

Should therapists self-disclose their own mental health in the public domain?

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Abstract

Steph Jones, a pluralistic counsellor and psychotherapist, and Amy Hutson, a humanistic counsellor, debate whether it is appropriate for practitioners from the psychological professions to self-disclose personal issues within the public domain. The discussion explores whether “hiding ourselves” may do more harm than good and considers whether professional anonymity contributes to power imbalances and practitioners being perceived as experts. The debate explores themes around shame, vulnerability, politics, and ethical implications, and questions if professional anonymity unintentionally reinforces mental health stigmatisation and perpetuates the unhelpful conceptual differentiation between so-called “mentally ill” and “normal” individuals. To provide a contextual narrative to the discussion, the two therapists elect to share aspects of their own mental health journeys.

KEYWORDS

counselling, ethics, mental health, psychotherapy, public domain, self-disclosure, shame, social media, The following is an email exchange between Steph Jones, a person-centred counsellor and psychotherapist, and Amy Hutson, a humanistic counsellor. They connected professionally in March 2018 following the publication of an article Steph had written for *Therapy Today*. The article explored whether having a lived experience of mental illness could theoretically make someone a better therapist and started life as a publicly available blog post on Steph's website. Although she received a great deal of support commending her on her decision to talk openly about her own struggles with mental health, she received a comment from one peer expressing concern—“What would happen if a client read it?”. As a result of

this, Steph invited Amy to debate the question over email. This led them to explore themes relating to shame, transparency, ethics, reputation, vulnerability, and the potential political implications of professional self-disclosure. Alongside the controversial debate, Steph and Amy exchanged a number of friendly private emails sharing how they were feeling in general. Amy joked that, perhaps given the nature of the debate, they should *come clean* about how they were really doing—which Steph mistook as a serious suggestion. They agreed to share this background information in keeping with the piece, thus adding a contextual narrative. It should therefore be noted that, during their discussion, Steph was engaged in private psychodynamic psychotherapy for matters relating to complex post-traumatic stress disorder. In addition, Amy had been managing her own vicarious trauma brought about through professional client exposure.

1 | 17 DECEMBER 2018

Hi Amy,

I'm really excited about having this conversation together and finding out more about your views on the nature of therapist self-disclosure in the written form and whether or not we should "come out"! I think we initially connected after you saw my article in the BACP's professional journal (*Therapy Today*, 2018), which was very kindly given the title of *Experts by Experience* by the editor. For the record, however, it's important to note that I have never claimed to be an expert on anything, other than perhaps making a good cup of tea.

My piece originally came about after reading an interview with a therapist who had remarked that he'd never needed therapy. The feature brought about such a powerful reaction in me (well good for him, but what is he implying!) that I felt compelled to put something together describing how my own struggles with mental health and trauma not only shaped the entire trajectory of my career, but in fact gave me an edge in the counselling room—a heightened sensitivity and empathy which could not be learned in the classroom.

After its publication, I received over 100 private messages of support from practitioners in the field of psychology who positively commented on my decision to be so open, genuine, and authentic. I did, however, receive one (single) negative response, which I guess informs the whole point of our discussion: what happens if a client reads it?

I must admit the message triggered some core feelings in me of shame, embarrassment, and humiliation, leaving me asking the worrying question: Did I just commit professional suicide? I'd be really keen to hear what your views are on this topic, and see where we may agree or hold different views.

Very warm wishes,

Steph

2 | 21 DECEMBER 2018

Hi Steph,

The article you wrote about your own journey of becoming a therapist was really refreshing, inspiring, and honest. Self-disclosing in a therapy journal (which therapists read) feels entirely appropriate to me. If we can't be honest within our own profession, then what does that say about us? But the issue around self-disclosure in the written

form outside of the safe walls of our profession is something that feels a bit murkier. I have a few concerns about the fact that you cannot control who is seeing what is being disclosed, and the fact that the written form can be interpreted in lots of different ways.

In writing the “About Me” section of my website a few months ago, I was advised by my husband—a marketing consultant—that what I had written was too bland. People care much less about what you do than about why you do it (Sinok, 2011). He suggested it would be far more compelling to hear about my own experiences of therapy and how they had led to my own journey to become a therapist. My first draft was incredibly personal, which felt quite unsettling—possibly more so post counselling training, as I was much more open before. Therapy isn't meant to be about the therapist's issues, so this too felt a little like it could be “professional suicide.” Unsure about the level of self-disclosure, I showed what I'd written to other counsellors and they loved it. I then showed it to a friend who had previously had therapy, and she said she would not want to know about a counsellor's personal experience and it would, in fact, put her off booking an appointment.

