What Did Carl Rogers Say on the Topic of Therapist Self-Disclosure? A Comprehensive Review of His Recorded Clinical Work

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Abstract. *Self-disclosure is the very substance of psychotherapy. Therapist self-disclosure, on the other hand, has long been an area of contention and debate among practitioners, theorists, and researchers. Though staunch edicts against therapist self-disclosure are increasingly rare these days, the various theoretical orientations still weigh heavily on how disclosures by therapists fit into the clinical rationale. It is somewhat widely held that humanistic theorists, including Carl Rogers, were proponents of therapist self-disclosure in the interest of being genuine and open. This study covers all of the known recorded work of Rogers, and takes a qualitative look at instances in which Rogers made self-revealing statements to clients. Results indicated that Rogers almost never made self-disclosing statements to the clients with whom he worked, far less than would be expected based on the broader literature on the frequency of therapist self-disclosure. The implications for the theory and practice of person-centered therapy as well as humanistic/person-centered therapy are discussed.*

Historically the role of therapist self-disclosure in session depended largely upon the therapist's theoretical orientation. For instance, in psychoanalytic schools of thought, self-disclosure is viewed as a mistake of the novice therapist who is attempting to help clients overcome their resistance (Auvil & Weiskopf-Silver, 1984; Freud, 1910/1959). Freud considered these revelations to be inappropriate and claimed that they were in contradiction to his insistence that a therapist act as an impenetrable mirror to clients, reflecting only what is shown to him or her by the client. Of course, over time psychodynamic literature became more relaxed on the topic and thoughtful sharing of personal thoughts, emotions, or experiences is believed to add authenticity to interpretation, making therapy feel more real for clients (Jacobs, 1997). Going further Levinson (2010) has built a

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modern dynamic theory around freely sharing therapist reactions with clients as they are emerging in the therapy relationship.

At the other extreme from Freud's position against therapist self-disclosure, humanists embraced a more liberal stance toward therapist self-disclosure. The humanistic movement has heralded the charge for spontaneous human relating through mutual self-disclosure in therapy (Curtis, 1981; Jourard, 1971). When adopting a humanistic perspective, therapist self-disclosure is thought to be a fundamental tenet of being congruent and genuine in the therapeutic relationship (Nilsson, Strassberg, & Bannon, 1979).

The liberal stance of the humanists toward therapist self-disclosure is rivaled only by feminist theory, which holds that therapist self-disclosure is important in narrowing the power differential between client and therapist (Mahalik, Van Ormer, & Simi, 2000). Similarly, Hill and Knox (2002) promote the use of self-disclosure in therapy as a way for different cultural experiences to be acknowledged and respected. Given that some client populations are underserved by mental health professionals, therapists are called upon to not only recognize cultural factors that may be salient to providing services to clients, but should make every effort to effectively deal with their own cultural biases (Sue, 2015; Sue, Arredondo, & McDavis, 1992). One way in which a therapist may decide to address his or her own limitations with respect to cross cultural understanding is to openly acknowledge these to the client, thus making understanding/misunderstanding a topic to be explored in therapy (Sue, Ivey, & Pederson, 1996). Barnett (2011) goes as far as to write that rigid avoidance of therapist self-disclosure in a multicultural context was inappropriate. Cognitive behavioral theory does not offer direct guidance with respect to therapist self-disclosure, but respects therapist disclosure as a tool for change and relating to clients (Miller & McNaught, 2016).

The research on therapist self-disclosure adds further depth to the topic: Therapists and clients seem to agree that the timing, nature, and extent of the self-disclosure should be based on the quality of the client/therapist relationship in terms of the therapeutic alliance (Maroda, 1994; Weiner, 1983; Wells, 1994). In a qualitative study of Levitt and colleagues (2016) looked at 52 therapeutic dyads at college counseling centers. Of these 52 dyads, 46 had some level of therapist self-disclosure associated with the work. Disclosures were rated as largely favorable and perceived as humanizing the therapist. Interestingly, the frequency of therapist self-disclosure was unrelated to outcome as measured by symptom reduction. In a robust qualitative metanalysis of 21 studies, the benefits as well as the risks of therapist self-disclosure were explored (Hill, Knox, & Pinto-

Coelho, 2018). These authors parsed out immediacy statements from other types of therapist self-disclosures and found that immediacy statements were more helpful in facilitating clients exploring issues openly, whereas other forms of therapist self-disclosure were more helpful in providing support and enhancing the therapeutic relationship. In general, therapist self-disclosure and immediacy statements had a positive impact on the therapy process, but it is worth noting that in 30% of the cases disclosures were viewed negatively.

