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**THE PHENOMENOLOGY OF THE EVENTS OF CLIENT
INHIBITION AND SELF-DISCLOSURE IN THE
THERAPEUTIC DIALOGUE**

THESIS

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ABSTRACT

The aim of this study was to provide an account of the power relations that are implicit in the experience of clients who initially withhold but eventually disclose a sensitive issue in the psychotherapeutic dialogue. Mainstream psychotherapeutic literature has maintained that clients who withhold sensitive material implicitly express a psychological powerlessness. The literature review also turned attention to an alternative view, not arising from within the psychotherapeutic literature. Specific reference was made to the work of Foucault who suggests that although clients may appear to be empowered through self-disclosure, they are in fact constrained, since disclosing themselves constitutes an appropriation of self-understanding which forecloses openness to other forms of self-understanding. The tension between these conflicting accounts about the relation of self-disclosure to empowerment was discussed as an issue requiring further exploration through clinical research.

A phenomenologically orientated research method was used to describe the experiences of five clients who withheld and subsequently disclosed sensitive issues in psychotherapy. These descriptions yielded a thematically differentiated process of psychological change. The structure of client inhibition and self-disclosure was seen to correspond to the concepts of powerlessness and empowerment outlined in the psychotherapeutic literature. The apparent empowerment of clients during self-disclosure casts doubt on Foucault's perspective. However, on further reflection and through a review of the research method, it became apparent that the lack of support for Foucault's perspective was a consequence of the particular research method used rather than an indication of the non-existence of constraint.

Ricoeur's hermeneutic phenomenology was used to develop the above methodological critique. Using this alternative approach the researcher critically evaluated the findings of the phenomenological study. This facilitated a reinterpretation of the clinical material. It emerged that the experience of empowerment represents a particular form of self-understanding, and it was shown, in relation to the clinical material, how this can indeed as Foucault suggests (because of its very specificity) constrain the client from understanding him/herself in alternative ways. It was revealed that the experience of empowerment is a necessary but limited component of successful client disclosure. This does not, however, go far enough. It was suggested that ideally, critical reflection on the constraints of self-understanding, rather than self-disclosure *per se*, should be regarded as the destination of the urge to self-disclosure.

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This is my question: At what price can subjects speak the truth about themselves? (Foucault, 1988, p.30)

In contrast to the tradition of the cogito and to the pretension of the subject to know itself by immediate intuition, it must be said that we understand ourselves only by the long detour of the signs of humanity deposited in cultural works (Ricoeur, 1991, p.87)

A critique is not a matter of saying that things are not right as they are. It is a matter of pointing out on what kinds of assumptions, what kinds of familiar, unchallenged, unconsidered modes of thought the practices that we accept rest (Foucault, 1988,p.154).

CHAPTER ONE

1.1 INTRODUCTION

There has been great interest in the process whereby clients reveal a previously undisclosed issue that is responsible for a considerable degree of personal distress in their lives (Stiles, 1987; Winston & Coates, 1987). The present study is specifically interested in the psychological experience associated with the client's disclosure of such an issue. Following Winston and Coates (1987), this is referred to as a distress-disclosure, in order to distinguish this experience from more mundane forms of therapeutic disclosure practised by clients.

A distress-disclosure is not a simple event, for it is characterized by a dilemma (Winston & Coates, 1987) which the client experiences, in that he/she may wish to disclose an issue, but is afraid that the therapist could reject or betray this confession, in so doing effectively withdrawing the social support that the client so urgently needs. Fearful clients may feel too inhibited to risk (Hymer, 1988) disclosing sensitive material for some time before they are eventually able to reveal the relevant issue to the therapist. The focus of the present study looks at client accounts of their experiences of such inhibition, which is followed by a subsequent disclosure. The change from the experience of inhibition to the experience of disclosure is of particular concern.

Chapter two, entitled The Literature Review, explores the possible relations of client powerlessness and empowerment that can occur in the context of inhibition and self-disclosure. What emerges from this overview is that clients who are inhibited in expressing their distress in therapy, invariably feel powerless and vulnerable. However, in the event of self-disclosure these feelings may become more extreme or become transformed into a relative sense of empowerment. Furthermore, the literature attributes these two alternative experiential

outcomes to the difference in the support that therapists give to client distress-disclosures.

However, the empowering possibilities of client disclosure are called into question through reference to Foucault's (in Hutton, 1988) perspective on the role of self-disclosure in the therapeutic context. From this viewpoint even distress-disclosures that are experienced as relatively empowering by clients may simultaneously limit their self-understanding when this experience becomes a new truth about self-identity. Experiencing self-disclosure as empowering him/her may simultaneously foreclose the client from understanding him/herself in other ways in the therapeutic context. Therefore, client empowerment is always accompanied by a simultaneous constraint on self-understanding.

While these criticisms from a Foucauldian perspective are acknowledged, the focus of the present investigation centres on client accounts of inhibition and self-disclosure. The emphasis is on obtaining client expressions of powerlessness and empowerment that may be revealed in their experiences of disclosing an issue in therapy that has been responsible for considerable personal distress. Whether the data reveals evidence of the constraints in client self-understanding that are compatible with those outlined in the Foucauldian perspective is an issue that is only addressed in the course of the discussion of the research findings that takes place in chapter 5.

Chapter 3 gives an account of The Method used in the present study. Client accounts are obtained, which describe their experiences of inhibition and self-disclosure. The emphasis on experiential accounts is derived from phenomenological psychology (Giorgi, 1985; Stones in Kruger, 1988; Wertz, 1985) and a reading guide method developed for the analysis of

complex narratives (Brown, Tappan, Gilligan, Miller & Argyris, 1989). Client accounts are transcribed and analyzed according to themes that emerge from these transcripts or protocols. These themes are re-articulated in more psychological language, culminating in an Individual Thematic Description. Examples of these stages of analysis, including all the individual thematic descriptions, are presented in the appendices of the thesis.

In Chapter 4 The Results of these stages of analysis are presented in a form that organizes the individual accounts into a description of those features that reveal a generality beyond individual cases. The Structural Features Of Client Inhibition And Self-Disclosure are presented in full in this chapter, together with a summarized version of these findings. The above research process and findings are concerned with the delineation of the meaning of inhibition and self-disclosure, as this is revealed in client's lived experiences.

The Discussion in chapter 5 focuses on the experiences of client powerlessness and empowerment that are implicit in the findings of inhibition and self-disclosure. In discussing the findings, it is apparent that there are implicit experiences of powerlessness and empowerment that coincide more or less with how these concepts have already been articulated in the literature review in chapter 2. However, in the context of experiences of empowerment, no constraint in client self-understanding is evident. The criticisms of empowerment and self-disclosure that are embodied by the Foucauldian perspective are not directly observable in relation to the findings of inhibition and self-disclosure.

The constraints in client self-understanding outlined by Foucault (in Hutton, 1988) may not necessarily form part of the experiential content of inhibition and self-disclosure. The former

may not even be implicit in an empowering meaning of self-disclosure, because they are part of the boundary or horizon (Sass, 1990) which encloses the entire self-disclosure experience. By referring to Ricoeur (1991), an additional methodological step is outlined by means of which it becomes possible, via a turn to theory, to reflect critically on the nature of the limits of a particular experience. By using the Foucauldian perspective as a theoretical reference or backdrop, the horizontal characteristics that both enable and simultaneously circumscribe the experience of client empowerment in the context of a therapeutic disclosure become the subject of a critical reflection.

The discussion is therefore in part a continuation of methodological procedures, specifically those that employ the use of theory as an interpretive tool. The study finally attempts to ascertain whether a critical reflection on the limitations of client empowerment in psychotherapy may be able to be brought to the experience of both therapists and clients who are engaged in a therapeutic dialogue.

CHAPTER TWO

2.1 REVIEW OF THE LITERATURE ON SELF-DISCLOSURE IN PSYCHOTHERAPY

2.1.1 The benefits of client self-disclosure in therapy

Since Jourard's (In Berg & Derlega, 1987) research on self-disclosure, client revelations in psychotherapy have been considered necessary for the subsequent development of both healthy personality and therapeutic success.

The writing on client self-disclosure in regard to the development of healthy personality and therapeutic progress speaks of clients "revealing", "representing" and "expressing" a sense of their "reality", "authenticity", or "genuineness" (Josephs, 1990, p. 76). This process of articulation indicates that clients' are listening and attending to their own personal process, and that they possess an "integrated" or "clearly defined" sense of self (Josephs, 1990, p.76).

Client self-disclosure is also viewed as promoting a greater degree of intimacy between client and therapist (Berg and Derlega, 1987, p.4). Furthermore, self-disclosure promotes client self-exploration, in that this activity enables clients to "examine their motives, relationships with others, fears and life choices, as well as their belief systems and values" (Papouchis, 1990, p.159). In a similar vein, client self-disclosures ultimately lead to "greater insight" and "greater awareness" of their psychological life, especially in regard to those aspects which are experienced as problematic or distressing (Papouchis, 1990, p. 159).

The abovementioned types of therapeutic progress and personality development occur because disclosure involves verbalising information that is personally revealing. Self-disclosure, according to Greenwood (1990, p. 176) involves "the process of verbally revealing to another information about oneself that is at least somewhat personal in nature" . When this personal information is of a distressing or psychologically disturbing nature, i.e. when it makes clients feel unhappy or upset, self-disclosure of such an issue can be especially beneficial in that it can alleviate this distress. According to Coates and Winston (1987), client revelations of personally distressing issues enable them to function more effectively than if they remained undisclosed.

**"Scholars of the human condition have long argued that an inability or unwillingness to openly express intense, negative emotions underlies many of the psychological and physical disorders that people develop. Many modern therapists have likewise maintained that the open expression of unpleasant feelings, what we call 'distress disclosure' is necessary in order to overcome these feelings and maximize our psychological wellbeing."
(p.229)**

It is specifically this process of distress-disclosure that somehow alleviates clients' sensitive and unpleasant psychological experiences which interests the present study on self-disclosure in psychotherapy.

2.1.2 Self-disclosure of distress by clients

Client distress-disclosure consists in the revealing of those aspects of personal existence which clients experience as psychologically problematic. If, in the process of self-disclosure, this psychological distress can be perceived anew in a more positive light, a more complete process of self-insight and understanding may be achieved by clients. Simultaneously, such a sharing of personally sensitive material with the therapist can promote greater intimacy and rapport in the therapeutic relationship. Stiles (1987) writes that client distress-disclosures are

beneficial because they engender a cathartic sense of relief, of "getting it off my chest", "getting it out in the open" (p. 263). Secondly, they promote an increasing self-acceptance and broader self-understanding (p. 264). In this sense, distress-disclosures out of all forms of therapeutic disclosure by clients, promotes the greatest degree of progress in relation to both healthy personality development in clients, and the evolution of good therapeutic process (Stiles, 1987, p. 267) Consequently it is this form of disclosure which interests the present study.

2.1.3 The role of the therapist

While client distress-disclosures may engender personal self-insight and accelerated therapeutic progress, this is dependent on the former receiving the appropriate social support from the therapist (Coates and Winston, 1987). Stiles (1987) maintains that psychotherapy is precisely the place where distress-disclosures are both appropriate and welcomed. Therapy provides an environment where clients can experience cathartic relief and the growth of a new self-acceptance in relation to problematic issues (pp. 263-264). The therapist is there for clients as a facilitator of disclosures, and subsequently as a receptive listener when these occur.

The therapist's role in helping clients contain and work with their self-disclosures constitutes a vital part of the relief and greater self-understanding that follows in the aftermath of disclosing, providing that the former responds in an adequately supportive fashion. However, despite the opportunities for disclosure in psychotherapy and the role of the therapist in facilitating and supporting this activity, clients persist in experiencing difficulties (Berg and Derlega, 1987) in being able to disclose their distress in this context.

These difficulties arise from the sensitive nature of psychological distress which raises doubts about the therapist's ability to be supportive and facilitative. These doubts are focused on in the following section in order to understand why clients often withhold important, relevant issues from therapy. In this way a more complex view of the disclosure of distress may emerge.

2.1.4 The risk of distress-disclosure

Hymer (1988) writes that client self-disclosure, what she terms "confession", is a process involving risk for the client. Risk refers to clients anxiety in the face of a potential disclosure of personal material. Disclosure or confession becomes a problem when the sensitivity of the material may incline clients to fear betrayal, abandonment or negative censure from the therapist in terms of the latter's response (Hymer, 1988).

Coates and Winston (1987) concur that distress-disclosures, i.e. the revelation of an issue that the client experiences as psychologically disturbing, involve the risk of intensified psychological distress in the event of a lack of support from the person to whom the disclosure is addressed. Clients' realization of this risk plunges them into a dilemma concerning whether they can afford to disclose or not. A rejecting, censorious response from the therapist could aggravate clients' distress, making it more difficult for them to cope with the relevant issue after a therapeutic disclosure.

"If others find distress disclosure unpleasant and unattractive, engaging in such disclosure could well result in the loss of at least some of our social support. Because social support is an important ingredient in the process of successfully coping, losing such support could ultimately have very detrimental effects on our adjustment and well-being." (Coates and Winston, 1987, p. 230)

What becomes apparent in Hymer's (1988) conception of the risk of self-disclosure, is the important role of the therapist in receiving and responding to client disclosures in such a way that they become positive therapeutic experiences for them.

The risk of losing such social support from the therapist gives rise to the difficulties clients experience in regard to attempting disclosures in therapy. What is needed in order for clients to be able to overcome these difficulties is a basic trust of the therapist (Fisher, 1990). Basic trust is viewed as arising out of a shared experience between client and therapist, both of whom are conceived of as being each other's equals. Fisher (1990) contends:

"that for a genuine encounter to occur between patient and therapist, and for authentic growth in intimacy to emerge (which is at the heart of the need for therapy to begin with) a truly shared experience must take place. Again, the belief herein suggested is that the encounter between patient and therapist (like that between parent and child) should take place between (psychological) equals: between the co-participants of dyadic psychotherapy." (p. 14)

However, the concept of client and therapist being psychological equals is more an ideal end-result of the therapy process rather than the reality of the relationship existing between them from moment to moment in the unfolding events of therapy. This statement is supported by Lomas (1987), who notes that, "the need and vulnerability of those who seek help ensure that they place the psychotherapist in a very powerful position; they often attribute to him/her an impressive authority, if not omnipotence" (p. 94).

Clearly then, the client initially comes to wrestle with the possibility of the disclosure of distress in the context of perceiving the therapist as a person who is expert in the field of psychological knowledge. The therapist possesses a psychological competence which the

client, in the context of experiencing distress, sorely lacks.

In this sense, the client comes to wrestle with the possibility of self-disclosure in the context of the knowledge that he/she is not the equal of the therapist. Withholding or self-disclosing distress therefore occurs in a therapy situation where there is initially an inequality of power relations between client and therapist. The aim of the present study is to document the process of the withholding and disclosing of distress in the light of this power differential in psychotherapy. The following section outlines the different forms of this power differential that can occur between therapist and client in the event of a self-disclosure.

2.1.5 Distress disclosure and power relations in psychotherapy

When clients come to psychotherapy it is because they are in a state of psychological distress or what Burke (1989) calls demoralization - i.e. a fundamental loss of personal power in the sense of clients being able to affect their environment. Clients feel "they are powerless to control some thoughts, feelings or actions" (Burke, 1989, p. 380). They enter therapy feeling that they lack control over problems in their personal lives or that they are inadequate in terms of being able to exert control over problematic aspects of their personal lives. It is this sense of inadequacy and personal powerlessness which is one of the prime motivations for people initially entering psychotherapy.

Holmes and Lindley (1989) note that the type of person who usually comes to therapy often feels confused, insecure and powerless, and is consequently very susceptible to the guidance, interventions and values of the therapist. An important component of the therapeutic process is concerned with facilitating clarity in clients. In particular this process of clarification

involves the mediation of insight in relation to client sources of psychological distress. Halleck (1971) is concerned that to the extent that therapy must confront clients' difficulties in being clear about what they really want and need, the therapist becomes influential in facilitating and promoting client definitions of such needs. "In the very process of defining his needs in the presence of a figure who is viewed as wise and authoritarian, the patient is profoundly influenced; he ends up wanting some of the things his psychiatrist thinks he should want" (Halleck, 1979, p. 19).

Clients' psychological distress renders them demoralized and vulnerable not only in relation to their general social environment, but especially in relation to the therapist on whom they must rely as a clarifier and facilitator of self-understanding. It is this psychological dependence which leaves clients sensitively open to the values and responses offered by the therapist in the context of their distress-disclosures. Therapist responses to client disclosures may embody the warmth, empathy and support noted by Stiles (1987, p. 267), so allowing clients to achieve greater clarity and self-understanding in relation to the relevant issue. However, therapist responses to distress-disclosures may also take the form of what Casement (1990) has called intrusive pressures, by which he means the "influence, reassurance, advice or moral judgement that could arise from any personal or theoretical predisposition of the analyst" (p. 159). In this case, such a response to a personal revelation could intensify the psychological distress and confusion experienced by clients, rendering them less able to cope with the relevant issue. This paradoxically ensures that they are even more psychologically vulnerable to the continued guidance and interventions of the therapist in future. The therapist is therefore in a position actively to exercise power over clients when he/she intervenes in response to the disclosure of distress.

To summarize, the most pervasive client difficulty in disclosing distress in psychotherapy arises in the context of an inequality of power relations existing between client and therapist. Clients withhold their distress from therapy because of the risk (Hymer, 1988) of revealing this confusion and vulnerability to the therapist. In becoming dependent on the therapist's response (Burke, 1989; Halleck, 1971; Holmes and Lindley, 1989; Lomas, 1987), the client may receive a reaction which is guiding and supportive, or one that is experienced as an "intrusive pressure" (Casement, 1990) characterized by moral judgement, advice or influence. The latter reaction effectively denies him/her the appropriate kind of social support (Coates and Winston, 1987) needed. In the light of the client's dependence on the role of the therapist, and the latter's potential in being able to exercise power over the client, the withholding of distress may be viewed as an integral part of a therapy environment that is characterized by an inequality of power relations.

2.1.6 Summary

An attempt has been made to outline two central problems pertaining to client self-disclosure in psychotherapy. Firstly, clients psychological distress impels them towards disclosure, yet the threat of the loss of social support epitomized by the therapist's response, may engender a withholding of the relevant issue despite the need to reveal it. Secondly, clients who eventually self-disclose may enjoy the benefits of greater self-understanding, acceptance and therapeutic progress, but that this depends on the extent to which the therapist's response could be construed as supportive of the disclosure. Yet despite these difficulties in disclosing sensitive material in the context of the unequal power relations existing in the therapeutic environment, clients who withhold their distress at one moment are able to disclose it in another moment of psychotherapy. The present research focuses on how client difficulties

with disclosing personal issues in psychotherapy are transformed into active self-disclosures. It is this client process of transformation in regard to self-disclosure which is of central importance in the present study.

2.2 REVIEW OF THE LITERATURE ON POWER DYNAMICS IN PSYCHOTHERAPY

2.2.1 The withholding and disclosing of distress in psychotherapy: The problem of the transformation in client behaviour

Hymer (1988) enumerates three factors which are perceived to facilitate client distress-disclosures, despite the apparent risk involved in this activity. These three factors are:

1. "The patient's world of introjected objects and history of confessional outcome."
2. "The therapeutic relationship. To the extent that patients establish a working alliance with the therapist, confessions are likely to emerge in time."
3. "Level of self-cohesiveness. The more cohesive the patient's self, the more the patient is likely to risk confessing." (Hymer, 1988, p. 94).

The more supportive and coping clients' prior significant object, i.e. significant others, were in relation to disclosures of distress, the more likely it is that clients will disclose their distress in therapy. The more clients' disclosures were met with criticism or rejection by significant others in the past, the less likely it is that they will risk disclosing distress in the present therapy context.

Secondly, to the extent that clients can establish a working alliance with the therapist, i.e. through shared experiences and basic trust (Fisher, 1990), disclosure of distress is more likely.

In the absence of such a working alliance, problematic issues are more likely to be withheld.

Thirdly, the more clients possess fragmented selves, the less likely they are to trust the therapist and risk self-disclosure. Clients possessing cohesive selves are liable to find the risk of disclosing their distress less troublesome as they are able to perceive the consequences of the therapist's response as less destructive and catastrophic than for those whose selves lack cohesion.

Such client characteristics can account for individual differences in disclosing activity, where different clients are observed in order to measure the amount of self-disclosure each individual engages in within the context of therapy. However, it can also be argued that changes in clients' "object worlds", in the therapeutic relationship, and in clients' self-cohesiveness are engendered by the transformation clients undergo from withholding to disclosing their distress in therapy. These three factors may account for the fact that some clients readily disclose problematic personal issues, while another different group will withhold issues that are equally sensitive to those disclosed by the first group. What these factors cannot account for is the process of transformation in the same group of clients from the withholding of an issue to its eventual disclosure in the context of therapy. It is this latter process which the present study is interested in.

Hymer's (1988) approach to mapping out the psychological components that facilitate distress-disclosures in therapy, fails to capture this process of transformation whereby clients' withholding of distress changes into the activity of disclosure. Hymer develops a theoretical framework of self-disclosure based on excerpts from case histories and case vignettes which

view client disclosure from the perspective of the therapist who encounters it.

What is lacking in the literature is an understanding of how client difficulties with disclosing an issue nevertheless do not ultimately always prevent actual disclosures, i.e. in cases where disclosure ensues, despite the risk perceived in this course of action. In this context, the present study is concerned with the processes of change that occur in clients' experiences of themselves when they disclose an issue in the knowledge that they may be denied the supportive therapeutic response that is required.

In an attempt to answer how the withholding of distress in psychotherapy becomes transformed into client self-disclosure, Stiles (1987) proposes that it is the distress itself which drives clients towards self-disclosure. The urge to reveal an upsetting, disturbing issue both preoccupies and impels clients towards disclosing. Stiles, however, neglects to examine therapy initially in relation to the risks involved for clients who are dependent on the responses of the therapist in terms of receiving the necessary social support for their distress. The distress experienced by clients may impel or pressurize them towards revealing this personal material as Stiles maintains. However, it is also possible that the risk of disclosing such sensitive information to the therapist appears to be so great, given clients' fear of a therapeutic withholding of support, that they continue to withhold the issue despite feeling pressurized to disclose it.

In summary, by firstly examining the literature on client disclosures of distress, and subsequently looking at the risk of such disclosures in the context of power relations in psychotherapy, an attempt has been made to articulate a complex picture of client difficulties

in revealing problematic issues in therapy. Difficulties which nevertheless are somehow negotiated by those clients who do eventually manage to disclose their personal problems. It is in this context of client distress and personal risk that the present research attempts to investigate how the withholding of distress undergoes a transformation into self-disclosure.

In section 2.1.5 it became clear that the process of transformation whereby clients move from withholding to self-disclosure occurs in the context of an imbalance of power between client and therapist. In the following sections this transformation from withholding to disclosing in therapy is outlined in reference to different dimensions of the balance of power between client and therapist. Specifically, links are made between the process of distress-disclosure, and the changes in therapeutic power relations that clients can experience. This question will be addressed at the level of the client's intrapersonal experience in section 2.2.2, and in regard to the client's relationship with the therapist in section 2.2.3.

Furthermore, there have been attempts in the literature to define therapist stances and responses to client disclosures which may empower the latter. Attention has also focused on the need for therapists to avoid vigilantly certain responses and reactions that could render clients more powerless and vulnerable than prior to a self-disclosure. Section 2.2.5 focuses on these issues of therapeutic responsibility in the context of making client self-disclosure an empowering event.

2.2.2 Client distress and personal powerlessness

Burke (1989) writes that clients who initially enter therapy are psychologically demoralized, in that one of their primary sources of personal distress is "that sense of a loss of power to

effect one's environment" (p. 24). In particular this lack of client power to effect his/her personal environment takes the form of an inability "to control some thoughts, feelings or actions" (p. 380).

Similarly, Holmes and Lindley (1989) refer to one of the most fundamental aspects of client psychological distress as the experience of "not being in control of one's self" (p.6). In contrast, Horner (1989) writing on the experience of personal power, describes this feeling in the following passage:

"A sense of mastery, of competence, of potency in one's dealings with the world of things and with the world of people. There is a sense of being effective, of having an impact, of mattering. It is the power to think, to feel, to know - to experience the creative workings of the mind" (p. 14).

It is this sense of mastery and effectiveness in relation to the client's existence which is what is lacking in instances of psychological distress. Feeling powerful refers to the ability on the part of clients to think freely, and to feel and act in relation to their psychological life. This is in stark contrast to the demoralized client who enters therapy because of an inability to feel in control of certain aspects of his/her thoughts, feelings and actions. Clearly, this client who is in psychotherapy in a state of distress, experiences him/herself as lacking in personal power. From this perspective, a client who is aware of a personal problem in therapy is in a state of psychological powerlessness in regard to his/her own intrapersonal life. The therapeutic disclosure of such a problematic issue occurs from a position where the client feels powerless in relation to his/her ongoing psychological processes.

2.2.3 Client distress and the imbalance of power in relation to the therapist

Various authors (Halleck, 1971; Holmes and Lindley, 1989; Horner, 1989; Hymer, 1988; Lomas, 1987) have emphasized the dependence and vulnerability of the client's position in

psychotherapy in relation to the therapist. The process of a client's self-disclosure takes place in the context of "the fact that therapists are in a position of relative power, while patients seeking therapy are often in a weak state, in desperate search for an answer to their problems" (Holmes and Lindley, 1989, p.7). The possibility of the therapist being able to influence the client's subsequent psychological development in the aftermath of disclosure so that the morals and values possessed by the therapist are imposed onto the client therefore becomes a very real possibility.

Cooper and Cooper (1991) emphasize that the therapist brings his/her own attitudes and biases into therapy in relation to the client. When the therapist's attitudes are implicit and never rise to the level of consciousness, these may come to adversely structure his/her subsequent response to a client disclosure. "A therapist who responds from his own set of preconceptions is not likely to foster the kind of behavioural change that comes with personal responsibility" (Cooper and Cooper, 1991, p. 187). In other words, a therapist who responds in this manner to a sensitive self-disclosure only increases the client's vulnerable dependency in therapy without promoting psychological autonomy and independence.

As Holmes and Lindley (1989) stress, the therapist's role when it comes to helping the client clarify his/her psychological confusion is that of facilitating self-discovery, not guiding, advising or directing the client's psychological existence in terms of the former's own particular set of values. Casement (1990) concurs with this view that the therapist should refrain from imposing directives in regard to the client when he writes: "Pressure of any kind, in particular any sense of 'ought' or 'should' from the analyst, is antithetical to analysis, and so are preconceptions when these overrule the patient's experience and perception" (p. 159).

The client's psychological distress and vulnerability in therapy, together with his/her lack of control over particular thoughts, feelings and actions, allows the therapist a great deal of power and influence in relation to disclosures involving these issues. "The therapist is guardian of feelings, fears and fantasies which the patient may never have revealed to anyone before, not even herself" (Holmes and Lindley, 1989, p. 7). The imposition of the therapist's values and "ideology" (Hymer, 1988) onto the person of the client in the context of responding to a self-disclosure, is something that demands a constant vigilant awareness on the part of the former.

2.2.4 A conception of client power: The growth of autonomy in relation to both his/her intrapersonal experience, and in the interpersonal relationship with the therapist

Personal, psychological power is defined by Horner (1989) in terms of the experience of mastery, potency and effectiveness both in relation to personal individual capabilities and in regard to other people and things. Horner's (1989) definition of personal power is similar to the concept of autonomy emphasized by Holmes and Lindley (1989).

Holmes and Lindley (1989) write that the client lacks the ability to take control over some aspects of his/her psychological existence. It is therefore up to psychotherapy to facilitate the client's sense of psychological autonomy. In terms of Holmes and Lindley's (1989) definition of autonomy, this does not refer to an attempt to control or manipulate particular thoughts, feelings, actions or fantasies, but instead allows all such events to emerge in order to reflect on them and so to manage them effectively. "The emotionally autonomous individual does not suppress her feelings, including the need for dependence, but takes cognisance of them, ruling rather than being ruled by them" (p. 52).

In the context of therapy, the development of such a sense of autonomy "does not mean extreme selfishness, nor a supposed independence from other people" (p. 228). Autonomy is also about the establishment of "secure attachments" with other people, about recognising interdependence and the mutuality which forms part of all human relationships. So autonomy is also about the tolerance and effective management of relationships with other people, including the therapist. Personal, psychological power is focused around a sense of tolerance towards difficult personal issues and relationships with other people.

2.2.5 The therapist's role in facilitating client empowerment in response to the disclosure of distress.

The client's psychological power has been defined as the ability to tolerate and reflect on difficult and distressing thoughts, feelings, fantasies, actions and relationships with other people, including the therapist. This is a state of development that the therapist attempts to facilitate in relation to a client who discloses distress in therapy. In the literature there has been a movement towards articulating appropriate empowering responses to overt instances of client distress in psychotherapy.

The distressed client approaches the therapist from a position of psychological vulnerability. This sets up the therapist in a position of relative power, as has already been emphasized. Horner (1989) writes on the importance of the therapist using his/her power benevolently in order to **create a secure space** where the client is able to **discover** novel approaches to issues that are responsible for creating this distress. Furthermore, Horner not only emphasizes psychological empowerment of clients in terms of their intrapersonal processes, but also in terms of their vulnerable status in relation to the therapist. In this connection she writes: "The patient should be able to emerge from the mantle of the therapist's power, challenging it if

necessary, gradually establishing the self as an adult in the therapist's adult world (Horner, 1989, p. 147).

Casement (1990) concurs with Horner's (1989) views on the need for the therapist to create the right kind of space for the client in therapy. It is in such a space where the client may experience "the freedom to think whatever, to feel whatever, to express whatever and to be whatever belongs to the patient's spontaneity in the session and to his/her autonomous being" (Casement, 1990, p. 161). Holmes and Lindley (1989) emphasize that the space of therapy should be one that is "non-coercive", where the focus falls on "helping people to recognize whether a particular decision or course of actions feels right for them" (p. 229). The therapist therefore needs to be vigilant in relation to his/her potential for creating more psychological distress and dependency in clients as opposed to less in the context of responding to disclosures of sensitive material.

Holmes and Lindley (1989) also stress the importance of providing a setting where clients can feel secure in disclosing and acknowledging not only their needs for independence, personal creativity, and mastery, but also their dependence on and continuous relatedness towards other people. It is in such a therapeutic environment that clients are able to discover and choose their own psychological path.

Hymer (1988) writes about the dangers of therapists being directive in response to client disclosures, for in such cases old images or conceptions of authority are simply substituted for new, more subtle versions. This is especially relevant in the context of distress disclosure where the issue touches on the therapist's implicit values and ideology, or in fact conflicts

with these.

In this context Hymer (1988) warns that the therapist may inadvertently not allow the client the chance to discover and formulate his/her own values. When this occurs, self-disclosures "no longer are open-ended exploratory issues... but are data that 'gently' force the patient to conform to a social agenda that may not be beneficial" (p. 239). The therapist's responses come to control the outcomes of the client disclosures instead of promoting greater self-discovery and the consequent identification of psychological needs in regard to future courses of personal development.

Clearly, from the therapist's perspective empowering the client in the context of self-disclosure may be achieved by a process of simultaneously alleviating the client's intrapersonal vulnerability and lack of control, together with his/her dependence on the therapist. This can be accomplished by restoring the client's sense of competence, mastery and effectiveness in relation to these problematic areas of existence. Moreover, this is done by facilitating the client's own creativity and sense of discovery in relation to him/herself, and not by imposing a specific value-laden technique or directive onto the client.

Emphasis is laid on discovery in relation to client needs and future courses of psychological action. The role of the therapist becomes one of stepping back and allowing the client to find his/her own meanings of healthy development, competence, mastery, emotional tolerance, and the necessity for relatedness with other people. Such a role is, of course, flexible and is usually in need of being tailored to the idiosyncratic self-presentations of each individual client.

In some cases client distress is of such a nature that "corrective emotional experiences" (Casement, 1990), i.e. therapist responses structured in terms of providing good experiences for a client who has been experientially deprived in a particular psychological dimension, may be necessary in order to facilitate the client's own creativity and fledgling tolerance towards this particular form of distress. In other cases, especially for those clients who relate to the therapist in terms of compliance, Casement (1990) writes:

"Much will depend upon whether the analyst behaves in an impinging way or allows adequate space for the patient to risk being more real. Too much interpretation, or interpretation that is given in a dogmatic way, is likely to initiate further compliance. What is more helpful with such patients is a more tentative style of interpreting and an analytic presence which is less obtrusive" (p. 132).

In both cases, therapist stances and interventions are tailored in terms of facilitating the client's own process of discovery and psychological competence, specifically in terms of developing a mastery in areas of psychological existence that were formerly characterized by a lack of power. From this perspective, therapists can therefore respond to self-disclosure in ways which make it likely that clients will discover their own ways of empowering themselves psychologically.

2.6.6 Summary

Up to now in the review of the literature there have been clear links forged between a client's psychological distress and the imbalance of power relations in psychotherapy that are a consequence of this vulnerable condition. Client self-disclosure has been viewed as an opportunity for therapists to respond in ways which facilitate client empowerment in therapy. The importance of vigilance against therapist responses that may render clients more powerless than before the disclosure event has also been stressed.

The psychological distress of clients has been linked to a lack of power both in their intrapersonal relations, and in the context of the therapeutic relationship. While this lack of power may account for client reluctance to disclose such sensitive material, the literature has viewed self-disclosure as an opportunity where distressed clients may potentially become empowered. This latter process largely depends, according to the literature, on the attitude of the therapist, who is in a position to facilitate the client's discovery of a new self-acceptance and autonomy in relation to an issue previously characterized by distress.