I too felt embarrassed, and the final piece “about me” that ended up on my website was a far more watered-down version, with something woolly about having benefited from my own counselling. I wonder what your thoughts are around self-disclosure in the written form that sits in the public domain?

Best wishes,

Amy

3 | 17 JANUARY 2019

Hi Amy,

I absolutely relate to your experience, and often find myself also rewriting parts of my website. Clearly this topic is incredibly emotive and touches upon some deeper themes for practitioners around judgement, shame, and vulnerability. Similarly, I once had a client who expressed how they wouldn't want to know anything about a therapist's “dirty laundry” (clearly they hadn't read my article then!) with such visible disgust that it left me wondering what was happening for them. Perhaps this represented her need for safety—to not feel burdened by someone else's struggles—or maybe this reflected a desire in her to be held by a perfect unwounded “clean” parent.

The fear we both share around “professional suicide” certainly appears evident throughout the therapeutic community in my experience. I observe it playing out in group supervisions and on CPD days, with practitioners tentatively coming out from behind the mask of “I daren't admit I'm not OK in case I'm judged to be rubbish at my job”! I wonder though, isn't this just really another kind of oppression? That we can only reveal ourselves within the confines of acceptable professional journals and confidentiality-bound meetings? There appears to be some kind of unspoken dogma built into the profession (perhaps a relic from the traditions of Freud) that covertly impels us to model a blank-screen/sanitised version of ourselves. But for what real purpose, and is it still relevant within our modern culture?

I feel that campaigning for mental health destigmatisation whilst secretly hiding our murky bits does more harm than good, and surely serves to reinforce and perpetuate the myth of “them and us” (that is, the mentally well and the so-called unwell). I think that by modelling and communicating our courage, vulnerability, and authenticity, we have an incredible opportunity to challenge the status quo and bring psychotherapy into the modern age.

I'd really love to hear your thoughts and hope you are well.

Steph

4 | 23 JANUARY 2019

Hi Steph,

Thank you for your email and I feel it's really given me something to think about. I guess there is a focus in training around somehow not burdening the client or making therapy in some way about you, so that the client has space.

So, I hadn't really thought about the wider implications around this. I think you make a valid point by wondering if we're modelling an almost perfect version of ourselves by holding ourselves back—and, if so, what does this say to our clients?

My training was humanistic, so the emphasis was very much around being authentic and congruent (Rogers, 1961)—certainly not a blank screen—and in the therapy room, this is what I aim for. Where appropriate, I feel happy self-disclosing to clients. But perhaps outside of the therapy room is where it has become a little unclear for me. I absolutely believe our profession can—and is in the perfect position to—help destigmatise mental health, but I do agree that if we are almost hiding, this is not so helpful.

Social media is an interesting case in point. On Twitter I follow lots of mental health advocates and bloggers who talk very freely about their own mental health issues which, when you look at the comments, seems to provide great comfort for their followers. I have also spotted one who regularly provides live chats about certain topics, such as depression, and people ask his advice. While I have some reservations about what advice is being given by someone who appears not to have had any training, I think this kind of peer support and discussion on social media is helping to destigmatise mental health. However, I also notice that most of the people that I follow within our profession on social media rarely self-disclose—myself included.

Instead there tend to be a lot of articles around the topic of mental health or helpful advice shared. And I wonder if this in fact upholds the power dynamic of the therapist being the expert, which is something in the therapy room I aim to avoid as much as possible as it can be disempowering. I would be interested to hear your thoughts around self-disclosure via social media.

Hope you are well.

Amy

5 | 27 JANUARY 2019

Hi Amy,

I really respect your openness in explaining how putting yourself out there feels a little unclear for you, and it certainly makes me feel less alone in my own experience.

I suppose the concept of Carl Jung's, (1951) "wounded healer" is nothing new, and that we are simply reformulating those ideas in the present day. I hugely admire the work of existential psychiatrist Irvin D. Yalom for his honest self-reflections on being a therapist (e.g. Yalom, 2002) and enjoy the research carried out by Brené Brown on the themes of vulnerability and shame. I note that one of her Ted Talks (Brown, 2010) has now been watched almost 38 million times, so it appears that we're all very curious about being open and authentic, just not very good at doing it!

I certainly agree with your observation that social media are really helping to drive the destigmatisation of mental health issues, and feel we share concerns around the appropriateness of advice offered on those kinds of very powerful digital forums.

