persons."

She would want to discuss this matter with supervisees.

Participant B would not be alarmed if the supervisee was working psychodynamically, however she felt there may be other less obvious reasons for not ever self-disclosing or claiming never to do so. The supervisee may not own up to self-disclosing out of shame and embarrassment, thinking that they have done something wrong. In her experience when this topic comes up when talking to other counsellors most counsellors will readily admit that they do self-disclose. She felt that she would want to encourage the non self-disclosing supervisee to feel able to use this intervention safely and effectively.

Participant C admitted that he would be worried about a supervisee who never self-disclosed, he would wonder what they are hiding and for him "not to be self-disclosing is unnatural".

Conclusions

This is a small –scale project with eight participants it would therefore be unwise to assume that this sample is in any way generally representative of

supervisors' attitudes to counsellor self-disclosure. It does however represent the views of the participants on this topic in this study.

The training of the individual participants does seem to have influenced the position they currently hold but perhaps personal experience in using self-disclosure has been more influential. All the participants identified several trainings from different theoretical orientations so it is difficult to attribute the participants' stance on this issue solely to their training. It would appear that if the participant had had bad experiences with using self-disclosure then they avoided it. If however they had experienced positive results from using self-disclosure then it was likely that this would be enthusiastically incorporated into their practice. One participant had recently reviewed her attitude to counsellor self-disclosure as a direct result of a training workshop day. This indicates that attitudes in this area may be modified by subsequent experience and training.

It is notable in this study that participants had all undertaken several types of training. It may be possible in future studies to clarify whether training or experience is more influential in this matter by selecting participants with training backgrounds in a single counselling model.

The link between training and subsequent practice in the area of self-disclosure appears to be unclear in this study particularly in participants' personal interpretation of the 'person-centred' position where some participants freely self-disclose whereas most avoid self-disclosure. It would seem likely that personal preferences outweigh theoretical considerations.

The findings of this study do not appear to support the view in the literature on this topic that counsellor self-disclosure is a widely and commonly practised technique (Simone et al, 1998). The majority of participants (6) expressed wariness

and discomfort with counsellor self-disclosure both on a personal practice and supervisory practice level, this had not been anticipated by the researcher.

Overall there did not seem to be a discernible gender-related set of attitudes to counsellor self-disclosure. The female and male participants in this study were equally split on the issues, with strong opinions at both ends of the spectrum regardless of gender. This finding conflicts with Shadley's (2000) suggestion that women regularly refer to their own personal issues in their work with clients.

It was notable that for 2 female participants part of their rationale for using self-disclosure with female clients was closely linked with their feminist sensibilities and willingness to share their life experiences as women. Neither participant specifically cited training in feminist approaches to counselling consequently this would appear to be an area where training has not been influential. Participant D who identified psychodynamic as her core theoretical model might have been expected to be opposed to self-disclosure. However she had found a way to incorporate self-disclosure with female clients. Further studies with female psychodynamic counsellors might clarify how feminism has influenced psychodynamic practice.

Participants speaking as supervisors expressed a broad range of responses regarding their management of supervisees in regard to self-disclosure. Half the participants had first hand experience of difficulties with supervisees' use of self-disclosure that had been resolved in a variety of ways. Counsellor self-disclosure would seem to be an area worthy of attention in supervision.

The participants who expressed personal distaste for this intervention tended to regard supervisee's use of self-disclosure as problematic in the first instance with the onus being placed on supervisees to justify their actions. The main concern was that ethical standards were being compromised. There was tacit recognition of the

likely consequence that supervisees would probably choose not to share any self-disclosures they may have made to clients with a supervisor they perceive to be disapproving. At the other end of the spectrum 2 participants would be supportive of their supervisees' use of self-disclosure in client work and would hope that supervisees felt able to discuss their use of self-disclosure in supervision.

Over-use of self-disclosure would be a cause for concern for all participants even the most liberal minded would want to assist supervisees in reflecting on what was being achieved.

