What's the benefit? The impact of therapist self-disclosure on the therapeutic alliance with queer clients

by

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Abstract

This research capstone explores the role of therapist self-disclosure in shaping the therapeutic alliance with queer clients. Although more than 90% of therapists report using self-disclosure, its effectiveness remains contested, with outcomes dependent on context, culture, timing, and the client's lived experiences. To situate this discussion, this paper reviews the history of queer pathologization in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), tracing the classification of homosexuality as a disorder in 1952 to its removal in 2013. Drawing on Carl Rogers' Person-Centered Therapy, the analysis emphasizes the importance of empathy, authenticity, and unconditional positive regard as foundational to alliance-building. The discussion also integrates contemporary literature on minority stress and queer-affirming practice, highlighting how microaggressions, systemic inequities, and clinician bias may undermine relational safety. The capstone research investigates: *How does therapist self-disclosure impact the therapeutic alliance when working with queer clients?* This capstone argues that when used ethically and responsively, therapist self-disclosure can strengthen alliance, promote client trust, and support more affirming therapeutic experiences for queer populations. A proposed workshop for counsellors addresses potential ways for counsellors to engage in self-disclosure in an empowering way that doesn't betray their own ability to connect with their clients.

Keywords: therapist self-disclosure, therapeutic alliance, queer, person-centered therapy, relational-cultural theory

Dedication

I would like to dedicate this project to any therapist who has ever questioned if disclosing part of their life story is for the benefit of themselves or for their client. I would also like to dedicate this project to anyone who has ever felt stuck in knowing the right thing to say. It takes time to find the right words and finding those who have the time to listen means all the difference.

Table of Contents

Chapter One: Introduction

Overview of the Topic

Therapeutic self-disclosure (TSD) has long held a controversial place within the field of counselling psychology. Some theorists express caution against its use, citing concerns about crossing professional boundaries or violating ethical mandates, while others argue that, when used intentionally, it can strengthen the therapeutic alliance and create opportunities for deeper understanding (Johnsen & Ding, 2021). Although TSD has been found to be used only around 3% of the time in a therapist's interventions, over 90% of therapists reported disclosing aspects of their identity or life experiences to their clients at some point during their clinical process (Henretty & Levitt, 2010). Varying opinions on the use of TSD in clinical practice highlights the tension present in contemporary research and underscores the need to examine the efficacy of self-disclosure as an effective therapy intervention.

The therapeutic alliance, often conceptualized through Carl Rogers' (1992) core conditions of empathy, unconditional positive regard, and congruence provides the relational framework in which TSD occurs. The strength of the therapeutic alliance has been widely recognized as one of the most consistent predictors of positive therapeutic outcomes, regardless of the theoretical framework utilized in practice (Sharf et al., 2010, Tschuschke et al., 2022). Therefore, examining the intersection of therapist-self disclosure and the therapeutic alliance is essential to recognizing how disclosure can be effectively used in sessions with the goal of strengthening the alliance. Several factors must be assessed by therapists before engaging with TSD as these disclosures can either foster connection and trust or risk creating ruptures within the therapeutic relationship. For practicing therapists, assessing the potential risks and benefits of TSD as well as potential implications for the therapeutic alliance is a necessity (Henretty &

Levitt, 2010; Johnsen & Ding, 2021; McCormic et al., 2019). A thorough review of the various perspectives around TSD raises relevant questions about the timing, relevance, and execution of disclosures, especially in contexts where client trust has been impacted by systemic oppressive forces.

Learning about historical factors that contribute to a specific subgroup of clients' distrust of the medical system is relevant for understanding their lived experiences of marginalization, bias, and oppression (Pessoa, 2024). This issue is especially pertinent in clinical work with queer clients who have faced systemic stigmatization, pathologization, and exclusion within the mental health field. The history of queer representation in the Diagnostic and Statistical Manual (DSM) illustrates this legacy, with the classification of homosexuality as a disorder until 1973 and its entire removal in 2013 in the 5th edition (McHenry, 2022). As a response to the stigma, queer people experienced due to the DSM's pathologization of their identity, affirmative practice has emerged over the past couple decades. Affirmative practice emphasizes the importance of culturally competent counsellors who can provide identity-affirming care that validates the lived experiences of queer clients (Alessi et al. 2019, Sergi et al., 2024).