From this perspective, the client who moves from withholding distress to its disclosure in therapy, providing this receives adequate support from the therapist, embodies a change from a position of relative psychological powerlessness to one of empowerment in the therapeutic context. However, this empowerment that successful disclosure may facilitate, has itself come under criticism. In the following section an approach that is critical of the empowering potential of client self-disclosure is outlined in contrast to the approach that has been reviewed up until now.

2.2.7 Foucault and self-disclosure in psychotherapy

This critical approach to the empowering possibilities of client self-disclosure is present in the work of Foucault (in Hutton, 1988). From a Foucauldian perspective the self-exploration and self-help techniques of psychotherapy are tailored towards mediating new kinds of client experiences that are simply more subtle and innovative forms of self-monitoring and constraint. Hutton (1988), writing on this Foucauldian view of the different forms of self-analysis in psychotherapy, notes that, "all of them are devices for enhancing our capacity to assert power over our own behaviour". (p. 132)

In particular, Foucault (in Hutton, 1988) pays close attention to the role of self-disclosure, or confession in psychotherapy. In this context, a client disclosure of a previously withheld issue is revealed in therapy as a hidden truth about self-identity. While the client may experience this disclosure and its revelation as a newly discovered truth to be personally liberating, the therapeutic definition of the parameters of this personal truth forecloses other ways in which a client may come to understand him/herself. In this sense, a self-disclosure that is received and understood by the therapist in terms of revealing a particular truth about the client's existence constrains the latter from understanding this event in a different way, once he/she embraces this truth. Therefore, what appears to be a successful, empowering disclosure for the client, simultaneously limits and constrains other ways in which he/she could understand the relevant issue.

Foucault (in Hutton, 1988) was specifically concerned with the way in which issues that clients initially withheld and subsequently disclosed in therapy were understood to reveal a self-identity constituted by a distorted sexuality. However, this equation of truth with the vicissitudes of human sexuality should be considered more as an example of how a therapeutic definition of what constitutes the truth about self-identity can constrain the client's personal understanding of an issue, rather than as the only way in which truth and self-identity can be linked in the therapeutic context.

In psychotherapy there are many different motifs in terms of which the truth about client self-identity is established, human sexuality being just one of these. In this regard Poster (1989) writes:

"While the selection of sex as the arena of self-constitution may be justified on grounds of both historical and present-day importance, it cannot serve to rule out other topics, and it does not successfully delimit the question of self-constitution," (p. 68).

It is not human sexuality that constrains clients, it is when human sexuality becomes a truth about self-identity in relation to a specific issue, that other ways of understanding this issue are foreclosed. Similarly, when other motifs attain the status of truths about self-identity in response to a specific issue that a client discloses, they become equally constraining in the moment that they are accepted by the client.

Therefore, when a therapist attempts to empower a client in response to the latter's distress-disclosure, the parameters of the autonomy and the self-discovery that a therapist mediates to the client may in themselves constitute more subtle and innovative constraints. When autonomy, self-discovery or challenging the therapist's authority become truths about client self-identity, then they can simultaneously constrain client self-understanding in the moment that they appear to empower him/her with a new, different perspective. Even the conception of the therapist standing back and allowing the client to discover his/her own new understanding in the context of self-disclosure is a truth that is limited by the very fact of what the therapist allows or is able to allow the client to discover in a specific disclosure context.

In the light of the above criticism of the empowering potential of self-disclosure, the present study is centrally concerned with the question of whether the movement from withholding to the disclosure of distress can really be an empowering experience for clients. While the criticisms of self-disclosure and client empowerment in psychotherapy provided by the Foucauldian perspective must be taken into account in the present study, this can only occur

once a thorough investigation of client powerlessness and empowerment in the context of a therapeutic distress-disclosure has been completed.

2.3 TOWARDS AN APPROPRIATE RESEARCH APPROACH

2.3.1 The parameters of the present study

The review of the clinical literature has established links between client self-disclosure and the imbalance of power relations in psychotherapy. It is apparent that the withholding of distress and its eventual disclosure in therapy occurs in a context where clients are not only powerless in relation to aspects of their own psychological life, but also in regard to the person of the therapist, in relation to whom they withhold and disclose their distress.

The present study therefore attempts to document the client's process of withholding and disclosing an issue found to be personally distressing, in the context of this imbalance of power relations in therapy. Particular attention will be focused on a possible change in this imbalance of power relations that mirrors the transformation from withholding to disclosing the issue. The therapist's role in either frustrating or facilitating the client's empowerment in the context of self-disclosure is of particular importance.

From reviewing the clinical literature it is clear that client distress can be equated with being relatively powerless in psychotherapy. By examining the transformation from withholding to disclosing this distress, it becomes possible to view any change in this initial state of powerlessness that may take place during this process. How such a change in power relations occurs, and whether it culminates in an intensification of powerlessness or in the initiation

of client empowerment constitutes the initial concern of the research.

Secondly, in examining the withholding and disclosure of distress, it may become apparent whether clients are being constrained in their self-understandings in those cases where the therapist responds in a facilitative manner towards the newly revealed issue. In this sense the present study will attempt to accommodate the criticisms of the Foucauldian perspective in regard to those instances of client self-disclosure that appear to embody the successful empowerment of clients. In the light of the above it is appropriate to outline a research approach that is relevant to the investigation of client distress-disclosures in the context of these questions of power in psychotherapy.

2.3.2 Research on client self-disclosure

In the literature on self-disclosure, research approaches have utilized self-report measures including Jourard's Self-Disclosure Questionnaire, and Miller, Berg and Archer's Self-Disclosure Index (in Stiles, 1987, p. 258). These research instruments measure individual differences in disclosing activity, the questions being designed to elicit the degree of disclosure in the past and to construct predictions concerning the extent of this activity in the future.

However, these research instruments have not exclusively focused on client self-disclosures in psychotherapy, but on disclosing activity in a number of different contexts to people who have varied degrees of personal significance for the disclosers (Stokes, 1987). Stiles (1987) distinguishes between these research instruments which concern themselves with self-report measures in a variety of contexts, both temporal and social, and research techniques designed

to tap into clients' disclosing behaviour as it unfolds in the psychotherapy situation.

In particular, mention is made of the Experiencing Scale developed by Klein, Mathieu, Gendlin and Kiesler, and Klein, Mathieu-Coughlin and Kiesler (in Stiles, 1987, p. 258). This scale assess the extent to which clients are able to communicate their "personal, phenomenological perspective" in such a way that they are able to use this productively in the therapy session itself (Stiles, 1987, p. 259). Similar techniques for evaluating client self-disclosures in therapy "assess the degree to which disclosure has taken place, or in some cases the revealingness, intimacy or some other quality of the disclosure" (Stiles, 1987, p. 258). These research techniques are all constructed in terms of assessing some aspect or theme in relation to instances of overt disclosing behaviour on the part of clients in psychotherapy.

The problem with these approaches is that they can only assess characteristics of overt disclosing behaviour displayed by clients. It is therefore impossible for these techniques to directly assess client difficulties in disclosing an issue, because in behavioral terms these difficulties are characterized by clients withholding from disclosing this material. In this sense, these research techniques are unable to map out or tap into the process whereby clients' withholding of distress becomes transformed into self-disclosure in therapy. Researcher observations of clients' overt disclosure behaviour are insufficient in this context. What is needed is a research method that utilizes client self-reports in such a way as to reveal the process whereby the withholding of their distress eventually changes into a disclosure in psychotherapy.

In the context of researching processes that constitute psychotherapy, Greenberg (1986) suggests that instead of attempting to assess the frequency with which a particular client behaviour appears in different contexts and across different individual clients, it may be more fruitful to attempt an articulation of the regularities and complexities of relationships which constitute phenomena in psychotherapy. According to Greenberg (1990) phenomena are interesting or unexpected events, and in the context of psychotherapy research, the phenomena or events of interest are "predominantly client change performances" (p. 712).

From this it can be perceived that the transformation from clients withholding their distress into an eventual self-disclosure constitutes one of these change performances that take place in psychotherapy. However, whereas Greenberg (1986) proposes a research approach that focuses on directly observing client changes in psychotherapy as they actually occur, the present approach asks clients to describe their lived experiences of withholding their distress and then subsequently disclosing it in psychotherapy.

The present study will focus on self-disclosure from the perspective of clients living the transformation from withholding their distress, to actively disclosing it in therapy. For the purposes of collecting research data, the withholding of distress will be referred to as the event of inhibition. For the same purpose, the process of clients verbalizing their distress to the therapist is referred to as the event of self-disclosure. Clients will not be asked to describe these experiences in terms of their links to power relations, as it is clear from the literature review that the latter implicitly form part of client inhibition and self-disclosure.

The focus on clients' lived experiences of a process of psychological change does not have a precedent in the literature on self-disclosure in psychotherapy. However, approaches using human lived experience as their principal research data resource have been implemented for some time in the phenomenological psychology research tradition. In this tradition, lived human experience has been extensively used as a means for investigating problems and questions in psychology. In the following section an outline of this approach is presented in order to elaborate the procedures of investigation to be adopted in the present study.

2.3.3 Phenomenological psychology research

People's openness to a world is made manifest in their lived experiences, and it is by means of these experiences that the phenomenological psychologist is able to discern the world that gives meaning to human existence. Similarly, human existence in terms of lived experience is able to illuminate a meaningful world. Phenomenological psychology, writes Polkinghorne (1989), "is a perspective that acknowledges the reality of the realm of meaningful experience as the fundamental locus of knowledge" (p. 43).

Human experience becomes, in a sense, the gateway to the world, because it itself partakes of the world, and is worldly. Phenomenological psychology focuses on describing human lived experiences in order to reveal their worldly meanings. They have meaning in the sense that they constitute an openness to things in the world, which reveal themselves in the light of this openness.

In this sense, client self-disclosure, while it is on the one hand a personal experience, also occurs in a worldly context. While client inhibition and self-disclosure are personal

experiences, and are meaningful in a personal subjective sense for the client, they are also part of a world, i.e. the context of therapy and the greater social milieu within which the client exists. As such, these experiences of inhibition and self-disclosure have meanings which go beyond the purely personal, subjective perspective of the individual clients concerned. Phenomenological research therefore recognizes that the meanings of personal experience, of client self-disclosure, are always embedded in a social context.

A phenomenological research perspective consequently recognizes that the personal meanings of clients in psychotherapy are circumscribed by the worlds which they inhabit. In this regard Valle, King and Halling (1989) write:

Rather than having complete personal freedom on the one hand, or being completely determined by the environment on the other, each person is said to have situated freedom, that is, the freedom (and obligation) of making choices within, and oftentimes limited by, a given situation that the world has presented to him or her" (p. 8)

In this regard, while a client may express powerlessness and empowerment in his/her descriptions of inhibition and self-disclosure this implicit understanding of power relations is limited by him/her being situated within a worldly context. In this sense the client may be unaware of the ways in which his/her self-understanding of being powerless or empowered in therapy is limited by his/her embeddedness in the latter context. In particular, in instances where clients may describe self-disclosures that were accepted and acknowledged by the therapist, and which led to an alleviation of their distress, they may be unaware of how their understanding of this event constrains other ways in which this process may be understood.

In this sense, a phenomenological approach recognizes that what may appear to be empowerment for clients, may in fact simultaneously constrain other forms of self-

understanding in relation to self-disclosure. The phenomenological psychology approach recognizes that the meanings of client descriptions of self-disclosure open onto a worldly context where what appears to be empowerment for a client may be a form of constraint or limitation in the former's choice from the perspective of the researcher. A phenomenological psychology approach looks beyond the personal meanings of individual clients. It may therefore potentially reveal meanings of power in the context of self-disclosure that embody the constraints in client understanding that are described in the Foucauldian perspective on self-disclosure in therapy.

The phenomenological psychology approach is therefore able to accommodate the questions and concerns centring around self-disclosure and power in the present study. Consequently, in the following chapter on method, an outline is presented of how client accounts of the events of inhibition and self-disclosure were transcribed and organised according to a modified version of the applications found in the phenomenological-psychology literature (Giorgi, 1985; Stones in Kruger, 1988; Polkinghorne, 1989; Wertz, 1985), together with a reading guide method for interpreting complex life-narratives (Brown, Tappan, Gilligan, Miller and Argyris, 1989).

In the chapter on results, the researcher's openness to the organised transcriptions of client inhibition and self-disclosure allows him/her to render explicit the worldly meanings of these events. The significance of these meanings in relation to the complex questions of power in psychotherapy that have been raised in the course of the present chapter are pursued in the discussion, i.e. the final chapter of this thesis.

CHAPTER THREE

3.1 METHOD

As discussed in the introduction, the aim of the phenomenological research method is to reveal the meaning of the event of client inhibition and its transformation into the event of self-disclosure in the therapeutic context. The emphasis of the investigation is on clients' lived experiences of these events. The method initially arises out of the modification of a reading guide used for the analysis of complex narratives of real-life events that was developed by Brown, Tappan, Gilligan, Miller and Argyris (1989). Secondly, procedures are developed specifically to categorize and reveal particular types of findings that are unique to the present research situation. These procedures nonetheless have a precedent in the psychological-phenomenological method, variously described by Giorgi (1985), Stones in Kruger (1988), Polkinghorne (1989), and Wertz (1985).

The investigative focus centres on the process of transformation taking place between two complex psychological events, i.e. client inhibition and self-disclosure. The focus is on a complex process of psychological change rather than a single psychological phenomenon as is the case in more conventional forms of phenomenological-psychological research projects. Consequently, the methodological procedures in the present study must be able to accommodate the complex nature of the research data. Therefore, modifications of the psychological-phenomenological research procedures were made in order to facilitate the emergence of the present complex findings.

3.2 COLLECTION OF DATA

3.2.1 Research Questions

The research question was formulated in terms of the lived experience of moving from a state of inhibition in relation to a personal issue giving rise to psychological distress, into the actual disclosure of the identical issue in psychotherapy. By constructing a question which covered these different experiential facets, it was hoped that adequate descriptions of this complex psychological transformation could be obtained directly from research participants presently undergoing psychotherapy. Potential research participants were contacted by letters describing the researcher's interest in the self-disclosure of thoughts and feelings which participants found difficult to express in psychotherapy. Potential research participants were subsequently encouraged to read the research question, and were requested to contact the researcher if they wished for further clarification, or in the event that they fully understood its intent and wished to participate in the research study.

The question used in the letter, and subsequently as the central question of the research study was structured as follows:

"I would like to ask you for an instance where you were able to speak about some aspect of your personal thoughts and feelings that you had previously withheld from therapy. I would like to ask you to describe such an instance, paying particular attention to your experience of the transition from withholding speech to actively talking about the aspect in question."

In order to ensure that research participants' descriptions would comprehensively cover all aspects of this complex experience, six specific questions were formulated for use in the research interviews. These questions were structured and formulated in terms of the researcher's dialogue with the literature on distress-disclosure and the specific, experiential

dimensions covered by the central research question. A brief rationale for the facet of experience each question was designed to access is presented below each question.

Question 1: How did you feel when you thought about this issue in or outside therapy before the actual moment when you were able to disclose this to your therapist?

Rationale: The process whereby the client becomes aware of an issue that is in a state of inhibition with respect to self-disclosure in therapy. This question represents an attempt to reveal the client's initial relationship to the issue and the rationale for its inhibition in therapy.

Question 2: Can you describe what kind of feelings and thoughts you experienced which led up to and eventually resulted in this disclosure? i.e. Your feelings in relation to the content of the disclosure as opposed to the disclosure itself.

Rationale: This question attempts to reveal a description of the client's psychological process from the moment he/she was aware of the issue up to the moment where it is about to be disclosed in therapy. The question attempts to map the process of psychological transformation from inhibition to self-disclosure from the perspective of client self-experience.

Question 3: Can you describe what you thought and how you felt in the moment of the session when you were actually talking for the first time to your therapist about this issue?

Rationale: This attempts to capture the moment where client inhibition is transformed into self-disclosure. The focus is on the experience of the activity of self-disclosure as this unfolds during the therapy session.

Question 4: What do you feel enabled you to speak out about this issue to your therapist which previously you had refrained from discussing with them?

Rationale: This question focuses on the client's experience of those factors which enabled the transition from inhibition to self-disclosure to take place. While these may include changes in the client's thoughts and feelings, this question is also structured so as to reveal aspects of the therapist and the therapy situation which, in the client's experience, also helped enable this transformation from inhibition to self-disclosure.

Question 5: What did you think and feel after you had finished speaking about this?

Rationale: This attempts to reveal how the client experiences him/herself in the therapy situation after having completed the disclosure. The intent is to discover whether the client is in a more positively or negatively

evaluated personal position in therapy than prior to self-disclosure.

Question 6: How did you feel in relation to your therapist's response to your disclosure?

Rationale: The client's psychological evaluation of him/herself in the light of the experience of the therapist's response to the disclosure. This is an attempt to assess the client's experience of the therapist's involvement in self-disclosure, in particular the latter's involvement in the client's completion of this event in the context of the ongoing therapeutic process.

3.2.2 Participants

Letters explaining the researcher's interest in client self-disclosure, and describing the general research question were distributed to potential research participants, i.e. clients currently in psychotherapy. The distribution of these letters was carried out with the co-operation of the Psychology clinic at Rhodes University. Therapists working at the clinic were asked to present the letters to clients who they thought would be appropriate for the purposes of the present study.

Upon reading the research question, those interested in participating in the study contacted the researcher by telephone, where it was ensured that clients both fully understood the question and could provide a description of the relevant experience. Five participants, all adults, were subsequently interviewed. Three men and two women whose ages ranged from

the mid twenties to the late thirties agreed to participate in the study. The confidentiality of all information given was guaranteed, particularly in relation to the names of people and significant, sensitive events. These were altered so as to ensure strict privacy, yet without distorting the significant features of the descriptions of client inhibition and self-disclosure. Furthermore, it was not required for participants to reveal the nature of the problematic issue to the researcher. The focus was on describing the experience of disclosing itself. In some cases, participants volunteered to reveal the relevant issue, but this was not a prerequisite of the research interview.

3.2.3 Interviews

A single, taped interview session was conducted with each research participant. At the start of the interview the participant was given a choice of beginning with a general introductory description of his/her experience as this was framed in terms of the central research question, or of proceeding directly to the six questions specifically designed to elicit this experience in all of its different facets. The central research question was then subsequently read by the researcher to the research participant. Two of the participants decided to begin with an introductory description of the experience, while the other three opted to proceed directly to answering the researcher's specific questions.

While the two introductory descriptions contained relevant material, this same material was reiterated in the sections of the interview dealing with participants' answers to the specific questions. Those interviews containing no introductory descriptions of the experience were no less rich in relevant information and complexity of detail. It made no difference to the overall richness of the descriptions whether an introductory section was included or not. In

the case of one of the interviews that began with an introductory description, the material revealed coincided so directly with the facet of experience assessed by the first specific question, that it was decided to proceed directly to the second question. In all the other interviews the researcher proceeded to ask the participant the first on the list of specific questions.

Participants responded to each specific question until they and the researcher were satisfied with the descriptions given. This was followed by a mutual agreement to move on to the next specific question. Sometimes, in the course of answering a specific question, participants would spontaneously proceed to a facet of the experience covered by a different question. If participants had in the opinion of the researcher inadequately described their experience in response to the initial question, they were redirected back to this facet by means of a verbal prompt or redirecting question from the researcher. In cases where participants gave adequate accounts in response to the first question, they were allowed to continue uninterrupted in their spontaneous descriptions of a different facet of this experience.

The only other times the researcher initiated *ad hoc* interjections or questions was in order to prompt further details from participants in relation to a specific question, or in order to clarify particular details and descriptions given by participants. Effectively, it was not always necessary for the researcher to ask all six of the specific questions, for in some cases participants spontaneously described aspects of the experience that a question was specifically designed to access.

On the participants' completion of their descriptions of the specific questions, or having described all the facets of the experience that are accessed by these questions, the researcher asked them whether they were satisfied with their descriptions, or if they wished to add or reiterate anything in connection with their experience. Participants either indicated their satisfaction with the interview process or provided additional comments and viewpoints on their experience by way of conclusion. The interview was terminated when participants were satisfied with their descriptions and indicated to the researcher that they felt the process was complete.

3.3 ANALYSIS OF THE DATA

Each of the five taped interviews were transcribed and subsequently analyzed according to the following procedures. Initially each transcription or protocol was read several times so that the researcher could develop a sense of the entire experience. The approach is similar to that employed in phenomenological-psychology research (Giorgi, 1985), and more specifically the approach of Stones in Kruger (1988):

"In the initial reading of the protocol, the reader should bracket personal preconceptions and judgements, and, to the fullest extent possible, remain faithful to the data. After achieving a holistic sense of the protocol, it is read again (if necessary, repeatedly) - with a more reflective attitude - in order to prepare for further phases in which a more exacting analysis is required" (p. 153).

3.3.1 The development of third-person protocols

Each protocol was subsequently re-written in the third person so as to emphasize the research participants' status as clients in psychotherapy whose experiences always refer to this therapeutic context. In this regard the phrase "the client" was substituted wherever instances of personal pronouns occurred in the initial protocols. The impersonal tone of this third-

person text also coincides with the interpretive emphasis of Ricoeur (1991) and Titelman (1979) on the autonomy of the written text from the descriptive speech of individual research participants. Titelman (1979) writes:

"the descriptive protocol(s), whether it has been constituted by the subject's private reflection or through a process of dialogical interaction with the investigator, is finally dealt with as a text-analogue - that needs to be interpreted - in the sense that its meaning is disjointed both from the intention of a speaking subject and from a shared situation" (p. 185).

The third-person texts make the researcher constantly aware that the focus of analysis is on the experience of inhibition and self-disclosure in psychotherapy, and not the individual experiential descriptions of the participants in the presence of the researcher. The third-person texts create a distance from participants' descriptions which facilitates the subsequent readings and procedures of interpretation carried out in relation to these texts.

3.3.2 The demarcation of text segments within the third-person protocols

Instead of immediately demarcating meaning units (Giorgi, 1985; Wertz, 1985), or allowing them to emerge from the text (Stones in Kruger, 1988), the third-person texts are re-read in order to distinguish between different experiential facets. Adopting a modified version of a reading guide method developed to analyze complex narratives of real-life events (Brown, Tappan, Gilligan, Miller and Argyris, 1989), the third-person texts are read in order to reveal the inhibition and self-disclosure facets of client experiences. The researcher "tracks" each text for these different "perspectives" or "voices" (Brown *et al.*, 1989, p. 147), i.e. the perspectives of client inhibition and client self-disclosure. This process of reading consists of the following steps.

Step One: The entire text of a third-person protocol is read in order to track and subsequently demarcate those segments of the text that refer to aspects of client inhibition.

Step Two: The entire text is read a second time in order to track and subsequently demarcate those text segments that refer to aspects of client self-disclosure.

Step Three: A third reading of the text is conducted in order to track and demarcate those segments of the text that refer simultaneously to aspects of inhibition and self-disclosure.

Different reading perspectives can reveal different meanings in the same segment of the text.

According to Brown *et al.* (1989):

"Each lens brings into focus different aspects of the narrative; to switch metaphors, each reading amplifies different voices. A given statement may have different meanings depending on the lens" (p. 149).

Step Four: A fourth and final reading of the third-person protocol is conducted so as to underline the text segments according to their demarcations into the above-mentioned experiential categories.

The process of coding the text is developed from a method described by Brown *et al.* (1989) where different coloured pencils were used to underline the segments of a text referring to different aspects of a research participant's experience. In the context of the present research,

this technique was modified by using a different means of underlining and delineating the text segments. In the present research, instead of different colours, the following coding system was used:

- a) Client inhibition is represented by the absence of underlining.
- b) Client self-disclosure is represented by continuous underlining.
- c) Segments of the text referring simultaneously to client inhibition and self-disclosure are represented by a broken line.
- d) [Segments of the text which refer to neither of these client experiences, and which are consequently irrelevant for the purposes of the present study are bracketed].

An exemplar of a third-person protocol wherein segments of the text have been demarcated and subsequently coded into these experiential categories, is presented in the appendix A of the present study.

3.3.3 The further categorisation of text segments into more specific client experiences

Once all the third-person protocols have been demarcated and coded in the above manner, these coded protocols become available for another series of readings. These readings are conducted in order to make a further distinction within the already coded text segments. This distinction rests on two specific facets into which client experience in psychotherapy can be broadly differentiated.

In the context of therapy, the client is always in a relationship with the therapist. The therapist is therefore always an aspect of all client experiences of psychological events that occur in the therapeutic environment. Greenberg and Rice (1984) concur with this viewpoint on the role of the therapist in client's therapeutic experiences, when they discuss instances of psychological change in clients:

"We are interested in the whole sequence of transactions before, during and after the change point. The therapist behaviour is clearly specified and is regarded as part of the context of the event. Focusing on the client during the event is a... strategy which enables us to look first at patterns of client behaviour and then to view the therapist as one important source of influence on the client at that point." (p. 21).

Clearly, the therapist and the therapeutic environment constitute an important aspect of the client's experience of psychological change from inhibition to the self-disclosure of a sensitive, psychologically disturbing issue. While facets of inhibition and self-disclosure are referred to in instances of client self-experience, other facets of these events may also appear in client experiences of the therapist and the therapy situation. These experiential categories therefore differentiate two important dimensions of client experiences in psychotherapy in general. In the context of the present study, client experiences of inhibition and self-disclosure may therefore also be read according to whether text segments refer to client self-experiences or client experiences of therapy.

The coded third-person protocols are re-read, each coded text segment being scrutinized in terms of whether it refers to a facet of self-experience or a facet of experiencing therapy.

This process consists of the following steps:

Step One: Initially each segment is scrutinized in terms of whether it refers to a facet of the client's self-experience. Emphasis is laid on whether the segment contains data that focuses on the client's psychological sense of identity.

Step Two: Each segment is re-read in order to ascertain whether it refers to a facet of the client's experience of therapy. Here the focus is on the client's psychological process in the context of finding him/herself in psychotherapy in the presence of a therapist.

Step Three: A single text segment may contain material that refers to both of these experiential categories when it is read from both perspectives. These segments are therefore allocated to both of these categories, or in some cases a text segment may be broken up into category-appropriate smaller segments which are subsequently placed in their respective categories.

Text segments that are already coded in terms of belonging to experiences of inhibition, self-disclosure, or both of these facets simultaneously, are therefore subsequently categorised in terms of whether they refer to client self-experiences and/or experiences of therapy.

Hereafter the text segments from the coded third-person protocol are extracted from the body of this text, and organised in the following fashion:

Step Four: Text segments are listed numerically under either the experiential category of inhibition, or the category of self-disclosure. Text segments that refer to both of these general experiential facets appear under both of these headings.

Step Five: In each of the above experiential categories, a further distinction is made between those text segments that refer to client self-experiences and those referring to experiences of therapy. Text segments are therefore re-organized according to whether they fall under the sub-headings of self-experience or experiences of therapy. Text segments that refer to both of these more specific experiential facets are therefore re-written under both sub-headings.

The text segments of all five third-person protocols are broken up into their component parts in the above fashion, and in each case re-organized under these experiential headings and sub-headings.

The organization of text segments under experiential headings is similar to the stage of analysis in Giorgi (1985) and Stones in Kruger (1988) where meaning units have been distinguished from the whole body of the text or protocol, and have been reworked in psychological language in order to reveal the theme immanent to each unit. However, the experiential headings of the present study are much broader and more generalized than the specific thematic aspect contained in each text segment. Each text segment, categorized under its heading(s) and sub-heading(s) represents a specific aspect or relation of these broad headings. However, the individual text segments within each experiential sub-heading share certain basic similarities and distinctions with each other, which allow for the emergence of

shared themes within each sub-section. In the following section, the procedures whereby these shared themes are able to emerge is outlined.

3.3.4 The emergence of shared themes within each experiential sub-section.

In each of the sub-sections under the headings of inhibition and self-disclosure, each individual text segment once again becomes the participant for a series of readings.

Step One: Initially each text segment is individually reflected upon by dwelling on the way in which it epitomizes a particular aspect of the experiential heading and sub-heading to which it belongs.

Step Two: Hereafter, the individual segment is compared with all the other text segments in the same experiential sub-section in order to reveal whether it shares a commonality with any of the others, in spite of its own particularity.

This step is similar to when Wertz (1985) writes about "seeing relations of constituents", where the researcher attempts to view each separate constituent in terms of their relationship to each other (p. 176).

Step Three: A third reflection on each individual text segment focuses on comparing it to all the text segments in the sub-section in order to distinguish it from those with which it shares nothing in common. These irreconcilable differences help to distinguish the group of segments which share a commonality with the segment concerned, from the remaining text segments in the sub-section, which

are excluded from this commonality.

In this regard, Wertz (1985) speaks of "making distinctions", where the researcher reads each statement or meaning unit in order to discover what differentiates it from the others (p. 176).

Step Four: Once a number of common themes have emerged on the basis of these readings, in all the sub-sections of an individual case, each individual text segment in a particular sub-section is compared with the text segments in the identical sub-sections across all the other four cases. In this way a very broad sense of a text segment's commonality and differentiation from the text segments of the same sub-section in all the cases may be obtained.

Subsequently, the shared themes that emerge in relation to each individual text segment reflect a commonality that is shared across all five cases. Each shared theme is a basic, general expression of a psychological process or relationship which is found in all five cases. This stage is compatible with what Wertz (1985), calls the "comparison of individuals", where each individual protocol or case is read in order to establish similarities and differentiations which may become languaged in the form of general statements (p. 190).

Step Five: In all five cases, each individual text segment is allocated the relevant shared theme to which it belongs. This theme is written opposite to where the text segment is positioned, so that their correspondence with one another can be clearly seen. In all, eight shared themes, two in each sub-section, emerged across all five cases.

Two shared themes emerged from those text segments found in the sub-section of client self-experiences in the category of inhibition. These are:

1. Avoiding disclosure.
2. Being in a state of conflict in relation to self-disclosure.

Two shared themes emerged from those text segments found in the sub-section of client experiences of therapy in the category of inhibition. These are:

1. Anticipating therapist interventions.
2. Experiencing real-life therapist interventions.

Two shared themes emerged from those text segments found in the sub-section of client self-experiences in the category of self-disclosure. These are:

1. Being pressured towards a self-disclosure.
2. Feeling relief or intensified distress in the disclosure process.

Two shared themes emerged from those text segments found in the sub-section of client experiences of therapy in the category of self-disclosure. These are:

1. The importance of the therapist's presence.
2. The expansion or retardation of the issue within the therapeutic dialogue.

In appendix B an exemplar is provided, wherein a selection of text segments from protocol one and protocol three are presented. In each case, text segments are presented under their relevant experiential headings and sub-headings. Secondly, opposite each individual text

segment is written the shared theme to which it belongs.

In the extract from protocol one, text segments that are representative of all the experiential headings and sub-headings are presented along with the eight shared themes. However, in the extract from protocol three, only text segments that correspond to two shared themes, i.e. feeling relief or intensified distress in the disclosure process, and the expansion or retardation of the issue within the therapeutic dialogue, are presented. The text segments from protocol three are included, because they represent experiences of intensified distress in the disclosure process, and the issue's retardation within the therapeutic dialogue respectively. In this sense, these text segments represent experiences that are not found in protocol one where text segments representing relief in the disclosure process, together with the issue's expansion within the therapeutic dialogue are found instead. The text segments from protocol three are therefore presented in order to complement and contrast with those in protocol one.

3.3.5 Individual Thematic Descriptions of the events of client inhibition and self-disclosure

The individual labelling of text segments according to their shared themes allows for their subsequent re-grouping under these themes in all five cases. In each case, the text segments sharing a theme are re-written in more psychological language in the form of a coherent passage that illuminates the organization and salient features of each shared theme. Each Individual Thematic Description consists of eight such coherent passages, each illuminating a different shared theme of client inhibition and self-disclosure. In each of these passages, first person quotes from the original protocol transcriptions are used to illustrate the particular salient features or relations in the narration of each theme, as these have been articulated in each passage.

This step bears a similarity to the procedures for obtaining a specific description of a situated structure (Giorgi, 1985; Stones in Kruger, 1988). Such a description is also worded in psychological language and is used to articulate a psychological phenomenon from the perspective of an individual case or participant. The procedure in the present research differs only in that the current individual descriptions centre around themes common to all five cases. What emerges from each Individual Thematic Description is an organized psychological articulation of eight different themes or facets of client inhibition and self-disclosure as this pertains to a single, individual case.

Each psychological theme, presented in the form of a coherent passage, presents a detailed psychological articulation and unpacking of the relations summarized in the generalizations of each common thematic heading. In each case, this articulation uses as its basis, the constellation of text segments sharing a theme which is particular to this case alone. All five of the individual thematic descriptions are presented in appendix C.

3.3.6 The Structural features of the events of client inhibition and self-disclosure

In this final stage of the analysis of the data, the five Individual Thematic Descriptions are synthesized into a single account consisting of eight thematic passages which give rise to the structural features of the events of client inhibition and self-disclosure. These features do not simply consist of those elements that are common to all the passages across the five individual cases. Nor do they necessarily articulate a typicality or generality concerning the events of client inhibition and self-disclosure which extends beyond the parameters of the present five cases by virtue of such a commonality.

In reading all five Individual Thematic Descriptions, the researcher not only maintained a stance of openness towards features or relations common to all five cases, but also remained attentive to those differences, discrepancies and apparent contradictions which emerged while comparing the same thematic passages of different cases. For example, in one case, in the self-disclosure category under the heading of client self-experiences, instead of self-disclosure engendering a sense of relief from psychological distress - a thematic heading common to the other four cases - there is in this case an intensification of psychological distress as self-disclosure takes place. These facets of client self-experience in relation to self-disclosure seem to be diametrically opposed to each other, in that they represent two conflicting psychological processes. However, the researcher looks for how these two apparently opposing processes can be perceived as opposite poles of a single relationship or principle which structures client self-experiences of self-disclosure.