There were some contradictions evident in the responses to the question about the supervisee who never self-discloses. In retrospect these contradictions would have been worthy of further exploration since some participants who disapproved of self-disclosure indicated they would be uncomfortable with a non self-disclosing supervisee. None of the participants reported having encountered this situation in their supervisory practice.

Supervisors' personal attitude to counsellor self-disclosure can be seen to impact on their supervisory practice and have potentially far reaching implications for their supervisees. Whilst it would be inappropriate to give guidelines for supervisory practice the following suggestions may be useful as guiding principles. Self-disclosure may be a legitimate, appropriate and effective counselling intervention if used with discretion and in the interests of the client. The choice whether to use self-disclosure has to be made by the counsellor who may choose to discuss this with their supervisor equally they may decide not to discuss it. If the supervisee feels that they will be criticised by the supervisor they may be unwilling to raise this in supervision. Supervisees should be encouraged to review and evaluate the effectiveness of their use of self-disclosure. Supervisees should be allowed to reach their own position on

this, if their training and subsequent experience in this area leads them to avoid self-disclosure then that should be accepted by the supervisor. Supervision would seem to be an ideal opportunity for supervisees to consider their use of self-disclosure, however they would need non-judgmental support from their supervisor to accomplish this. Supervisors might wish to explore the reasoning a supervisee gives for never self-disclosing bearing in mind that they may have good grounds for this choice.

Dissemination of findings

All the participants in this study have expressed an interest in viewing the dissertation, I will therefore be offering them copies (either printed or via e-mail.) In addition I will publish the dissertation on my website **www.counsellingmee.co.uk**

Since this study is relevant to counselling supervision research I may consider submitting an article reporting on the findings to the British Association for Counselling and Psychotherapy journal 'Therapy' which contains a 'supervision' section. In addition I will submit the study abstract to the BACP Research database.

Bibliography

Antaki,C., Barnes, R. & Leudar, I. (2005). Self-disclosure as a situated interactional practice. *British Journal of Social Psychology, 44, 181-199*

Ashmore, R. and Banks, D. (2002) Self-disclosure in adult and mental health nursing students *British Journal of Nursing,* Vol.11*,* No. 3 pp.172-177

Ashmore, R. and Banks, D. (2003i) Mental health nursing students' rationales for self-disclosure: 1 *British Journal of Nursing,* Vol. 12, No. 20

Ashmore, R. and Banks, D. (2003ii) Mental health nursing students' rationales for self-disclosure: 2 *British Journal of Nursing,* Vol. 12, No. 21

Audet, C. and Everall, R.D. (2003) Counsellor self-disclosure: client informed implications for practice. *Counselling and Psychotherapy Research,* Vol. 3, No. 3, Sept 2003, p223- 231

Barnes, M. and Berke, J. (1973) *Mary Barnes: Two Accounts of a Journey Through Madness.* London. Penguin.

Beauchamp, T. and Childress, J. (2001) *Principles of Biomedical Ethics.* Oxford, Oxford University Press.

Beck, A.T. (1976) *Cognitive Therapy and the Emotional Disorders.* Harmondsworth. Penguin.

Bond, T. (2000) *Standards and Ethics for Counselling in Action.* London. Sage.

Bond, T. (2004) Ethical guidelines for researching counselling and psychotherapy. *Counselling and Psychotherapy Research, Vol.4, No. 2 pp.10-19*

Boyatzis, R. (1998) *Transforming qualitative information: thematic analysis and code development.* London. Sage.

British Association for Counselling and Psychotherapy (2002), *Ethical Framework for Good Practice in Counselling and Psychotherapy* [Online]. Available from http://www.bacp.co.uk/ethical_framework/index.html [Accessed 25 November 2003].

British Association for Counselling and Psychotherapy (2004) *What is Supervision?* Information sheet S2 [Online] Available from http://www.bacp.co.uk/ members/info_sheets/S2.html [Accessed 3 March 2006]

British Association for Counselling and Psychotherapy (2005) BACP Member Survey 2005. *Therapy Today Vol. 16 No. 8 p. 52*

Brown, L.S. (1994) *Subversive dialogues: Theory in feminist therapy.* New York. Basic Books.