With appreciation for how therapists can utilize a relational approach in their affirmative practice, this capstone explores how therapist-self disclosure can be enacted in session with clients from a marginalized group, specifically queer individuals. In this context, TSD can be significant as therapist's selective and authentic disclosures may contribute to building trust, challenging minority stress, and reinforcing the therapeutic alliance (Kelly, 2022; McCormic et al., 2019; Moore & Jenkins, 2012). The aim of this capstone project is to critically explore these intersections and to consider how insights from the current literature can inform both practice and training. There has been an uptick in training that discusses ways therapists can engage with

affirmative practice, especially when working with queer clients (Bettergarcia et al., 2021; Comeau et al., 2023; Peacock, 2024). With more opportunities for therapists to train in affirmative practice, this capstone aims to provide therapists with a better understanding of how TSD can be utilized in affirmative practice when working with queer clients and recognizing the impacts this intervention has on the therapeutic alliance.

Purpose Statement

The purpose of this capstone is to explore the impact of therapeutic self-disclosure on the therapeutic alliance when working with queer clients. Drawing on Rogers' (1992) person-centered principles of empathy, unconditional positive regard and congruence, this paper situates the therapeutic alliance as an invaluable foundation for client growth. This capstone also considers the role of affirmative practices, specifically the importance of training counsellors to recognize and respond to the unique needs of marginalized populations. Ultimately, this capstone aims to deepen our understanding of how therapist self-disclosure can be effectively and ethically incorporated as a tool to strengthen the therapeutic alliance with queer clients.

Research Question

The research question this paper will address is: *How does therapist self-disclosure impact the therapeutic alliance when working with queer clients?*

Theoretical Framework

In this capstone, I will be discussing two theoretical perspectives: Person-Centered Therapy (PCT) and Relational-Cultural Theory (RCT). PCT structures its client-centered approach around the therapist's use of congruence, empathy, and unconditional positive regard as conditions that support self-disclosure within the alliance. Carl Rogers' (1992) assertion that genuine, transparent presence from the therapists fosters connection underscores the relevance of

using PCT to analyze the conditions under which self-disclosure can work to strengthen the therapeutic relationship. RCT expands on these relational components by situating relationships as the primary context of human development (Rubenstein, 2015). Similar to the key conditions outlined by Rogers (1992), RCT emphasizes mutuality, authenticity, and the reduction of power imbalances in relationships, making it particularly relevant when working with marginalized groups such as queer clients (Rubenstein, 2015). Both approaches share a humanistic foundation, centering relationships, authenticity, and respect for the client's lived experiences. Together, these theoretical orientations provide a useful lens for understanding how therapist self-disclosure can both strengthen the therapeutic alliance and affirm client identities, especially when working with queer clients.

Contribution to the Field

The significance of research on therapeutic self-disclosure (TSD) in work with queer clients extends beyond academic inquiry, with implications for clinical application as well as therapist training. While TSD has been studied in considerable depth in general contexts, less attention has been invested considering its role in establishing trust and alliance with clients who have historically faced systemic oppression and minority stress. By situating TSD within theoretical frameworks, such as Person-Centered Therapy and Relational-Cultural Theory, this capstone contributes to our understanding of how humanistic, relational approaches emphasize authenticity, empathy, and mutuality as the central conditions for growth and can be conducive to working with queer clients. Additionally, this capstone not only addresses a research gap in literature but also yields evidence-based outcomes that can aid practitioners in navigating the ethical and clinical complexities of self-disclosure when supporting marginalized clients.

Furthermore, this research has the potential to significantly contribute to the counselling field's conceptualization of affirmative practice by demonstrating how selective, considerate disclosure may act as interventions that counteract the effects of stigma, pathologization, and historical distrust of the mental health system among queer clients. By emphasizing the lived experiences of queer clients and using new findings on minority stress, this capstone project extends discourse around TSD beyond traditional debates over ethics and technique. Instead, TSD can be framed as a possible means of promoting resilience, belonging, and identity affirmation. Ultimately, this capstone aims to influence both theory and practice by contributing to current research that can empower therapists to engage more intentionally with self-disclosure. to make an influence on both practice and theory through the contribution to a body of literature that allows counselors to respond more considerately to self-disclosure. Through careful consideration on how to most effectively self-disclosure, therapists, in turn, can improve the quality of care provided to queer clients and inform future research on affirmative, relational approaches.