I feel very conflicted about social media being used as a sort of wellbeing tool. Although I can see how it facilitates a platform for individuals to freely express themselves and seek comfort in others, my worry is that we are in danger of creating a culture that oversimplifies and falsely promotes self-care and positive thinking as methods for overcoming mental health diagnoses.

My fear is that it isn't a safe space for people who feel vulnerable, and that its lack of clear boundaries runs the risk of potentially retraumatising individuals. Sadly, all too often I witness examples of individuals opening up in clear distress only to be criticised or labelled as attention-seeking. I think the very nature of hiding behind a computer screen allows us to think and behave in ways that do not necessarily reflect our usual *modus operandi*.

I trained in person-centred therapy, which puts forward the idea that an unhealthy individual will be overly dependent on the views of others to inform their idea of self (Rogers, 1951). With this in mind, social media and the quest for externalised approval seems like a recipe for disaster in my opinion!

Relating this back to our topic, I feel that we, as practitioners, have a potential opportunity to model good practice by contributing to healthy online discussions (not as facilitators or experts, just as a people) and recreating the growth-promoting conditions offered in our therapy rooms. From a business perspective (and as a counter to “professional suicide”) I would argue that by demonstrating our own commitment to personal development and therefore relatability, we may even engage with clients who, for example, view psychological support with an air of suspicion.

All the best, Amy,
Steph.

6 | 1 FEBRUARY 2019

Hi Steph,

I share your concerns about the safety of what is being discussed and commented on via social media. There is something that feels deeply unsafe about what people share and what kind of comments are made, and I agree that it promotes an external locus of evaluation (Rogers, 1961).

I think you make an interesting point about using self-disclosure on social media to show our commitment to personal development and perhaps engaging with clients who may feel suspicious of psychological support. However, I am not quite sure how this will and can play out in reality. The quality of the relationship in therapy is so important (Lambert & Barley, 2001), and I am unsure how we can recreate growth-promoting conditions outside the therapy room due to the mass-broadcasting nature of social media.

Although I still feel somewhat conflicted about self-disclosure outside the therapy room—perhaps because it feels like we are treading new, complex territory—this discussion has given me a lot to think about. Thank you for asking me to join you in this debate.

Take care,
Amy

7 | CONCLUSIONS

Whilst the email discussion provided the authors with greater insight into each other's opposing positions and highlighted mutual concerns, ultimately neither of them could reach any satisfactory conclusion, nor offer any practical solutions or recommendations. Their exploration allowed them to consider how psychotherapy in the Internet age may need to adapt to better balance the needs of the client (as a consumer) with the therapist (promoting a service/offering support) whilst incorporating professional boundaries and ultimately working towards the client's best interests.

Both authors agreed that a healthy degree of transparency and appropriate deliberate self-disclosure within the confines of the therapeutic setting was in fact part of the work, yet expressed concern that this same level of safety could not be replicated online and could therefore have negative implications for clients, practitioners, and the relational dyad. As modern technology becomes increasingly synonymous with our everyday lives, their conversation raises wider implications for research, regulatory standards, professional training, and ethical policy development. There is still much work to be done in understanding how the Internet impacts on the therapeutic relationship, leaving us wondering where we draw the line between the personal and the professional in the digital age.

REFERENCES

- Brown, B. (2010). The power of vulnerability [Video file]. Retrieved from https://www.ted.com/talks/brene_brown_on_vulnerability?language=en
- Jones, S. (2018). Experts by experience. *Therapy Today*, 29(2), 20–23. Retrieved from. <https://www.bacp.co.uk/bacp-journals/therapy-today/2018/march-2018/experts-by-experience/>

- Jung, C. (1951). *Fundamental questions of psychotherapy*. Princeton, NJ: Princeton University Press.
- Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training*, 38(4), 357–361.
- Rogers, C. (1951). *Client-centred therapy*. London, UK: Constable & Company Ltd.
- Rogers, C. (1961). *A therapist's view of psychotherapy: On becoming a person*. London, UK: Constable & Company Ltd.
- Sinok, S. (2011). How great leaders inspire action [Video file]. Retrieved from https://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action?language=en
- Yalom, I. (2002). *The gift of therapy*. London, UK: Piatkus.

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Amy Hutson trained in Humanistic Psychotherapy at Brighton University. She currently works in a secondary school as a counsellor and runs a private practice for young people and adults in Hove. Previously she set up and ran a counselling service for The Foyer, which offers supportive housing for 16 to 25-year-olds and worked in the NHS. She has also worked for many years as a journalist and incorporates writing therapy and art therapy into her work. She can be contacted by emailing amy@amyhutsoncounselling.co.uk, or for further details visit www.amyhutsoncounselling.co.uk.

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