Other qualitative work has found similar patterns with therapist self-disclosure; both being facilitative as well as hindering the therapy relationship (Audet & Everall, 2010). Self-disclosure by the therapist was associated with closeness in the therapy relationship and described as encouraging, egalitarian, and comforting. These authors note that there is a risk to therapist self-disclosure and included role confusion/reversal between the therapist and the client, clients feeling misunderstood and overwhelmed.

Hill and Knox (2002) described therapist self-disclosure as a rare but potentially potent intervention. They described it as the Goldilocks principle: too often or too infrequent and the impact is lost. When the working alliance is strong, therapists tend to disclose more than when the alliance is weak (Pinto-Coelho, Hill, and Kivlinham, 2016). In analogue research, when the working alliance was strong, therapist disclosures led to the therapist being viewed as more expert and the session having more depth than when the alliance was weak. Therapists tend to disclose more often and report greater comfort doing so later rather than earlier in their careers (Hill, Knox, Pinto-Coelho, 2018). Nevertheless, the majority of therapists report disclosing at some point in therapy, with Henretty and Levitt (2010) reporting that 90% of therapists report disclosing occasionally and Carew (2009) sharing that 19 out of 20 practicing therapists acknowledged disclosing something to their clients. Still, therapist self-disclosure is infrequent when all therapist response modes are considered, with disclosure occurring in 0-5% of cases (Hill, Knox, & Pinto-Coelho, 2018). This is in line with earlier research by Hill and her colleagues (1988) which examined over 16,000 therapist responses with about one percent representing a disclosure by the therapist. In essence, most therapists self-disclose, but disclosures represent a very small portion of overall responses.

Given Carl Rogers' seminal work (Rogers, 1951) in humanistic theory, he is often referenced as being a proponent of therapist self-disclosure (Audet & Everall, 2010; Carew, 2009; Farber, 2006). However, there is no evidence of this in Rogers' writings. It is indeed true that humanists believed that therapist expressing feelings and reactions to clients

in an open fashion, without maintaining a façade is critical (Carew, 2009; Curtis, 1981; Jourard, 1971), but it would seem that Rogers never wrote explicitly about therapist self-disclosure. Despite this, we can make some inference about Rogers' stance on therapist self-disclosure by his reluctance to directly answer most questions that were asked by clients (Kegan,1994, as cited in Frankel & Johnson, 2015). In fact, these contemporary Person-centered theorists along with others (Brodley, 2011) warn that therapist self-disclosure can create a power imbalance between therapist and client in which the therapist assumes control of the session, thus interfering with the client's exploration of their own narrative. This brings us to the purpose of the present study: What did Rogers actually say in therapy. Specifically, did he disclose to his clients?

Method

Lietaer and Brodley (2003) published a manuscript outlining a comprehensive listing of the therapeutic work of Carl Rogers. Subsequently, these authors took on the daunting task of obtaining video and audio recordings as well as existing transcripts of sessions and compiling an archive. This work is comprised of 172 therapeutic sessions conducted by Carl Rogers and represents a comprehensive body of Rogers' known recorded work (Lietaer & Brodley, 2006).

These transcripts were reviewed in their totality, consisting of 8,668 responses by Rogers (see Appendix A for more detail). All self-disclosing statements were identified. These statements were then categorized by the primary researcher and two other licensed psychologists. The mean years of practice among these psychologists was 20.3 years. All three are well versed in process research and are published in this area. For the purposes of this study, both the definition for therapist self-disclosure as well as the categories for therapist self-disclosure were adapted from the work done by Hill and Knox (2002) and Knox and Hill (2003) respectively: Therapist self-disclosure was defined as verbal statements that reveal something personal about the therapist (Hill and Knox, 2002). These disclosures could either be spontaneous or in response to an inquiry by a client. The categories of therapist disclosure included the following: Disclosures of facts, feelings, insights, strategy, reassurance/support, challenge, and immediacy. Please refer to Knox and Hill (2003) for more detail. When possible, consensus among the therapists was reached regarding which category of self-disclosure each respective interaction belonged. When no consensus could be reached, the majority indicated in which category a response was coded.