Reflexivity and Positionality Statement

My inclination to explore therapeutic self-disclosure stems from a place of curiosity. I have always been quite fascinated by the concept of intuition and how counsellors utilize their intuition in their clinical judgement. As a counsellor, to engage with self-disclosure involves consideration of your clinical judgement on: *would this disclosure be relevant?* and if so, *how is it going to benefit the client?* My focus is always on assessing the needs of my clients and understanding the role I play in the therapeutic relationship. I believe my sense of curiosity has increased my confidence in asking the right questions and learning more about who my client is. Once trust and safety have been established and the therapeutic alliance is strong, I feel that this

is when counsellors can begin to determine if self-disclosure is an effective therapeutic tool to practice. Several contributing factors are necessary before engaging with this intervention, such as culture, ethnicity, age, socioeconomic status, and many more. There are several avenues to consider, and I truly believe that once the therapeutic alliance serves as a safe container for clients to be vulnerable, this is when counsellors can engage with their intuition to determine if this is the best practice for that specific moment.

I have the fortune of working with an incredibly supportive therapist over the past four years where I believe our therapeutic alliance is strong, safe, and open. Over the course of our therapeutic relationship, my therapist has, on occasion, revealed certain aspects of her life to me that related to what I was discussing in session. I observed that these disclosures have been infrequent but very helpful in how I process events and understanding more about who my therapist is as a person. I value the therapy space as a place where I can show up as myself and talk openly about what I'm going through. My therapists' disclosures have always come at a time where it's felt relevant to the discussion and has offered me insight into my next steps, especially when I'm feeling stuck. It can feel so validating to have a trained mental health professional who you've developed a strong relationship with tell you that they know exactly what you're talking about as they've been through something similar, if not the exact same. Witnessing this intervention in action and understanding the ease of its use and how naturally it flowed into the conversation was one of the main motivating factors in developing this research capstone.

Navigating the world as an open, cis-gender, white, gay man comes with the recognition of my privilege and bias when developing this capstone. I aimed to highlight the history of queer experiences within the medical system in a factual manner that lends credibility to the relevance of this topic. As a member of the queer community, I recognize that, historically, we have been

subjected to marginalization and oppression by systemic forces that have stigmatized our existence. I tread carefully when discussing the queer experience, as I can only account for a small margin of this as a cisgender white gay man. I cannot speak on behalf of the experiences of queer people of colour nor transgender people. While the majority of research included in this capstone pertains to the experiences of cisgender queer people, my hope is that bringing queer voices to light can benefit the queer community as a whole.

I do recognize that my personal lived experience as an openly gay man has the potential to introduce bias into my research. Additionally, having had positive experiences with my therapist who disclosed relevant details of themselves in session, I recognize how this also has the potential to add bias into my research. To mitigate this bias, I will actively seek out and engage with studies that offer a range of perspectives, including those that highlight the advantages and disadvantages of therapist self-disclosure. I strive to employ objectivity in my research through a critical analysis of the current literature related to my research question, and through an acknowledgment of the limitations of my findings. My aim is to provide a comprehensive, unbiased exploration of the impact of therapist self-disclosure on the therapeutic alliance when supporting queer clients.

Definition of Terms

With recognition of my personal connection to this capstone research project, I am cognizant of remaining objective to provide a well-rounded analysis. Because my research engages with nuanced concepts such as therapist self-disclosure, it is necessary to clarify specific terminology that anchors the discussion. Defining key terms ensures a shared understanding for the reader and supports a coherent narrative that connects each section of this capstone.

Affirmative practice

Affirmative practice is defined as a therapeutic approach that integrates the therapist's awareness of the unique developmental and cultural experiences of clients with self-reflection on their own identity and biases. This awareness is then translated into intentional, effective therapeutic skills that support clients across all stages of the counseling process (Alessi et al., 2019).

