

Me, undefended

Cordelia Galgut describes how she came to see self-disclosure as essential to her way of being as a therapist

Decades ago, when I first sought therapy, I had no expectation that my therapist would or should self-disclose. Nothing in the psychology courses I had studied would have led me to expect or think that other than a blank-screen approach was to be expected either. However, what I remember most about a couple of those experiences was how emotionally disempowering and upsetting I found them, and how judged the blank-screen approach made me feel.

Thankfully, I have gone on to experience more authentic relationships with therapists since, even those with more blank-screen approaches than my own is these days. For me, authenticity is key if we are to build successful relationships with our clients; we need to be willing to share our real selves with them as and when we feel it might be of use to them, flaws and all. Facades won't do. Clients see through them, anyway, as I am sure many of you don't need me to tell you!

However, when I started my humanistic counselling training over 30 years ago the message was clear - any kind of unsolicited or even solicited self-disclosure, whether or not my client expressly asked for it, would detract from their agenda. This didn't feel entirely right, but I didn't have the tools, insights or clinical experience to question this belief at that time.

In many ways, it was probably quite useful to have had that training. While I argue in this article that therapist self-disclosure is essential in order to provide the most helpful, least power-wieldy service possible to clients, as we know not every client will welcome it, and there is significant skill involved in using this 'tool' effectively. However, I think it should be possible for even relatively inexperienced counsellors to learn how to offer a degree of self-disclosure safely and within limits, with the help of supervision.

Rebalancing power

I can't remember exactly when I started to shift my thinking about the appropriateness of therapist self-disclosure. I think it probably started to dawn on me slowly after working for a few years as a qualified counsellor, and continuing to have counselling myself, back in the late 90s, as I reflected on how important it clearly was to my lesbian and gay clients that I was willing to divulge my own sexual orientation. Additionally, I had been aware that I wanted that myself from my therapists but had met with resistance. This had irritated me but also set me off on an interesting and fruitful train of thought.

In my own practice, I made the decision, with my supervisor's support, to disclose that my partner was a woman, if I was directly asked by a client. I used to labour my response, though, because to do otherwise ran counter to my trained thinking. And what I was doing in disclosing my sexuality made me feel as though I was doing something wrong as a therapist so, for example, I remember asking things like, how would you feel if I said I was or said I wasn't?

Now my approach is very different, based on feedback from clients, and also my own doctorate research. I just answer the question straightforwardly because I believe unequivocally that my client has a right to know some key things about me, without having to justify why they want to know, even if the disclosure makes me uncomfortable. It is for me to do the work on myself if something triggers me. And to withhold this information if asked is, in my opinion, to wield a power that in its most extreme form is an abuse of power.

In the shadows

We've come a long way in the past 30 years. I started my counselling training while in the process of leaving a career as a teacher. Section 28, the law that was passed by the Government led by Margaret Thatcher in 1988 and, amazingly, only repealed in England in 2003,

which forbade the promotion of homosexuality in schools as a 'pretended family relationship', had a hugely pernicious effect on teaching. I already knew how important it was to our lesbian, gay and bisexual (LGB) pupils that we teachers were prepared to nail our colours to the mast. However, we were at real risk of being disciplined and sacked if we did, so supporting pupils who identified as LGB was largely done in the shadows, if at all.

Living through such times and starting counselling training during them obviously informed how I evolved as a counsellor. I understood the importance of being prepared to validate my clients' sexual orientations and of my own therapists being prepared to do the same. However, this was not an approach that seemed to be condoned to any degree by the counselling world back then. These issues were discussed in quiet corners, or not at all.

It wasn't until I finished my master's research on counsellors' and therapists' attitudes to their lesbian and bisexual clients in 1998 that I started to speak out and write about the subject of therapist self-disclosure, specifically in relation to sexual orientation. I do remember my tutors being supportive of me doing so, which I was grateful for, especially since my data threw up results that were very concerning and that I hadn't been expecting. The results were shocking to me because I just hadn't expected out-and-out prejudice, clearly stated among colleagues in the counselling world.

There were high levels of pathologising of these client groups, and only very small numbers of the almost 200 therapists who responded to my survey were aware of their clients' sexuality and certainly not disclosing their own sexual orientation. Problems arose when I tried to get an article I had written on these research findings published in the quarterly journal *Counselling*, the publication of BAC, as BACP was then known. Hard to believe these days, and so contrary to BACP's stance now, but my article was rejected



because, 'We don't publish this kind of thing'. Fortunately, someone else within the Association challenged the decision and the article did get published in 1999; and had such a huge response it was included in a volume of collected works, *Counselling: the BACP counselling reader volume 2*, published in 2001.

Sea change

A combination of the heartfelt responses I had had to these articles, plus the shock I was still feeling about the extent to which fellow colleagues had felt it acceptable to express such pathologising attitudes, spurred me on to start doctoral research, this time from the other side of the fence. I interviewed 24 lesbian and bisexual women about their experiences of counselling and psychotherapy, and the most interesting part of the research findings for the purposes of this article was that all 24 interviewees wanted their therapists to disclose their sexuality from the get-go. That was contentious back in 2003, and to this day I wonder how many of us would feel comfortable routinely offering that.

Unfortunately, soon after I completed this research I was diagnosed with bilateral breast cancer, which wiped out a year or so of my life, and the possibility of publishing my doctoral data, which highlighted the need for therapist self-disclosure among this client group. I did, however, eventually write

an article on it for *Therapy Today*.² The then editor put it on the cover, and it did generate a lot of positive discussion about therapists disclosing their sexuality.