Results

Upon review of Rogers' work, it became evident that he did not disclose much to his clients. Out of 8,668 responses, only 21 could be considered self-disclosing. That is one disclosure every 413 responses or 0.24% of overall responses. Please refer to Appendix A for a listing of sessions in which disclosing statements were made. After reviewing the disclosing statements, they were categorized by the rubric outlined by Knox and Hill (2003): 12 responses were considered disclosures of immediacy; 9 were disclosures of fact; 7 were disclosures of reassurance/ support; three were rated as disclosures of feeling; and finally two statements were rated as disclosures of challenge. Appendix B is a graphic depiction of these findings.

Examples of each of the disclosure types may help illuminate the intersection between contemporary understanding of therapist self-disclosure (Knox and Hill, 2003) and Rogers' actual therapeutic work. The most frequent type of disclosure was that of immediacy. When working with Mike, during the first session, Rogers commented, "Uh, I guess I feel very appreciative really that you've been willing to share this much with me" (Brodley & Lietaer, 2006, Vol. 10, pg. 40). The second most common type of disclosure Rogers made was that of fact. One such disclosure was made to Mrs. Oak during session 18 when he said, "I seem to have a terrible cold today." (Brodley & Lietaer, 2006, Vol. 8, pg. 134). Rogers offered a disclosure of reassurance/support to Herbert Bryan during the third session (Brodley & Lietaer, 2006, Vol. 2, pg. 57): "I think you are definitely making progress, and the kind of thing that has more significance to me than some of the intellectual things that you do in the realm of-feeling and action." One of the disclosures of feelings that Rogers made (Brodley & Lietaer, 2006, Vol. 2, pg. 94) was also to Herbert Bryan during the 5th session: "Yes, I'm inclined to be skeptical too that you can find the answer in a pigeonhole." Finally, the least common type of self-disclosure made by Rogers was that of challenge. In his work with Mrs. Int in the 5th session, Rogers commented, "But I think that you and I want something very different for you" (Brodley & Lietaer, 2006, Vol. 5, pg. 35).

Discussion

Carl Rogers was one of the first therapists to widely embrace the novel technology at the time which allowed for recording of conversations, or therapy, as it occurs. Rogers saw the tremendous value that audio, and later video recording, had when it came to understanding the therapeutic process (Rogers, 1980). What could this new technology reveal? A fundamental question that is still being answered, with all the imbued complexity and richness.

Nevertheless, the work of Brodley and Lietaer, (2006) gives a depth to the literature that cannot be overstated. We now know, not only what Rogers wrote in regard to therapy and the process of human development, but we get a substantial look (not a glimpse) into how Rogerian theory actually plays out in therapy. The present research explores a relatively circumscribed aspect of the therapeutic process: therapist self-disclosure. In a nutshell, Rogers did not disclose much. In fact, only 0.24% of his responses were self-disclosures. This is about a quarter of what is found in the field of psychotherapy as a whole, where about 1% of therapist responses are self-disclosures; still a relatively rare phenomenon. There are a couple broad assumptions that can be drawn from this simple statistic: First, therapist self-disclosure was not a central part of Rogers' practice. Though the transcripts available undoubtedly represent a minority of Rogers 'clinical work, there is no reason to believe that they were a substantial deviation from his way of being in therapy in general. Secondly, in the absence of specific writing or discussion on therapist self-disclosure, and given that much of the recordings were done expressly to demonstrate the person-centered approach to therapy (Brodley & Lietaer, 2006), it is relatively safe to say that therapist self-disclosure was not a central component of the person-centered approach.

Beyond the more apparent assertions above, there are significant questions and limitations in the current work. Most notably is the dearth of self-disclosures. With disclosure being such an infrequent response, there simply is not enough data to do a qualitative analysis of any substance. That being said, some anecdotal observations about the disclosures Rogers made merit sharing. The primary contraindication to using self-disclosure in therapy is the possibility of a role reversal between the client and therapist, which shifts the focus of treatment away from the client (Curtis, 1981; Matthew, 1988; Wells, 1994; Widmer, 1995). All of Rogers' disclosures were brief in nature and none detracted from the focus on the client. In three instances, disclosures were in response to direct questions from the client, all other disclosures were spontaneous in nature. When a client asked him the question, he simply answered it and returned his attention to the content being discussed previously. Though Rogers clearly did not engage in therapist self-disclosure or openly address it in writing, he certainly was not opposed to sharing of himself, either when asked or when it was germane to the client's dialogue.