Buber, M. (1923) *I and Thou* (tr.W.Kaufmann) Edinburgh. T & T Clark, 1970.

Carroll, M. (1996) *Counselling Supervision: Theory, Skills and Practice.* London. Cassell.

Casement, P. (1985) *On Learning from the Patient.* London. Routledge.

Casement, P. (1990) *Further Learning from the Patient: The Analytic Space and Process.* London. Routledge.

Clarkson, P. (1995) The Therapeutic Relationship. London. Whurr.

Corey, G. (1996) *Theory and Practice of Counseling and Psychotherapy*. Brooks/Cole.

Crabtree, B.F. and Miller, W.L (Eds.) (1992) *Doing Qualitative Research.* CA.Sage.

Denscombe, M. (2003) *The Good Research Guide for small-scale social research projects. (2nd edition)*. Berkshire. Open University Press.

Denzin, N.K and Lincoln, Y.S. (1994) *Handbook of Qualitative Research.* London. Sage.

Dey, I. (1993) *Qualitative Data Analysis.* London. Routledge.

Dryden, W. (2000) Rational emotive behaviour therapy, in Feltham,C. and Horton, I. (eds) *Handbook of Counselling and Psychotherapy.* London. Sage.

Edwards, C.E. and Murdock, N.L. (1994) Characteristics of therapist self-disclosure in the counselling process. *Journal of Counseling and Development* Mar 1994 Vol. 72, Iss 4; p.384

Egan, G, (2002) *The Skilled Helper A Problem-Management and Opportunity-Development Approach to Helping.* CA.Brooks/Cole.

Eichler, M. (1988) *Nonsexist Research Methods A Practical Guide.* London. Unwin Hyman Ltd.

Ellis, A. (1962) *Reason and Emotion in Psychotherapy.* New York. Lyle Stuart.

Feltham, C. (2000) Counselling supervision: Baselines, Problems and Possibilities Chapter 1 in *Taking Supervision Forward* eds. Lawton,B. & Feltham, C., London, Sage.

Feltham, C. (2002) A surveillance culture? *Counselling and Psychotherapy Journal*, vol. 13 no.1: p. 26-27

Fox, S.G., Strum, C.A., & Walters, H.A. (1984) Perceptions of therapist disclosure of previous experience as a client. *Journal of Clinical Psychology* Vol. 40, pp.496-498.

Freud, S. (1915) Observations on transference-love. (Further recommendations on the technique of psycho-analysis III), *Standard Edition,* Vol. 12. London. Hogarth Press.

Gale, D. (1999), Chapter 14, The Limitations of Boundaries, in Feltham, C. (ed.) *Controversies in Psychotherapy and Counselling.* London. Sage.

Goldstein, E.G. (1994) Self-disclosure in treatment: What therapists do and don't talk about. *Clinical Social Work Journal,* Vol.22, pp.417-433.

Goldstein, E.G. (1997) To tell or not to tell: The disclosure of events in the therapist's life to the patient. *Clinical Social Work Journal,* Vol.25, pp.41-57.

Greenberg, J. (1995), cited in Rowan, J. and Jacobs, M. (2002) *The Therapists Use of Self*. Buckingham. Open University Press.

Hanson, J. (2003) Coming out: Therapist self-disclosure as a therapeutic technique, with specific application to sexual minority populations. Paper presented at the *Critical Multicultural Practice Conference,* Toronto, Ontario, Canada; 2003. [Downloaded 11/02/2006 from http://www.oise.utoronto.ca/depts/aecdcp/CMPConf/papers/Hanson.html]

Hanson, J. (2005) Should your lips be zipped? How therapist self-disclosure and non-disclosure affects clients. *Counselling and Psychotherapy Research* Vol. 5, No.2, June 2005, pp.96-104.

Harding, S. (1986) *The Science Question in Feminism.* Milton Keynes. Open University Press

Hass, D. (2001) Psychotherapy and research: An uneasy relationship. *Group Analysis 34:3;387-393.* The Group-Analytic Society (London). London. Sage.