The structural features are those relationships, or networks of relationships, which account for both the commonalities and the discrepancies that occur in the same thematic passages across all five cases. Structural features refer to relations or principles which mediate the apparent discrepancies and commonalities that emerge across the five different cases. Furthermore, because of this connecting capability, these principles or structural features do not refer only to the particular five cases of the present research, but to the way in which other individual cases of inhibition and self-disclosure can also be viewed in terms of these mediating principles. This level of analysis is similar to the structures that reveal general features of a phenomenon in the ways described by Giorgi (1985), Stones in Kruger (1988), and Wertz (1985) amongst others.

However in the present research, the type of generality arrived at is quite different in that it does not simply involve delineation of features common to all cases and their consequent formulation into a language that expresses the "generally essential" (Wertz, 1985, p. 190) nature of these common features. Rather, the present research includes a conception of generality that refers to a level of analysis where both common features and apparently opposing contradictory processes are reflected upon in order to reveal their connecting, or mediating principles. The structural features emphasize client inhibition and self-disclosure as a process of psychological change, rather than a single phenomenon, and as such these features provide a map of the essential processes that constitute the trajectory of this change in individual cases.

The eight thematic passages of the events of client inhibition and self-disclosure are divided into sub-themes reflecting the essential constituents of each passage. These sub-themes represent the structural features of client inhibition and self-disclosure. The conditions and relationships constituting these structural features are illustrated by quotations from the original first person transcripts of the five individual research interviews. More than one quotation is only provided where the elements of a structural feature or an aspect of a structural feature cannot adequately be represented by one individual case. It must be stressed that the use of these quotations illustrates the link between individual cases of client inhibition and self-disclosure, and the mediating relations and principles which serve to organize these events at a different conceptual level, i.e. the process of psychological transformation which is inherently part of the change from inhibition to the self-disclosure of distress. The structural features of the events of client inhibition and self-disclosure are presented in full in the Results chapter of this study.

3.3.7 Summary of the procedures constituting the analysis of the data.

1. The rewriting of the first-person descriptions into third-person protocols.

2. Demarcating text segments within the third-person protocols.

Step One: The entire text of a third-person protocol is read in order to track and subsequently demarcate those text segments that refer to aspects of client inhibition.

Step Two: A second reading tracks and subsequently demarcates the text segments that refer to aspects of client self-disclosure.

Step Three: A third reading tracks and subsequently demarcates text segments that refer simultaneously to aspects of inhibition and self-disclosure.

Step Four: The text is underlined according to the demarcations made in the previous three readings.

3. The further categorisation of text segments into more specific client experiences

Step One: Each segment is scrutinized in terms of whether it refers to a facet of the client's self-experience. Emphasis is laid on whether the segment contains data that focuses on the client's psychological sense of identity.

Step Two: A second reading of each segment ascertains whether it refers to a facet of the client's experience of therapy. The focus is on the client's psychological process in the context of finding him/herself in psychotherapy in the presence of a therapist.

Step Three: A single text segment may contain material that refers to both of those experiential categories when it is read from both perspectives. These segments are allocated to both categories or may be broken up into category -

appropriate smaller segments which are placed in their respective categories.

Step Four: Text segments are listed numerically under either the experiential category of inhibition or the category of self-disclosure. Text segments referring to both of these general experiential facets appear under both of these headings.

Step Five: In each of the above experiential categories a further distinction is made between these text segments that refer to client self-experiences and those referring to experiences of therapy. Text segments are therefore re-organized according to whether they fall under the sub-headings of self-experience or experiences of therapy. Text segments referring to both of these more specific experiential facets are therefore rewritten under both sub-headings.

4. The emergence of shared themes within each experiential sub-section

Step One: Each text segment is reflected upon by dwelling on the way in which it epitomizes a particular aspect of the experiential heading and sub-heading to which it belongs.

Step Two: Hereafter, the individual segment is compared with all the other text segments in the same experiential sub-section in order to reveal whether it shares a commonality with any of the others, in spite of its own particularity.

Step Three: A third reflection on each individual text segment focuses on comparing it to all the text segments in the sub-section in order to distinguish it from those with which it shares nothing in common. These irreconcilable differences help to distinguish the group of segments which share a commonality with the segment concerned, from the remaining text segments in the sub-section, which are excluded from this commonality.

Step Four: Once a number of common themes have emerged on the basis of these readings in all the sub-sections of an individual case, each individual text segment in a particular sub-section is compared with the text segments in the identical sub-sections across all the other four cases. A very broad sense of a text segment's commonality and differentiation from the text segments of the same sub-section in all the cases may therefore be obtained.

Step Five: In all five cases, each individual text segment is allocated the relevant shared theme to which it belongs. This theme is written opposite to the position of the text segment so that their correspondence with one another is clearly visible. In all, eight shared themes, two in each subsection, emerged across all five cases.

5. Individual Thematic Descriptions of the events of client inhibition and self-disclosure

The text segments sharing a theme are re-written in psychological language that illuminates the salient features of each shared theme. Eight such coherent passages emerge to form these individual accounts of inhibition and self-disclosure.

6. The Structural Features of the events of client inhibition and self-disclosure

This is the narrative of those relationships, or networks of relationships, which account for both the commonalities and the discrepancies that occur in the same thematic passages across all five cases.

CHAPTER FOUR

4.1 RESULTS

In this chapter the final stage of the findings are presented in full. The structural features of the events of client inhibition and self-disclosure appear in their complete form, together with a summary that appears without the quotations from the first-person protocol transcripts.

4.2 THE STRUCTURAL FEATURES OF THE EVENTS OF CLIENT INHIBITION AND SELF-DISCLOSURE

A. Structural features of the event of inhibition in psychotherapy

1. Aspects of self-experience related to inhibition

1.1 The narrative of avoiding disclosure

(i) Sub-theme: Insecurity

Avoidance initially appears when the client begins to question her/his psychological integrity in response to becoming aware of a personal issue. The issue is problematic in that the client is unable to understand his/her existence constructively. The client experiences this inability indirectly when anticipating that others, including the therapist, will view the existence of the issue in his/her life as something negative and undesirable.

The issue throws into relief the client's lack of understanding towards him/herself, so illuminating a sense of insecurity and self-criticism every time he/she is aware of it.

Participant 1 provides a direct illustration of the insecurity experienced when the client is aware of his/her distress. Participant 5 illustrates the insecurity that is expressed indirectly as a feeling that the issue's presence indicates that there is something wrong with the

therapeutic process that the client is presently engaged in.

Participant 1: "As a general rule I have a tendency with heavy issues like this to put them away in a cupboard. For a long time there was the fear that if you really had to deal with them, it would not be dealable... At that time my fear was that if I allowed myself to feel the appalling grief, I would shatter like Humpty Dumpty, and I would not be able to contain it... I fortunately have got past that in life and I know that I won't shatter like Humpty Dumpty. But because of that fear, there is normally this inability to get into the really painful stuff."

Participant 5: "You see it was more the details than the level of feeling. I don't mind her (the therapist) having access to that level of my feeling, but I had not come to terms with the details of it, I think. How it manifested and things like that.

"If people start acting out, if they start checking people's houses out and listening outside the windows, it's not a good sign... this had happened once, that I'd gone past her house in the middle of the night and it had really freaked me out. I sort of lurked round her house a bit. I also realized that it is not the kind of thing you do, if it happens in therapy, then there is a bit of shit going down, the therapist's fucking up a bit. So I was very reluctant to tell her this."

The experience of distress reminds the client of his/her failure to engage in a constructive dialogue with the issue. Furthermore, the client anticipates that other people, including the therapist, will similarly fail to discover a positive evaluation of the issue. The persistence of distress in the client's experience illuminates a crisis in the ability to continue to constructively understand his/her own existence. The presence of the issue gives rise to an insecurity that the client experiences in relation to the task of continuing to make constructive sense of his/her personal world.

(ii) Sub-theme: Withdrawal

The insecurity experienced in the presence of the issue is the client's response to its problematic meaning, which starkly contrasts with his/her everyday, routine self-

understanding. The way the issue challenges this routine understanding, prompts the client to withdraw from confronting it when he/she is in therapy. When the client becomes aware of the issue in this context, the sense of insecurity which it arouses prompts him/her to withdraw. This withdrawal is accomplished by either displacing the presence of the issue through focusing his/her awareness elsewhere, or by engaging in an overt activity to mask the underlying sense of insecurity experienced in its presence. participant 4 depicts the replacing of the issue by means of focusing awareness onto something else, in this case an experience of numbness which shuts out the issue's presence. participant 3 illustrates the client's masking of his/her anxiety through resorting to overt action in therapy.

Participant 4: **"... I would actually make my mind go blank. I actually felt my mind go blank and I would not know what was going on. I actually in those times felt numb, like nothing."**

Participant 3: **"I walked in and as soon as I saw him in that office full of books I just suddenly felt I could not. I do not feel the atmosphere is conducive. I do not feel this warm presence that I want to disclose to."
"What happened was I started feeling so upset I came very close to tears, and I suddenly sensed this absolute panic. I just said: 'I have got to go.' I just felt I could not be there. I did not want to be in that room, its presence was actually strangling me."**

The withdrawal of the client from the issue occurs when he/she refocuses awareness around another category of experience, effectively obscuring the issue's presence in the therapeutic context. The client's withdrawal represents an attempt to preserve the facade of a distress-free existence in the world, in the face of the challenge the issue presents to this mode of self-experience when the client is in therapy.

1.2 The narrative of being in a state of conflict in relation to self-disclosure

(i) Sub-theme: Tentative acknowledgement

The psychological challenge represented by the issue makes itself known when the client realizes that its problematic meaning is precisely what he/she needs to confront. The insecurity the issue provokes, and the steps taken to withdraw from it testify to its persistent significance in the client's existence. It is this challenge to the client's self-understanding which forces him/her tentatively to acknowledge the personal significance of the issue.

Once this acknowledgement is made, the possibility of its disclosure in therapy becomes an option, however tentative and distant it initially is. It is this option to disclose which initially tantalizes the client, but that, in combination with the personal insecurity engendered by his/her distress, leads to the client once again withdrawing from the issue when in therapy. The extract from participant 1 illustrates the acknowledgement of the personal significance of the issue and the consequent option of disclosing it in therapy. Participant 3 illustrates how the tentative pull towards disclosure, once the importance of the issue is acknowledged, is counteracted by the co-presence of the client's personal insecurity in response to the proximity of his/her own distress.

Participant 1: "The issue was making me very unhappy, not the disclosing but the issue itself ... So my thoughts were: I want to disclose now, but I am still a bit uncertain about what it is going to be like to talk about this to her."

Participant 4: "I was aware that in some ways we did touch upon it, but in a very precursory kind of going over it. Everytime I felt this pressure, in that I wanted to say something but I kept thinking: 'what the hell is she going to think of me?' I actually felt that I wasn't ready to deal with that."

(ii) **Sub-theme: Encountering a world of personal distress**

The client's acknowledgement of the personal significance of the issue, while not leading directly to self-disclosure, does engender an exploration of the issue's appearance. Instead of displacing the issue by focusing on something else everytime it enters awareness, the client attempts to reflect on its problematic existence in order to familiarize him/herself with its characteristic appearance. This reflective exploration of the issue illuminates the extent of the client's personal distress. It is this distress which confounds all personal attempts to appreciate the issue's existence constructively. The influence of this distress in restricting the psychological life of the client is expressed in the words of participant 2.

Participant 2: "It was more guilt on my side. I felt guilt about what I had done. I felt that I had not actually lived my life according to how a structured life or a good life should be led. I felt it was; I do not know if I can find one word. I was nervous, not nervous. When I thought about it, it made me feel less than I normally do."

However, once having entered into the distress that accompanies the issue, the client cannot simply continue to displace its presence by focusing on other categories of experience. Withdrawal is only a stop-gap measure until a solution can be found whereby this distress may be permanently alleviated. In this regard, self-disclosure in psychotherapy increasingly comes under consideration, as the client is thrown into a dilemma concerning the future personal management of his/her distress. Disclosing the issue to the therapist in order to alleviate distress conflicts with the insecurity that the client experiences when he/she imagines other people trying to accept and understand it. Continued inhibition is weighed up against the risks and benefits of self-disclosure. This process is illustrated by a passage from the interview transcript of participant 2.

Participant 2: "I think it (the issue) had power over me, influenced me very strongly to the extent that I wanted to keep it a secret. I did not want anybody else to know about it. But by not wanting anybody else to know about it, I was acting contrary to what I was feeling. A lot of the time I would feel that I would want to get rid of this, or express this emotion, to express what I was feeling about somebody else."

The client's personal insecurity which centres around failing to constructively understand the existence of the issue in his/her life, colours the perception of distress disclosure in therapy.

(iii) **Sub-theme: Imagining self-disclosure in psychotherapy**

In weighing up whether to risk a distress-disclosure, the client **imagines a hypothetical disclosure** in therapy. In this context, the client's insecurity brought on by failing to make constructive sense of the issue, informs the imagination of the therapist's response to the hypothetical disclosure. In this disclosure, the client's failure to positively evaluate the issue takes the form of an anxious expectation that the therapist will similarly perceive only the negative aspects to its existence in the client's life. Negative reactions towards the disclosure that in effect constitute a therapeutic rejection of the issue are anticipated. Participant 3 illustrates the imagination of a hypothetical disclosure where this is met with a lack of therapeutic understanding that is tantamount to a rejection. Participant 1 demonstrates how imagining the therapist's failure to understand the issue can create a situation where the client feels he/she will be negatively evaluated in the light of a disclosure.

Participant 3: "Then I started thinking things like: would I feel awkward bringing it up, would I feel afraid? The main thing with this incident was I was scared the weight I attached to it would be more than my therapist. So I would say, 'I have got something to tell you, I want to talk about it,' and then he would be thinking, oh is that all? In my mind I was blowing it out of proportion. Like he would sit there and he would hear it and say, 'Oh is this what the big issue was?' I would end up feeling quite stupid. I would be ending up showing that I am quite weak, because I considered this a big issue, whereas maybe he would think: 'oh well, big wank!'"

Participant 1: **"When I was aware of it, it was quite an ambivalent feeling, because there was a sense of: I would like to share it, but is she going to disapprove? Am I going to be judged?"**

In the light of imagining such a disclosure outcome in therapy, inhibition is maintained despite the client's acknowledgement of the significance of the issue in his/her life. Finding a more permanent solution to the management of the distress which accompanies the issue is delayed as long as the conflict between disclosing and the client's insecurity in regard to understanding his/her distress persists. In the interim, the client continues to withdraw from the issue on those occasions when he/she becomes aware of it therapy.

2. Aspects of therapy related to inhibition

2.1 The narrative of anticipating therapist interventions

(i) Sub-theme: Shifting awareness towards the interpersonal other

In imagining a distress-disclosure, there is a shift in awareness from being-with-oneself in relation to an issue, to being-with-another in an attempt to communicate this issue. While this aspect of experience can be perceived as part of the process of conflict, it nonetheless constitutes a distinct aspect of inhibition in that in the moment that it occurs it is not directly concerned with the dilemma about the future management of personal distress. Rather, this facet focuses on being with the therapist in the moment of hypothetical disclosure. This client orientation towards the interpersonal other in psychotherapy is expressed in the example of participant 3.

Participant 3: **"I think the main thing that made me want to withhold was just this awareness of: I am not speaking to somebody who can have been in this position, so how can they understand?"**
"The main thing with this incident was I was scared the weight I attached to it would be much more than my therapist. So I would say: 'I have got something to tell you, I want to talk about it', and then he would be thinking: oh is that all?"

(ii) **Sub-theme: Constructing the disclosure situation**

The client's experience of being with the therapist takes the form of an address. The therapist is addressed in the context of the client disclosing the issue. This address is then subsequently responded to by the therapist, and it is at this point that the client's own insecurity towards the issue re-appears in the form of the therapist's imagined reactions. The client's limitations in constructively understanding the existence of the issue are re-expressed in the therapist's hypothetical reaction to its disclosure.

The client's unhappiness with the issue is re-expressed as the therapist's negative evaluation of the disclosure. The therapist's negative understanding may be expressed in terms that mirror the client's own self-evaluation of the issue, as in the case of participant 5. Alternatively it may be expressed in terms that mirror the client's uncertainty concerning the legitimacy of his/her distress experience, as in participant 3.

Participant 5: "... just my theoretical understanding that if someone does start acting-out, the therapist should be a bit concerned about it. So I thought that if I tell her, 'oh my God, I parked outside this woman's window.' she's going to think, 'hey', you know, get all hyped about it."
"There won't be the same kind of openness, somehow it will be more defended or more careful. She will maybe stop taking so many chances and maybe think: Okay he can't handle this, so I'm moving too fast, I need to slow things down a bit."

Participant 3: "The main thing with this incident was I was scared the weight I attached to it would be much more than my therapist. So I would say, 'I have got something to tell you, I want to talk about it,' and then he would be thinking, 'oh is that all?'"

The therapist's response is imaginatively structured in terms of the client's fears about the social unacceptability of the issue. The impact of an imagined confirmation of these fears and insecurities is sufficient to facilitate the client's continued inhibition, despite the

acknowledged need for self-disclosure. When the client returns from this being-with the therapist in imagination, to being-with him/herself alone with the issue, a decision is made to retreat from the option of disclosure. This only serves to maintain the issue's inhibition in the context of real-life psychotherapy.

2.2 The narrative of real-life therapist interventions

(i) Sub-theme: Imagination at work in therapy

In the context of real-life psychotherapy, disclosing the issue to the therapist is viewed from the perspective of already having imagined this scenario. The real-life therapist is viewed as having already misunderstood or rejected the issue, because of the disclosure scenario that the client has previously constructed in imagination. This positioning of the therapist in terms of a hypothetical disclosure limits the client's openness to the real-life presence of the former insofar as the present issue is concerned. This restriction of the client's openness to the therapist may structure his/her experience of the latter as someone who is unable to effect any change in the withholding of distress from therapy. The protocol of participant 2 expresses this restriction of the client's openness towards the therapist.

Participant 2: "The group situation was actually the prime reason (which eventually enabled a self-disclosure to the therapist), because when I was in that group therapy situation, it was very important for me to identify with the group."

"...I have problems with therapy itself, because I sometimes feel like it is too much of a closed system that I am working in. I mean, okay, the group that we were working in was also a very closed system, but it was other people that were in a similar position to what I was in. I was not the only freak, and the only authoritarian person being the therapist. In the group situation there were a lot of freaks."

In the above case, the therapist's real-life interventions were simply irrelevant to relieving or intensifying the client's inhibition, because therapy as a valid place for useful self-disclosure is called into question by the client. However, the restriction of the client's openness to the therapist can also take the form of a deepening of inhibition when the client becomes aware of the issue in therapy. This form of restriction is expressed in the words of participant 3.

Participant 3: "The first time I actually planned this, this was the session I was going to bring it up. Before I walked in, I was in a state of absolute fear. I walked in and as soon as I saw him in that office full of books I just suddenly felt I could not. I do not feel like the atmosphere is conducive. I do not feel this warm presence that I want to disclose to. I sat there, and another part of me was saying 'okay, now' and I just could not. I felt like it was almost a totally inappropriate context to suddenly say, 'oh, ja by the way'. It had to be eased into."

Both forms of restriction occur within the context of clients' prior understanding of therapy in regard to the issue. The issue in real-life therapy is always viewed from the standpoint of an already imagined disclosure. This either renders real-life therapy irrelevant as far as alleviating or facilitating client inhibition goes, or actively facilitates inhibition through appearing to embody the client's anticipatory fears in regard to the therapeutic reception of distress-disclosure.

B. Structural features of the event of self-disclosure in psychotherapy

1. Aspects of self-experience related to self-disclosure

1.1 The narrative of being pressured towards a self-disclosure

(i) Sub-theme: The involuntary meaning of the issue's presence in awareness

While imagining a hypothetical disclosure facilitates internal conflict and withdrawal from the issue, the latter nonetheless reappears more and more frequently in the client's awareness.

This frequent reappearance defies the client's capacity to exercise control over his/her psychological existence. In so doing, the issue highlights the shortcomings of all the client's attempts to suppress and inhibit its influence in his/her daily life. The recognition of the issue's involuntary presence in awareness, i.e. its intrusive position in consciousness, serves to intensify the client's personal discomfort and preoccupation with its place in his/her life. Participant 4 expresses the realization of this failure to exert control over the issue, i.e. to be able to withdraw from its presence. Subsequently there is an increase in personal discomfort as the issue is experienced with increasing frequency.

Participant 4: **"Although I could deflect it (the issue) during the therapy sessions and during the time that I was with X in therapy, I couldn't afterwards and that threw me into quite a turmoil. I didn't want to look at that ... and it kind of grew into a frustration where it bugged me the whole time."**

(ii) **Sub-theme: The experience of a growing sense of personal crisis.**

The gradual breakdown of the client's ability to manage the issue efficiently in the context of minimalizing its negative influence is accelerated as it successfully enters different, diverse facets of his/her life. The erosion of the personal resources to relate to the issue with any degree of discerning judgement, together with the increasing pervasiveness of the client's distress fosters a sense of personal crisis. This sense of personal crisis communicates a growing urgency to somehow do something to alleviate this distress permanently. The pervasiveness of the unwanted presence of the issue, which engenders this crisis, pressures the client into a disclosure in therapy, as illustrated in the case of participant 1.

Participant 1: **"...there was a sense that I was taking myself and things of importance to therapy and I was avoiding something that was actually dominant in my life at the time."**

"This was partly my own guilt I think, that I was not very happy with what I was doing either, and it was consuming me in a way, and I needed to share it, because it was becoming so all-consuming."

(iii) **Sub-theme: The intensity of distress overrides client fears of negative therapeutic consequences**

The persistence of the client's experience of distress exacerbates a generalized sense of psychological incompetence in regard to being able to maintain a stable, normative psychological existence. As the client becomes increasingly aware of the issue, so the experience of losing personal control over it intensifies. Consequently the sense of personal psychological incompetence becomes more intense and enduring. Foreseeing the intensity of this state of existence as a permanent fixture paradoxically prompts the client to act decisively in the hope of restoring his/her personal management skills with respect to this issue. The most obvious way of doing this is via self-disclosure in psychotherapy. Participant 1, again, provides a clear example of the personal distress and incompetence brought on by the issue, which eventually pressurizes the client into disclosing to the therapist:

Participant 1: "It was increasing pressure to share it, because it was making me very unhappy. The issue was making me very unhappy, not the disclosing, but the issue itself. So there was an increasing pressure to be able to talk it through with somebody that could help me deal with it."
"...there was a sense that I was taking myself and things of importance to therapy, and I was avoiding something that was actually dominant in my life at the time. It made everything seem a bit ludicrous, because I knew I was not taking the whole of me into therapy at all."

When the sense of psychological incompetence and personal crisis brought on by the issue becomes so all-encompassing that it supersedes the client's fears of a negative therapeutic reaction and inhibition is replaced by a moment in therapy where self-disclosure is able to take place. While participant 3 demonstrates how the need to alleviate the sense of personal deficiency eventually comes to outweigh the fears of the therapist's reaction, participant 1 illustrates how the urgent pressure to disclose eventually culminates in an active, productive disclosure to the therapist.

Participant 3: "I think at that particular stage, because of what I had been discussing in therapy, it came up again. My whole feeling of: I wonder if I should bring it up? So the issue becomes much more real. A lot of the pain attached to it also becomes more real, and it was a whole thing of, well maybe I can eventually find peace."

"So I think the feelings that pushed were feelings of pain and maybe isolation ... Just the feeling that it would finally take away those feelings, that afterwards any guilt or anything would go."

"So it was for the relief of my own suffering as well as this whole thing of confessing."

Participant 1: "Yes, it was like bursting a pimple, like sheer force. I could not have gone on any longer without sharing, it was too important. I don't know that it was that something was different in the therapy. It seems more the case that it was the bubble in me had got to a point where it had to burst."

The urgency and intensity of the distress and the psychological incompetence in terms of which the issue is experienced eventually reaches a point in therapy where the pressure to disclose in order to alleviate this is so immediate and persuasive that it outweighs the risk of a negative therapeutic evaluation. At this moment, the client takes advantage of the opportunity that is latent in the therapeutic dialogue, and proceeds to introduce the issue to the therapist.

1.2 The narrative of feeling relief or intensified distress in the disclosure process.

(i) Sub-theme: The client's evaluation of his/her disclosure performance

The verbal communication of the issue in the therapeutic dialogue is accompanied by the client's evaluation of this particular therapeutic context. This evaluation is initially experienced as a personal competence or incompetence in relation to his/her own performance. When this performance is experienced as alleviating or at least modifying the client's distress, there is a discovery that in the activity of disclosure the emotional meaning of the issue is being transformed. The meaning is changing as the client speaks about the

issue. The prior experiences of distress and psychological incompetence are transformed as the client begins to establish a new coherency and organization in regard to the issue simply by articulating it aloud. The sense of crisis and lack of control in regard to the issue recedes as the client's distress becomes organized in speech. The sense of this active verbal articulation as in itself emotionally transforming in respect to the client's relationship with the issue is conveyed in the protocol of participant 2.

Participant 2: "I was initially very nervous, like my first three words, first four words, first sentence. I was nervous, because now I was actually going to do it, I was actually going to explain. Once I had actually said the first sentence and it all came out, it was almost like I had separated myself from myself. I did not actually feel any fear about it, it was almost like I was saying it and I did not give a damn whether my therapist liked it or not, but I was going to disclose it anyway. So it did not really matter what my therapist thought, or what anybody thought, I was just going to do it, and it ended up coming out like a torrent. After the initial sort of break it was almost like a relief, it was like having a really good wee, you know (laughs). It was almost like that, it was almost like it was coming out but there was no dreaded emotion behind it. There was just the relief of having it come out.

The novelty of performing the disclosure in contrast to passively withholding the issue is understood as contributing towards the client's relief, in the sense that he/she has been able to get this far instead of remaining silent in his/her distress. There is therefore an evolving sense of personal competence and accomplishment which the client experiences when initially evaluating his/her performance.

However, when a client's evaluations are characterized by no sense of a transformation in his/her distress, the conditions of self-experience that initially pressured the client into disclosing remain unchanged. There is no sense of novelty in verbally expressing the issue, only an intensification of the experience of psychological incompetence and distress. The

client initially attributes this intensification to his/her own personal failings, as opposed to the dynamics of the therapeutic dialogue. Participant 3 expresses this intensification of distress and the evolving sense of psychological incompetence with respect to the issue.

Participant 3: "I started talking and I was half intellectualizing in that I was stating it very factually like I'm talking now. But I think the other half of me was very nervous, because just the way I was sitting; I remember sitting with my arms crossed and I was feeling very tense."

"It was too tense a moment, I was too aware of each word and of this heavy thick silence in the room. I felt very self-conscious and I thought; I must choose my words carefully. So it was too inhibiting an experience to be free."

"The one thing I remember in disclosing, I did not feel like I was making peace with myself, I actually felt hatred of myself, because I thought, you are so pathetic sitting there saying this is a big deal."

(ii) **Sub-theme: The client's evaluation of disclosure occurs in the context of a sensitivity towards the therapeutic space**

Evaluating his/her performance occurs within the context of the client being sensitive to the presence of the therapist. The client is sensitive to the quality of the reception that the disclosure meets with in the therapeutic environment. The client's subsequent understanding of disclosure as a sense of relief or as the intensification of distress is an evaluation that emerges in response to his/her experience of the degree of acknowledgement that is forthcoming from the therapist. Participants 1 and 3 illustrate qualitatively different evaluations of the therapist in their respective experiences of psychological relief and the intensification of distress in the context of disclosure.

Participant 1: "...the fear that I had that I would be judged or that she would not understand actually took second place. Now is the time, somehow suddenly it will be alright."

Participant 3: "There is a sense of like, you are so pitiful and pathetic. I did not feel strong disclosing, I actually felt like really small and very tense."
"I felt like I was telling the enemy and I hated myself for doing that, for having to confess to a member of that sex." (Female participant's therapist was male).

The client's sensitivity towards the therapist becomes an important aspect of his/her subsequent understanding of self-disclosure, in the context of his/her long-term psychological development and perception of therapeutic progress.

2. Aspects of therapy related to self-disclosure

2.1 The narrative of the therapist's presence

(i) Sub-theme: Self-evaluation in the context of being understood by the therapist

The client's sensitivity toward the therapist is experienced as the latter being more or less receptive to this instance of disclosure. A therapist's receptivity may be experienced as a continuation of an attitude that he/she has previously demonstrated in regard to similar distress-disclosures, or as an attitude that is experienced as unique to the singularity of the present issue. Participant 5 demonstrates the case of the former while Participant 3 expresses that of the latter.

Participant 5: "...we had spoken so much about me going out and not going out, and it was quite a seminal thing for me, and it was on my mind a lot."
"See, therapy together is going well..."
"It was basically that we were in the middle of a long scene that had gone over a few weeks. If it had been an isolated thing I might have chosen to speak of something else, but it was almost something that I wanted to get across to her."

Participant 3: "I did feel he understood, but I almost got the feeling he thought like: big wank, it is not like the worst thing that could happen to you."
"I was expecting him to be shocked or sympathetic and say: 'Gee, I am really sorry', and he did not, and I felt angry at that. It was not a different response from any other response, and I almost felt cheated."

The client understands the therapist as more or less sympathetic to the type of distress that is the subject of disclosure. The presence of the therapist is interpreted by the client within the context of this anticipation. While in the above example of participant 3, the therapist's response is understood as a lack of appreciation for the issue, in the case of participant 2 below, the therapist's response is experienced as a sympathetic understanding of the issue.

Participant 2: **"My therapist's response was also very understanding, Y also understood quite a lot about what I was saying about the difference and the divisions between heterosexuality and homosexuality. Y was very supportive, and I also walked out of there feeling reassured as well. I do not think Y was reassuring me just to make me feel better, I think Y was reassuring me because he understood what I was saying. The fact that I was resolving it through disclosing it to Y and having disclosed it before. I think the way Y saw it was that it was a positive step towards accepting myself more."**

This understanding of the therapist's presence is an important facet in the client's long-term evaluation of this particular disclosure.

(ii) Sub-theme: The "fit" between distress disclosure and the therapist's emotional presence

This experience of being adequately or inadequately understood in therapy is structured in terms of the client becoming aware of a therapeutic presence that resonates in an emotionally appropriate fashion with the content and the degree of intensity of the distress-disclosure. The therapist's presence either fits with or mismatches the emotional valency of the distress-disclosure. In the case of a mismatch, the client feels misunderstood by the therapist. There is an experience of having failed to competently articulate the issue so that its significance is correctly understood by the therapist. This sense of failure intensifies the client's experience of being psychologically incompetent, while the painful issue remains

simultaneously unresolved. Consequently, the experience of personal discomfort in therapy deepens. This process is expressed in the case of participant 3 where the therapist's presence is experienced as a mismatch in relation to the emotional valency of disclosure.

Participant 3: **"I had a sense of him listening, but I did not feel he could really identify. I think it was also an issue of him as a person, in that I had not been getting on with him, and had experienced him as being very distant."
"The one thing I remember in disclosing, I did not feel like I was making peace with myself, I actually felt hatred of myself because I thought: you are so pathetic sitting there saying this is a big deal."**

However, when the therapist is experienced as matching the emotional valency of the disclosure, the client feels that the former has deeply understood and appreciated the significant role that the issue plays in his/her life. The experience of this "fit" between the therapist's understanding, and the emotional valency of the issue is illustrated in the case of participant 1.

Participant 1: **"I was met totally and utterly, with empathy, with understanding that it had taken me so long to talk about it, and completely non-judgementally. I at no stage had the sense that she was shocked in any way. It was just there and that was okay. What was of concern was the pain, not that I had not told her before, or that it had taken me so long to tell her, that was not an issue at all. Once it happened the only issue was the internal pain, and that is what we needed to deal with."**

However, this "fit" need not be so emotionally intense. All that is necessary is that there be a sense of appropriateness between the therapist's emotional receptivity and the relative intensity of the disclosure. A less intense form of this "fit" between self-disclosure and the therapeutic presence is illustrated in the case of participant 4.

Participant 4: "Z was going through my history, and I thought if Z wants to know about my history and what has been going on with me, then Z has to know this as well. Z just talked about it like anything else that was going on that Z asked me about ... I mean most of the issues that I go to Z with are about relationships that I'm having, or that I am struggling with, and these are gay issues."

(iii) **Sub-theme: Self-disclosure is a domain where clients create personal meanings in the context of being with the therapist**

In self-disclosure a complex process of meaning production occurs when the client brings his/her distress into the therapeutic dialogue, in the context of being sensitive to the fluctuations in the emotional atmosphere of this space. Discovering the personal meanings of transformation or intensification of his/her distress in the context of disclosure occurs in the light of the client's emotional attunement to the therapist's understanding of the issue.

Therefore, self-disclosure is more than the verbal activity of revealing the issue that is performed by the client, for it also includes his/her discovery of personal meanings which emerge in the context of the therapist's presence. The client, in understanding the disclosure by referring to the therapist's presence, comes to understand him/herself from a new perspective. The therapist is the experiential context whereby clients are able to understand themselves anew in the light of their self-disclosures. In this sense, the therapist is a catalyst for the client's creation of a new self-understanding in reference to a personal issue.

2.2 The narrative of the expansion or retardation of the issue within the therapeutic dialogue

(i) **Sub-theme: The legitimizing function of therapist responses**

When the therapist is experienced as emotionally responsive to client self-disclosure, the resulting transformation in the original meaning of the issue is due partly to the experience

of it becoming an acknowledged part of the therapeutic dialogue. When the client experiences the therapist as understanding the significance of his/her distress, it feels as though the disclosure is an important and welcome addition to the concerns that are already part of this dialogue. In this sense the issue expands into the parameters of therapy, and into the category of events that are regarded as legitimate and important themes for therapy to take note of. This sense of the legitimacy of the issue in therapy, and of its expansion into this domain are evident in the case of participant 1.