Cultural Competence

Cultural Competence is defined as the ability to effectively and respectfully interact with people from different cultural backgrounds by understanding, appreciating, and adapting to their unique behaviors, attitudes, and values (Bettergarcia et al., 2021).

Lived Experience

Lived Experience is defined as the first-hand involvement or direct experiences and choices of an individual and the authentic and deeply personal knowledge and understanding of the world they gain from it (Tschuschke et al., 2022).

Microaggressions

Microaggressions are defined as any statement, action, or incident that is regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group, such as a racial or sexual orientation minority. (Shelton & Delgado-Romero, 2013).

Person-Centered Therapy

Person-Centered Therapy is defined as a humanistic approach to psychotherapy that emphasizes the client's inherent capacity for healing and inner growth, and focuses on creating

and fostering a supportive and safe environment in which the client can explore their experiences and make their own decisions (Rogers, 1992).

Queer / 2SLGBTQIA+

Queer is defined as the group of individuals whose sexual and gender identity doesn't correspond with heteronormative beliefs and experiences life as a minority. For the purpose of this capstone, this paper uses queer interchangeably with 2SLGBTQIA+ which stands for (Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and all other diverse gender and sexual identities). While these terms are used interchangeably, this research capstone focuses primarily on the experiences of gay, lesbian, and bisexual individuals. (Muzacz et al., 2023).

Relational-Cultural Theory

Relational-Cultural Theory is a feminist framework developed by Jean Baker Miller that posits humans grow through connection and mutual empathy rather than through individual achievement (Rubenstein, 2015).

Therapeutic alliance

Therapeutic alliance is often defined as the collaborative relationship between therapist and client, encompassing agreement on goals, negotiation of tasks, and the presence of a trusting emotional bond (Bordin, 1979).

Therapist / Counsellor

Therapist/Counsellor is defined as a licensed professional who provides treatment for mental health, behavioural, and emotional challenges through verbal communication and interaction (Johnsen & Ding, 2021).

Therapist self-disclosure

Therapist self-disclosure is a therapeutic intervention utilized by therapists in which they intentionally disclose personal details of themselves, such as thoughts, feelings or experiences, with their client (Robertson et al., 2025).

Trauma-informed care

Trauma-informed care is a strengths-based approach that recognizes the need to respond to an individual's intersecting experiences of trauma, mental health, and substance use concerns. This approach focuses more on the way of being in the therapeutic relationship rather than a specific treatment strategy or method. (Howard et al., 2022)

Outline of Capstone Project Chapters

In Chapter 2, I conducted a literature review on three central themes: (a) therapist alliance, (b) lived experiences of queer clients throughout history of the healthcare system and (c) the current stance of therapeutic self-disclosure within the field of contemporary counselling psychology. Within these three themes, I examined how they connected with the central research question of this capstone paper: *How does therapist self-disclosure impact the therapeutic alliance when working with queer clients?* I discussed the main tenets of the therapeutic alliance as supported by Person Centered-Therapy (PCT) and Relational-Cultural Theory (RCT) and examined how they could be used as a relevant framework for understanding the role that the therapist plays.

In Chapter 3, I integrated the thematic analyses of my literature review in Chapter 2 and applied it to a therapeutic workshop. I discussed how this self-disclosure workshop would be structured and developed a proposal for how it can be facilitated to other therapists.

Chapter Two: Literature Review

This chapter will examine how therapist self-disclosure impacts the therapeutic alliance with queer clients. To address this research question, this literature review is organized into three sections. First, it provides a brief history of the therapeutic alliance, drawing on Carl Rogers' person-centered therapy as a foundation for understanding the relational dynamics between client and therapist. Second, it explores the historical and contemporary experiences of queer individuals within the medical and mental health systems, with particular attention to dynamics of trust and distrust, acceptance and hesitancy. Finally, the review critically examines the literature on therapist self-disclosure, considering both its potential benefits and risks as a therapeutic intervention. Together, these three areas of research are integrated to evaluate the ways in which therapist self-disclosure can influence the development and maintenance of the therapeutic alliance with queer clients.