Hawkins, p. and Shohet, R. *Supervision in the Helping Professions.* Milton Keynes. Open University Press

Hendrick, S.S. (1988) Counselor Self-Disclosure *Journal of Counseling and Development.* May1988 Vol.66 pp. 419 –424

Hendrick, S.S. (1990) A client perspective on counsellor disclosure. Journal of Counseling and Development. Nov. 1990 Vol.69 pp.184-185

Hennessy, R. (1993) Women's lives/feminist knowledge: feminist standpoint as ideology critique. *Hypatia.* January 1993.

Hill, C.E., Helms, J.E., Tichenor,V., Spiegel,S.B., O'Grady,K.E. & Perry, E.S. (1988). Effects of therapist response modes in brief psychotherapy. *Journal of Counseling Psychology,* Vol. 35, pp.222-233.

Holloway, E. (1995) *Clinical Supervision: A Systems Approach*. London. Sage.

Holmqvist, R. & Armelius, B.A (1996) Sources of therapists' countertransference

feelings. *Psychotherapy Research.* Vol.691, pp.70-78.

Holstein, J.A. & Gubrium, J.F. (2004) The active interview. Chapter 8 in Silverman, D. (Ed.) *Qualitative Research Theory, Method and Practice*. *(2nd edition)* London. Sage.

Jourard, S.M. & Lasakow, P. (1958) Some factors in self-disclosure. *Journal of Abnormal and Social Psychology* Vol 56, pp.91-98.

Jourard, S.M. (1968) *Disclosing man to himself.* New York. D. van Nostrand.

Jourard, S.M. (1971) *Self-disclosure: An experimental analysis of the transparent self*. New York. Wiley Interscience.

Jacobs, M. (1999) *Psychodynamic Counselling in Action.* London. Sage.

Kaberry, S. (2000) Abuse in Supervision. Chapter 3 in *Taking Supervision Forward* eds. Lawton,B. & Feltham, C., London, Sage.

Kahn, R. & Cannell, C. (1957) cited in Marshall, C. and Rossman, G.B. (1995) *Designing Qualitative Research (2nd edition).* CA. Sage.

Kirk, J. & Miller, M.L. (1986) *Reliability and validity in qualitative research.* California. Sage.

Knox, S., Hess, S. A., Petersen, D.A. & Hill, C.E. (1997). A qualitative analysis of client perceptions of the effects of helpful therapist self-disclosure in long-term therapy. *Journal of Counselling Psychology* vol. 44, pp.274-283.

Knox, S. and Hill, C.E. Therapist self-disclosure: Research based suggestions for practitioners. *Journal of Clinical Psychology/In Session,* Vol.59, pp.529-39

Kramer, C.H. (2000) Revealing our selves, in Baldwin, M. (ed.) *The Use of Self in Therapy.* Binghamton. Haworth Press.

Ladany, N., Lehrman-Waterman, D.E., Molinaro, M. and Wolgast,B.(1999) Psychotherapy supervisor ethical practices: adherence to guidelines, the supervisory working alliance and supervisee satisfaction. *Counseling Psychologist*, Vol. 27. iss.3 p.443-475.

Ladany, N. and Lehrman-Waterman, D.E. (1999) The content and frequency of supervisor self-disclosures and their relationship to supervisor style and supervisory working alliance. *Counselor Education and Supervision,* Vol. 38, no.3 pp.143-160

Lee,R.M. (1993) Doing research on sensitive topics. London. Sage.

Mahrer, A. (1988). Discovery-oriented psychotherapy research: Rationale, aims, and methods. *American Psychologist*, vol 43, pp.694-702.

Maione, P.V.& Chenail, R.J (1999). Qualitative inquiry in psychotherapy: Research on the common factors. In Hubble, M.A., Duncan, B.L. & Miller, S.D (Eds.), *The heart and soul of change: the role of common factors in psychotherapy* (pp.57-88). Washington, DC. American Psychological Association Press.