Participant 1: **"Just to re-emphasize for me that it was also not only important for her to allow me to deal with that issue, but that it definitely opened up therapy more."**

"Once it happened, the only issue was the internal pain, and that is what we needed to deal with. I think in that catharsis it actually opened therapy in a lot of ways as well. Suddenly I knew that it was a really safe place."

When the therapist misunderstands the significance of the disclosure, the consequent intensification of the client's distress is due partly to the realization that the issue has failed to become an acknowledged part of the therapeutic dialogue. It is prevented from becoming a legitimate concern of this dialogue, because the therapist prematurely dismisses it as peripheral to the central themes presently structuring the therapeutic process. This effectively retards the issue's entry into therapy. Furthermore, it increases the client's confusion about the appropriateness and legitimacy of the experience of the issue in his/her life. Participant 3 illustrates the retardation of an issue in terms of occupying a position of importance in the therapeutic dialogue, and the subsequent intensification of distress and confusion in regard to its personal significance for the client.

Participant 3: "If I self-disclose something, I have got a premeditated wish of how I want that person to respond. For instance: 'I am really sorry, and if I could have been there I would have done something.' I think I wanted a particular response, a kind of almost maternal response. Instead I got somebody who was just a good listener, and that was not enough. I actually wanted to get away from psychotherapy, and wanted sympathy, and I did not get that. That is why I felt like I have been judged again, that he is just sitting there thinking: oh honestly, woman!"
"There's still a part of you that, in saying something you almost feel more trapped because it becomes real. You feel like you're right smack in the middle of it, whereas before you've articulated it, it doesn't really exist."

The legitimacy of the experiential position that is accorded the issue with respect to the therapeutic dialogue depends on the degree to which its exploration in the latter situation coincides with the client's prior anticipations of a desirable therapeutic response. The client's subsequent evaluation of this dialogue engenders an experience of disclosure that is either centrally important or peripheral to therapy, depending on whether his/her anticipations are fulfilled or not.

(ii) **Sub-theme: Self-disclosure - opening up a future vs maintaining the present confusion**

The expansion of the issue into a significant position in the therapeutic dialogue orientates the client towards a future where similar experiences of distress may be comfortably disclosed in the secure knowledge that these issues will be welcomed by the therapist. The client becomes open to the future possibilities of personal psychological development that are inherent in the self-disclosure of a wide variety of issues in psychotherapy. This new openness towards future psychological growth is given direct expression in the case of participant 1, while participant 2 illustrates a more generalized sense of future psychological development and confidence as the issue becomes a significant part of the ongoing therapeutic dialogue.

Participant 1: "It changed the feel of the therapy; the fact that I knew I could if I needed to actually bring anything into that room. It allowed me to go into other kinds of dark places, because I had been able to go there with it (this issue). It was a gateway."

Participant 2: "The fact that I was resolving it through disclosing it to Y, and having disclosed it before. I think the way Y saw it was that it was a positive step towards accepting myself more. I think I have sort of had a problem with that in the past, not really liking myself very much."
"...I am feeling a lot more confident about myself. I am a lot more stable in my doings, in my actions."

When the issue's progress towards being acknowledged in the therapeutic dialogue is retarded, the legitimacy of the client's distress, i.e. of his/her self-experience of the issue, is called into question. There are no gains in the client's personal self-acceptance and understanding of the issue; instead there is an experience of psychological immobilization in therapy. The failure of the disclosure to secure the therapist's acknowledgement and support throws the client into a confusion about the validity of his/her personal distress. As long as the future of the issue within the therapeutic dialogue is uncertain, the possibility of establishing the psychological validity of this experience remains out of reach. The client is trapped in his/her present distress, unable to find a way out of this psychological confusion in therapy. This predicament is expressed in the words of participant 3.

Participant 3: "If I self-disclose something, I have got a premeditated wish of how I want that person to respond. For instance: 'I am really sorry, and if I could have been there I would have done something.' I think I wanted a particular response, a kind of almost maternal response. Instead I got somebody who was just a good listener, and that was not enough. I actually wanted to get away from psychotherapy, and wanted sympathy, and I did not get that. That is why I felt like I have been judged again, that he is just sitting there thinking, 'oh, honestly woman'."
"There is still a part of you that in saying something, you almost feel more trapped, because it becomes real. You feel like you are right smack in the middle of it, whereas before you have articulated it, it does not really exist. It becomes like an established fact, this happened."

Self-disclosure is a client experience which acquires a wide range of personal meanings that can lead to psychological development and progress in therapy, or which can devolve into an stalemate where both the client's development and therapeutic progress are retarded insofar as this particular issue is concerned. The meanings that the client attributes to the therapist's presence are vital for the former's eventual self-understanding of disclosure as a productive process or as a waste of time, in the context of trying to achieve healthy psychological development and therapeutic progress.

4.3 SUMMARY OF THE STRUCTURAL FEATURES OF CLIENT INHIBITION AND SELF-DISCLOSURE IN PSYCHOTHERAPY

The avoidance dimension of client inhibition initially appears as an insecurity which centres around failing to experience any constructive dimensions to an issue existing in his/her life.

The depth of this personal failure is reflected in the client's pessimism towards social situations where the understanding of another person could assist him/her in finding a more positive self-evaluation. Given his/her distress, the client can only imagine that such a disclosure would lead to the other person's rejection and condemnation in response to the issue.

However the persistence of the issue in standing out problematically from the client's everyday routine self-understanding challenges the continuity of the latter. In the context of therapy, the client focuses his/her awareness onto some other experience or activity in an attempt to shield the issue from the therapist. This withdrawal from the issue expresses an attempt to deny the existence of the persistent psychological challenge that it presents to the client's self-experience. By withdrawing from the issue, the client attempts to refuse this challenge and reassert his/her routine self-understanding.

Eventually the client is forced to acknowledge the significance of the issue simply because it refuses to go away. Withdrawal is only intermittently effective, and so the issue is tentatively explored in the hope of finding some clue as to its permanent disposal. The client's subsequent reflection on the issue brings him/her into close contact with the pain and distress which structures its existence in his/her life. This pain and distress persuade the client to perceive the benefits of a disclosure in psychotherapy, but opposing this realization is the persistence of the client's experience of insecurity towards the issue.

This insecurity is once again expressed in the client's imagination of a disclosure in therapy. In this context the therapist's response to the disclosure is imagined as a rejection of the issue and a subsequent negative evaluation of the client's identity. The intensity of the client's anticipatory fears about the therapist's reception of the issue ensures that disclosure is withheld despite the recognition that it could be potentially beneficial. The ensuing conflict between the client's fears, and the recognition of his/her need to share the issue, ensure that inhibition in therapy continues for the time being.

The shift in the client's focus away from this conflict-provoking dilemma to an imagined position of being-with the therapist, occurs in the form of a hypothetical disclosure. This situation, where the client's anticipatory fears of rejection find expression becomes the backdrop for his/her understanding of the issue's place in real-life therapy. Subsequently, the real-life presence and interventions of the therapist are understood by the client within the framework of this hypothetical disclosure. The client's openness to the therapist's presence is restricted by the former's anticipatory fears of a therapeutic rejection of the issue. This effectively limits the therapist's ability to facilitate any change in the client's attitude to self-

disclosure. This in turn makes it easier for the client to continue to withhold the issue.

However, as the issue appears more and more frequently in the client's life, so the lack of volition and personal control over his/her existence is increasingly emphasized. The psychological disadvantages of continued inhibition are repeatedly demonstrated to the client, whose personal discomfort and preoccupation with the issue grows more intense. The issue pervades successive, diverse situations in the client's existence and in so doing renders ineffective his/her attempts to control its presence in these situations. Realizing this lack of control fosters an anticipation of an impending psychological crisis in the client's existence. There is a growing urgency to accommodate the issue in some way so as to avert this potential crisis.

The sense of general psychological incompetence and impending disorganization intensifies the need for the issue's disclosure in therapy. As the sense of psychological crisis deepens, the urgency to disclose becomes more insistent until a point is reached in therapy when this pressure to verbalize the issue is so immediately compelling that the client appropriates the opportunity and initiates the self-disclosure process.

Client disclosure in therapy is accompanied by a self-evaluation of this unfolding process. The client discovers or attributes different meanings to disclosure, depending on whether the psychological distress attached to the issue is transformed or intensified as disclosure proceeds.

The understanding of disclosure as a positive transformation in the client's experience of the issue, or as the intensification of the experience of distress, occurs in the context of being aware of the therapist's presence while disclosure unfolds. This presence is experienced as more or less receptive to what the client considers to be most significant about the issue. There is a sense of the therapist's reception fitting more or less with the emotional valency of the disclosure.

Where there is a lack of fit between the therapist's understanding and the personal significance of the disclosure, a subsequent intensification of distress occurs. There is a sense of having failed to secure the therapist's acknowledgement of the meaningfulness of the issue. It is only when the therapist's presence matches the anticipation that the client has about the kind of response he/she desires that the process of disclosure is able to transform the client's former distress into the beginnings of a new appreciation of the issue.

Self-disclosure is a process that is primarily about the client's construction of personal, psychological meanings. The client's experience of the therapist allows for different understandings of disclosure to emerge. The final way in which the therapist's presence may be understood is in terms of its allowing the issue to become centrally important or marginalized in regard to the therapeutic dialogue.

The client's experience of being acknowledged in the context of self-disclosure allows the issue legitimately to enter into the therapeutic dialogue as a focus of further exploration. The expansion of the issue into this dialogue allows the client to be open to a future where psychological distress may be disclosed, secure in the knowledge of a welcoming reception

into therapy. There is an opening up of the client's existence towards a future where psychological distress is not habitually inhibited, but is confronted and disclosed in an unthreatening therapeutic environment.

The client's experience of the disclosure being misunderstood engenders a sense of the issue not being welcomed into the therapeutic dialogue. Rather than being actively rejected, its importance simply remains unacknowledged by the therapist. Consequently the acceptance of the issue as an important concern for therapeutic exploration is retarded. This meaning deepens the client's sense of psychological confusion, because there seems to be no way of achieving a progressive personal understanding of the issue, given its present misunderstanding in therapy.

Self-disclosure in psychotherapy is more than simply the client's experience of his/her own verbal performance. While this unfolds, the client is simultaneously attributing positive or negative values to this process. These value attributions emerge in the context of the client being sensitive to the therapist's reception of the disclosure. The client understands the therapist's presence in terms of whether the latter acknowledges the issue's significance or not. Therefore, self-disclosure is a process where the client creates personal meanings in the context of a complex network of therapeutic relationships.

There is a complex experience of moving from the unfolding disclosure to being sensitive to the therapist's presence. It is as the client moves between these two experiential dimensions of therapy that he/she is able to discover his/her own personal psychological meanings, either of personal development or entrapment in distress. These meanings are mediated to the client

by virtue of how the therapist chooses to receive the event of disclosure. The way in which the client comes to understand self-disclosure therefore emerges between the client and the therapist.

The meanings that the client attributes to the process of self-disclosure in psychotherapy emerge in his/her experience as self-evaluations that are responses to the therapist's presence. Self-disclosure is therefore a process of client self-understanding that emerges between his/her verbal expression of distress and the therapist's reception of this in the context of the former attempting to construct a coherent meaning out of this complex form of social experience.

CHAPTER FIVE

5.1 DISCUSSION

In the light of the findings of inhibition and self-disclosure presented in the previous chapter, the discussion begins with a search for the power relations that are implicit in the meanings of these events. An attempt is made to evaluate the findings in reference to the concepts of client powerlessness, empowerment and the constraining characteristics of empowerment, which have been articulated in the literature review in Chapter 2. The emergence of implicit experiences of power from within the context of inhibition and self-disclosure is documented in the following section.

5.1.1 The emergence of power relations within the structural features of client inhibition and self-disclosure in psychotherapy

In reading the results of the present study, an outline of power in psychotherapy readily emerges. In the present section each separate narrative passage constituting the findings is briefly examined in relation to the kinds of therapeutic power relations it epitomizes. From this it may become clear whether powerlessness, empowerment, and the constraining features of empowering self-disclosures suggested by Foucault (in Hutton, 1988) are indeed present in the context of therapy.

In the context of inhibition, difficult issues are initially avoided, because clients cannot accept these aspects of themselves. Being insecure when aware of an issue, and attempting to withdraw from it, both intrapersonally and in the context of therapy, indicates a lack of acceptance and tolerance of the issue. At this stage, becoming aware of the issue is always experienced as an unwelcome, complicating intrusion into clients' lives.

A conflict arises when the issue doesn't simply go away when it is avoided, but persists in making itself present in the client's experience. Consequently the client reluctantly acknowledges the presence of the issue, and while reflecting on its suitability for disclosure in therapy, he/she encounters the pain and distress that accompany it. In the light of this pain, any immediate therapeutic disclosure is foreclosed.

Avoiding disclosure is a type of control that clients exercise in relation to the issue. However, this control fails to work when the issue persists in making its presence known to the client. In this sense the client finds him/herself in the situation articulated by Burke (1989), where the client cannot "control some thoughts, feelings or actions" (p. 380). However, when clients reflect on the issue, the pain they experience exacerbates this 'demoralization' which Burke (1989) emphasizes. In this sense the client becomes aware of the extent of his/her own powerlessness in regard to the issue. In the words of participant 2:

"It was more guilt on my side. I felt guilt about what I had done. I felt that I had not actually lived my life according to how a structured life or a good life should be led. I felt it was; I do not know if I can find one word. I was nervous, not nervous. When I thought about it, it made me feel less than I normally do."

This powerlessness in the client's existence is refocused towards the therapist when he/she anticipates the latter's intervention in response to an imagined disclosure. This imagined disclosure expresses the vulnerability of the client to the potential loss of the therapist's support (Coates & Winston, 1987), for in all cases the latter is characteristically imagined as judging, disapproving or rejecting the issue.

At this stage it would appear that the risk (Hymer, 1988) of losing the therapist's acceptance and support is too great for a disclosure to be actually attempted. What clients fear at this stage is their own vulnerable position in relation to the therapist. The client recognizes that the therapist has power over him/her in the form of the latter's response to the issue. What clients fear is a response that Casement (1990) has characterized as an 'intrusive pressure', which is characterized by moral judgement, advice, or influence that effectively denies them the kind of support they need. In the words of participant 3:

"Then I started thinking things like: would I feel awkward bringing it up, would I feel afraid? The main thing with this incident was I was scared the weight I attached to it would be more than my therapist. So I would say: 'I have got something to tell you, I want to talk about it,' and then he would be thinking, oh is that all? In my mind I was blowing it out of proportion. Like he would sit there and he would hear it and say: 'Oh is this what the big issue was?' I would end up feeling quite stupid. I would be ending up showing that I am quite weak, because I considered this a big issue, whereas maybe he would think, 'oh well, big wank!'"

The client's distress and powerlessness which characterizes his/her relationship with the issue, becomes re-expressed towards the therapist. Fearing a therapeutic abuse of power in response to his/her declaration of vulnerability i.e. making a distress-disclosure, the client becomes closed-off towards experiencing the real-life therapist in those moments in therapy when the former becomes aware of the issue.

This closing-off is a form of control where the client does not allow his/her need to disclose to run its course because of the fear of his/her vulnerability and dependence on the therapist. In this scenario the client clearly lacks a sense of personal autonomy. The client's control is not a display of being powerful, but a suppression of his/her vulnerability and dependence (Holmes & Lindley, 1989) in relation to the relevant issue.

When being pressured towards a disclosure it is the intensity of the client's distress which eventually accounts for the revelation of the issue in therapy. This finding co-incides with Stiles (1987) who wrote that the urge to reveal an upsetting issue preoccupies and impels the client eventually to disclose it. The insistence of the issue becomes greater, therefore demonstrating to the client just how powerless he/she is to control its existence. This powerlessness creates an experience of personal crisis which forces the client to look outside of him/herself for assistance.

The intensity of this crisis impels the client to recognize the inevitability of his/her dependence on the therapist and to risk a disclosure. What is evidently most at stake here is the client's sense of a total collapse in being able to control the issue. This crisis in personal powerlessness outweighs the fear of an abuse of therapeutic power in response to the disclosure. Participants 1 and 3 make it clear that it is this sense of personal powerlessness which finally impels the client into making a therapeutic disclosure.

Participant 1: **"This was partly my own guilt I think, that I was not very happy with what I was doing either, and it was consuming me in a way, and I needed to share it, because it was becoming so all-consuming."**

Participant 3: **"So I think the feelings that pushed were feelings of pain and maybe isolation... Just the feeling that it would finally take away those feelings, that afterwards any guilt or anything would go."**

It is this powerlessness to change feelings and emotions on their own initiatives that eventually results in clients disclosing their distress in therapy. Once disclosure is occurring, the client comes to understand this activity as either bringing relief or intensifying his/her distress. This happens because the client is sensitive to the different moods of the therapist that are embodied in the latter's presence. It is at this point that the therapist's role in

facilitating empowerment or increasing client powerlessness becomes of vital importance in the disclosure process.

What emerges from the findings is that experiencing relief in the disclosure of personal distress occurs when the therapist is being unobtrusive, but simultaneously attentive and understanding while the disclosure unfolds. This co-incides with the viewpoint in the review of the clinical literature that therapists facilitate client empowerment by allowing them to discover their own spontaneity.

In the findings it would appear that therapists have created the space where clients have "the freedom to think whatever, to feel whatever, to express whatever and to be whatever belongs to the patient's spontaneity in the session and to his/her autonomous being" (Casement, 1990, p. 161). Certainly clients discover a new sense of freedom, both within themselves, and in relation to their sense of vulnerability towards the therapist. This is illustrated in the words of participants 1 and 2.

Participant 1: **"I mean there was just this incredible flood of absolute relief that I was being able to talk about it and deal with it, and I spoke flat-out throughout the entire session, and cried throughout the entire session. It was a catharsis, I don't think she had ever seen me cry so much. So there was that feeling, and the fear that I had that I would be judged or that she would not understand actually took second place."**

Participant 2: **"I did not actually feel any fear about it, it was almost like I was saying it and I did not give a damn whether my therapist liked it or not, but I was going to disclose it anyway. So it did not really matter what my therapist thought, or what anybody thought, I was just going to do it, and it ended up coming out like a torrent. After the initial sort of break it was almost like a relief, it was like having a really good wee, you know (laughs). It was almost like that, it was almost like it was coming out but there was no dreaded emotion behind it. There was just the relief of having it come out."**

This sense of freedom and new self-discovery occurs against the backdrop of the therapist's understanding presence. When the therapist does actively intervene at the conclusion of disclosure, this is not intrusive for the client when it upholds the integrity of the issue, and encourages his/her newly discovered sense of freedom and self-exploration. These interventions promote autonomy in clients by helping them "recognize whether a particular decision or course of actions feels right for them" (Holmes & Lindley, 1989, p. 229). In the words of Participant 2:

"My therapist's response was also very understanding, Y also understood quite a lot about what I was saying about the difference and the divisions between heterosexuality and homosexuality. Y was very supportive, and I also walked out of there feeling reassured as well. I do not think Y was reassuring me just to make me feel better, I think Y was reassuring me because he understood what I was saying. The fact that I was resolving it through disclosing it to Y and having disclosed it before. I think the way Y saw it was that it was a positive step towards accepting myself more."

Clearly, when clients experience relief in disclosing, they are becoming empowered in relation to the issue by virtue of the therapist's unobtrusive, but nevertheless facilitative presence which they are constantly aware of. The unobtrusiveness of the therapeutic presence is expressed by Participant 1:

"So I think the very fact that she did not say anything practically for that entire session, but was so much there for me. There was such empathy in her expression, in her eyes."

"I think that particular thing, her very non-verbal reaction was critical (in enabling the client to disclose), because she can be very active."

In contrast however, clients who experience intensified distress when disclosing are sensitively attuned to the lack of an appropriate therapeutic presence. The client who feels his/her

distress becoming more intense as he/she discloses is, unlike the client who experiences relief, acutely aware of the importance of the therapist. He/she becomes sensitive to the atmosphere that pervades therapy as the disclosure is made. There is a heightening of awareness focused around being self-critical of his/her own performance in therapy. In the words of Participant 3:

"It was too tense a moment, I was too aware of each word and of this heavy, thick silence in the room. I felt very self-conscious and I thought; I must choose my words carefully. So it was too inhibiting an experience to be free."

"The one thing I remember in disclosing, I did not feel like I was making peace with myself, I actually felt hatred of myself, because I thought, you feel so pathetic sitting there saying this is a big deal."

All of these aspects of experience refer to an intensification of the client's vulnerability, an acute awareness of being uncomfortable, of not being in control of the situation. The client is more aware than ever of his/her powerlessness while the disclosure unfolds. There is a sense of the therapist not creating an atmosphere in which the client feels comfortable and important while he/she discloses. Casement (1990) has addressed this issue of the client being sensitive to the therapists' presence:

"There are many ... gains in self-experience for patients to be found in the analyst's attention and presence: of being a person who is taken seriously, who is listened to carefully and over whom the analyst takes trouble at many different levels of communication." (p. 99)

Clearly, the above criteria are lacking from the therapist's presence when clients experience an intensification of their distress during a disclosure. Instead there is an experience of not being taken seriously, which only serves to increase the client's powerlessness in therapy.

"I did feel he understood, but I almost got the feeling he thought like: big wank, it is not like the worst thing that could happen to you. I was expecting him to be shocked or sympathetic and say: 'Gee, I am really sorry', and he did not, and I felt angry at that. It was not a different response from any other response, and I almost felt cheated."

In this situation the therapist did not create a space in therapy where the client was able to empower him/herself in the act of self-disclosure. The therapist's presence is inappropriate to the disclosure, and only succeeds in intensifying the client's powerlessness in therapy.

Therapists who respond to self-disclosure in an understanding and facilitative fashion allow the issue to expand into therapy as a legitimate theme that is of concern for the therapeutic dialogue. The therapist creates a welcoming space for the client's disclosure. This legitimizing function of the therapist appears to embody Casement's (1990) concept of the therapist taking the client and the particular issue seriously. Once the issue becomes an acknowledged part of the therapeutic dialogue, the client is able to discover new meanings of the issue and a new sense of freedom in relation to him/herself. In the words of Participant 1:

"Just to re-emphasize for me that it was also not only important for her to allow me to deal with that issue, but that it definitely opened up therapy more. Once it happened, the only issue was the internal pain, and that is what we needed to deal with. I think in that catharsis it actually opened therapy in a lot of ways as well. Suddenly I knew that it was a really safe place."

There is evidence here of a developing sense of power and confidence in the client's experience, a new-found sense of being at ease in therapy which Horner (1989) describes as "a sense of mastery, of competence, of potency in one's dealings with the world of things and the world of people" (p. 14).

In contrast, therapists who respond to client distress-disclosures in an inappropriate fashion actually retard the issue's entrance as a legitimate concern into the parameters of the therapeutic dialogue. The significance that the issue has for the client remains unacknowledged by the therapist.

This lack of acknowledgement is a clear abuse of the therapist's power. The client is sensitively attuned to the therapist who withholds the kind of response that the former requires. This serves to increase the client's sense of powerlessness in therapy, because he/she is made aware of just how vital the therapist's support is for the positive resolution of the disclosure. In the words of Participant 3:

"If I self-disclose something, I have got a premeditated wish of how I want that person to respond. For instance: 'I am really sorry, and if I could have been there I would have done something.' I think I wanted a particular response, a kind of almost maternal response. Instead I got somebody who was just a good listener, and that was not enough. I actually wanted to get away from psychotherapy, and wanted sympathy, and I did not get that. That is why I felt like I have been judged again, that he is just sitting there thinking, 'oh honestly, woman!'"

This state of affairs consolidates the client's "demoralization", i.e. "That sense of a loss of power to effect one's environment" (Burke, 1989, p. 24) in relation to the therapeutic context. The therapist has violated his/her role as the "guardian of feelings, fears and fantasies which the patient may never have revealed to anyone before" (Holmes & Lindley, 1989, p. 7). When the therapist fails to respond sympathetically, there is a sense in which the integrity of the client's experience is not respected.

The issue remains unresolved in therapy, while the client is left feeling more impotent and powerless than prior to the disclosure. The client is cut off from understanding the issue in

a more positive light. The therapist's greatest abuse of power consists in depriving the client of the opportunity to discover a new, more constructive understanding of the issue in therapy. This deprivation consists in the therapist failing to fulfil the client's need for a particular type of response to the issue. Such a response may have allowed the client to discover a more constructive self-understanding of the issue in the therapeutic context. Instead the client is more aware than ever of the therapist's position of power, from where he/she is judged by the latter once again.

On the other hand, a therapist who allows the issue to expand into the therapeutic dialogue creates a space where the client is able to confidently confront the possibility of disclosing other difficult issues in the future. There is a new confidence and security in therapy which is an outgrowth of the personal freedom that disclosing the issue engenders in the client. Participant 1 expresses this new openness towards a future where personal distress is no longer shied away from:

"It changed the feel of the therapy; the fact that I knew I could if I needed to actually bring anything into that room. It allowed me to go into other kinds of dark places, because I had been able to go there with it (this issue). It was a gateway."

This new "sense of being effective" (Horner, 1989, p. 14) in dealing with distress empowers the client in terms of confronting future problems. The former attitude of recoiling from distress is replaced by the new attitude of self-exploration in relation to problematic issues. Client empowerment becomes synonymous with a newly discovered sense of "I can do this" in relation both to the present issue, and a more general sense of being confident and effective in therapy when it comes to confronting psychological problems.

Ultimately, it is the therapist who is vitally important when it comes either to facilitating client empowerment or allowing powerlessness to become more intense and pervasive in the client's life. While the client discovers and constructs his/her own understanding of being empowered, or feeling intensified powerlessness, both these kinds of understanding are mediated by the quality of the therapist's presence. The therapist's presence is therefore the matrix out of which both disempowering and empowering personal meanings emerge for clients.

5.1.2 A commentary on the power relations that emerged from the findings on client inhibition and self-disclosure

Clearly, the way in which clients experience powerlessness and become empowered in the context of self-disclosure is compatible with the material in the clinical literature presented in Chapter 2 of the present study. Similarly, the role of therapists in facilitating empowerment or depriving the client of this opportunity in the context of self-disclosure corresponds with the conceptions of powerlessness and empowerment articulated in the review of the clinical literature.

However, the findings of client self-disclosure and inhibition show no sign of any constraints in client self-understanding when disclosure is acknowledged and accepted by the therapist. The data reveals no clues to the presence of any such constraints that are suggested by a Foucauldian perspective.

In the findings, clients who initially experience distress and a consequent lack of power in controlling their lives either discover a new sense of competence and self-understanding when they disclose the relevant issue, or continue to suffer when the therapist does not provide an

appropriately supportive response.

Empowerment is synonymous with a relief from personal suffering, and the growth of client self-confidence, security, self-exploration and discovery in the therapeutic context. The constraints of this new self-understanding, i.e. in the sense that empowerment constitutes a new truth about self-identity, are not evident in the present findings of self-disclosure.

The criticisms of a clinical perspective which views client empowerment as a potential end-result of self-disclosure, as suggested in the approach of Foucault (in Hutton, 1988), are not directly evident in the research findings. The findings are limited to a revealing of the empowering or disempowering kinds of client self-understanding that emerge when the disclosure of distress is either acknowledged, or remains unacknowledged by the therapist.

The limitations of the present findings in relation to a Foucauldian perspective on the constraints of self-disclosure and empowerment are a reflection of the limits of the methodology used in the present study. At this point it is appropriate to review the limitations of the present research approach, in an attempt to reach a new standpoint that is able to evaluate the present findings of client self-disclosure and power from the context of the Foucauldian perspective on these issues.

5.1.3 The limitations of the research method

In the outline of the present phenomenological - psychology research approach presented in Chapter 2, the worldliness of all human experience was emphasized. This expressed the idea that all experience is embodied in a worldly context. Client experiences of self-disclosure

therefore have worldly meanings that go beyond the personal understanding of these events from the perspectives of the individuals concerned. In this sense, clients' personal expressions of being powerless or empowered in the context of self-disclosure may, from the perspective of the researcher, reveal meanings that they did not originally intend.

Meanings of self-disclosure that are not intended by clients emerge when the researcher reflects on the written transcripts of their verbal descriptions of this event. The meaning of these written transcriptions or protocols transcends clients intended meanings. In this regard, Titelman (1979) says that "the phenomenological psychologist is left to make sense of the transcription of the participants' discourse, rather than the meaning that is given in the immediate interaction of speaking with them" (p. 185).

Titelman (1979) goes on to say that the descriptive protocols open the researcher to a world, i.e. a world of meaningful experience, "expressing a network of internally interconnected and interdependent relations ... (that) must be understood in terms of the relation between the constitutive dimensions" (p. 186). In Chapter 2 it was suggested that the researcher's perspective on the implicit expressions of powerlessness and empowerment in client experiences of self-disclosure, would allow the constraints and limitations which shape these expressions to emerge. In so doing, the analysis of the findings would be able to illuminate the concerns of a Foucauldian perspective on self-disclosure and empowerment in psychotherapy.

The present findings of client self-disclosure embody the re-organization of client descriptions into a coherent, thematically constructed narrative, that does not necessarily co-incide with

the intentions of individual clients/research participants. However it does not reveal the constraints on client self-understanding beyond the fact that the therapist's presence is the context within which clients understand themselves as being empowered or remaining powerless in the process of self-disclosure.

That the therapist mediates client self-understanding in relation to the disclosure process, is the conclusion of the analysis of power relations that is undertaken in relation to the research findings in section 5.1.1 of the present chapter. Whether the self-understanding that therapists mediate to clients in the context of self-disclosure constrains other possibilities of client understanding and self-experience is an enticing question that remains presently unanswered by the research findings.

The worldly context in which it may be possible to locate the constraints on client self-understanding did not emerge either explicitly or implicitly in the research findings. The reason for this must be that these constraints actually create the shape that is characteristic of client expressions of powerlessness and empowerment in self-disclosure, but are themselves invisible not only from the client but from the researcher as well.

While the client lives within his/her expressions of powerlessness and empowerment, the phenomenological researcher is able to discern the shape or structure of these expressions. This latter analysis was presented in Section 5.1.1. However, the researcher, by reference to the findings alone, still cannot discern what the constraints are that account for the emergence of these client expressions as powerlessness and as empowerment, instead of some other meanings. What the constraints are that actually create the shape that encompasses

powerlessness and empowerment remains an unresolved question.

In phenomenology these constraints or limits which shape experience are called horizons.

According to Sass (1990) the horizon of experience:

"... is in a sense everywhere and nowhere, not a possible object of experience precisely because it is the very medium of experience itself - the very light of one's eye or atmosphere of one's thoughts" (p. 242).

If client expressions of being empowered in the process of self-disclosure are simultaneously self-constraints in being able to understand themselves in a different way, these constraints cannot emerge through a direct reflection on these expressions. These constraints are not hidden within subjective expressions of empowerment, but are the very building blocks of these expressions.

It appears then that there is no way in which the criticisms of self-disclosure and empowerment embodied in a Foucauldian perspective can be adequately examined in relation to the present research findings, because these criticisms address the horizontal characteristics of these findings, rather than the content itself.

However, the hermeneutical-phenomenology of Paul Ricoeur (1991) addresses itself precisely to an attempt to reveal the horizons within which the meaning of experience emerges. In the following section, an account of Ricoeur's (1991) modifications of phenomenological methodology is outlined in order to illustrate how a Foucauldian perspective on self-disclosure and power may still be accommodated in relation to the present research findings.

5.1.4 Ricoeur's development of a critical moment in relation to human experience

In phenomenological research it has already been emphasized that the researcher reflects on the written protocols of client descriptions of experience from a perspective that does not coincide with the subjective expressions of these experiences, but from the position of revealing the worldly context implicit in these. In this sense, Ricoeur (1991) points out there is already a gap, or a distanciation between the subjective meanings of research participants' experiences, and the worldly meaning that a phenomenological researcher arrives at in the course of reflecting on the written protocols.

It is this distanciation which allows a phenomenological-psychology approach to elaborate meanings of client self-disclosure that are only implicit, or indirectly present in research participants' descriptions of these events. Distanciation, is therefore a positive attribute of the present research approach. Ricoeur (1991) however, proposes another form of distanciation that the researcher may adopt in relation to elaborating the meaning of human experience. This second form of distanciation is proposed in order to be able to reflect critically on the horizontal quality of the meanings that emerge from human experience.

Ricoeur (1991) proposes this new form of distanciation as a response to the illusions and prejudices that are a part of a personal, subjective self-understanding of experience. These illusions and prejudices are not hidden in the contents of experience, but are a part of belonging to or being embedded in a world. This belonging is not experienced but is part of the horizontal quality of experience.

Belonging to a world does not only imply a creative, productive shaping of the horizons of experience. Belonging is also characterized by distortions and illusions which permeate the horizontal quality of experience. Thompson (1984) writing on Ricoeur, comments:

"The social-historical world can no longer be seen as a sphere of creativity and co-belonging. It must also be seen as a field of conflict and coercion, a realm in which 'meaning' may be a mask for repression and self-deception" (p. 173).

In this sense, the horizons that shape experience are not only creative and productive, but are also characterized by conflict and illusion. While the personal subjective meanings that clients explicitly or implicitly articulate in their descriptions of self-disclosure represent a creative understanding in relation to personal experience, these meanings may be partially shaped by processes of conflict, illusion and self-deception, which are, by definition not part of the contents of experience.