Therapeutic Alliance

Carl Rogers - Person-Centered Approach

The therapeutic alliance is an essential component within the field of counselling psychology as it highlights the key factor of how the relationship between a client and their counsellor forms a bond (Rogers, 1992). American psychologist Carl Rogers began creating his therapeutic approach in the 1940s after introducing the idea of non-directive therapy which was conceptualized as the therapist following the client's lead (Bordin, 1979). A direct challenge to the dominant therapy approaches at the time, psychoanalysis and behaviorism, Carl Rogers' therapeutic stance allowed clients to uncover their own solutions with the support and facilitation of their therapist (Rogers, 1992). In 1951, Carl Rogers published his famous book, *Client-Centered Therapy*, where he replaced the term 'non-directive' with 'client-centered' as the

approach became focused more on what the therapist aspires to do rather than what they are trying not to do (Bordin, 1979). Over the following decades, the Rogerian approach became more utilized by counsellors, especially those who work from a social justice, relational lens.

Later theorists who built upon Rogers' original conceptualization, such as Bordin (1979) defined the therapeutic alliance as the collaborative relationship between therapist and client, consisting of three interrelated components: agreement on therapeutic goals, negotiation of tasks, and the development of a trusting, emotional bond. While Bordin's (1979) framework has become widely cited, Rogers' person-centered therapy anticipated this emphasis on the relational bond by foregrounding the therapist's genuineness, unconditional positive regard, and empathic understanding. Rogers' clinical formulation of the therapeutic alliance can be seen as a precursor to contemporary definitions, underscoring the enduring importance of relational quality in therapeutic work.

Rogers (1946) discussed the significant aspects of his client-centered therapy, particularly the predictability of the therapeutic process. Rogers (1946) asserted, "We find, both clinically and statistically, that a predictable pattern of therapeutic development takes place" (p. 416). Rogers (1946) argued that this predictability is demonstrated in the form of language and behaviour and found that it offered a reliable and consistent outcome from therapy. Granted the predictable nature of humans, Rogers (1946) believed that there were specific conditions for therapeutic change. Rogers (1946) emphasized that clients excel when therapists foster responsibility, respect the innate drive toward growth, and provide a warm, empathetic environment free of judgment. When receiving support structured by these conditions, clients were thought to have greater opportunities to gain self-awareness, accept previously denied aspects of themselves, and work on setting new, healthier goals and behaviours (Rogers, 1946).

While the depth of change varies across clients, from problem-focused shifts to full personality reorientation, Rogers (1946) argued that the underlying process remained consistent as catharsis provides a roadmap to insight which, in turn, leads to positive choice and action.

As Carl Rogers further developed his relational approach, in 1951, he revised the core conditions he determined were necessary for therapeutic personality change (Rogers, 1992). The six conditions Rogers described were: the psychological contact between therapist and client, the client's incongruence (their vulnerability or anxiety), the therapist's congruence (their genuineness), the therapist's unconditional positive regard, the therapist's empathic understanding of their client's internal frame of reference, and the client's perception of the therapist's empathy and unconditional positive regard (Rogers, 1992). Carl Rogers (1992) asserted that if these conditions are met and continue over time, constructive personality change will follow. Rogers (1992) argued that these conditions are considered universal and not specific to any specific group of client or theoretical approach which underscores how client led therapy is attuned to the role of the therapeutic alliance. Rogers (1992) recognized his own bias in his inclusion of the six conditions, "I certainly am heavily influenced by my own experience, and that experience has led me to a viewpoint which is termed 'client-centered'" (p. 831). His main belief was that these conditions apply to any situation in which constructive personality change occurs as any effective psychotherapy produces changes in personality and behaviour (Rogers, 1992). By focusing on a single set of preconditions, mainly relating to the tenets of the therapeutic alliance, Rogers (1992) engaged with awareness of what is necessary for empowering client growth. The Rogerian approach to person-centered therapy is something that has been examined for decades as other researchers work to measure the effectiveness of his ability to connect with clients.