Mahalik, J.R., van Omer, E.A., & Simi, N.L. (2000). Ethical issues in using self-disclosure in feminist therapy. In Brabeck, M.M. (ed.) *Practising feminist ethics in psychology* (pp.189- 202) Washington, D.C. American Psychological Association.

Mahrer, A.R., Fellers,G.I., Durak, G.M., Gervaise, P.A., & Brown, S.D. (1981) When does the counselor self-disclose and what are the in-counseling consequences? *Canadian Counselor V*ol.15, pp.175-179.

Maroda, K. (1991) *The power of countertransference: innovations in analytic technique.* Chichester. John Wiley and Sons.

Mason, J. (1996) *Qualitative Researching*. London. Sage.

Masson, J. (1992) *Against Therapy.* London. Harper Collins.

Mathews, B. (1998) The role of therapist self-disclosure in psychotherapy: A survey of therapists. *American Journal of Psychotherapy*, Vol. XLII, pp.521-531

May, T. (1997) *Social research: issues, methods and process.* Buckingham. Open University Press.

McCarthy, P.R. (1982) Differential effects of counsellor self-referent responses and counsellor status. *Journal of Counseling Psychology,* Vol.29, pp.125-131

McLeod, J. (1998) *Introduction to counselling and psychotherapy.* Buckingham. Open University Press.

McLeod, J. (2001) *Qualitative Research in Counselling and Psychotherapy.* London. Sage.

Mearns, D. and Thorne, B. (1999) *Person-centred Counselling in Action.* London. Sage.

Nelson-Jones, R. (2000) *Six key approaches to counselling and therapy.* London. Continuum.

Nilsson, D.E., Strassberg, D.S., & Bannon, J. (1979) Perceptions of counsellor self-disclosure: An analogue study. *Journal of Counseling Psychology, V*ol. 26, pp.399-404.

Norcross, J.C. (2002) Empirically supported therapy relationships. In Norcross, J.C.(ed) *Psychotherapy Relationships that Work: Therapist Contributions and Responsiveness to Patients.* New York. Oxford University Press.

Oleson, V. (1994).Feminisms and models of qualitative research. Chapter 9 in *Handbook of Qualitative Research* eds.Denzin, N.K and Lincoln, Y.S. pp.158-174 London. Sage.

van Ooijen, E. (2003) *Clinical Supervision Made Easy.* Churchill. Livingstone.

Page, S. & Wosket,V. (1994) *Supervising the Counsellor: A Cyclical Model.* London. Routledge.

Peat, J., Mellis, C., Williams, K, and Xuan, W.(2002) A handbook of quantitative methods. London. Sage.

Peterson, Z.D. (2002) More than a mirror: The ethics of therapist self-disclosure. *Psychotherapy: Theory, Research, Practice, Training* Vol.39, pp.21-31.

Rennie, D.L. (1998) *Person-Centred Counselling: an Experiential Approach.* London. Sage.

Roberts, J. (2005) Transparency and Self-Disclosure in Family Therapy: Dangers and Possibilities *Family Process V*ol.44, No.1, pp.45-63.

Robitschek, C.G & McCarthy, P.R. (1991) Prevalence of counsellor self-reference in the therapeutic dyad. *Journal of Counseling and Development,* vol. 69, pp.218-221

Rogers, C.R. (1961) *On Becoming a Person A Therapists View of Psychotherapy.* London. Constable.

Rosie, J.S. (1980) The therapist's self –disclosure in individual psychotherapy: Research and psychoanalytic theory. *Canadian Journal of Psychiatry, vol.25, pp.469-472.*

Rowan, J. (1998) *The Reality Game: A Guide to Humanistic Counselling and Psychotherapy,* 2nd edn. London. Routledge.

Rowan, J. and Jacobs, M. (2002) *The Therapists Use of Self*. Buckingham. Open University Press.

Shadley, M.L. (2000) Are all therapists alike? Revisiting research about the use of self in therapy. In Baldwin, M (ed.) *The Use of Self in Therapy,* 2nd edn. New York. Haworth Press.