This concept of the horizons of experience that are partially characterized by prejudice and illusion is compatible with a Foucauldian perspective where clients who are understood as implicitly articulating a sense of empowerment in the context of self-disclosure are simultaneously constrained by the apparent truth of this experience. In other words, this empowerment forecloses other kinds of client self-understanding in the context of self-disclosure. Inasmuch as clients are constrained in their self-understanding of the disclosure experience, their experience is partially characterized by prejudice and illusion.

Ricoeur (1991) is concerned with how research on experience may be able to illuminate (at least partially) and account for the prejudices and illusions that are present in the horizons of

experience. In this regard, the productive distancing that already exists between the researcher and the transcribed descriptions of experience can be complemented by another distancing that takes the form of a critical moment.

The initial distancing between the researcher and the transcripts of experience, i.e. the gap between individual subjective meanings, and the revelation of a worldly meaning, is complemented by a further movement of the researcher to a theoretically informed critical perspective, from which new vantage point he/she once more reflects on the transcripts of experience.

It is via this "passage to theory" (Ricoeur, 1991, p.268) that the phenomenological researcher is able to arrive at a critical perspective from which it is possible to examine the prejudices and illusions that are a part of the horizontal quality of the meanings that have already emerged from the initial reading of the transcripts. This theoretically informed critical moment therefore becomes a legitimate component of a phenomenological methodology that wishes to reflect on the horizontal quality of its own experientially derived findings.

In the present study, the meanings of powerlessness and empowerment that clients implicitly articulate in their experiences of self-disclosure may be re-examined from a theoretically informed critical perspective that attempts to reveal something of the prejudices and illusions that characterize the horizons within which these meanings emerge.

The Foucauldian perspective which views client self-disclosure as an activity that simply creates more subtle and innovative constraints in client self-understanding, despite the latter's

experience of a new freedom and relief, is the critical theoretical perspective which is relevant to the present study. This perspective attempts to illuminate the illusions and prejudices that may form part of the horizontal quality of client empowerment in the context of a therapeutic disclosure.

Consequently, the following section consists of a critical reading of the findings of client inhibition and self-disclosure. The Foucauldian perspective provides the critical viewpoint from where the researcher reflects on the experiential expressions of powerlessness and empowerment, in order to reveal the constraints that shape these ways in which clients have come to understand themselves in the process of a therapeutic disclosure.

In this sense, a critical moment is incorporated as a further methodological step in the analysis of the findings of the present study.

5.1.5 Applying a critical perspective to the structural features of client inhibition and self-disclosure

When introducing the work of Foucault (in Hutton, 1988) in Chapter 2, it was emphasized how the disclosure of previously hidden aspects of self-identity is nearly always related to some kind of personal truth in the therapeutic context. While Foucault (in Hutton, 1988) focused on the way in which truth became equated with the revelation of the hidden aspects of a repressed sexuality in psychotherapy, it was subsequently established that many different motifs and topics can assume the function of truth in the therapeutic context.

It was stressed that it is not the specificity of the motif that is important but whether or not it receives the status of a truth about the client's self-identity that is significant in relation to

the client's understanding of the disclosure experience. For Foucault (in Hutton, 1988) maintains that it is when a previously undisclosed issue is received into the therapeutic context as a newly revealed truth about self-identity that other ways of understanding the issue are closed off to the client. In this sense the client's self-understanding is newly constrained in the moment that he/she experiences a personal liberation in the discovery of this truth.

In the context of the findings of client inhibition and self-disclosure, it has already been established that when clients initially avoid disclosure, they do so because they are unable to accept or tolerate the disturbing nature of the issue. Similarly, in being in a state of conflict where self-disclosure is rejected because of the fearful anticipation of the therapist's unpredictable response, what holds the client back is the fear of being treated with the same intolerance and non-acceptance that he/she exercises towards him/herself in relation to the relevant issue.

What the issue brings into the foreground of the client's existence is a conflict between the established system of values within which he/she routinely functions, and its own moral valency which is at odds with this established system of morality. Clearly, the issue transgresses this established system of morality, and hence is initially met with intolerance and rejection on the part of the client.

The client anticipates a similar reaction of moral intolerance from the therapist when he/she imagines disclosing the issue to the latter. In a sense, the entire experience of inhibition is characterized by the client's attempts to marginalize the issue, because it challenges the

established moral framework of his/her routine daily existence. Participant 4 clearly articulates the moral character of inhibition, while Participant 5 expresses it in a more implicit form.

Participant 4: "It was basically working with that issue, the issue being about discovering a gay identity. That was really threatening for me in that I'd been brought up with values that were completely contradictory to the whole issue. It was a really difficult thing for me, and I was aware that this conflict was going on in my mind."

"I had a 3 year relationship with my girlfriend, and being very religious, all I'd wanted was to get married and have a family. At the same time I knew that there was part of me that actually wanted to sleep with men, and I couldn't address that issue at all. Any time I came close to it I backed away."

Participant 5: "If people start acting-out, if they start checking people's houses out and listening outside the windows, it's not a good sign ... This had happened once; that I'd gone past her house in the middle of the night and it had really freaked me out. I sort of lurked round her house a bit. I also realized that it is not the kind of thing you do"

"... I had not come to terms with the details of it, I think."

This moral intolerance of the client prevents him/her from being open to other kinds of moral self-understanding in relation to the issue. The very framework of the client's established system of morals prevents him/her from being able to accept the issue as an integral part of his/her existence. While this moral intolerance constrains the client's self-understanding, it does not do so in the way that Foucault (in Hutton, 1988) proposed, i.e. where constraints have the appearance of new forms of personal liberation.

In the context of inhibition, the client experiences distress not only in relation to the issue, but also in relation to the position that the issue puts the client in *vis-a-vis* therapy. The client is unhappy about withholding and wants to change his/her understanding of the issue. In this sense, the client is aware of the possibility of a more positive understanding of the issue but the problem is he/she does not yet know how to realize this possibility. In this

sense, the client still has some awareness of being constrained in his/her present understanding of the issue, and of the hypothetical existence of other ways in which it could be understood.

However, Foucault (in O'Farrel, 1989) does concur that self-identity is constructed principally in terms of moral frameworks. In fact, the issue of moral self-constitution is an important theme in Foucault's work (O'Farrel, 1989). The moral constitution of identity consists of exercising choices in relation to experience, refusing certain options, choosing others, transgressing particular moral values and choosing between conflicting principles, so as to elaborate a personalized moral framework or horizon in terms of which experience becomes meaningful.

What Foucault (in O'Farrel, 1989) emphasizes is that individual moral frameworks are socially produced modes of personal conduct, in the sense that all moral value systems arise in specific historical and cultural circumstances: "From antiquity to christianity, we pass from a morality that was essentially the search for a personal ethics to a morality as obedience to a system of rules" (Foucault, 1988, p. 49).

Moral frameworks are therefore internalized by clients, who come to live within these frameworks. These frameworks become the truth about self-identity, and in this process the historical and cultural relativity of all moral systems is lost. Their origin as productions of a particular cultural context is obscured when clients invest these frameworks with personalized, subjective meanings.

However, it is precisely when a personal issue arises and challenges this moral framework, that the fragility of the truth attributed to the latter becomes apparent to the client. Hence the conflict experienced by participant 4 when it is realized that his/her entire system of morality is invalidated by the values that are attributed to his/her sexual preference.

Difficult personal issues therefore question the enduring truth of an individual client's moral self-constitution. When a client experiences being pressured towards a therapeutic disclosure, the sense of impending psychological disorganization is due to the assaults on the continued validity of his/her moral framework that is embodied by the persistent challenge of the moral difference of the issue. In this period of indecision and mounting unhappiness, the client's moral self-constitution is in disarray, and is potentially amenable to transformation, in the form of a new self-understanding.

The act of self-disclosure itself, while it appears to take the form of a revelation, actually has the background structure of a question: the question of the nature of self-constitution that the issue raises when it challenges the apparent *a priori* structure of the moral framework within which the client presently exists. In the moment of therapeutic disclosure, this question is obscured by the experience of relief or intensified distress that emerges in relation to this process.

It was emphasized in section 5.1.1 that the therapist mediates client experiences of relief or intensified distress. In the latter experience, the client's present moral framework remains intact, now conflicting even more abrasively with the issue. The therapist does not mediate any new moral understanding of the issue, but because of an inappropriate response, actually

succeeds in creating a stalemate in the client's self-understanding. While the issue continues to challenge the client's moral framework, the openness to a new self-understanding that is present in the moment that he/she discloses it, is destroyed when the therapist responds inappropriately.

The therapist prevents the client from discovering new, more constructive understandings of the issue, and in this sense constrains the latter from reaching different moral perspectives in relation to him/herself. The therapist inadvertently facilitates the continuation of the client's moral conflict while simultaneously closing off therapy as an avenue where different moral perspectives may be discovered. However, this kind of constraint that the therapist mediates in relation to the client's self-understanding is not the same kind that Foucault (in Hutton, 1988) talks about.

In the present circumstances the therapist inadvertently re-affirms the truth of the client's present moral framework, but the issue does not simply go away. On the contrary, it continues to be a painful part of the client's existence. In this context the client is painfully aware that the therapist has failed to provide a new, constructive perspective on the issue. The client is therefore conscious of the constraint in self-understanding that the therapist has mediated to him/her in the context of disclosing the relevant issue. This being conscious of the therapist's constraining function is present in the words of participant 3.

"I was expecting him to be shocked or sympathetic and say: 'Gee, I am really sorry', and he did not, and I felt angry at that. It was not a different response from any other response, and I almost felt cheated."

"If I self-disclose something, I have got a premeditated wish of how I want that person to respond. For instance: 'I am really sorry, and if I could

have been there I would have done something.’ I think I wanted a particular response, a kind of almost maternal response. Instead I got somebody who was just a good listener, and that was not enough ... that is why I felt like I have been judged again, that he is just sitting there thinking, ‘Oh honestly, woman!’”

This kind of constraint is dissimilar from Foucault’s (in Hutton, 1988) notion of the constraints in self-understanding that are a part of the client self-disclosure process. From the latter perspective the client is not aware that his/her self-understanding is being limited, rather these constraints are outside of awareness, actively shaping but never becoming part of the client’s self-knowledge.

In instances where the therapist mediates an experience of relief in the context of self-disclosure, the moral conflict between the client’s established system of values and his/her understanding of the issue is apparently resolved. A significant aspect of this relief takes the form of a greater personal freedom that accompanies the disclosure of the issue. This freedom develops when the therapist affirms the integrity of the issue. In this affirmation there is an implicit questioning of the truth of the moral framework in terms of which the issue was previously so negatively evaluated by the client.

This therapeutic acknowledgement refutes the client’s prior negative evaluation of the issue, in so doing allowing him/her to discover a new self-understanding of it in the therapeutic context. This implicit questioning of the enduring truth of the client’s moral framework is evident in the new freedom that he/she experiences in the context of the therapist’s acknowledgement. In the words of Participant 1:

"I was met totally and utterly, with empathy, with understanding that it had taken me so long to talk about it, and completely non-judgementally. I at no stage had the sense that she was shocked in any way. It was just there and that was okay. What was of concern was the pain, not that I had not told her before or that it had taken me so long to tell her, that was not an issue at all.

Once it happened, the only issue was the internal pain, and that is what we needed to deal with. I think in that catharsis it actually opened therapy in a lot of ways as well. Suddenly I knew that it was a really safe place.

Just to re-emphasize for me that it was also not only important for her to allow me to deal with that issue, but that it definitely opened up therapy more. It changed the feel of the therapy; the fact that I knew I could if I needed to actually bring anything into that room. It allowed me to go into other kinds of places, because I had been able to go there with it (this issue). It was a gateway.

The truth of the client's previous moral framework is contradicted by the therapist's acknowledgement of the integrity and importance of the issue. However, in this new found sense of freedom, the client's self-understanding is constrained by another kind of truth that is a part of the therapist's acknowledgement of the issue.

The liberating experience of distress-disclosure can be summed up by the concept of a new self-acceptance. When the issue is appropriately acknowledged by the therapist, the client moves from a moral intolerance to a new sense of self-acceptance in relation to it. The therapist mediates to the client a new kind of truth about the issue, i.e. that it is not morally transgressive, and that it need not make the client experience him/herself as a "bad" person.

Furthermore, the process of accepting this issue as a legitimate part of his/her life is part of the greater project of being able to tolerate and accept other morally "difficult" personal issues, i.e. the project of becoming a self-accepting person. Participant 1 refers to this general

personal project when he/she speaks about a new openness that allows him/her to explore and confront other "dark places" in his/her personal life. Similarly Participant 2 expresses this project of personal self-acceptance more directly:

"The fact that I was resolving it through disclosing it to Y, and having disclosed it before. I think the way Y saw it was that it was a positive step towards accepting myself more. I think I have sort of had a problem with that in the past, not really liking myself very much."

"...I am feeling a lot more confident about myself. I am a lot more stable in my doings, in my actions."

What is mediated by the therapist in instances where distress-disclosures become an acknowledged part of the therapeutic dialogue is a truth about self-acceptance, rather than a truth about the vicissitudes of a repressed sexuality that was emphasized by Foucault (in Hutton, 1988). This new truth about self-identity advocates a moral flexibility and tolerance towards issues that are initially morally problematic, and is therefore experienced by the client as empowering him/her. However, the truth of self-acceptance simultaneously obscures the historical and cultural relativity of all personalized moral frameworks, including itself.

In this sense, the background structure of self-disclosure - as a question about the nature of client moral self-constitution - is never directly addressed in the therapeutic context. While the project of self-acceptance implies a moral flexibility towards the minutiae of psychological life, it does not come to reflect on itself as just another moral framework that has its origins in a specific cultural context. The cultural relativity of the truth of self-acceptance is never directly addressed in relation to the client's previous moral conflict with the newly disclosed issue. Therefore, the project of self-acceptance becomes the new limit of the client's conception of self-identity in therapy.

When the client discovers a new sense of self-acceptance, the truth of his/her former moral intolerance is exposed as an illusion, because the client now understands him/herself differently. He/she has become more than this intolerance, and so is able to reflect on it from the position of his/her new self-acceptance.

In a moral framework that is intolerant of difficult issues, the truth of the client's self-identity lies in self-rejection, in these issues making the client a "bad" person. When the client discovers a sense of self-acceptance, he/she moves into a moral framework where the truth of self-identity lies in being good to oneself, of tolerating and reflecting upon the presence of difficult issues in one's existence instead of attempting to avoid or marginalize their presence. Self-acceptance implies a new permissiveness in regard to the client's own process of self-evaluation.

The truth about self-identity that is bound up with a moral intolerance is perceived as limiting and unproductive. The new sense of self-acceptance illuminates the illusory nature of this previous value system. An old truth is discarded and replaced by the new. Unfortunately this self-acceptance does not reveal its own relativity as one moral system amongst others from where it is possible for clients to have a constructive understanding of themselves. In being self-accepting, there is no client reflection on the status of this experience as one that is constituted by moral parameters that are a product of a culture at a particular point in time.

In the therapeutic context, the relativity of self-acceptance as a particular moral framework does not form part of the client's self-understanding of being a self-accepting person. In this sense, in the moment that the client experiences a new freedom in becoming more self-

accepting, he/she is simultaneously constrained from understanding this experience as a new kind of moral framework that itself consists of a particular configuration of values which provides a set of guidelines for the intelligibility of experience.

The moral framework of self-acceptance is not part of the client's understanding of this experience but is rather part of the horizational quality (Sass, 1990) of his/her experience. This moral framework enables the client to experience self-acceptance, but simultaneously prevents him/her from understanding how self-acceptance is itself a particular kind of moral self-constitution that exists alongside many other kinds that he/she could inhabit. Therefore this moral framework represents the limit or the horizon of this experience.

It would appear from the above that the criticisms of the Foucauldian perspective in relation to client self-disclosure are relevant in regard to the potential for empowerment in the therapeutic context. While the transformation from the rejection to the self-acceptance of an issue is experienced as liberating and empowering, the client is nevertheless constrained in his/her understanding of the moral framework that shapes this new experience, i.e. self-acceptance.

However, it may be possible to confront the constraining nature of self-acceptance, or any other moral truth about self-identity that comes about in the context of a client's successful self-disclosure in therapy. In this regard, Taylor (1990) traces some of the major historical and cultural shifts in the constitution of the self. What accounts for these shifts, are transformations in the moral and ethical frameworks, what Taylor (1990) refers to as "moral topographies" within which human beings live.

At the conclusion of Taylor's (1990) article, the contemporary moral terrain of the self is described as an open question. Being human now in the late twentieth century can be defined as "the kind of being of which this question of identity can be asked" (Taylor, 1990, p.316).

Perceiving self-identity as an open question throws into relief the limitations of the truth of the self-acceptance that is experienced by clients in the context of a successful distress-disclosure. If the therapist were able to mediate the conception of the self an open question in the dialogue that continues after his/her acknowledgement of the client's disclosure, it may be possible for the latter to not only experience a greater degree of self-acceptance, but to also be able to reflect on the moral parameters of this new-found freedom.

Psychotherapy should not just be concerned with facilitating empowering transformations in client autonomy and self-acceptance. Part of a therapeutic approach could also be concerned with making the client aware of the moral parameters and limits of these empowering forms of self-understanding. In this regard, it may be necessary to move beyond the concepts of client powerlessness and empowerment to a consideration of the role of critical reflection.

In the following section a speculative approach is taken, where it is suggested how the concept of self-identity as an open question may become part of the client's awareness in the context of self-disclosure. Furthermore, it will be maintained that such a conception of the self allows the client to be critically aware of the moral parameters of his/her experience, and the limitations in self-understanding that this moral framework always implies.

5.1.6 Beyond client empowerment: Keeping the self an open question in the context of self-disclosure in psychotherapy

In the preceding section it became apparent that the background structure of client self-disclosure took the form of a question about the nature of self-constitution. When an issue that conflicts with the client's moral framework is disclosed and subsequently acknowledged in therapy, not only is the truth of this moral framework called into question in the ensuing therapeutic dialogue, but following on from this it may be possible to view the previous moral conflict as an illustration of the relativity of all moral frameworks.

However, this background question is never addressed by the therapist, whether he/she responds inappropriately or appropriately to the client's disclosure. Either the client becomes more intensely distressed in the event of an inappropriate response, or he/she becomes open to self-acceptance in the context of the therapist's acknowledgement.

It was emphasized in section 5.1.5 that the truth of self-acceptance obscures the more general question of the transformation in moral frameworks that is suggested by the client's acceptance of a previously rejected issue. In coming to accept the issue, the client's established system of values, which previously conflicted with the former, are transformed in a way which now allows for the incorporation of the issue into his/her routine existence.

If such a transformation in moral frameworks takes place in the context of self-disclosure, and it is these moral frameworks that constitute the parameters of self-experience, then it is clear that the nature of self-constitution is of vital importance to both the client and the therapist. In the context of distress-disclosure, client self-identity shifts when there is a move from a rejection to a new self-acceptance of an issue. These shifts in the client's self-identity

implicitly make the theme of self-constitution an important therapeutic issue. If self-identity is so apparently flexible, so open to change and transformation, then what makes the self continue to be a coherent, continuous construct? How is the self constituted so that it is both prone to total transformation, and yet remains coherent to itself?

This question of self-constitution may begin to be addressed by the therapist in the context of responding to a distress-disclosure. The therapist who initially acknowledges the distressing issue may subsequently draw the client's attention to the contrast in his/her moral self-evaluations prior to and after the event of self-disclosure. In this way the client's attention may be drawn to the moral criteria that both constitute and differentiate the value systems of self-rejection and self-acceptance. Within the context of self-acceptance, it is already apparent that the limitations of the previous moral system of self-rejection are commonly discussed in the therapeutic dialogue. This is illustrated by the words of Participant 2:

"My therapist's response was also very understanding, Y also understood quite a lot about what I was saying about the difference and divisions between heterosexuality and homosexuality ... I think the way Y saw it was that it was a positive step towards accepting myself more."

However, the therapeutic dialogue could be extended by proposing the idea that the present experience of self-acceptance, while an important ongoing process, does not represent the only kind of constructive client self-understanding in therapy. In this context the client could be encouraged to view his/her self-identity as an open question to which there are not necessarily any essentially true answers. In this sense client self-identity is not only always in question but may also be conceptualized as a question to itself, i.e. as "the kind of being of which this

question of identity can be asked" (Taylor, 1990, p.316).

It is with this idea of the self as a question to itself that the therapist may be able to mediate an understanding to the client that allows the latter to be critically aware that his/her present self-experience never corresponds to an essential truth about self-identity. The concept of the self as an open question allows the client to be aware that there are constraints in his/her present self-understanding, however positive it may appear. However these constraints should not be a cause for despondency, because this knowledge about the open-endedness of self-constitution allows the client to be critically open towards other kinds of moral self-understanding in the future.

In particular, the client may arrive at a self-understanding where he/she does not prematurely define him/herself, but maintains an awareness of self-constitution always being an open question, despite the apparent revelations of his/her present self-experience.

In this sense distress-disclosure may not only allow clients to move from a state of moral conflict to an empowering self-acceptance, but may also allow the client to see that this new-found freedom is also morally circumscribed, i.e. being open and tolerant of moral conflicts is enabled by a different kind of morality.

The question of the self allows the client to engage in an ongoing process of reflective questioning that is indicative of a moral framework that is different from that of self-acceptance. Therapists could successfully mediate the concept of the self as an open question, where all truths about self-identity are always premature, to clients in the context of the

therapeutic dialogue. In this sense, it may become possible for clients to internalize a critical perspective in regard to their ongoing experience.

A possible objection should be noted here. Many therapists would argue that such a critical perspective might encourage the very self-rejecting experience which is common to so many clients in distress. A critical perspective might be used by the client to evaluate and criticize his/her experiences even more harshly than prior to this therapeutic mediation. However, what is being emphasized in the present study is that the moral framework of self-acceptance is an absolutely vital first step in the context of distress-disclosure. This self-acceptance needs to be lived by clients before any questioning of the limits of this self-understanding can be raised in the therapeutic dialogue.

Furthermore, the client's internalization of the concept of the self as an open question is not intended to invalidate his/her prior discovery of self-acceptance in the context of self-disclosure. A client's critical perspective which attempts to question the limitations of self-understanding acknowledges and affirms his/her self-acceptance, but does not view it as an essential truth about self-identity.

Instead this self-acceptance is lived in the moment, being the experiential ground from where the client may at various times engage in a distanciation from his/her experience. This distanciation is possible, because the client is aware that the truth about him/herself is still an open question. There is a knowledge that self-identity changes as the client's moral framework of self-experience changes. The client is therefore able to engage in a moment of critical reflection on his/her experience, i.e. present self-understanding.

In this sense it may be possible for the therapist to mediate to the client a mode of critical reflection that incorporates an awareness of the advantages and limitations to the empowerment that follows from the therapeutic acknowledgement of a distress-disclosure. The disclosure of distress by clients provides the therapist with an opportunity where the limitations in the former's self-understanding, that are shaped by his/her previous moral framework may be revealed. This allows the therapist to introduce the concept of a critical reflection on the limitations of self-understanding that are inherent to all moral frameworks into the therapeutic dialogue. Psychotherapy may be able to facilitate a self-understanding where clients are empowered, yet they are critically aware that this experience has its limitations. In this context the client is always open to the possibility of more complex forms of self-understanding in the future.

In this section it has been suggested that the therapist may be able to mediate a critical self-understanding to the client by way of introducing the concept of the self as an open question into the therapeutic dialogue. This may occur in the aftermath of a distress-disclosure, where the client's present experience of self-acceptance is being contrasted with his/her previous moral framework in terms of which the relevant issue was rejected. This, however, assumes that the therapist has approached the client's disclosure from a perspective where its moral framework may be revealed.

The therapist must be aware that self-disclosure is an act that implicitly questions the moral constitution of the client's self. The concluding section of this thesis outlines how the therapist may be able to discover the moral framework that shapes the client's distress-disclosure. It is suggested that the therapist is best able to reveal the client's moral

framework by recourse to a critical moment in the context of being open and receptive to the disclosure of the issue.

5.1.7 Conclusion: Towards the therapeutic practice of a moment of critical reflection in the context of client self-disclosure

In the context of client distress-disclosure, the therapist needs to be attuned towards the kind of moral framework that characterizes these events, i.e. the system of values that accounts for each particular configuration of distress. This attunement can best be achieved when the therapist practices a vigilance towards his/her own response to a client's distress-disclosure.

The therapist must avoid responding to client disclosures in such a way that would encourage the entrenchment of the existing moral framework within which the latter is presently living in distress. It is just such an inappropriate therapeutic response that accounts for the client's intensification of distress, like that which occurred in the case of Participant 3 in the present study.

The therapist's attunement to a client's disclosure is not simply a matter of unreservedly accepting and appreciating the issue as it shows itself in the act of its revelation. The therapist must also attempt to understand how this disclosure illuminates a world that is structured in moral terms, i.e. that the distress experienced by the client represents a value judgement that he/she has made about an aspect of him/herself.

In recognizing that the relevant issue conflicts with the client's established system of values, the therapist can use the issue's presence as a trace that may eventually reveal the framework of the moral system with which it conflicts. For instance, when a client reveals a personal

issue that makes him/her feel as though he/she is a bad person, what the issue refers to is a system of morality which all too readily enables the client to understand him/herself as a bad person when confronted by difficult personal issues.

Initially when the therapist confronts a disclosure, he/she appropriates, i.e. takes possession of the relevant issue by opening him/herself to the internal relations of the pain and distress that the client reveals in this act. However, the therapist cannot remain with this level of understanding, because in being open to the client's pain and distress, the former is unable to perceive the moral framework to which these emotional states refer. To this extent the therapist therefore needs to distanciate him/herself from being with the issue in the here and now of therapy.

This distanciation occurs when the therapist comes to reflect on the issue as a trace that can lead him/her to the moral framework in terms of which the client understands it as so personally problematic. The pain and distress which characterizes the client's experience of the issue are reflected upon as signs of a moral conflict. This reflection is guided by the question as to what kind of moral framework is busy structuring the parameters of the client's distress. This moment of critical reflection that is a part of the therapeutic process may be explicitly structured in terms of the following questions that the therapist could address to a newly revealed issue.

1. In this world of intense pain, despair, and distress what are the moral values that implicitly constitute, or give form to, this psychological landscape?

2. Is the relationship that exists between the moral values structuring the client's distress and the issue itself characterized by a conflict where the issue cannot be reconciled with the value system that is evidenced by this pain and distress?
3. Given that such a conflict exists between the issue, and the moral framework that is evident in the client's distress, what kind of therapeutic response may facilitate an awareness in the client of the moral constitution of this distress? How may the facilitation of the client's self-acceptance of the issue open the way for a dialogue about the differences between this new moral self-evaluation and the moral framework that presently enables this conflict?
4. To this end, what implicit moral evaluations of the client, together with emotionally-charged expressions of self-evaluation that may be present in the therapist's experience of the disclosure must the latter be alert for, so as to exclude from his/her response to the issue? There is a need to avoid an inadvertent intensification of the client's distress, which occurs when the moral framework of the issue is actually sustained by an inappropriate therapeutic response, as occurred in the case of Participant 3.

The preceding questions can give a structure to the therapist's moment of critical reflection, so enabling it to become an explicit component of the therapist's attunement to client self-disclosure. This critical reflection allows the therapist to distanciate him/herself from an empathic understanding of a specific issue, by dwelling on the conflict that exists between it and the moral values that are evidenced in the client's expression of pain and distress.

For instance, a therapist may initially be open to the fear, pain and relief of a client who is finally able to reveal that he/she is homosexual. The therapist is initially just being with the client, and empathizing with the expressions of emotion that accompany this revelation. However, these emotional expressions point to a moral evaluation about being homosexual in a society where heterosexuality is still regarded as the normative gender experience.

On reflection, the therapist concludes that the disclosure is not only about the difficulty of admitting to being homosexual, but about the client living within a moral framework where he/she expects to be rejected for his/her homosexuality. By sustaining the moment of critical reflection, the therapist is able to see that the client's fear of being rejected is at least partially a reflection of his/her own moral intolerance for the issue. Furthermore, this moral intolerance may not be something that is specific to the issue of the client's homosexuality, but may represent a more general way in which he/she understands him/herself in the context of confronting difficult personal issues. In this way, the therapist is able to combine an empathic response to the issue with a moment of critical reflection, where the moral framework that shapes the client's experience of it is illuminated by the distress that characterizes its therapeutic revelation.

However, there is still the problem of the therapist practically engaging in a moment of critical reflection in the midst of the client's disclosure process. It is appropriate to point out here that in order to facilitate client self-acceptance of an issue previously experienced as morally intolerable, the therapists in the present study were already implicitly engaged in some degree of critical reflection on the disclosures of their clients.

The concept of self-acceptance is based on a moral distinction between the client's present experience of relief, and his/her previous distress in relation to a particular issue. These therapists were at least implicitly aware that these different ways of understanding the issue suggest two different kinds of moral frameworks which create these different meanings.

In this respect, therapists in the present study related the relevant disclosure to how the client conducts his/her psychological life in a more general sense, i.e. as a self-rejecting or a self-accepting person. This is illustrated by the insights of Participant 2 in relation to his/her disclosure experience.

"I think the way Y saw it was that it was a positive step towards accepting myself more. I think I have sort of had a bit of a problem with that in the past, not really liking myself very much."

"I think at that stage before the disclosure I used to fight with the concept the whole time. That I was actually in the wrong. That is how I think disclosing that kind of thing actually did help."

"... I am feeling a lot more confident about myself. I am a lot more stable in my doings, in my actions."

That therapists do not always implicitly engage in such a moment of critical reflection is evident in the case in the present study where an inappropriate response allows for the client's present moral framework to go undetected. In this scenario the client's distress intensifies when the therapist inadvertently colludes with his/her present moral framework. This moral framework encourages the client to see him/herself as unimportant in comparison to other people. In the words of Participant 3:

"I did feel he understood, but I almost got the feeling he though like: Big wank, it is not like the worst thing that could happen to you."

"... I felt like I have been judged again, that he is just sitting there thinking, 'Oh, honestly woman!'"

The client's experience of him/herself as an unimportant person is once more mediated to him/her in the therapist's response. If this scenario is to be avoided, therapists need to become more aware of the need for an explicit moment of critical reflection in the context of client distress-disclosures, so that the moral framework which creates this distress may be discovered. In this sense it may subsequently be brought to the client's experience in the therapeutic dialogue.

It is therefore necessary to attempt to show how this moment of critical reflection can be contextualized in relation to psychotherapists present use of clinical techniques and concepts. It may be stated that an explicit moment of critical reflection structured in terms of the four questions outlined earlier could be practised in a way that is similar to the therapeutic analysis of transference reactions and countertransference responses.

Transference is a concept that is designed to explain the possibility that the client's responses and reactions to the therapist, including the self-disclosure of personal distress, possess meanings which escape his/her conscious intention. In this sense, the therapist's analysis of this phenomenon is directed towards revealing these meanings, so as to restore to the client an additional dimension to his/her psychological existence.

Countertransference refers to the therapist's own feelings and responses towards the client, including his/her responses to client self-disclosure. Khan (1991) maintains that a therapist's countertransference can be a response to the emotional world of the client, or a response to his/her own emotional world in the context of the client's material. From this perspective the illusions of the therapist's self-understanding in relation to the client's material is of direct

concern.

These illusions and subterfuges of understanding can take various forms. For instance, Kahn (1991) writes:

"Countertransference can blind us to an important area of exploration. Or conversely it can cause us to focus on an area that is more our issue than the client's" (p. 122).

Furthermore, countertransference "can lead us to emit subtle cues that greatly influence the client," (Kahn, 1991, p.123). It also leads therapists "to make interventions that are not in the client's interest" and "to adopt the roles into which we are cast by virtue of the client's transference" (Kahn, 1991, p.124). Countertransference then, consists of those modes of understanding the client's world which are illusory in the sense that they are forms of prejudice, constituted in the therapist's own self-understanding in relation to the client's actions in therapy.

However, the emotional impact of these forms of illusory understanding, i.e. the therapist's misguided emotional reactions and responses to the client's presence, become the traces or clues which allow the therapist a moment of reflective analysis on these experiences in relation to the ongoing therapy situation. Such an analysis of the therapist's own illusions of self-understanding is able to illuminate aspects of the client's world that have escaped the intention of the client and, up to now, the understanding of the therapist. In this context Greenberg and Mitchell (1983), write:

"The analyst's participation exerts a pull on the patient, and the analyst serves as a co-creator of the transference. Similarly, the patient's experience of and behaviour toward the analyst exert pulls on the analyst, who can usefully employ his awareness of these pulls in the service of understanding the patient's relational patterns. Thus, countertransference provides the critical clues to the predominant transferential configurations, since transference and countertransference reciprocally generate and interpenetrate each other" (p. 389).

In a similar way, the therapist may utilize his/her immediate experience of a client's distress-disclosure to reflect critically on this initial self-understanding of the relevant issue. The therapist's initial empathy, or lack of empathy in response to the client's distress, can become a trace which the former may reflect on in order to discover how this distress is a product of the client being positioned within a particular moral perspective or framework, with which the relevant issue conflicts.

In this practise of a moment of critical reflection in relation to client self-disclosure, the therapist engages in a dialectical stance. While he/she is initially open to the client's pain and distress, a moment of critical reflection enables the therapist to discern the moral framework that shapes the experience of this distress, a framework of which the client is presently unaware.

This is achieved not only by being attentive to what the client fails to understand about him/herself as this is revealed in the disclosure process, but in the therapist also attending to possible illusions in his/her own empathy, or lack of empathy in the immediate response to the revelation of the issue. In this sense, within the context of a critical reflection, the therapist addresses not only the client's limits in moral self-understanding, but also his/her own, in relation to the latter's distress-disclosure.