Cancer's effects

My focus concerning self-disclosure as a therapist changed after my breast cancer diagnosis because I had to navigate how to cope with my treatment and a busy private practice. I had to work out with my supervisor whether to disclose - or offer to disclose - that I had cancer and had to have surgeries and further treatment. It seemed entirely inauthentic and wrong to me not to at least offer to tell my clients why I needed to postpone or move appointments, not least because withholding this information would be confusing. All my clients, bar one, wanted to know and wanted to carry on working with me, if I could work. Because my cancer, though bilateral, was early stage and required just surgeries and radiotherapy, I was in fact able to work through two separate diagnoses and radiotherapies, though with time off to recover from each surgery.

I remember one occasion in a client session when one of my breasts was itching like crazy as a result of the radiotherapy. I had had a bad reaction to the treatment and because it was on both sides, I had three months of radiotherapy every day and worked mostly in the evenings. Itching was a regular occurrence. I couldn't have managed without trying to alleviate the itch, so I remember saying something like, 'I'm so sorry but I need to scratch this'. My clients knew I was having radiotherapy and that it made me feel itchy - I couldn't have carried on working without disclosing these facts. How my client reacted the first time I needed to navigate an itch was such a seminal moment for me. They said words to the effect that I shouldn't worry, that they really didn't mind, and that they actually liked it when I showed them my own fragility and it helped them accept theirs.

That was such a revelation to me and such a learning curve. It turned out that that self-disclosure did the reverse of detracting from my client's agenda. Rather, it facilitated a greater focus on it, which in turn facilitated a deeper, more successful outcome for my client than ►

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might have been possible prior to it. And these sentiments have been echoed by so many of my clients since.

There was no stopping me after that. Having cancer and dealing with its fallout have been a huge learning curve for me around self-disclosure. If anything has catapulted me into potentially tricky and unknown territory regarding when and how to disclose, and what works and what doesn't and how far it is possible to go with it, cancer has. Initially my self-disclosures were borne of my personal need in relation to me needing to postpone sessions while undergoing surgery, but this has developed much more into a *way of being* for me as a therapist, rather than being about self-disclosing in relation to specific issues.

One current client, Ruth,* says, 'It's hard to put into words, but if Cordelia is open about herself or events in her life in our session it helps me to realise it is OK to be fallible and OK not to be perfect. In fact it's better than OK, it's real and it's authentic. It's helped me learn and accept that, to paraphrase Cordelia, I'm only human.'

Challenging terrain

My mother's death in 2011 catapulted me into still more challenging terrain. I decided to return to work two weeks after she died, despite how much her death had devastated me. And I started to risk being even more vulnerable in the room with my clients, as and when they needed me to. With some clients, such as Holly,* I risked giving more of myself because she expressed a wish for this. I knew I might be making mistakes, but I felt confident enough we could process them and help her in the process.

I was surprised that I could be so vulnerable at such a difficult time for me, and contain myself adequately. I know this approach would not be right for everyone, client or therapist, but all I can say is that it worked for Holly. She says: 'Something important for me in a therapist is the feeling that they understand where I'm coming from. Therapist self-disclosure gives me the confidence that they know what they are talking about because they have been through a similar situation themselves. It helps with the

trust element of a relationship. I feel secure in their hands because they have life experience which is relevant to my situation. It was reassuring to talk to someone who was going through the same process as me; it felt like we were on the same page. Knowing that Cordelia was having similar thoughts and feelings about her own grief made me feel less alone.'

This experience with Holly was an extra big lesson for me in how it is possible to be both vulnerable and resilient, and fragile and productive. We don't often acknowledge how that is possible in the counselling world or anywhere really. As therapists we think we need to appear strong, but that is not always helpful for the people we are working hard to support. Another client, Benji,* highlights how this dichotomy doesn't have to be problematic when he says, 'whether it is a directly comparative experience or not, I find it hugely validating or comforting to hear that the person who is such a huge help to me has gone through or is going through whatever has been disclosed, and is still able to function at such a high level.'

Presence

These days I would describe my presence in the room as me, undefended, as real and useful as I can safely be, both for my client and for me. It's taken a long while and a lot of processing over the past few decades, in supervision, in therapy and alone, to arrive at this position. In the process I have moved from thinking of self-disclosure as not really appropriate, or something that was necessary only in relation to specific issues, to completely embracing it as a way of being as a therapist.

As a profession it seems we still don't talk much about therapist self-disclosure and the need for it. I think it remains rather taboo, but I suspect that a lot of us are probably doing all kinds of versions of it behind closed doors, maybe almost fearful of admitting to it but knowing it helps our clients when appropriately used.

Having kept on working through two separate cancer diagnoses, my mother's death and, to some degree, caring for my wife of 40

years when she was diagnosed with dementia several years ago, I have had to reinvent myself as a therapist each time. Without these traumas, perhaps I wouldn't have shifted to the position I take now in relation to therapist self-disclosure. However, traumas aside, being authentic feels entirely right to me; a fairer, clearer approach than the ones I used to espouse.

It's been a long journey, navigating very difficult terrain, in search of the best version of myself as a therapist for my clients, and seeking and listening to my clients' feedback repeatedly. It's not over, processes never are, but where I am at right now is where I am happy to rest a bit and see what evolves.

I am not positioning myself as the arbiter of the right approach where self-disclosure is involved - my intention is to encourage debate in this area. If this article has sparked thoughts and feelings in you, please share them. In the words of the great (fictional) television psychiatrist Frasier Crane, who is about as flawed as a mental health professional can be, and therefore my hero, 'I'm listening'. ■

** Although permission has been given to use these clients' reflections, names and identifiable details have been changed.*

REFERENCES

1. Galgut C. A fair deal for lesbians in therapy - a point of view. *Counselling* 1999; 10: 4 (285).
2. Galgut C. Lesbians and therapists - the need for explicitness. *Therapy Today* 2005; 6 (4).



About the author

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