Simone, D.H., McCarthy, P. and Skay, C.L. (1998) An investigation of client and counsellor variables that influence the likelihood of counsellor self-disclosure. *Journal of Counseling and Development, V*ol.76, pp.174-82.

Seedhouse, D. *Ethics The Heart of Healthcare (2nd Ed.)* Chichester. Wiley.

Speer, S.A. and Hutchby, I. (2003) From Ethics to Analytics: Aspects of Participants Orientations to the Presence and Relevance of Recording Devices *Sociology Vol. 37 No.2 pp.315-337*

Stanley, L. and Wise, S. (1990) Method, methodology and epistemology in feminist research processes. *In Feminist praxis: Research, theory and epistemology in feminist sociology* Ed. Stanley, L. pp.20-40 London. Sage.

Teijlingen van, E. and Hundley, V. (2001) The importance of pilot studies. *Social Research Update* issue 35. University of Surrey.

Thorne, B.J. (1987) Beyond the core conditions. In Dryden,W. (ed.) *Key Cases in Psychotherapy.* London.Croom Helm.

Tong, R. (1989) *Feminist thought: A comprehensive introduction*. Boulder, CO. Westview.

University of Central England (2001) *Postgraduate Research Reading.* The Centre for Health and Social Care Research, Faculty of Health and Community Care.

Watkins, C.E. (1990) The effects of counsellor-self disclosure: A research review. *The Counseling Psychologist,* Vol.18: 477-500.

Weaks, D. (2002) Unlocking the secrets of 'good supervision': a phenomenological exploration of experienced counsellors' perceptions of good supervision. *Counselling and Psychotherapy Research,* Vol. 2, No.1, March 2002, p 33-39

Webb, A. (2002) What makes it difficult for the Supervisee to speak? Chapter 4 in *Taking Supervision Forward* eds. Lawton,B. & Feltham, C., London, Sage.

Webb, A. and Wheeler, S. (1998) How honest do counsellors dare to be in the supervisory relationship? : an exploratory study. *British Journal of Guidance and Counselling,* Vol. 26, No.4, pp. 509-524

West, W. (2003) The culture of psychotherapy supervision. *Counselling and Psychotherapy Research,* Vol. 3, No. 2, June 2003, p123-127.

Worell, J. and Remer, P. (2003) Feminist Perspectives in Therapy. 2nd edn. New Jersey. John Wiley and Sons.

Wyche, K.F. & Rice, J.K. (1997) Feminist therapy: From dialogue to tenets in Worell, J. & Johnson, N.G. (eds.) *Shaping the future of feminist psychology: Education, research and practice* (pp. 57-71). Washington, D.C. American Psychological Association.

APPENDIX I

Research project: **Supervisors' attitudes to counsellor self-disclosure**

Semi-structured interview schedule

- Background information regarding training e.g.

  Please could you describe what training you have undertaken in counselling and psychotherapy? What was the core theoretical model (or models) underpinning the training course (or courses)?

  What (if any) messages did you pick up from your training regarding counsellor self disclosure?

  What do you understand by the term self-disclosure?

- Personal practice information e.g.

  What is your personal experience of self-disclosure?

  Under what circumstances (if any) might you consider it appropriate?

  What subjects (if any) might be suitable for self-disclosure?

  What subjects would you consider to be unsuitable for self-disclosure?

- Supervisory practice information e.g.

  What advice would you give to a supervisee who is considering whether to share personal information with a client?

  If a supervisee told you that they had made a substantial self-disclosure to a client how would you respond?

  How might you manage a situation where you were concerned that a supervisee tended to over-use self- disclosure?

  What would your view be of a supervisee who never self-discloses to clients?

APPENDIX II

LETTER TO PROSPECTIVE PARTICIPANTS

Letterhead
Address for correspondence

Telephone contact numbers
Date

Dear

I am writing to introduce myself to you and to ask whether you would be interested in participating in a research project that will be starting within the next three months. My name is Dianne Mee, I am a Post Graduate student at the University of Central England and I will be undertaking research in an aspect of Counselling and Psychotherapy for my MSc.