In conclusion, revealing client self-disclosure as an indirect question about the enduring truth of the moral frameworks that shape human experience only becomes possible in the context of a moment of critical reflection. This critical moment is necessary in order for the therapist to be able to discover the contours of the framework that produces the moral conflict characterizing a distress-disclosure.

Furthermore, it is only once the therapist has brought to the client's experience the moral nature of his/her distress and its subsequent alleviation, that it becomes possible to mediate to the latter the capacity for a critical reflection on the moral constraints of his/her own self-understanding. The concept of a critical reflection on the limits of self-understanding has been the central guiding principle that runs through this entire thesis.

Not only has this concept enabled the present study to move beyond the problem of client powerlessness and empowerment in the context of self-disclosure, but it has also illuminated the centrality of a critical moment in the lives of clients, and in the therapeutic practices of those who attempt to understand their distress. Critical reflection is therefore a vital component of any theoretical or practical attempt to illuminate the limitations in human self-understanding. It is in reflecting on these limitations that it becomes possible to understand ourselves as subjects whose constitution is always potentially open to transformation. In this sense, the question of the self can never be definitively answered.

APPENDICES

Appendix A: Qualitative analysis of an extract from the third person text using the reading guide method

1. Client inhibition is represented by an absence of underlining.
2. Client self-disclosure is represented by continuous underlining.
3. Segments of the text referring simultaneously to client inhibition and self-disclosure are represented by a broken line.
4. [Segments of the text which refer to neither of these client experiences, and which are consequently irrelevant for the purposes of the study are bracketed].

Protocol One:

Question 1: How did you feel when you thought about the issue in (or outside) therapy before the actual moment when you were able to disclose this to your therapist?

Response: While it is something the client is very aware of not sharing in the therapy, she realizes that disclosure is probably going to occur in the future, because the issue affects her life outside therapy. The client feels discomforted and embarrassed, firstly in anticipating disclosing an issue to her therapist that she does not wish to discuss, and secondly in regard to her therapist's reaction when she discloses that the issue has been withheld for a long time.

The client is concerned about the therapist's feelings towards her in connection with her own inability to trust the therapist enough. The client's concern for her own distrust, accounts for the lengthy period of inhibition. The client, herself a therapist, is particularly aware of this when she wonders how she would feel if one of her clients took so long to disclose something.

While the client is not aware of thinking about the issue very much outside therapy, sometimes in therapy she is aware she is avoiding it. The issue enters her therapy in terms of driving her toward or away from confronting it. The issue does not enter awareness every day, upsetting the client about her continuing inhibition in psychotherapy.

The client is ambivalently aware of the issue in therapy, in that she feels that she wants to share it, but that her therapist may disapprove of her. The possibility of being judged leaves the client feeling slightly fearful.

Question 2: Can you describe what kind of feelings and thoughts you experienced which led up to and eventually resulted in this disclosure? (Your feelings in relation to the context of the disclosure as opposed to the disclosure itself).

Response: There is an increasing pressure to share it because the issue itself is making the client very unhappy. For the client there is increasing pressure to be able to talk the issue through with somebody qualified to help her deal with it. The client wants to disclose but is still slightly uncertain about what it is going to feel like when disclosing this issue to the therapist. This hesitation stems partly from the client's own guilt, her own unhappiness with the issue, which is consuming her. The need to disclose the issue is motivated by this unhappiness which consumes her to the point where it takes up much of her life. This pressure to disclose is likened to bursting a pimple, in that the client is unable to withhold any longer because the issue is too important. It is important not only in dealing with the immediate situation, but also in terms of her whole existence.

Question 3: Can you describe what you thought and how you felt in the moment of the session when you were actually talking for the first time to your therapist about this issue?

Response: The client's most predominant feeling is relief that she is actually being able to disclose the issue, because in general she distances herself from heavy issues. For a long time she feared that if she confronted these, she would be unable to deal with them. The client feared that by feeling the intense grief connected with such heavy issues, she would be unable to contain these emotions, and would subsequently "shatter". While now she knows she will not shatter, she still fears this possibility, and normally she is unable to confront her really painful feelings.

However, on this particular occasion, having began to disclose, the client was unable to stop herself under any circumstances. There is an incredible flood of total relief in finding the ability to disclose and deal with the issue. The client speaks continuously throughout the entire session, and cries throughout the entire session, and in this sense experiences self-disclosure as a "catharsis". The fear of being judged, or her therapist failing to understand her, takes second place to the feeling of "catharsis". In the moment of the session when this occurs, the client feels it is somehow appropriate, suddenly things will be alright. In this moment the client's therapist does not "figure" at all.

Question 4: How did you feel in relation to your therapist's response to your disclosure?

Response: The client is totally met by her therapist on an empathic level, and feels she understood her having withheld the issue for so long. Withholding the issue from the therapist before, or taking so long to disclose is not an issue at all, what is of concern is the pain. The therapist's response is completely non-judgmental, at no stage is the client aware of the therapist being shocked at all. That the issue is now present is fine, but what needs to be dealt with is the client's psychological pain in relation to the issue. The client feels the "catharsis" of this self-disclosure opens up therapy in many other ways, in the sense that she suddenly knows that therapy is a really safe place.

Question 5: What do you feel enabled you to speak out about this issue to your therapist which previously you had refrained from discussing with them?

Response: The client is unsure whether it was something different in the therapy, rather it is more the case that the bubble in her reached bursting point. While her therapist is silent for almost the entire session, the client is aware of the presence and empathy conveyed in the expression she sees in the therapist's eyes. The client begins by disclosing that there is something she has to tell the therapist, which she has been withholding from her for the last few months, but that now she is going to tell her. Whereupon she proceeds straight into the revelation of the issue. By beginning this way the client is implicitly asking her therapist not to intervene in the unfolding act of self-disclosure.

Appendix B: An exemplar showing an extract of the allocation of third-person text segments into different experiential categories, together with their corresponding shared themes.

Protocol One:

Main Category A: Client Experiences of the Event of Inhibition in psychotherapy

Sub-Category 1: Aspects of Self-experience related to Client Inhibition

<u>Text Segments</u>	<u>Shared Themes</u>
1. While it is something the client is very aware of not sharing in the therapy, she realizes that disclosure is probably going to occur in the future, because the issue affects her life outside therapy.	1. Avoiding disclosure
2. For a long time she feared that if she confronted these (heavy issues), she would be unable to deal with them. The client feared that by feeling the intense grief connected with such heavy issues, she would be unable to contain these emotions, and would subsequently "shatter". While now she knows she will not "shatter", she still fears this possibility and normally she is unable to confront her really painful feelings.	1. Avoiding disclosure
3. The client is ambivalently aware of the issue in therapy, in that she feels that she wants to share it, but that her therapist may disapprove of her. The possibility of being judged leaves the client feeling slightly fearful.	2. Being in a state of conflict
4. The client wants to disclose, but is still slightly uncertain about what it is going to feel like when disclosing this issue to the therapist. This hesitation stems partly from the client's own guilt, her own unhappiness with the issue, which is consuming her.	2. Being in a state of conflict

Sub-Category 2: Aspects of therapy experienced as related to client inhibition

<u>Text Segments</u>	<u>Shared Themes</u>
1. The client is ambivalently aware of the issue in therapy, in that she feels that she wants to share it, but that her therapist may disapprove of her. The possibility of being judged leaves the client feeling slightly fearful.	3. Anticipating therapist interventions
2. While her therapist is silent for almost the entire session, the client is aware of the presence and empathy conveyed in the expression she sees in her therapist's eyes. In this particular instance, the therapist is neither active nor confrontational, and this is critical, because if she was, the client would have got up and walked out of therapy.	4. Experiencing real-life therapist interventions

Main Category B: Client experiences of the event of Self-Disclosure in psychotherapy

Sub-Category 1: Aspects of Self-experience related to client self-disclosure

<u>Text Segments</u>	<u>Shared Themes</u>
1. There is an increasing pressure to share it because the issue itself is making the client very unhappy. For the client there is an increasing pressure to be able to talk the issue through with somebody qualified to help her deal with it.	5. Being pressured towards a self-disclosure
2. This hesitation stems partly from the client's own guilt, her own unhappiness which consumes her to the point where it takes up much of her life.	5. Being pressured towards a self-disclosure
3. However, on this particular occasion, having begun disclosing, the client was unable to stop herself under any	6. Feeling relief in the disclosure process

circumstances. There is an "incredible" flood of "total" relief at finding the ability to disclose and deal with the issue. The client speaks continuously throughout the entire session, and cries throughout the entire session, and in this sense experiences self-disclosure as a "catharsis". The fear of being judged, or her therapist failing to understand her, takes second place to this feeling of "catharsis". In the moment of the session when this occurs the client feels it is somehow appropriate, suddenly things will be alright. In this moment the client's therapist does not "figure" at all.

Sub-Category 4: Aspects of therapy experienced as related to client self-disclosure

Text Segments

Shared Themes

- | | |
|---|--|
| <p>1. The client is totally met by her therapist on an empathic level, and feels she understood her having withheld the issue for so long. The therapist's response is completely non-judgemental, at no stage is the client aware of the therapist being shocked at all. That the issue is now present is fine, but what needs to be dealt with is the client's psychological pain in relation to the issue.</p> <p>2. The client feels the "catharsis" of this self-disclosure opens up therapy in many other ways, in the sense that she suddenly knows that therapy is a really safe place.</p> | <p>7. The importance of the therapist's presence</p> <p>8. The issue's expansion within the therapeutic dialogue</p> |
|---|--|

Protocol Three:

Main Category B: Client experiences of the Event of Self-Disclosure in psychotherapy

Sub-Category 1: Aspects of Self-experience related to client self-disclosure

Text Segments

Shared Themes

- | | |
|---|---|
| 1. The client cannot say that the therapist handled the situation badly, but there is a sense of being deflated, as in a balloon being pricked. Even though more painful, the client would have preferred the experience to have been more intense. The disclosure is experienced as an anti-climax, as just reporting an incident. | 6. Intensified distress in the process of self-disclosure |
| 2. The client remembers that in disclosing, she did not feel as though she was making peace with herself. She actually hated herself because she thinks she is pathetic, sitting there saying how important the issue is to her. It is a tense moment, and the client is too aware of each word, and of a heavy, thick silence in the room. the client is very self-conscious, thinking she must choose her words carefully. In this sense it was too inhibiting an experience to feel freeing. | 6. Intensified distress in the process of self-disclosure |

Sub-Category 2: Aspects of therapy experienced as related to client self-disclosure

- | | |
|---|---|
| 1. The following week the client tells her therapist that she feels he does not think the issue is very important. However she thinks this is unfair, because he should view the issue from her perspective. The client tries to justify herself while thinking that it is "ridiculous" to have to justify her fear and pain. Her therapist said he understood but did not apologize. For the client this apology from the therapist was vital, because he had not been there for her totally. The issue is subsequently not discussed very much, and the client infers that possibly the therapist felt that his role was simply to listen. The disclosure is experienced as an anti-climax, just like reporting an everyday incident. | 8. The retardation of the issue within the therapeutic dialogue |
|---|---|

Appendix C: Individual thematic descriptions of the events of client inhibition and self-disclosure

Protocol One:

(A) Client experiences of the event of inhibition in psychotherapy

1. Aspects of self-experience related to client inhibition

Shared Theme: Avoiding disclosure

Inhibition is initially experienced as avoidance, i.e. a moving away from confronting an emotionally disturbing issue. This avoidance comes about when the client anticipates that the emotional impact of this issue will be so great in the event that it is confronted, that he/she will be unable to deal competently with the uncertain psychological effects of this process. It is the anticipatory fear of being unable to face up to such a disturbing issue which prompts the client to avoid coming to terms with it by way of self-disclosure.

"As a general rule I have a tendency with heavy issues like this, to put them away in a cupboard. For a long time there was the fear that if you really had to deal with them, it would not be dealable. I think a different issue which would make sense of this is if I think of some of the death issues that I have had to deal with. At the time my fear was that if I allowed myself to feel the appalling grief, I would shatter like Humpty Dumpty, and I would not be able to contain it. But because of that fear, there is normally this inability to get into the really painful stuff."

In avoiding the issue, the client is aware of it being withheld in therapy. However, as the issue comes to awareness in many diverse and different life situations, there is a growing realization that its disclosure will have to occur in psychotherapy at some future point. What prevents this from occurring at present is the intensity of the fear that the painful confrontation with the issue that is part of the activity of its self-disclosure to another person, will prove to be beyond the emotional endurance and fortitude of the client. This intense fear is expressed in the client's anticipation of breaking-down psychologically in the attempt to confront the emotional consequences of the issue's presence in his/her life.

"It was something that I had been very aware that I had not been sharing in the therapy, and that disclosure was probably going to have to happen sometime, because it was affecting my life outside therapy".

"This was partly my own guilt, I think, that I was not very happy with what I was doing either, and it was consuming me in a way, and I needed to share it because it was becoming so all-consuming".

"As a general rule I have a tendency with heavy issues like this to put them away in a cupboard. For a long time there was the fear that if you really had to deal with them, it would not be dealable... At that time my fear was that if I allowed myself to feel the appalling grief, I would shatter like Humpty Dumpty, and I would not be able to contain it."

The avoidance aspect of client inhibition involves a moving away from being aware of the issue when it is anticipated that such a confrontation, which is part of the self-disclosure process, may lead to unforeseen psychological consequences beyond his/her present emotional endurance. Avoidance involves the client moving away from an uncomfortable awareness of the issue. It is primarily a complex of relationships centring around the client's experience of personal discomfort, rather than a facet of his/her relationship to therapy.

Shared Theme: Being in a state of conflict

While avoidance is an attempt by the client to distance him/herself from being aware of the issue, there is an evolving conflict between a number of anticipatory fears and the eventual acknowledgement of the necessity of disclosing his/her distress in therapy. This conflict is experienced as an intermittent sense of being driven or manoeuvred, either towards or away from disclosing the issue in therapy, without the act itself ever occurring.

"It was not something that I probably consciously thought about that much out of therapy, but I was aware sometimes in therapy that I was avoiding the subject, and so it probably came into my therapy more - driving me or driving me away - as opposed to something I thought about

daily."

Deferring self-disclosure despite acknowledging its necessity, occurs in the context of a number of emotional checks and balances, in terms of which the issue is experienced by the client. Firstly, a most important aspect of this experience is the emotional pain which accompanies the client's awareness of the issue. The extent of this pain prompts the client to envisage great difficulty in disclosing the issue to the therapist. This difficulty is expressed as an uncertainty about how to proceed with the communication of the issue without being psychologically overwhelmed by the accompanying pain. Despite this hesitation and uncertainty, the client is also aware that psychotherapy is the appropriate context for disclosing this kind of psychological distress.

"The issue was making me very unhappy, not the disclosing but the issue itself ... so my thoughts were: I want to disclose now, but I am still a bit uncertain about what it is going to be like to talk about this to her".

"I felt a certain discomfort and embarrassment at firstly having to tell my therapist what I did not want to discuss..."

"... there was a sense that I was taking myself and things of importance to therapy, and I was avoiding something that was actually dominant in my life at the time. It made everything seem a bit ludicrous, because I knew I was not taking the whole of me into therapy at all. To take the whole of me into therapy I would have to take that issue as well."

A second form of conflict exists when acknowledging the necessity for the issue's disclosure, prompts the client to anticipate the encounter with the therapist in the context of the latter's response to its revelation. The therapist's reactions and responses are imagined as having negative consequences for the client's own self-evaluation. The reactions are typified in terms of disapproval, judgement and censure. These possible outcomes, add fuel to a growing doubt about the degree of trust existing in the therapeutic relationship, so encouraging self-disclosure

to be deferred once more. The fear that arises when anticipating negative reactions to a disclosure in the context of therapy, is such that it becomes an insurmountable task despite the client's simultaneous acknowledgement of the need to reveal this issue to the therapist.

"I felt a certain discomfort and embarrassment at firstly having to tell my therapist what I did not want to discuss, and secondly how she would react when I said: 'this has been going on for all this time and I have been telling you nothing' So for me it was also a question of how will she feel that I have not trusted her enough with this."

"When I was aware of it, it was quite an ambivalent feeling, because there was a sense of: I would like to share it, but is she going to disapprove? Am I going to be judged? So perhaps a bit of fear."

"It was not anything that most people would have judged me about anyway, but it had just seemed insurmountable".

The conflict aspect of client inhibition expresses a doubt and uncertainty in relation to the practicalities of revealing the issue to the therapist. An uncertainty about the client's own psychological resilience is raised in the context of imagining the disclosure. The client's questioning of his/her ability to contain the pain in the moment of the issue's revelation to the therapist, together with having to risk the chance of a hurtful, demoralizing therapeutic response to this effort, contributes to a reluctance to risk a disclosure. The uncertain outcome for the client's psychological well-being in the event of a distress-disclosure is regarded as too risky, despite the awareness of its ultimate desirability.

2. Aspects of therapy experienced as related to client inhibition

Shared Theme: Anticipating therapist interventions

Client inhibition is also characterized by an experiential orientation towards therapy and the person of the therapist. Initially this takes the form of a sense of discomfort in the moments

when the client contemplates disclosing the issue in this context. This discomfort is expressed as an anticipation of having to justify his/her initial withholding of the issue from the therapist in the event of a disclosure. Consequently the client is anxious about his/her own capabilities in being able to meet the imagined expectations of the therapist. The possibility of failing to meet these expectations, delays the client's move towards disclosing the issue.

"I felt a certain discomfort and embarrassment at firstly having to tell my therapist what I did not want to discuss, and secondly how she would react when I said: 'this is being going on for all this time and I have been telling you nothing.' So for me it was also a question of how will she feel that I have not trusted her enough with this...I was wondering how would I feel as a therapist if it had taken my client so long to disclose."

The client's preoccupation with a hypothetical disclosure in the therapeutic context, extends to the imagination of the therapist's reactions to such an event. These reactions are conceived to be hurtful and demoralizing experiences. This client conceptualization of therapy accounts for a further delaying of disclosure, given the possibility of intensified psychological distress in the wake of a negative therapeutic response.

"When I was aware of it, it was quite an ambivalent feeling, because there was a feeling of: I would like to share it but is she going to disapprove? Am I going to be judged? So perhaps a bit of fear."

"I mean I know as a therapist myself and being the most non-judgemental person in line, I mean that is one of my best qualities, so for me it was a bit of a stupid situation that I should be so perturbed about whether I could go with that to therapy... It was not anything that most people would have judged me about anyway, but it had just seemed so insurmountable."

In this experiential aspect of inhibition, the client is orientated towards an imaginary, hypothetical disclosure in therapy. This scenario, where the therapist is prematurely attributed

with negative reactions to the disclosure, serves to complicate the psychological distress already experienced by the client in relation to the issue. In the context of this hypothesized disclosure, the client continues to withhold the issue because at this stage the anticipated personal risk to his/her emotional security appears to outweigh any possible benefits that its revelation may have in alleviating his/her distress.

Shared Theme: Experiencing real-life therapist interventions

The therapist's real-life interventions are experienced by the client as contributing towards inhibition. While the silent, unobtrusive therapist facilitates the client's disclosure of the issue, there is also an awareness that an active or confrontational intervention in the same situation could have inhibited disclosure, because it would have been experienced as intrusive and undesirable. Such an active intervention would unnecessarily interfere with the sensitive process of the issue's complete revelation.

"I think that particular thing, her very non-verbal reaction was critical (in enabling the client to disclose), because she can be very active. When she wants me to face something or deal with it, or because I am beating around the bush, she will be very active and quite confrontational. So had she been that in any way I would probably have got up and walked out of therapy."

Therapist interventions that are experienced as inappropriate to the ambience of the disclosure situation are emotionally intrusive for the client, and are responded to in terms of psychological withdrawal from the situation. Inappropriate therapist interventions work against the client's gradual acknowledgement of the need for self-disclosure, and his/her own process of working towards a distress-disclosure in therapy.

(B) Client experiences of the event of self-disclosure in psychotherapy

1. Aspects of self-experience related to client self-disclosure

Shared Theme: Being pressured towards a self-disclosure

The event of client self-disclosure is the culmination of a process of pressure experienced in relation to the issue. This pressure arises partly as a response to the client's guilt and unhappiness that accompanies his/her awareness of the issue. As it eventually intrudes into different, diverse life-situations, so these accompanying feelings become more unavoidable. The pressure to disclose takes the form of a need to share these emotions with a person who has the psychological skills and resources necessary to assist the client in confronting this pain. The negative feelings which accompany the issue increasingly pervade the client's psychological existence, exerting a pressure to disclose the issue to the therapist, who is perceived as possessing the skills necessary to understand its place in the former's psychological life.

"It was increasing pressure to share it, because it was making me very unhappy. The issue was making me very unhappy, not the disclosing but the issue itself. So there was an increasing pressure to be able to talk it through with somebody that could help me deal with it."

"This was partly my own guilt I think, that I was not very happy with what I was doing either, and it was consuming me in a way, and I needed to share it, because it was becoming so all-consuming."

Adding momentum to this pressure is the client's recognition of the inappropriateness of withholding such emotional distress from therapy. This expresses itself as an experience of psychological incompleteness in therapy. There is a sense of leaving out a vital aspect of psychological life in this situation, so prompting the client to remedy this by means of disclosing this aspect, i.e. the issue, to the therapist.

"...there was a sense that I was taking myself and things of importance to therapy, and I was avoiding something that was actually dominant in my life at the time. It made everything seem a bit ludicrous, because I knew I was not taking the whole of me into therapy at all. To take the whole of me into therapy I would have to take that issue as well."

The fear experienced in relation to the hypothetical disclosure and its therapeutic consequences is gradually overshadowed by the pervasiveness of the pain accompanying the issue as it insinuates its presence into the different, diverse life situations of the client. As the latter problem becomes more encompassing, the realization of the inappropriateness of inhibition in psychotherapy becomes more insistent. The driving pressure to disclose increases until a critical point is reached where words that articulate the issue burst through the silence of inhibition, as if a barrier had suddenly given way.

"Yes, it was like bursting a pimple, like sheer force. I could not have gone on any longer without sharing, it was too important."

"I don't know that it was that something was different in the therapy. It seems more the case that it was the bubble in me had got to a point where it had to burst."

As the distress dimension of the issue grows, so the client's need for self-disclosure increases until the myriad aspects of experience delaying this process in therapy are superseded at the point where the issue's psychological significance is too problematic and important for any further delay in disclosure. In this moment, the verbal activity of disclosing to the therapist commences.

Thematic Heading: Feeling relief in the disclosure process

As the congruence between the need to self-disclose and the appropriateness of the present moment in therapy enters the client's awareness, so he/she begins to reveal the issue to the

therapist. In the experience of this therapeutic moment being the right time to disclose, all fears about the therapist's response recede from awareness as the client begins to verbalize the issue. As this verbal account unfolds, the sensation of psychological pressure is transformed into relief. Once initiated, the verbal account gathers irreversible momentum, initiating its own continuing elaboration. The psychological distress accumulated during inhibition is released in a flood of words and tears which follow their own idiosyncratic course. Initially, the experience of relief is constituted by this emotional and physical release which allows the sense of psychological pressure accumulated prior to disclosure, to dissipate.

"But I found on this particular occasion, having started to talk about it, I could not have just stopped myself if there had been an atom bomb. I mean there was just this incredible flood of absolute relief that I was being able to talk about it and deal with it, and I spoke flat-out throughout the entire session, and cried throughout the entire session. It was a catharsis, I don't think she had ever seen me cry so much. So there was that feeling; and the fear that I had that I would be judged or that she would not understand, actually took second place. Now is the time, somehow suddenly it will be alright."

A second facet of relief emerges when the client discovers a new personal ability and emotional resilience to confront a painful issue through disclosing it to the therapist, instead of once again distancing him/herself from acknowledging its importance. This meaning of relief centres around the client's sense of personal achievement in being more emotionally resilient and psychologically resourceful than he/she had initially anticipated. This disproves the anticipatory fears of disclosing sensitive material to a potentially ambivalent therapist. The client's discovery of this newly acquired competence in therapy is expressive of this second meaning of relief.

"I think possibly the most predominant feeling at that stage was relief that I was actually being able to talk about it. As a general rule I have a tendency with heavy issues like this to put them away in a cupboard. For a long time there was the fear that if you really had to deal with them, it would not be dealable... I fortunately have got past that in life and I know that I will not shatter like Humpty Dumpty. But because of that fear, there is normally this inability to get into the really painful stuff".

"But I found on this particular occasion, having started to talk about it, I could not have just stopped myself if there had been an atom bomb. I mean there was just this incredible flood of relief that I was being able to talk about it and deal with it..."

The two meanings of relief interpenetrate one another as the disclosure proceeds towards its own completion.

2. Aspects of Therapy experienced as related to client self-disclosure

Shared Theme: The importance of the therapist's presence.

The real-life interventions of the therapist are a crucial aspect of the client's experience of self-disclosure. In this context, interventions are defined not only as verbally demonstrative actions on the part of the therapist, but also as non-verbal forms of action. In particular, the silence of the therapist is as important in facilitating the activity of self-disclosure as any verbal intervention. This therapeutic silence engenders the creation of a space where the client is able to reflect on and to prepare for an eventual self-disclosure of the issue.

The therapeutic silence is unobtrusive, yet simultaneously communicates a continuous interest and empathy to the client through his/her experience of the expression in the therapist's eyes. The therapist is silent, but always present during the process of self-disclosure. As the verbal revelation unfolds, the continued silence alleviates the client's anticipatory fears of any active, confrontational responses coming from the therapist. The continued silence allows for

the complete verbal elaboration of the issue, where active therapeutic intervention may have potentially foreclosed this process.

"So I think the very fact that she did not say anything practically, for that entire session, but was so much there for me. There was such empathy in her expression, in her eyes."

"For me it is easier to be in therapy and not make eye contact a lot of the time. So I often speak and look over there (towards the wall) and yet I am aware all the time that if my therapist was to look away, I would get uncomfortable. I do not ever lose that".

"I think that particular thing, her very non-verbal reaction was critical (in enabling the client to disclose), because she can be very active. When she wants me to face something or deal with it, or because I am beating around the bush, she will be very active and quite confrontational. So had she been that in any way I would probably have got up and walked out of therapy. But she was not, so the therapist's reaction can be very critical."

The therapist only actively responds to the disclosure once it has run its course. The therapist is experienced as empathizing with the disclosure's distress dimension, the client feeling that the former has understood the reasons for this event taking so long to come to fruition. The client experiences the therapist as making no negative evaluation of the disclosure material. Rather the latter's verbal interventions take the form of a concern for the degree of psychological distress that the client experiences in relation to the issue.

"I was met totally and utterly, with empathy, with understanding that it had taken me so long to talk about it, and completely non-judgementally. I at no stage had the sense that she was shocked in any way. It was just there and that was okay. What was of concern was the pain, not that I had not told her before, or that it had taken me so long to tell her, that was not an issue at all. Once it happened the only issue was the internal pain, and that is what we needed to deal with."

Self-disclosure is facilitated in an unintrusive therapeutic environment where the client is allowed to unfold and elaborate the issue to his/her own satisfaction. The integrity of the issue is never questioned by the therapist. Instead interventions take the form of an understanding which is ultimately expressed as a concern about the distress that the client experiences. Subsequent interventions focus on how this distress can be personally acknowledged and processed by the client. No negative value judgements are made about the disclosure material or the duration for which the issue was withheld. In this sense, both the passive and active forms of therapist interventions respect the integrity of the client's psychological relationship with the issue as this unfolds in self-disclosure.

Shared theme: The expansion of the issue within the therapeutic dialogue

Self-disclosure is a process whereby a previously inhibited aspect of the client's identity enters or expands into the parameters of psychotherapy. This expansion begins when the client declares the existence of an issue that is presently inhibited but is about to be disclosed. The client clears a space in therapy for the entrance of this issue, and there is an implicit message in this declaration for the therapist not to intrude on this clearing.

In this act, the client lays claim to an expanded personal space in therapy where his/her disclosure can unfold without being disturbed. In the process of disclosure, the issue enters into the clearing that has been made for it in therapy. Here it is initially expressed as a physical and emotional release, the tears and the words which give the disclosure its particular character.

"I mean I started off by saying: 'There is something I have to tell you, and I have not told you for the last few months, but I have to tell you now,' and I went straight into it. I think in the saying of that there was a kind of like, stay where you are thing".

"I mean there was just this incredible flood of absolute relief that I was being able to talk about it and deal with it, and I spoke flat-out throughout the entire session, and cried throughout the entire session. It was a catharsis, I don't think she had ever seen me cry so much. So there was that feeling, and the fear that I had that I would be judged or that she would not understand actually took second place."

Talking about and actually confronting his/her distress in the form of crying when there are no detrimental therapeutic consequences, allows the client to experience therapy as a very secure psychological space. The client's experience of this secure environment facilitates his/her view that all forms of psychological distress may be disclosed here without any intrusion or negative evaluation occurring. This is born out by the client having already risked negative therapeutic consequences in the present disclosure context, and emerging from this process unscathed. When the client's fearful anticipations of self-disclosure in psychotherapy are contradicted by the real-life event, the consequent experience of security in therapy invites the possibility of other forms of psychological distress being similarly acknowledged and confronted in the exact same way.

"I was met totally and utterly, with empathy, with understanding that it had taken me so long to talk about it, and completely non-judgementally. I at no stage had the sense that she was shocked in any way. It was just there and that was okay. What was of concern was the pain, not that I had not told her before or that it had taken me so long to tell her, that was not an issue at all".

"Once it happened, the only issue was the internal pain, and that is what we needed to deal with. I think in that catharsis it actually opened therapy in a lot of ways as well. Suddenly I knew that it was a really safe place".

"Just to re-emphasize for me that it was also not only important for her to allow me to deal with that issue, but that it definitely opened up therapy more. It changed the feel of the therapy; the fact that I knew I could if I needed to actually bring anything into that room. It allowed me to go into other kinds of dark places, because I had been able to go there with it (this issue). It was a gateway."

The expansion of the issue into therapy allows the client to discover a greater range of possibilities inherent in this environment. The successful integration of the issue into the therapeutic dialogue via self-disclosure, illuminates this environment's potential for allowing the client to safely confront other forms of psychological distress without any negative consequences. Future expansions into therapy of presently inhibited aspects of the client's experience are envisaged. Just as self-disclosure allows for the expansion of previously excluded aspects of experience into psychotherapy, so the responsiveness of this environment to this process allows the client to envision future opportunities for distress-disclosures. In this sense a climate of psychological progress and personal development in psychotherapy becomes a part of the client's experience of successful self-disclosure.

Protocol Two

(A) Client experiences of the event of inhibition in psychotherapy

1. Aspects of self-experience related to client inhibition

Shared theme: Avoiding Disclosure

Inhibition takes the form of avoidance when the client withdraws from a problematic issue so that he/she may continue to identify with a socially acceptable repertoire of behaviours. The client turns his/her thoughts away from an issue so that it does not come into conflict with this repertoire of external behaviours.

"I didn't really want to think about it. It made me feel less than I normally do."

"A lot of the time when I did not think about it, I could identify with my roles a lot easier."

This withdrawal from a personal conflict is achieved when the client manipulates his/her own experience. When a feeling or need emerges which is representative of this undisclosed issue, the client deliberately changes its appearance in his/her experience so as to ensure that it will not be inadvertently visible to other people. This is accomplished by emphasizing a different personal aspect that the client considers to be a socially acceptable facet of his/her experience. In performing the external display of a socially conventional facet of experience, the client effectively masks the presence of the troubling issue.

Avoiding disclosure is therefore a two-fold process where the client simultaneously withdraws from the issue, while overtly engaging in a different disclosure, or set of actions.

"I think what I was trying to say is by me not expressing it, or having not expressed it to someone else at that stage, whenever I was in a situation where a similar sort of feeling came over me, I would actually change it so that other people around me would not perceive it."

"Well, I would reinforce what the people actually thought of me initially. If for some reason I wanted to react in a very sensitive way, relating back to what happened to me, I would not be able to do that, because they would see a part of me that I did not really want them to see."

"So that I would reinforce this image that they would have of me ..."

The client withdraws from acknowledging the pain he/she experiences in the presence of the issue. As long as the client experiences it as socially unacceptable, he/she is unable to share this pain with other people. It is prevented from becoming part of the client's overt relationships with others, including the therapist.

Shared Theme: Being in a state of conflict in relation to self-disclosure

Gradually the client becomes aware that he/she needs to allow this issue to be expressed in

interactions with other people. There is an experience of personal dissatisfaction at having to keep the issue hidden from the knowledge of others. The client subsequently allows him/herself to reflect on the issue, in so doing becoming open to the distress which characterizes his/her current understanding of its place in his/her life.

A cursory awareness of the issue over a period of time has negated its initially shocking impact on the client:

"For myself, what I wished to disclose, or felt that I needed to disclose was alright for me to a certain extent, in that I was used to it."

However, the guilt he/she experiences in relation to this facet of experience persists. This guilt is experienced as a failure to live up to a certain standard of personal conduct. When the client becomes aware of the existence of the issue, there is a sense of it violating this standard, in so doing encouraging him/her to disparage and criticize him/herself.

While the client is therefore uncomfortable in the issue's presence, his/her current failure to include it as a part of his overt relations with other people, creates an even stronger sense of discomfort. The latter takes the form of a dissatisfaction in withholding a vital aspect of his/her experience from significant others. As withholding continues, so the issue becomes a more pervasive and powerful influence in the client's life.

"It was more guilt on my side. I felt guilty about what I had done. I felt that I had not actually lived my life according to how a structured life or a good life should be led. I felt it was, I do not know if I can find one word. I was nervous, no not nervous. When I thought about it myself it was more guilt. I did not really want to think about it. It made me feel less than I normally do."