Some therapists view the sharing of certain topics to be strictly forbidden. For instance, it is thought that self-disclosure about personal problems, fantasies, and unresolved countertransference is almost always unhelpful to clients (Coyle, 1999, Hill, 1988). Rogers made only one comment that was rooted in a previous personal concern. He shared with

Jim that he could relate to his feelings of being "no damn good to anyone" (Brodley & Lietaer, 2006, Vol.11, pg. 84). This was the most vulnerable disclosure Rogers made, and in post-session commentary he acknowledged that it was out of character for him. Nevertheless, the client, Jim, who was deeply depressed and minimally responsive began to open up following Rogers' disclosure. Given that Rogers phrased his comment in the past tense, we might infer that his issue/countertransference was resolved. So, Rogers use of self-disclosure was across the board judicious, focused on the client, and did not seem to hinder the therapy process.

Conclusion

Therapist self-disclosure does not seem to have a formal place in the person-centered approach. It is neither forbidden nor endorsed by Rogers in his writings. Other humanistic authors more formally addressed and endorse the liberal use of therapist self-disclosure (Jourard 1971). When writing about the expectation held by therapists that clients be completely open and honest during sessions, Jourard (1971), in a seemingly flippant manner, suggested that therapists should be willing to answer any of the questions that they routinely ask clients. I suspect that there was a hint of seriousness to Jourard's statement, since he viewed mutual self-disclosure in any relationship, including a therapeutic dyad, as a fundamental aspect of establishing a healthy relationship.

Rogers managed to form deep therapeutic relationships with clients without sharing much if any specific details about himself—though he certainly shared himself. Both proponents of therapist self-disclosure and critics of therapist self-disclosure would agree that the focus of therapy should always be the client and not the therapist—a task that Rogers accomplished exceedingly well. With this in mind, contemporary person-centered therapists, and in fact I would argue that all therapists, regardless of theoretical orientation, would do well to follow the example set forth by Rogers and ensure that any disclosures they make are in the interest of serving the client. Additionally, fitting broadly within the person-centered approach, therapist disclosure should not be viewed as a technique to be utilized in specific instances. If therapists are open to making disclosures, these should be done in the interest of spontaneous human connection and not be part of a therapeutic script.

Reviewing these transcripts was a remarkable experience for me. My depth and understanding of the person-centered approach and, more specifically, Carl Rogers grew considerably. The door is now wide open for future research. Beyond the present study, a qualitative analysis of other therapist response modes is now possible. A closer look at the work of

Rogers may confirm person-centered theory, extend it, or perhaps revise it. In essence, results of such analysis may further the development of the person-centered approach. The transcripts also readily lend themselves as a resource for training therapists in various disciplines. Finally, as others look at these transcripts, I would encourage a process of curiosity, spontaneity, and creativity. This would be only fitting, as these elements were intricately interwoven into the work that makes up this archive.

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Client	Therapist Responses	Self-Disclosures	Immediacy Disclosures
Herbert Bryan	614	3	2
Frank	54	0	0
Mary Jane Tilden	228	0	0
Ett	711	1	0
Int	434	1	0
Vib	485	1	0
Dem	339	0	0
Sar	290	0	0
Zak	49	0	0
Oak	1780	7	3
Bik	48	1	0
Sup	39	0	0
Mike	119	1	1
Roc	93	0	1
Mun	40	0	0
Lin	143	0	0
Necta	228	0	0
Fas	60	0	0
Loretta	74	0	0
Elaine	154	0	0
Joan	54	1	0
P.S.	75	0	0
Jim	143	3	1
Gloria	71	0	1
Sylvia	114	0	0
Kathy	91	0	0
Dione	222	0	0
Anna	132	0	1
Phillipe	55	0	0
Alphonse	61	0	0
Irene	104	0	1
Julia	126	0	0
Margaret	52	0	0

Mark	48	0	0
Jan	72	0	0
Beate	44	0	0
Gina	27	0	0
Reiko	106	0	0
Ms. G	53	0	0
Jill	122	0	0
Richie	64	0	0
Daniel	81	0	0
Ellie	19	0	0
Vivian	57	1	0
David	56	0	0
June	135	0	0
Peterann	67	0	0
Mary	138	0	0
Louise	81	0	0
Steve	58	0	1
Lydia	158	1	0
Total:	8,668	21	12
Percentage of Total Responses		.24%	.14%

Appendix A

Therapist Response Tally

Appendix B

Number and Type of Self-Disclosures Made By Rogers