The research project is entitled 'Counselling Supervisors' Attitudes to Counsellor Self-Disclosure'. I have enclosed an information sheet about the project.

The research will involve an interview lasting approximately 45 minutes that will be conducted at a mutually convenient time and location.

If you wish to participate please would you contact me by telephone or e-mail to make arrangements for us to meet. I have also enclosed a consent form for you to fill in and return to me at your earliest convenience.

I look forward to hearing from you.

Yours Sincerely

Dianne Mee

Appendix III

Research Project
Information sheet for potential participants

- **What is this project about?**

This project is entitled 'Counselling Supervisors' Attitudes to Counsellor Self-Disclosure'. The researcher is Dianne Mee, a Post Graduate student from the University of Central England, Department of Integrative Counselling and Psychotherapy.
The project will seek to explore how counsellor self-disclosure is managed in supervision.

- **What is the purpose of the project?**

The project is for an MSc course. The topic of the research addresses the question of counsellor self-disclosure from the supervisors' perspective. It is hoped that guidelines regarding counsellor self-disclosure may be drawn up for use in counsellor training. The findings from this study may also be of interest to counsellors and supervisors continuous professional development.

- **What will I have to do if I agree to take part?**

Participants will take part in an interview lasting approximately 45 minutes. The interview will take place within the next four months at a mutually convenient time and location. Please contact me by telephone or e-mail so that arrangements can be made.

- **Do I have to take part?**

You are under no obligation to take part if you do not wish to. Similarly if you do agree to take part and later change your mind you may withdraw from the study at any time by notifying me.

- **What are the possible benefits of taking part?**

You will have the opportunity to discuss your views on the topic and share your experience with others. You will also be contributing to the formulation of guidelines for an aspect of counselling practice.

- **Are there any risks?**

There are no identifiable physical or psychological risks in taking part in this project.

- **What will happen to the information I give you?**

Any information you give me will be treated in the strictest confidence and used only for the purposes of this project. It will be stored securely in a locked cabinet separate from your personal details. You will not be identified in any way in any report. When the project is complete all interview recordings and other data will be destroyed.

- **Who else is taking part?**

I hope to interview ten counselling supervisors for this project.

- **What if I have any more questions or concerns about this project?**

If you have any questions or would like to know more about this project please contact me at the above address or by telephone/e-mail.

- **What happens now if I decide to take part?**

Please complete and return the enclosed consent form to me, in the envelope provided, by December 16th 2005. I will contact you to make arrangements for the interview.

Thank you for taking the time to read this information sheet.

APPENDIX IV

CONSENT FORM

Letterhead
Address for correspondence

Telephone contact numbers
Date

Research project: Counselling supervisors' attitudes to counsellor self-disclosure.

Consent Form

- I have received the information sheet and understand what the project is about.
- I agree to be interviewed by the researcher Dianne Mee.
- I am aware that I am able to withdraw consent at any time without adverse consequences to myself.

Please complete below:

Participant Name (BLOCK CAPITALS)……

Participant signature……..

Date of signing……..

A copy of this form will be returned to you for your own record.

-For completion by researcher –

Researcher Name (BLOCK CAPITALS)……

Researcher signature……..

Date of signing……..

Appendix V

Participant profiles

Training as identified by participants in response to Question 1 '**Please could you describe what training you have undertaken in counselling and psychotherapy? What was the core theoretical model (or models) underpinning the training course (or courses)?'**

Participant A: (Female) Psychodynamic Person-centred Cognitive behavioural therapy	**Participant B:** (Female) Relate training Person-centred Psychodynamic Integrative
Participant C: (Male) Egan Person-centred Rational Behavioural Cognitive Therapy (REBT)	**Participant D:** (Female) Psychodynamic Integrative (including person-centred)
Participant E: (Male) Eclectic Person-centred	**Participant F:** (Female) Person-centred Egan Psychodynamic Gestalt
Participant G: (Male) Person-centred Gestalt Transactional analysis Cognitive Behavioural Therapy Solution Focused Brief Therapy	**Participant H:** (Female) Humanistic Person-centred