"I think it (the issue) had power over me, influenced me very strongly to the extent that I wanted to keep it a secret. I did not want anybody else to know about it. But by not wanting anybody to know about it, I was acting contrary to what I was feeling. A lot of the time I would feel that I would want to get rid of this, or express this emotion, to express what I was feeling about somebody else."

The client is in a state of conflict between withholding the issue, and wanting to make it a part of his/her relationships with other people. However, in the process of contemplating the issue's revelation, the client imagines a hypothetical disclosure in therapy. He/she anticipates the issue being rejected in this context, so giving rise to a fear of being ostracized and alone.

Simultaneously, the client is also aware that the continued withholding of the issue intensifies his/her present experience of separation and isolation from other people. Therefore, while being in a state of conflict maintains inhibition, the client is nonetheless able to recognize his/her present isolation from other people. The client's desire to alleviate this personal isolation, and to make the issue an overt aspect of his/her relations with others, prompts a recognition of the prudence of disclosing it in therapy.

"I would just feel that other people would actually reject me. They would see me as something less than what they would normally see me as."

"I have a very intense fear of being all alone by myself, not having friends. I do not really ever want to be alone. I mean I like to be by myself and have privacy, but in another sense I want to be part of the rest of the world, I really do. I think I was afraid that people would actually see me as something that was not acceptable ..."

"I felt less of myself in the sense that when I thought about that (the issue), I sort of incorporated it into my life because of thinking about it. I became somebody that was not actually what I projected onto other people a lot of the time. A lot of the time when I did not think about it, I could identify with my roles a lot easier. I just felt more separated from other people."

"... by me not expressing it, or having not expressed it to someone else at that stage, whenever I was in a situation where a similar sort of feeling came over me, I would actually change it so that other people around me would not perceive it. Whereas if they actually knew about it, I could express myself in a different way that was more in line with my own personality, my own character. So I think in that respect I wanted to actually express it, to not get rid of it, but open it up to other people so that it is part of my outward life. So I would not have to act contrary to it, but could act in accordance with it."

However, for the present, this wish to make the issue part of the client's overt interactions with significant others remains unfulfilled, because his/her anticipatory fear of the issue being rejected is temporarily more powerful than the real experience of separation from other people that characterizes his/her present state of inhibition. As long as this experiential status quo is maintained, this conflict remains unresolved, so ensuring that the issue's inhibition continues.

2. Aspects of therapy experienced as related to client inhibition

Shared Theme: Anticipating therapist interventions

The client's anticipatory fears of the issue being rejected are expressed in the his/her imagination of a hypothetical disclosure. The client expects to be morally condemned for the issue's existence in his/her life. The issue is experienced as violating the repertoire of behaviours that normally represent the client's self-experience in the presence of other people. Imagining being rejected for disclosing the issue threatens the client's own fragile relationship with it, for this rejection would confirm the client's own condemnation of the existence of the issue in his/her life, while ensuring his/her social ostracization.

"I felt quite apprehensive, more towards what other people would think about what I was saying to them... I was not sure how other people would actually deal with it."

"I would just feel that other people would actually reject me. They would see me as something less than what they would normally see me as. They would actually be a bit prejudiced towards me."

In the context of these anticipatory fears, the reactions of the therapist to a hypothetical disclosure of the issue assume a special importance. The client experiences the therapist as an authority figure who is an expert when it comes to psychological problems. Consequently, imagining a therapeutic rejection provides a persuasive confirmation of the client's own condemnation of the issue. Therefore, withholding the issue from the therapist is facilitated when the client imagines being rejected by the former in the context of its disclosure.

"... Y (the therapist) does sort of represent a type of authority figure, some father figure. Somebody that knows me more than I do even though Y is there for me to express myself to."

"I think I was afraid that people would actually see me as something that was not acceptable, and through me actually feeling that and not being able to disclose it, I actually landed up seeing myself as unacceptable."

"I think at that stage before the disclosure I used to fight with the concept the whole time. That I was actually in the wrong."

"I think I have sort of had a problem with that in the past, not really liking myself very much."

When the therapist is attributed with expert knowledge and powers of judgement, the imagination of a hypothetical disclosure assumes an important role in preventing client self-disclosure from occurring. The distress that the client imagines experiencing in response to a therapeutic rejection, effectively inhibits the issue's disclosure in real-life therapy.

Shared Theme: Experiencing real-life therapist interventions

The inhibition of the issue in the context of a hypothetical disclosure in therapy is

strengthened by the client's ambivalent experience of this environment in reality. The client is doubtful whether his/her experiences in psychotherapy are of any use when he/she is interacting with other people outside of this context. While therapy is experienced as being part of the social world, it is nevertheless still in some sense apart from it. This difference finds expression in the priority that the client gives to disclosing to significant others outside therapy, over and above disclosing in therapy.

The client fears the therapist's possible rejection of the issue, because this would mean experiencing discomfort in therapy. Furthermore, there seems to be no point in risking such discomfort when this experience may have no relevance to the client's central concern of allowing the issue to become part of his/her interactions with significant others outside of therapy.

"... because Y does sort of represent a type of authority figure, some father figure. Somebody that knows me more than I do even though Y is there for me to express myself to. Y is still part of the world, it is not a separate cocoon. The thing is it is pointless for me to actually express it in a sort of isolated environment. It would not actually help, because the only other time I would be able to use it now that I have expressed it would be in the same therapy situation and not in the outside world where I needed to express it."

So long as the issue has not become part of the client's social interactions with significant others, it is not considered to be relevant disclosure material for psychotherapy. Therefore, there is nothing in the therapist's presence or interventions which is able to facilitate the disclosure of the issue. The client initially experiences the therapeutic context as irrelevant to this issue. In this sense, any attempts by the therapist to facilitate the issue's disclosure, before this occurs outside of therapy, are simply ineffective.

(B) Client experiences of the event of self-disclosure in psychotherapy

1. Aspects of self-experience related to client self-disclosure

Shared Theme: Being pressured towards a self-disclosure

In the context of withholding the issue, the client is nonetheless aware of the necessity for a more inclusive and authentic mode of self-expression in his/her interactions with significant others. Acknowledging this need exerts a pressure to disclose the issue in a bid to find relief from the distress which the client experiences as a result of his/her own inauthenticity. This pressure increases when the client comes to believe that self-disclosure will alleviate the distressing conflict which the issue's presence generates in his/her existence.

"I felt very strongly that I needed to get rid of all the secrets in my life. I needed to stop them from being there, having this powerful influence over me. I wanted to stop them from being things that I could not express to other people, because by not being able to express them to other people they were a lot stronger, and I worried about them a lot more. I felt that if I did not express them to other people, and tell them what I was or what I felt or what I had done... It would somehow absolve me of my sins in a way (if these were expressed). It would take the actual power out of the thing that had happened. I think it (the issue) had power over me, influenced me very strongly to the extent that I wanted to keep it a secret. I did not want anybody to know about it. But by not wanting anybody to know about it, I was acting contrary to what I was feeling. A lot of the time I would feel that I would want to get rid of this, or express this emotion, to express what I was feeling about somebody else."

The client's need for the issue to become part of his/her lived interactions with other people, grows stronger the longer it is withheld in this context. This is expressed as a wish to allow the issue to become a part of his/her repertoire of behaviours when interacting with other people. The client anticipates that disclosing this presently hidden issue will allow new forms of personal expression and modes of being with others, to emerge in his/her existence.

"I think what I was trying to say is by me not expressing it, or having not expressed it to someone else at that stage, whenever I was in a situation where a similar sort of feeling came over me, I would actually change it so that other people around me would not perceive it. Whereas, if they actually knew about it, I could express myself in a different way that was more in line with my own personality, my own character. So I think in that respect I wanted to actually express it, to not get rid of it, but open it up to other people so that it is part of my outward life. So I would not have to act contrary to it, but could act in accordance with it."

Being pressured towards disclosing is facilitated by the need to be free of the issue's pervasive influence, which dominates the client's life from its position of being withheld from significant others. From the client's perspective, the issue must therefore be allowed to become a visible part of social discourse. When these personal needs become so urgent that the issue can no longer be withheld, the pressure to disclose becomes so great that it outstrips the client's anticipatory fears of being rejected, and culminates in him/her initiating its disclosure in therapy.

Shared Theme: Feeling relief in the disclosure process

In initiating self-disclosure in therapy, the client is nervous when he/she comes to speak the first sentence. This anxiety diminishes as the client resolves to proceed with this act, despite the possible negative consequences. On the completion of the first sentence, there is a growing momentum in the client's speech, leading to a rapid articulation of the issue. The immediacy of the experience of talking about the issue excludes from consideration the client's fear of a therapeutic rejection. In the heat of the moment, it does not matter to the client whether the therapist accepts or rejects the content of the disclosure. The act itself is what is important for the client, who is caught up in its momentum.

The conclusion of the act of self-disclosure takes the form of a physical sensation of relief that is likened to the release accompanying urination. This is followed by an emotional relief at the non-appearance of distress in the moment of disclosure, a fear that was previously anticipated by the client. In disclosing, the client is not consumed by distress, but on the contrary, only experiences relief in the fulfilment of this process.

"I was initially very nervous, like my first three words, first four words, first sentence. I was nervous, because now I was actually going to do it, I was actually going to explain. Once I had actually said the first sentence and it all came out, it was almost like I had separated myself from myself. I did not actually feel any fear about it, it was almost like I was saying it and I did not give a damn whether my therapist liked it or not, but I was going to disclose it anyway. So it did not really matter what my therapist thought, or what anybody thought, I was just going to do it, and it ended up coming out like a torrent. After the initial sort of break it was almost like a relief, it was like having a really good wee, you know (laughs). It was almost like that, it was almost like it was coming out but there was no dreaded emotion behind it. There was just the relief of having it come out."

Besides the immediate physical and emotional release which contributes towards the relief experience, there is another facet which manifests in the client discovering the novelty of actively talking about what was previously passively withheld. The client realizes that articulating the issue finally allows it to become a part of his/her experience of participating in the therapeutic dialogue. Once the issue is accepted by the therapist and other significant people, the frustration at having to exclude the issue from these social contexts is no longer present.

Disclosing the issue allows it to be integrated into the client's lived participation in both the therapeutic dialogue, and in dialogues with significant others. This lived sense of the integration of the issue alleviates the client's previous condemnation of its existence in his/her

life. This new-found acceptance is expressed in the realization that if other people reject this issue, this betrays their lack of understanding for it, rather than confirming that the issue really is morally reprehensible.

"Well, I would reinforce what the people actually thought of me initially. If for some reason I wanted to react in a very sensitive way, relating back to what happened to me, I would not be able to do that, because they would see a part of me that I did not really want them to see. They would derive conclusions from this that were probably false conclusions, and I did not want them to do that, but in the same sense I would rather in a way lie to them. So that I would reinforce this image that they would have of me, and that was actually freaking me out, because I did not want to actually carry on living roles and things like that. I would much rather be more open with myself and with other people, and in that sense I think that is one of the most influential reasons for me landing up disclosing."

"So I think in that respect I wanted to actually express it, to not get rid of it, but open it up to other people so that it is part of my outward life. So I would not have to act contrary to it, but could act in accordance with it."

"I am very glad, because now it does not really bother me. I mean for me to explain to someone now even in casual passing that I have kissed another man or had certain feelings for another man does not actually mean anything. Well it does not really mean a lot to me, I know it means a lot more to them. I know that I have actually taken its influence out of my life, because even if they reject me because of it, they reject me because of a lack of understanding. They do not reject me because I am bad. I think at that stage before the disclosure I used to fight with the concept the whole time. That I was actually in the wrong. That is how I think that disclosing that kind of thing actually did help."

The physical and emotional release accompanying disclosure is therefore an initial expression of the novel situation that is lived when the issue finally becomes part of the client's interactions with the therapist. This relief eventually evolves into a new understanding and acceptance of the issue, in regard to its continued existence in the client's life.

2. Aspects of therapy experienced as related to client self-disclosure

Shared Theme: The importance of the therapist's presence

While the presence of the therapist does not facilitate the initiation of disclosure, it is nevertheless experienced as important and beneficial when the former responds to the client's articulation of the issue. The therapist is experienced as accepting and understanding the disclosure in more than just a superficial sense. The client is aware that the therapist understands the disclosure as an attempt to resolve the conflict between withholding the issue, and wishing to integrate it into social interaction with significant others. This therapeutic understanding takes the form of a supportiveness which goes beyond superficial reassurance. The therapist expresses a deeper comprehension of the disclosure, viewing it as a progressive step towards a greater self-acceptance on the client's part.

"My therapist's response was also very understanding, Y also understood quite a lot about what I was saying about the difference and the divisions between heterosexuality and homosexuality. Y was very supportive, and I also walked out of there feeling very, not very good about myself, but I remember walking out of there feeling reassured as well. I do not think Y was reassuring me just to make me feel better, I think Y was reassuring me because he understood what I was saying. The fact that I was resolving it through disclosing it to Y, and having disclosed it before. I think the way Y saw it was that it was a positive step towards accepting myself more."

The therapist affirms and supports this newly disclosed aspect of self-experience, so facilitating the process of its acceptance in the client's existence. The therapist's presence validates and clarifies the significance of the therapeutic disclosure for the client, as well as the new meaning which the issue subsequently assumes in his/her life.

Shared Theme: The expansion of the issue within the therapeutic dialogue

Client self-disclosure allows the issue to expand into the therapeutic dialogue. Prior to disclosure, the issue remains hidden and excluded from this milieu. Disclosure allows the issue to become part of the verbal interactions taking place between client and therapist. As such, the issue expands into the space where this therapeutic dialogue unfolds. This expansion occurs when the therapist acknowledges the issue by being supportive and understanding.

"I think what I was trying to say is by me not expressing it, or having not expressed it to someone else at that stage, whenever I was in a situation where a similar sort of feeling came over me, I would actually change it so that other people around me would not perceive it. Whereas if they actually knew about it, I could express myself in a different way that was more in line with my own personality, my own character. So I think in that respect I wanted to actually express it, to not get rid of it, but open it up to other people so that it is part of my outward life. So I would not have to act contrary to it, but could act in accordance with it."

"My therapist's response was also very understanding, Y also understood quite a lot about what I was saying about the difference and the divisions between heterosexuality and homosexuality... The fact that I was resolving it through disclosing it to Y, and having disclosed it before."

When the therapist acknowledges the issue, he/she facilitates the client's new understanding of it, which finds expression as an increasing self-acceptance. The therapist contextualizes the meaning of the disclosure in therapy. Consequently the client comes to understand this event as a single, positive step in a continuing process of personal development. This predisposes the client to becoming open to a future where increasing self-acceptance and personal development in therapy, are realizable goals.

"I think at that stage before the disclosure I used to fight with the concept the whole time. That I was actually in the wrong. That is how I think that disclosing that kind of thing actually did help."

"The fact that I was resolving it through disclosing it to Y, and having disclosed it before. I think the way Y saw it was that it was a positive step towards accepting myself more. I think I have sort of had a bit of a problem with that in the past, not really liking myself very much."

"... I am feeling a lot more confident about myself. I am a lot more stable in my doings, in my actions."

In this sense disclosure goes beyond being merely an immediate physical and emotional activity, in that it adds to the multi-dimensionality of the client's self-experience in the presence of significant others, and allows for a growth in his/her personal sense of self-acceptance. Furthermore, in the context of the therapeutic dialogue, the client becomes open to a future where increasing self-acceptance is a realizable goal, despite the presence of difficult personal issues.

Protocol Three:

(A) Client experiences of the event of inhibition in psychotherapy

1. Aspects of self-experience related to client inhibition.

Shared theme: Avoiding Disclosure

Inhibition is initially experienced as avoiding disclosure when the client becomes aware of a lack of receptivity to the issue when he/she is in therapy. Despite wanting to disclose the issue, the client is unable to because he/she anticipates that the therapist, who is of the opposite gender, could not have had the gender experience necessary to understand the former's present issue.

"I think that the main thing that made me want to withhold was just this awareness of: I'm not speaking to somebody who can have been in that position, so how can they understand?"

This presupposition is strengthened by the lack of warmth and responsiveness experienced during the time in therapy when disclosure is being considered. This atmosphere of indifference fosters a reluctance to disclose the issue on the part of the client. This reluctance becomes a fear of losing his/her self-control when the client comes close to crying in the therapist's presence. Facing the prospect of losing control in an indifferent therapeutic environment, prompts the client to continue to withhold the issue. The fear of losing control expresses the client's concern at the lack of understanding experienced in therapy. Consequently, the client physically removes him/herself from the therapeutic environment:

"The first time I actually planned this, this was the session I was going to bring it up. Before I walked in, I was in a state of absolute fear. I walked in and as soon as I saw him in that office full of books I just suddenly felt I could not. I do not feel the atmosphere is conducive. I do not feel this warm presence that I want to disclose to. I sat there, and another part of me was saying, 'okay, now', and I just could not. I felt like it was almost a totally inappropriate context to suddenly say: 'Oh ja, by the way.' It had to be eased into. What happened was I started feeling so upset I came very close to tears, and I suddenly sensed this absolute panic. I just said: 'I have got to go.' I just felt I could not be there. I did not want to be in that room, its presence was actually strangling me."

Avoiding disclosure takes on a physical dimension when the client experiences extreme personal discomfort in the context of an unresponsive and unwelcoming therapeutic environment. The client's sensitivity to the therapeutic atmosphere in the context of self-disclosure, prompts such a degree of distress and insecurity, that he/she is unable to follow through with the act itself. The intensity of this distress drives the client from therapy, in so doing, maintaining the issue's inhibition in this context.

Shared theme: Being in a state of conflict in relation to self-disclosure

Inhibition is also experienced as a conflict, which initially arises when the client begins to consider whether the issue is worth disclosing in therapy. There is doubt as to whether such a revelation will significantly benefit the client's personal development. This doubt is expressed as an anticipation that the therapist will not attach much importance to the issue. Imagining that the issue will be trivialized by the therapist, prompts the client to consider its disclosure to be inappropriate. The client continues to withhold the issue in the light of its personal significance being potentially misunderstood by the therapist.

"I'm trying to think when it first came up. Yes, the first issue I remember was, do I need to tell or not? Will it impede the whole process or is it something I can keep to myself? That was quite a big struggle for a while, just deciding how necessary it was to actually discuss this. Would it make me feel better or would it be irrelevant to therapy. I thought: why get upset over something if it is not actually going to make a difference in the long run?"

"Then I started thinking things like would I feel awkward bringing it up, would I feel judged? The main thing with this incident was I was scared the weight I attached to it would be much more than my therapist. So I would say: 'I have got something to tell you, I want to talk about it,' and then he would be thinking, oh is that all? In my mind I was blowing it out of proportion. Like he would sit there and he would hear it and say: 'Oh is this what the big issue was?' I would end up feeling quite stupid. I would be ending up showing that I am quite weak, because I considered this a big issue, whereas maybe he would think: oh well, big wank!"

This dilemma over whether or not to disclose is complicated by the client's anger, which is directed towards the aspect of his/her personality that always feels obliged to reveal every personal detail to the therapist. This urge to disclose everything creates an uncertainty as to what the really important issues are in the client's life. There is a sense of confusion and frustration that accompanies the attempt to ascertain which issues are important enough to bring to therapy.

Consequently, the state of conflict which the client finds him/herself in, deepens when it is realized that therapy may not welcome the issue's revelation. The realization of this possibility is an expression of the client's continuing difficulty in being able to distinguish between trivia and important psychological issues. Anticipating that the issue will be trivialized by the therapist, reflects the client's inability to determine the issue's relative importance in his/her own life.

"I think in this whole worry about whether to disclose or not, I think I feel a lot of irritation towards myself. A lot of self-directed anger, frustration, and irritation about having to disclose that particular issue, if that makes sense. Just thinking that I am not the therapist, I don't know what needs to be said and what does not. As soon as I become aware of this issue I feel like I have a responsibility to myself to kind of vomit everything out in therapy, just in case it is something I should not keep to myself. The sense of responsibility ends up making me feel angry."

"I walked in and as soon as I saw him in that office full of books I just suddenly felt I could not. I do not feel the atmosphere is conducive. I do not feel this warm presence that I want to disclose to. I sat there, and another part of me was saying, 'okay, now', and I just could not. I felt like it was almost a totally inappropriate context to suddenly say: 'Oh, by the way.' It had to be eased into."

While the client remains unsure about the issue's personal significance, there is nevertheless a clear sense that a response of therapeutic indifference is to be avoided at all costs. The issue is important enough for the client to initially withhold it from therapy. Inhibition continues as long as the client's state of conflict renders him/her incapable of deciding which course of action in therapy is the most appropriate, in the context of the issue's long-term management.

2. Aspects of therapy experienced as related to client inhibition

Shared theme: Anticipating Therapist Interventions

Inhibition is greatly facilitated when, in the course of considering the costs and benefits of disclosure, the client imagines a hypothetical scenario in therapy where this occurs. In this imaginary context, the client anticipates possible therapeutic interventions in response to the issue's revelation. All these interventions are imagined as somehow misunderstanding the significance that the issue has for the client. In this imagined moment of being with the therapist, the former is perceived as misunderstanding this aspect of the client's existence.

"I think the main thing that made me want to withhold was just this awareness of: I am not speaking to somebody who can have been in that position, so how can they understand?"

"The main thing with this incident was I was scared the weight I attached to it would be much more than my therapist. So I would say: 'I have got something to tell you, I want to talk about it,' and then he would be thinking, 'oh is that all?'"

When imagining this scene, the client expects to be weakened and humiliated in therapy. He/she imagines being shown up in a negative light in the context of the therapist's interventions. This expectation creates an uneasiness which discourages the client from wishing to disclose the issue in the real therapeutic dialogue.

"Like he would sit there and he would hear it and say: 'Oh is that what the big issue was?' I would end up feeling quite stupid. I would be ending up showing that I am quite weak because I considered this a big issue, whereas maybe he would think: oh well, big wank!"

This pejorative view of future therapeutic interventions encourages the client to doubt his/her ability to adequately articulate the personal importance of the issue in therapy. This reflects

once again the client's uncertainty as to just how important the issue is for him/her. This lack of personal judgement is expressed in the client's imagination of the therapist's responses to the disclosure.

"It is just the main issue that come up for me was basically how do you judge what is considered a heavy issue in therapy? This whole feeling, am I making a big deal, was always the part that keeps me back. Thinking am I going to make a fool of myself, and what would my therapist consider serious? How do I explain that something is heavy for me and maybe not for him?"

While the client's internal debate over the importance of the issue continues, his/her anticipatory fear of therapeutic interventions takes another form. The client imagines being pushed into a disclosure once he/she has declared the issue's existence to the therapist. In imagining this, the client becomes angry at the therapist, which also contributes to the continued withholding of the issue.

"At first a part of me was pushing myself to disclose and another part of me was saying; 'ag, you don't have to you have your rights, and it's not ...'. Then I would start to feel angry at him because if I mentioned it briefly in passing and say, 'oh, there is something', and he would say, 'do you want to discuss it,' I would almost feel like I was being pushed."

In being with the therapist in imagination, the client initially feels obliged to disclose to the former, who subsequently trivializes the issue. This mixture of being coerced and misunderstood in imagination, is lived as doubt, anxiety, and anger in the present context of evaluating the benefits of a disclosure in therapy. The possibility of disclosure is foreclosed by these lived moods which the client brings to the real therapeutic environment.

Shared theme: Experiencing real-life therapist interventions.

Being with the therapist in reality also contributes towards the client's experience of inhibition. The quality of silence in therapy creates an atmosphere that lacks warmth and receptivity. This atmosphere encourages the client to continue to withhold the issue. The client initially enters a session with the resolve to disclose the issue. However when he/she is confronted by this unreceptive silence, the client realizes that disclosure is inappropriate in this context. Consequently the client once again becomes reluctant to carry out the self-disclosure.

"I walked in and as soon as I saw him in that office full of books I just suddenly felt I can't, I don't feel like the atmosphere is conducive. I don't feel this warm presence that I want to disclose to. I sat there, and another part of me was saying 'okay, now' and I just couldn't. I felt like it was almost a totally inappropriate context to suddenly say, 'oh ja by the way.' It had to be eased into."

The persistence of this heavy, oppressive therapeutic silence prompts the client to become increasingly upset. The initial indifference that characterizes this silence, gradually evolves into an experience of oppression, where the client feels that he/she is suffocating in this environment.

"What happened was I started feeling so upset I came very close to tears, and I suddenly sensed this absolute panic. I just said 'I've got to go', I just felt I could not be there, I did not want to be in that room, its presence was actually strangling me. I took my bag and I just walked out."

The client's anticipatory fears of disclosing, which are brought into therapy, become greater in the context of the therapeutic silence. As this silence continues, the client's resolve to disclose the issue breaks down. Eventually the therapeutic environment is experienced as so

intimidating, that it not only facilitates the continued withholding of the issue, but also accounts for the client prematurely ending the session.

(B) Client experiences of the event of self-disclosure in psychotherapy

1. Aspects of self-experience related to client self-disclosure

Shared Theme: Being pressured towards a self-disclosure

Despite the reluctance to disclose the issue in therapy, the client eventually recognizes the necessity of going through this process. The client is initially prompted to disclose by his/her sense of personal responsibility. When in therapy he/she feels obliged to disclose everything in experience, regardless of its psychological importance. The client also feels responsible towards the therapist who is viewed as having a right of access to all his/her personal information. This access is essential for the therapist to be able to respond appropriately to the client, so ensuring therapeutic progress. While these forms of responsibility generate feelings of anger and resentment, the client cannot ignore this pressure which is exerted on him/her to disclose the issue.

"At first a part of me was pushing myself to disclose, and another part of me was saying: 'I don't have to, you have your rights, and its not ...'. But I always have this thing that I have to tell my therapist, it's almost like a kind of confession except I'm not Roman Catholic."

"I think in this whole worry about whether to disclose or not, I think I feel a lot of irritation towards myself. A lot of self-directed anger, frustration, and irritation about having to disclose that particular issue if that makes sense. Just thinking that I am not the therapist, I don't know what needs to be said and what does not. As soon as I become aware of this issue, I feel like I have a responsibility to myself to kind of vomit everything out in therapy, just in case it is something I should not keep to myself. The sense of responsibility ends up making me feel angry."

"... the feeling of responsibility, the sense that maybe this thing is going to make a difference to what is going on in therapy. The sense that your therapist almost has a right to know the factual details of your life, otherwise they do not have enough to work on. It was only fair to him, they cannot read your mind. In the end it is up to you to lay it out all on the table."

The resentment at having to disclose is offset by the importance that the client attaches to informing the therapist about the dynamics of his/her personal life. This importance stems from the client's experience of withholding an issue. When an issue is not yet part of the therapeutic dialogue, it is experienced as having no definite form outside of the client's existence. Disclosing the issue allows it to take shape in the context of the dialogue with the therapist. Here it takes on a form and a validity that is external to the client's insular self-experience. As the need for a sense of perspective and greater clarity in relation to understanding the issue becomes more urgent, so the pressure on the client to disclose it to the therapist increases.

"But for me in general, disclosing something is very important, because, it is very hard to explain why, but it is in that I feel as long as it is inside me, it is very murky, not amorphous, but not solid. It is not real almost, it becomes a fact when somebody else hears it, it is almost validated, okay. That is why no matter what happens even if it is stupid, superficial things in an everyday context, I always find myself saying: 'oh by the way, this happened'. Just this feeling that I cannot trust information inside myself. My therapist has to know everything about me to kind of hold it and say 'okay that is X', and give a bit of solidity to it. It makes it more concrete, because otherwise it is just kind of swimming around in you."

When the client becomes aware of the issue, and its relevance to therapy, his/her subsequent reflections on the question of its disclosure, renders it more substantially present in experience. In reflecting on the presence of the issue in his/her life, the client is made aware of the pain accompanying it. In response to this pain, the client anticipates that disclosure

in therapy could alleviate this suffering. Together with the responsibility to disclose that the issue invokes in the client, the anticipation of finding relief from personal suffering creates such an insistent pressure, that the client resolves to reveal it in a specific therapy session.

"I think at that particular stage, because of what I had been discussing in therapy, it come up again. My whole feeling of: I wonder if I should bring it up? So the issue becomes much more real. A lot of the pain attached to it also became more real, and it was a whole thing of, well maybe I can eventually find peace. There was this whole thing that it has to be worked through. So I think the feelings that pushed were feelings of pain and maybe isolation.... Just the feeling that it would finally take away those feelings, that afterwards any guilt or anything would go. I think I had this idea of one session and it would all just be worked out. So it was for the relief of my own suffering as well as this whole thing of confessing."

The disclosure attempt is temporarily postponed when the client experiences an unreceptive atmosphere in the specific session. The client withdraws from disclosing in this unwelcoming context. However, the therapist's inquiry in the following session is sufficient to re-awaken the full extent of the pressure to disclose. This culminates in the client proceeding to articulate the issue in response to the therapeutic inquiry.

Shared Theme: Feeling intensified distress in the disclosure process

When disclosure in therapy occurs, it is expressed in a superficially casual manner. The client speaks in a matter-of-fact tone that is devoid of excessive emotion. However the client experiences being painfully anxious as this outwardly calm and factual disclosure unfolds. There is a growing perception that he/she is making a guilty confession, as the client becomes increasingly sensitive to the therapist's presence.

There is no discovery of relief from personal distress. On the contrary, the experience of anxiety and distress increases as the client becomes aware of weighing up each word in the surrounding heavy silence. The client becomes increasingly self-conscious as the lack of physical and emotional alleviation from distress continues while the disclosure unfolds.

"I ended up saying it in a very kind of casual ... I started talking and I was half intellectualizing in that I was stating it very factually like I'm talking now. But I think the other half of me was very nervous, because just the way I was sitting: I remember sitting with my arms crossed and I was feeling very tense."

"Yes, I was trying to keep it suppressed, but I did not just sit there and say, 'the following happened'. I spoke very slowly and I did feel the pain as I was talking about it, but I had a strong sense of giving a confession, like saying 'I murdered somebody'. I felt like I was awaiting a judgement, I kept thinking, what is he thinking?"

"It was too tense a moment, I was too aware of each word and of this heavy, thick silence in the room. I felt very self-conscious and I thought: I must choose my words carefully. So it was too inhibiting an experience to be free."

This self-consciousness grows more intense as the client begins to await the therapist's response. Specifically, the client anticipates a misunderstanding of the issue that is based on the therapist's opposite gender experience. This anticipation of being misunderstood and negatively evaluated culminates in the client feeling weak as he/she continues to disclose the issue. In the context of his/her self-consciousness in therapy, this experience of weakness turns into self-hatred.

"I think that the main thing that made me want to withhold was just this awareness of: I'm not speaking to somebody who can have been in that position, so how can they understand."

"Also the issue of gender, that it had very much to do with the fact that he was a male, and in that situation he was almost like the other. I felt like I was telling the enemy and I hated myself for doing that, for having to confess to a member of that sex."

"That is how I felt at the time, and I felt weak, like I thought: oh you are so pathetic sitting here having to disclose. There is a sense of like, you are so pitiful and pathetic. I did not feel strong disclosing, I actually just felt like really small and very tense."

"The one thing I remember in disclosing, I did not feel like I was making peace with myself, I actually felt hatred of myself, because I thought: you feel so pathetic sitting there saying this is a big deal."

In being self-conscious, the client comes to observe and evaluate him/herself from the condemning viewpoint of an imaginary therapist. The client evaluates and criticizes his/her disclosure performance from this imagined perspective. Self-disclosing the issue is continually marred by this critical self-evaluation. This sours the entire process, so that instead of experiencing emotional and physical relief on completing this act, the client is physically drained and emotionally self-condemning.

"I always do that. I always say to him, 'I bet you are thinking ...', and it's because I know the horrible part of myself that judges me would be thinking that. So if I am looking at him and thinking he is thinking that I am sounding precocious, it is because there is a part of me that is very critical, almost a masculine side that judges one. That is the part that mocks me. There is always an element of mockery in disclosure, because there is a part of you that is actually almost out of the whole thing. It is watching yourself trying to balance sitting in psychotherapy disclosing. You know you are kind of up there and you are thinking, this is so bourgeois! But it is terrible because it almost spoils the whole authenticity of your experience, because you are not one hundred percent in it. There is always a part of you that thinks you are discrediting yourself, because you are watching yourself and looking at yourself through the therapist's eyes, and it kind of ruins it."

"After I said that (made the disclosure) I remember sitting back and just feeling totally tired and almost weak, like feeling being drained."

This unsatisfactory resolution of the disclosure performance leaves the client feeling angry and resentful. The issue, together with its accompanying distress, remains unaltered in the client's understanding. The client requires an experience that alleviates the intense distress undergone during the issues's disclosure, but this is not forthcoming from the therapist.

2. Aspects of therapy experienced as related to client self-disclosure

Shared Theme: The importance of the therapist's presence

The client requires a therapeutic intervention that is sympathetic towards the issue. There is a need for the therapist to understand and re-formulate the meaning of the issue, so that it may be re-presented to the client from a clearer, more balanced perspective. There is a wish for the therapist to clarify and validate the significance of the issue in the context of the client's existence.

"My therapist has to know everything about me to kind of hold it and say 'okay, that is X', and give a bit of solidity to it. It makes it more concrete, because otherwise it is just kind of swimming around in you."

During disclosure the client is aware of the therapist being attentive. However, the latter's subsequent verbal response is experienced as distanced and unemotional. The quality of the therapist's response robs the issue of the personal significance that it has for the client. There is no apology or sympathetic response to the client's distress. Instead the therapist plays down the issue's importance, so mediating an experience of deflation to the client, who is left stranded with his/her distress.

"I had a sense of him listening but I did not feel he could really identify."

"You see he did not actually say very much, that is the thing, he mainly listened and then he spoke more in intellectual terms; speaking of 'the body' and 'the this'. I wanted much more of a personal response, like taking my side. I did feel he understood, but I almost got the feeling he thought like: big wank, it is not like the worst thing that could happen to you."

"I was expecting him to be shocked or sympathetic and say: 'Yes, I am really sorry', and he did not, and I felt angry at that. It was not a different response from any other response, and I almost felt cheated."

The client's experience of the therapist's emotional distance, together with his/her perception that the latter's misunderstanding of the issue is attributable to a different gender experience, deepens the former's sense of dissatisfaction and distress. Subsequently, an attempt is made to communicate this unhappiness about the disclosure outcome to the therapist. The matter is raised in therapy, but once more the client experiences having to justify the importance of the issue to the therapist. The therapist responds by expressing his/her understanding of the situation, but fails to acknowledge and rectify the lack of interest that the client experienced in the initial disclosure of the issue. The situation is not adequately discussed to the client's satisfaction. The therapist's interventions do not meet the client's expectations, and so consequently the latter experiences being let down by the former. The entire experience becomes an anti-climax for the client.

"I think it was also an issue of him as a person, in that I had not been getting on with him, and had experienced him as being very distant. Also the issue of gender, that it had very much to do with the fact that he was a male, and in that situation he was almost like the other. I felt like I was telling the enemy and I hated myself for doing that, for having to confess to a member of that sex."

"The next week I said: 'I had a feeling like you did not think it was a big deal, but I don't think that is fair, because you have got to see if from my perspective.'... I was trying to justify myself and I thought; this is ridiculous, you should not have to justify your fear or your pain. He said he understood but he did not apologize and I think I wanted him to say: 'I am sorry if I was not there for you totally.' But it was not actually discussed that much ... there wasn't anything, it was just reporting an incident, it was very anti-climatical in a way."

Being let down in the context of a distress-disclosure facilitates an experience of deprivation. This is a sense of being left to deal with his/her distress, while the issue remains misunderstood and unacknowledged by the therapist. In the context of no assistance or understanding forthcoming in therapy, the client's experience of distress intensifies as he/she

comes to feel trapped in a pejorative understanding of the issue.

"I don't know if immediate relief comes. I think there is an element, I don't want to make out there is nothing, but for me I did not feel like this 'phew' feeling at all. Like wow, now I can go out and live (laughs). There is still a part of you that in saying something you almost feel more trapped, because it becomes real. You feel like you are right smack in the middle of it, whereas before you have articulated it, it does not really exist. It becomes like an established fact. This happened."

The therapist's interventions deepen the client's existing distress and confusion about the significance of the issue in his/her life. At the conclusion of the entire disclosure process in the therapeutic dialogue, the client is once again alone with the issue without adequate assistance. Not only does this intensify the client's experience of distress, but it also heightens the ambiguous feelings he/she experiences towards the aloof therapist.

Shared theme: The retardation of the issue within the therapeutic dialogue

Distress-disclosure does not ensure that an issue is appropriately acknowledged in the therapeutic dialogue. The therapist, by misunderstanding the issue, prevents it from taking its legitimate place in this dialogue. The therapist's initial disinterest retards the issue from progressing to a position of central importance in therapy. While the client's attempt to communicate his/her dissatisfaction with this state of affairs is apparently understood by the therapist, it remains ineffective in eliciting the acknowledgement that the client wishes for.

"I did feel he understood, but I almost got the feeling he thought like: 'big wank, it is not like the worst thing that could happen to you'."

"I don't say he handled it terribly but it was almost like being deflated, like you prick a balloon sort of thing."

"The next week I said: 'I had a feeling like you did not think it was a big deal, but I don't think that is fair, because you have got to see it from my perspective'."

"He said he understood but he did not apologize, and I think I wanted him to say: 'I am sorry if I was not there totally'. But it was not actually discussed that much... There was not anything, it was just reporting an incident, it was very anti-climatical I think."

There is no resolution or progression in relation to the issue. The particular sympathetic response that the client needs to compensate for his/her distress does not materialize in the therapeutic dialogue. Consequently the client feels humiliated and unimportant. The lack of validation in therapy prevents the issue from entering into the evolving therapeutic process.

"If I self-disclose something, I have got a premeditated wish of how I want that person to respond. For instance: 'I am really sorry and if I could have been there I would have done something'. I think I wanted a particular response, a kind of almost maternal response. Instead I got somebody who was just a good listener, and that was not enough. I actually wanted to get away from psychotherapy, and wanted sympathy, and I did not get that. That is why I felt like I have been judged again, that he is just sitting there thinking: oh, honestly woman."

The exclusion of the issue from the parameters of the therapeutic dialogue retards the client's ability to reach a clear, constructive understanding of it. No personal progress in relation to the issue can be achieved in therapy as long as its importance goes unacknowledged. The client remains in distress and confusion, while any future personal development in this area remains uncertain.

Protocol Four

(A) Client experiences of the event of inhibition in psychotherapy

1. Aspects of self-experience related to client inhibition

Shared Theme: Avoiding Disclosure

Inhibition is experienced as avoiding disclosure when the client pushes a sensitive issue aside in the moment that he/she becomes aware of it in therapy. When the issue initially appears

in the midst of the therapeutic process, the client acknowledges a need to disclose it, but is more anxious about the therapist's response to such a revelation. For the moment this anxiety is more intense than the desire to disclose the issue, so the client pushes it away from his/her awareness. The client anticipates that disclosure at this moment may be too stressful an experience for his/her fragile sense of identity.

"I could feel at points with X (the therapist) that she was touching on that, but I was so uncomfortable with it in myself that it just wasn't possible for me to talk about."

"... it was also that I felt that it would be too much for me to deal with at that time. I didn't feel ready to deal with that. Although it was in the back of my mind, most of the time I could push it aside."

The issue is pushed aside when the client grows silent in therapy, in response to becoming aware of the issue. In the context of subsequent enquiries from the therapist concerning what is happening to the client, the latter experiences a temporary deadening of all sensation and emotion. He/she does not know what is happening in experience, instead there is an all-pervasive numbing of awareness.

"I actually felt my mind go blank and I would not know what was going on. I actually in those times felt numb, like nothing."

However, the client is aware that this lack of feeling and knowing is indicative of a manipulation of his/her own experience in response to the issue's proximity.

"... I would actually make my mind go blank."

There is a sense of the client manouvering away from being aware of the issue. This takes the form of making his/her awareness a blank, where all that is registered is a lack of feeling.

This withdrawal into a state of refusing to acknowledge his/her experience is maintained until another issue is found to focus on in therapy. This withdrawal allows the client to refrain from acknowledging the presence of the issue in the therapeutic context, so enabling him/her to avoid having to disclose it and risk the therapist's unpredictable response.

Shared Theme: Being in a state of conflict in relation to self-disclosure

Inhibition also takes the form of a state of conflict that the client experiences in relation to the issue. When the client becomes conscious of the issue, he/she experiences struggling to choose between two different personal value systems. The issue is experienced as invalidating a conventional value system that the client has always adhered to. The issue represents a morality that is in direct conflict with this conventional value system. The client wishes to adopt aspects of the new morality, but this directly threatens his/her old system of personal values. In the event that the issue is raised in therapy, there is such a conflict between these value systems, that a disclosure is effectively prevented from occurring.

"It was basically working with that issue, the issue being about discovering a gay identity. That was really threatening for me in that I'd been brought up with values that were completely contradictory to the whole issue. It was a really difficult thing for me, and I was aware that this conflict was going on in my mind."

"I had a 3 year relationship with my girlfriend, and being very religious, all I'd wanted was to get married and have a family. At the same time I knew that there was part of me that actually wanted to sleep with men, and I couldn't address that issue at all. Any time I came close to it I backed away."

When the client initially becomes aware of the issue while in therapy, he/she gets increasingly uneasy as the therapist draws closer to it. A conflict develops between that aspect of the client which needs to disclose the issue, and his/her awareness of anxiously anticipating the

therapist's response to this, ie. how the issue will be evaluated in therapy.

"I was aware that in some ways we did touch upon it, but in a very precursory kind of going over it. Every time I felt this pressure, in that I wanted to say something but I kept thinking, 'what the hell is she going to think of me?' I actually felt that I wasn't ready to deal with that."

This state of conflict is experienced by the client as being internally torn apart by indecision. The need to express this issue in the open is counterbalanced by the client's anticipatory fear of the therapist's unpredictable response. The client vacillates between these two perspectives without being able to make a decision. Inhibition is maintained as long as this conflict continues.

"... If I think back to X, there was incredible anxiety about that (being rejected by the therapist), I mean every time X touched on it there was this tearing in me: 'should I tell X or shouldn't I tell X, I really want to tell X, but...'."

The conflict which characterizes the client's attempts to stay with the issue, encourages him/her to withdraw from the whole problematic situation. However, as the issue persists in intruding into the client's existence, this continuous reminder of its presence becomes increasingly frustrating. It is only his/her sense of personal unreadiness and anxiety in anticipating the therapist's unknown response, that undermines the client's incipient desire to disclose the issue.

"... I really wasn't ready then, even for myself. I suppose therapy could have survived that, but I couldn't have. I needed more time to work with what had happened in therapy and the issues that had come up in therapy, and integrate those..."

As long as the state of conflict continues, the client is aware of the possibility that a therapeutic disclosure of the issue could be inappropriate in his/her present life context. The client still fears that the issue could undermine his/her present value system, without being able to replace it with a new, constructive set of values. Given this scenario, a disclosure in therapy at this moment could be more harmful than beneficial. The issue's inhibition in this context, therefore continues.

2. Aspects of therapy experienced as related to client inhibition

Shared Theme: Anticipating therapist interventions

In debating over whether to bring the issue into the open, the client imagines a hypothetical disclosure to the therapist. This occurs when the client initially becomes aware of the issue in the course of a therapy session. In this situation, self-disclosure is evaluated in terms of how the therapist will respond to the issue. The client becomes anxious when he/she imagines being with the therapist while waiting for the latter to respond to the issue. The unknown possibilities of the therapist's response are too anxiety-provoking for the client, who backs off from disclosing the issue for the moment.

"I wanted to say something but I kept thinking, 'what the hell is she going to think of me?' I actually felt that I was not ready to deal with that."

What the client most fears is a scenario where the therapist rejects the issue, ie. this newly exposed dimension of the client's life. The anticipatory fear of this rejection is clearly articulated by the client him/herself.

"... will I be accepted, how am I going to be accepted by anybody? Everybody's going to reject me."

The client's hypothetical disclosure effectively maintains the issue's inhibition in therapy, because the anxiety he/she experiences in imagining a therapeutic rejection is too intense to allow him/her to risk a real-life disclosure. The intensity of being with the therapist in the context of a hypothetical disclosure, facilitates the continued withholding of the issue in the light of a possible therapeutic rejection.

Shared Theme: Experiencing real-life therapist interventions

Continued inhibition is also facilitated on those occasions when the therapist prematurely raises the issue. When this occurs, the client becomes anxious, because while he/she needs to express this dimension of self-experience, there is a sense of being too insecure to allow this to happen in the present context. The therapeutic intervention therefore re-awakens the client's state of conflict which up to now has been dormant in therapy.

"... If I think back to X, there was incredible anxiety about that, I mean every time X touched on it there was this tearing in me: 'should I tell X or shouldn't I tell X, I really want to tell X, but...'. I would not say anything, I would actually just sit there and stare."

When the client fails to respond to the initial intervention, because of his/her indecision, a further enquiry by the therapist is experienced as an intrusion. Consequently, the client withdraws into a state where he/she is no longer aware of the issue, or the distress that its presence brings to his/her self-experience. The experience of being numb to all emotion continues until the therapeutic focus shifts onto other issues or topics. The therapist's interventions in relation to the issue are therefore successfully resisted by the client.

"... X would say: 'I wonder what's going on, or what's happening', and I would say, 'I don't know, nothing', and I would actually make my mind go blank. I actually felt my mind go blank and I wouldn't know what was going on. I actually in those times felt numb, like nothing. My whole mind was just blank, and I felt no feelings or anything, I just sat there until the subject got changed."

As long as the client continues to be in a state of conflict in relation to self-disclosing the issue, all therapeutic interventions touching on, or relating to it, prompt him/her to withdraw from the possibility of its revelation. The client resists these interventions by becoming so deeply withdrawn that he/she is no longer open to the issue's presence in the moment that the therapist creates an opportunity for its disclosure in therapy.

(B) Client experiences of the event of self-disclosure in psychotherapy

1. Aspects of self-experience related to client self-disclosure

Shared Theme: Being pressured towards a self-disclosure

The pressure to disclose the issue is initiated when the client first becomes aware of its presence in therapy. The client is aware of wanting to disclose, but simultaneously fears the therapist's response, should disclosure take place. While the client temporarily withdraws from disclosing, the wish to do it persists, growing stronger when the issue reappears in his/her life. These constant re-appearances remind the client that the issue still exists, engendering an experience of increasing frustration as he/she becomes constantly distracted by its presence.

"I didn't want to look at that, I didn't want any relationships in my life, and it kind of grew into a frustration where it bugged me the whole time."

The client resists the pressure to disclose to the therapist, and it is only when he/she is in a period between therapist's that the issue becomes a more insistent problem. Connections between points raised by the first therapist and the present issue become clearer to the client. As this clarity begins to emerge, so the issue becomes that much more difficult to ignore. The client is increasingly unable to push the issue aside when it enters consciousness. This insistent pressure creates an experience of psychological disorganization and confusion which is difficult for the client to tolerate.

"A lot of the issues that X brought up in therapy made me think about it. Although I would deflect it (the issue) during the therapy sessions and during the time that I was with X in therapy, I couldn't afterwards and that threw me into quite a turmoil."

In the face of this experience of disorganization, the client attempts a desperate withdrawal from the issue by embracing his/her conventional value system more vigorously. However, this withdrawal is shortlived when the client begins to question this value system and his/her own identification with it. The client realizes that he/she can no longer identify with these values, but instead must embrace the values that are part of the presently withheld issue. This withholding cannot continue, because the issue must become part of his/her lived relationships with other people. Being pressured to disclose allows the client to be aware of how he/she is trying to control the presence of the issue by withholding it from other people.

"I came home after that week, and I thought: 'who the hell am I fooling? I mean what the hell's going on, what am I doing to myself and what am I doing to others?' Part of me wanted S (the girlfriend) to be a man you know, I wanted to have sex with men. I thought: 'I can't hold myself in like this anymore...'"

In the process of being pressured towards a disclosure, the client begins to question him/herself more deeply in relation to the issue when the latter persists in re-appearing in his/her life. When the client realizes that he/she cannot continue to exist with this issue being excluded from his/her relations with other people, all confusion and conflict is resolved. What becomes most important is for the issue to be expressed to other people, including the therapist.

Shared Theme: Feeling Relief in the disclosure process.

When being pressured eventually culminates in self-disclosure, this is immediately experienced as a physical relief. The crying which accompanies disclosure is a tangible expression of this release. The client also experiences satisfaction in possessing the resources to go through with the disclosure. However his/her anticipation of being rejected is still present as he/she articulates the issue for the first time.

"It was a feeling of relief that I had eventually told someone. There was also: 'will I be accepted, how am I going to be accepted by anybody, everybody's going to reject me.'"

This fear of rejection only gradually subsides as the issue is accepted by significant others in the client's life. As these disclosures are accepted, so the client's fear of the issue's rejection diminishes, allowing a new-found sense of security in living with the issue to take its place.

"I mean the biggest issue in my life was telling my parents. It was such a relief once I told them and they had actually kind of accepted it. That's given me a security in a way, because if they can accept it, well if somebody else does not accept it, well then fuck them."

The acceptance of the issue by significant others allows the client to be confident when he/she brings the issue to the second therapist. When the client now imagines the issue being rejected by the therapist, this fails to encourage a negative personal evaluation of it. Instead the client calmly discloses the issue when an appropriate opportunity is presented in therapy.

When the therapist acknowledges the issue in the course of disclosure, the client experiences a complete relief from the fear of a potential rejection. This therapeutic disclosure is experienced as resolving the client's fear of the issue being rejected once and for all. Self-disclosure in therapy is experienced as relief in another sense as well, in that it constitutes both a final relinquishment of an old identity, and an affirmation of the new. The latter is the experiential foundation for future issues that the client will bring to psychotherapy.

"I told Z (the second therapist) in the very first session. Z just talked about it like anything else that was going on that Z asked me about... I mean most of the issues that I go to Z with are about relationships that I am having, or that I'm struggling with, and they're gay issues."

The acceptance of the issue by the therapist, and the client's consequent relief from distress allows him/her to relinquish his/her conventional evaluation of the issue. In so doing, the client is able to confidently lay the foundation in therapy for future personal development. Relief is thus both a release from an earlier mode of experience, and the consolidation of a new identity as the issue becomes integrated into the client's existence with significant others.

2. Aspects of therapy experienced as related to client self-disclosure

Shared Theme: The importance of the therapist's presence

When the client discloses the issue in therapy, the presence of the therapist is primarily experienced as acknowledging the disclosure's legitimacy. The issue is acknowledged as one

dimension, along with a number of others, that is of central concern to the therapeutic dialogue and future personal development. The client experiences the therapist as accepting the issue to be an integral part of his/her existence.

"I told Z in the very first session. Z was going through my history, and I thought if Z wants to know about my history and what has been going on with me, then Z has to know this as well. Z just talked about it like anything else that was going on that Z asked me about... I mean most of the issues that I go to Z with are about relationships that I'm having, or that I am struggling with, and they are gay issues."

The therapist affirms the significance that the issue has for the client, so allowing the latter to perceive it as being central to future progress and development in the therapeutic dialogue.

Shared Theme: The expansion of the issue within the therapeutic dialogue

Disclosing the issue in therapy allows it to become an integral part of the therapeutic dialogue. When the therapist acknowledges the disclosure, it is effectively welcomed into therapy as one amongst a number of other issues that are of central concern for the future evolution of the therapeutic process. The issue is therefore allowed to expand into the therapeutic space.

"I told Z in the very first session. Z was going through my history and I thought if Z wants to know about my history and what has been going on with me, then Z has to know this as well. Z just talked about it like anything else that was going on, that Z asked me about."

This disclosure establishes the context wherein future distress-disclosures may be safely articulated in the therapeutic dialogue. It is from within the context of the present issue that future psychological problems will arise.

"... I mean most of the issues that I go to Z with are about relationships that I'm having, or that I'm struggling with, and they are gay issues."

Self-disclosure is therefore not only experienced as an immediate expansion of the issue into the therapeutic dialogue, but also as opening the client toward the possibility of future distress-disclosures in therapy. Expansion does not only consist of the issue's successful entrance into the therapeutic dialogue, but also in the creation of a new openness in the client towards a future personal growth potential in therapy.

Protocol Five

(A) Client experiences of the event of inhibition in psychotherapy

1. Aspects of self-experience related to client inhibition

Shared Theme: Avoiding Disclosure

When the client finds particular details of an experience both personally upsetting and unacceptable to his/her present understanding, he/she attempts to avoid confronting this issue. The client categorizes these details according to a specific set of evaluative criteria. From the perspective of these criteria, the client's experience of the issue falls short of his/her own standard of psychological conduct, as well as what he/she perceives to be indicative of healthy progress in therapy. Consequently the client withholds the issue when he/she is in therapy.

"From a psychological understanding, acting-out is not really such a good indicator of where therapy's at as well. If people start acting-out, if they start checking people's houses out and listening outside the windows, it's not a good sign... this had happened once, that I'd gone past her house in the middle of the night, and it had really freaked me out. I sort of lurked round her house a bit. I also realized that it is not the kind of thing you do, if it happens in therapy, then there is a bit of shit going down, the therapist's fucking-up a bit. So I was very reluctant to tell her this."

"You see it was more the details than the level of feelings. I don't mind her having access to that level of my feeling, but I had not come to terms with the details of it, I think. How it manifested and things like that."

Avoiding disclosure is not only a withdrawal from the issue. In order to protect his/her present self-evaluation, it is also an attempt on the client's part to preserve the present, positive experience of making progress in therapy. In the light of the negative self-evaluation that characterizes the client's experience of the issue, the wish to protect therapy and therapeutic progress from the distressing details, becomes a powerful motivation for withholding it in this context.

Shared Theme: Being in a state of conflict in relation to self-disclosure

The issue is initially understood by the client as a failure to live up to a personal standard of psychological conduct. The client is therefore concerned with how a disclosure would be received by the therapist. He/she anticipates that the issue could jeopardize the positive relations that presently characterize the therapeutic dialogue.

"My understanding from psychological literature is that it is basically a failure to symbolize. To sit with the feeling and to symbolize loss. I felt it was like more than normal acting-out behaviour. I think a lot of people do (act-out), and they go out and want to see the person, and go to the pub where they might see the person. But not a lot of people go and park outside their window in the middle of the night or something."

"... just my theoretical understanding that if someone does start acting-out, the therapist should be a bit concerned about it. So I thought if I tell her, 'oh my God, I parked outside this woman's window', she's going to think: 'hey!' you know, get all hyped about it. So I was a bit concerned about that. Maybe it would just put a dent on our relationship."

However, in contrast to these negative forms of reflection, the client recognizes that the issue is relevant to the progress made up to now in therapy, given that this has revolved around a

theme to which the present issue is related. However, therapeutic progress paradoxically conflicts with the need to disclose the present issue, because the latter action could damage or destroy this progress.

The therapist is anticipated as responding negatively to the issue. The client's negative self-evaluation, which is a consequence of experiencing the issue, is re-expressed in his/her imagination of the therapist's response to the issue being revealed. The therapist is imagined as limiting and restricting the client's present experience of freedom in psychotherapy.

"It's going to change the nature of therapy, or it could. She'll sort of give me less freedom in a way, to explore myself."

"Like she'll think: 'Okay he's acting-out, so I'm giving him too much free rein. I've got to pull in the ropes a bit, slow things down.' Which is just what I didn't want."

It is the anticipation of being restricted and confined in therapy that conflicts with, and consequently inhibits the client's wish to make a therapeutic disclosure. In the context of this anticipation, the issue continues to be withheld in therapy.

2. Aspects of therapy experienced as related to client inhibition

Shared Theme: Anticipating therapist interventions

When the client reflects on the possibility of making a disclosure in therapy, he/she imagines a hypothetical scenario where this occurs. In being with the therapist in the moment of a hypothetical disclosure, the client experiences a therapeutic response that mirrors his/her own negative evaluation of the issue. The therapist is accordingly imagined as attempting to restructure the parameters of the therapeutic relationship in order to curtail the excessive

freedom presently permitted the client. From the client's perspective it is imagined that the therapist will think it is this freedom which has allowed the former to act in an irresponsible manner, ie. to perform the act which constitutes the issue.

"... just my theoretical understanding that if someone does start acting-out, the therapist should be a bit concerned about it. So I thought if I tell her; 'Oh my God, I parked outside this woman's window', she's going to think: 'hey!' you know, get all hyped about it. So I was a bit concerned about that."

"There won't be the same kind of openness, somehow it will be more defended or more careful. She will maybe stop taking so many chances and maybe think: 'okay he can't handle this, so I'm moving too fast, I need to slow things down a bit'."

"Like she'll think: 'Okay he's acting-out so I'm giving him too much free rein. I have to pull in the ropes a bit, slow things down.'"

Anticipating the restructuring of the therapeutic boundaries is experienced as highly undesirable by the client. The client feels unable to communicate to the therapist that he/she is already constructively confronting particular aspects of the issue. The client wants to reassure the therapist that he/she recognizes the dangers of the issue, and is beginning to deal with these on his/her own. The client feels that it is only if these concerns could be effectively communicated to the therapist, that a restructuring of therapeutic boundaries could be prevented. However, the client experiences him/herself as not having the words or the ability to express this all to the therapist. Consequently, the issue remains withheld, so allowing the client's present experience of therapeutic freedom and progress to be preserved.

"I wouldn't have been able to explain to her that it was an isolated thing, and that I had felt really cuck afterwards, and that I had started working through a bit of it myself. I didn't think I would be able to get that across to her."

Shared Theme: Experiencing Real-life therapist interventions

The client recognizes that he/she has constructed a scenario where the therapist's response is already determined in advance. In doing this, the client has closed him/herself off from real therapeutic interactions. It is more difficult to disclose, because he/she expects this negative therapeutic reaction. Consequently, the client experiences the real therapy environment as presenting no opportunity for a complete disclosure. There is an experience of there not being the space in therapy where the client can be free enough to disclose the issue. The expectation that the therapist will not be able to completely accept this particular disclosure persists.

"I had thought about it, and I thought, okay, you have thought about it. Leave it and see what happens in therapy. If there is a space to talk about it, maybe you can tell her a bit about it. When the time came the decision made itself."

"... I don't think it was so much therapeutic space as the kind of space that I needed to talk about this. I had constructed this whole image of 'what will happen if', and I had basically condemned her, this therapist, before I had spoken to her."

"Yes, and so when I say there wasn't the space in the therapy, there wasn't the kind of space I was looking for, having created this vision."

Consequently, the therapist's interventions have no influence in facilitating the revelation of the present issue, despite the client's positive evaluation of progress in therapy. The real presence of the therapist is undermined by the client's anticipation that should the issue be disclosed, it would irrevocably change the therapist's perception of him/her, so that it would be impossible to restore the freedom enjoyed in therapy prior to this event. In the context of this anticipation, inhibition of the issue in therapy continues.

(B) Client experiences of the event of self-disclosure in psychotherapy

1. Aspects of self-experience related to client self-disclosure

Shared Theme: Being pressured towards a self-disclosure

The client initially experiences the emergence of this pressure when he/she becomes angry in response to his/her experience of the issue. This anger is directed towards those aspects of the issue which the client finds particularly distressing. This personal discomfort and anger exerts pressure on the client to disclose the issue which is experienced as an obstacle to the continuation of the therapeutic process. Overcoming this obstacle therefore requires that the issue be disclosed in the therapeutic context.

"... it really pissed me off that I had done it. I didn't feel good about having done the thing myself, so it really wasn't sitting well with me."

"So this thing I saw almost as like an obstacle, so I want to see this thing through in therapy."

The pressure experienced in the context of the client's personal distress, is increased by his/her wish to maintain the current, positive progress that is being made in therapy. The issue is part of a larger theme in the client's existence that is presently the major concern of the therapeutic dialogue. Furthermore, it is this theme which is responsible for the current climate of progress in therapy. Consequently, the issue is experienced by the client as being vitally important for the full exploration of this theme, and hence for the continuation of therapeutic progress. This realization creates a strong sense of pressure to disclose the issue to the therapist.

"It was a process in therapy that I was dealing with at that moment, of going through this whole thing (loneliness). It was something that I wanted to see through in therapy."

"Okay, I was feeling like I must get this feeling across to her, because it's a very important part of the work we are doing in terms of being alone and what I'm doing with those feelings."

The personal distress experienced by the client as he/she lives with the issue, together with the wish to maintain therapeutic progress, creates a sense of being pressured which partially overrides his/her anticipatory fears of the therapist's response. Being pressured eventually prompts the client to disclose the essential features of the issue, while its specific details are excluded.

"It was basically that we were in the middle of a long scene that had gone over a few weeks. If it had been an isolated thing I might have chosen to speak of something else, but it was almost something that I wanted to get across to her."

"Okay, I was feeling like I must get this feeling across to her, because it is a very important part of the work we're doing in terms of being alone and what I'm doing with those feelings. So it is very important that she knows, but I must tell her in a way that does not set me up. So I must just get the feeling across without all the details basically. So what I did was just to water the story down a bit and try to focus on the feelings. Not feeling cool thinking so much about her, and wondering where she is, wondering who she is with."

Wishing to maintain therapeutic progress exerts the strongest pressure on the client to eventually disclose the issue. By omitting certain details pertaining to the issue, the client is able to sidestep the possibility of his/her therapeutic freedom becoming restricted by the therapist, while still sharing the issue's basic features. A compromise is achieved, whereby the client is able to elaborate on the theme that is the present concern of the therapeutic dialogue, while preserving his/her freedom in this context by omitting the details which could invite a negative therapeutic response.

In this way the client is able to adequately maintain his/her experience of positive therapeutic progress. The client arrives at an equilibrium where the sense of personal discomfort experienced in the presence of the issue is successfully alleviated, while the therapeutic relationship is preserved as a positive experience.

Shared Theme: Feeling relief in the disclosure process

When the disclosure finally materializes in therapy, it occurs in amongst the discussion of several other issues in the course of a session. Once this happens, the client experiences being finally able to relax, now that at least the basic features of the issue have been communicated to the therapist. The client experiences the actual activity of communicating the issue to the therapist as being the most important component of the entire disclosure process.

The client feels that in a sense the whole issue has been disclosed, despite the exclusion of some of the details. This encompassing experience of relaxation and relief from the previous experience of pressure, derives from the immediacy of the client's act of communication, whereby he/she is able to preserve the continuity of therapeutic progress by virtue of the issue's relatedness to the theme with which therapy is presently concerned.

"I dropped it in the middle of a sentence (laughs). I sort of worked it in. I cannot remember the exact thing, but I think I told her in amongst a few other hectic things... then it was almost like cathartic, because like hey, I had told her now, and could relax. Speaking it was the major thing you see..."

"So I basically let her in to a bit of it, but I couldn't tell her the whole thing still. But even just telling her that was quite a relief, almost as if I had told her everything in a sense."

That this incomplete disclosure does indeed afford the client an experience of relief, is borne out by him/her continuing to positively evaluate this event long after it has taken place. The client does not experience regret when reflecting on his/her omission of some of the issue's details. Nor is there any wish to change or amend his/her disclosure in any way. The exclusion of details is not experienced as a deception, but as the level of communication which is appropriate to the stage of intimacy that the client experiences in the therapeutic dialogue.

"When I think back on it, it was not that bad to me, I don't feel so bad about it. In fact I cannot think of anything else to tell even if I could change it. I mean if I think back on the situation I don't think: I wish I had said that. I actually think what I said was okay, even for where I'm at right now, it is good."

"I did not feel like I had lied to her. It felt like I had just told her the kind of level that I would be able to handle or she would be able to handle."

Relief is experienced in the fulfilment of the communicative function of disclosure, rather than in relation to the therapist's response to this event. The disclosure of the client's feelings that are a part of his/her experience of the issue, fulfils a sense of obligation which arises out of the issue's relevance to a life theme which is presently the central concern of the therapeutic dialogue. In this sense, the client is able to maintain therapeutic progress in relation to this theme. It is in the context of this scenario that client self-disclosure engenders a sense of relief and accomplishment.

2. Aspects of therapy experienced as related to client self-disclosure

Shared Theme: The importance of the therapist's presence

Initially, the client is reluctant to disclose, because for him/her, certain details of the issue imply that all is not well with the therapeutic relationship. However, this perception is

counterbalanced by a history of therapeutic interventions that were made in response to previous issues that are similar to the present one. These earlier, constructive interventions from the therapist centre around a life theme of the client's, which is also directly present in the current issue. This relevance of the issue to the theme around which a positive relationship with the therapist has been built up, prompts the client to reconsider its disclosure in therapy.

"So I was very reluctant to tell her about this. On the other hand we had spoken so much about me going out and not going out, and it was quite a seminal thing for me, and it was on my mind a lot."

"It was a process in therapy that I was dealing with at that moment, of going through this whole thing (loneliness). It was something I wanted to see through in therapy."

"Okay, I was feeling like I must get this feeling across to her, because it's a very important part of the work we're doing in terms of being alone and what I'm doing with those feelings. So it is very important that she knows..."

The therapist's presence establishes a context of positive co-operation in therapy, via the interventions that were made in response to the client's previous disclosures of thematically related issues. A context of co-operation has been established between therapist and client, in response to the latter's thematically-related disclosures. This co-operation is made manifest in the therapeutic dialogue. It is the therapist's creation of this sympathetic space in therapy, which prompts the client to disclose the present issue, despite his/her anticipatory fears of a possible negative therapeutic reaction.

"It was basically that we were in the middle of a long scene that had gone over a few weeks. If it had been an isolated thing I might have chosen to speak of something else, but it was almost something that I wanted to get across to her."

Without the therapist's creation of a positive, co-operative context where he/she is experienced as a sympathetic presence, the client's anticipatory fears of the former's reaction would have been too inhibiting to allow for any form of the issue's expression. The context of a co-operative dialogue that is created by the therapist's presence, encourages the client to risk disclosing an issue that is similar to previous ones that have met with sympathetic understanding. The client experiences both wanting to preserve, and to further elaborate this therapeutic context of mutual co-operation.

Shared Theme: The expansion of the issue within the therapeutic dialogue

In the act of self-disclosure, the feelings that the client communicates, are linked to a wider life theme which is currently the focus of the therapeutic dialogue. The communication of the most basic features of the issue are acknowledged by the therapist as an elaboration of this theme. In this sense the disclosure becomes a legitimate part of what is presently a central concern for therapy.

"She (the therapist) kind of mentioned it (the newly disclosed issue) and referred to it a bit. Then it was almost like cathartic, because like hey, I'd told her now, and could relax."

"When I think back on it, it wasn't that bad to me, I don't feel so bad about it. In fact I can't think of anything else to tell even if I could change it. I mean if I think back on the situation I don't think: I wish I had said that. I actually think what I said was okay, even for where I'm at right now it's good."

The client's subsequent experience of being relaxed after making the disclosure, testifies to him/her experiencing the issue as being adequately acknowledged by the therapist. This basic acknowledgement allows the issue to expand into the therapeutic dialogue, so engendering an experience of making satisfactory progress. Once the issue has been included as part of the

therapeutic dialogue, the client continues to understand him/herself in a positive light. This is experienced as a sense of accomplishment in being able to successfully communicate the issue to the therapist in the context of its relatedness to the broader life theme with which therapy is presently concerned. This expansion of the issue into therapy allows the client to continue to view this situation as a context where future personal development and positive progress are possible.

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