Building on this foundation, contemporary research has empirically examined Rogers' therapeutic style to better understand how his interventions facilitated the alliance. Lietaer and Gundrum (2018) provided a rare empirical window into Carl Rogers' therapeutic technique through a systematic analysis of his verbal response modes across a collection of recorded sessions. While the paper aimed to highlight the pattern of Roger's interventions evolving across his career, using both quantitative coding and qualitative observations, the primary focus highlighted how these interventions supported the development and maintenance of the therapeutic alliance. In the study, Lietaer and Gundrum (2018) emphasized how the core conditions of a strong therapeutic alliance, which include, empathy, congruence and unconditional positive regard, aligned with Roger's employed use of empathetic reflections, acknowledgements of content, and emotionally attuned paraphrases.

Rogers' verbal behaviour in session was viewed as generally non-directive, while simultaneously presenting in subtly responsive and emotionally precise ways (Lietaer & Gundrum, 2018). The researchers discussed how Rogers' strategic use of employing silence and utilizing minimal encouragers, compounded with key moments of deep emotional immediacy in later sessions reflects a therapist who prioritized developing and building trust over content exploration or problem solving (Lietaer & Gundrum, 2018). The findings from his paper suggest that Rogers' verbal style was not merely a form of technique, but rather a deliberate relational stance which was constructed to empower client autonomy while fostering emotional safety. While the paper does highlight the evolution of Rogers' style throughout his career, there should be consideration for bias attributed toward the specific moments of his career that were chosen as markers of evolution. With appreciation for how the framework of Rogers' career has been created, it is worth noting that this article not only contributes to an ongoing discussion around

specific therapist behaviours play a role in nurturing the affective and collaborative components within the therapeutic alliance but also reinforces why counsellors must be attentive to the relational consequences of their interventions. This study illustrates how subtle choices in communication can shape client's feelings of trust, safety, and openness which emphasizes how imperative it is that therapists critically reflect on how their interventions can either strengthen or strain the alliance.

In contrast to Lietaer and Gundrum's (2018) empirical focus, Schmid (2003) provided a more conceptual and philosophical examination of person-centered therapy (PCT), aiming to establish coherence and clarity amongst an expansive, integrative therapeutic landscape. Schmid (2003) outlined eleven core features of person-centered therapy, such as the centrality of the actualizing tendency, the therapist's attitudes of congruence, empathy, and unconditional positive regard, as well as the non-directive, client-led nature of the therapeutic relationship. One of the paper's key strengths lies in its trilingual presentation of English, Spanish, and German which underscores the universal relevance of the person-centered therapy. While Schmid (2003) does offer a robust framework on PCT, a key challenge of the paper is the abstract nature of Schmid's analysis. A lack of empirical support or clinical case examples results in a missing layer which could have been more impactful, adding depth to how these principles can be employed in therapeutic practice.

Schmid demonstrates a foundational discussion of person-centered therapy through his argument that the relationship between counsellor and client serves as the therapy itself (2003). Schmid's (2003) argument aligns closely with Carl Rogers' declaration that the necessary and sufficient conditions for enacting change emanate from the quality of the therapeutic alliance. By viewing the therapeutic relationship as a primary vehicle for change, Schmid (2003) provided a

succinct framework which demonstrated how, in the context of PCT, a therapeutic alliance is far greater than a technique or strategy to be considered by upcoming clinicians. Rather, the strength of the relationship between clients and counsellor is dependent on a uniquely human, relational process which is grounded in trust, mutual respect, and empathy (Schmid, 2003). While Schmid's arguments were included in a 2003 review, it is still pertinent to our understanding of the therapeutic alliance as Carl Rogers remains relevant in contemporary counselling psychology. Understanding the core tenets of PCT that build the framework of a strong therapeutic alliance continues to provide a reference for how therapists can best support their clients, and encourages them to incorporate other modalities while upholding basic PCT principles.

Joseph and Murphy (2013) explored theoretical connections between person-centered therapy (PCT) and positive psychology with an emphasis on the central role that relational helping plays in fostering the well-being of clients. Joseph and Murphy (2013) argued that the core, foundational conditions of PCT, including empathy, congruence, and unconditional positive regard, are closely aligned with tenets of positive psychology which focuses on human potential and client well-being. The authors aimed to offer a new, inclusive approach to PCT where clinicians can integrate other psychological frameworks, including positive psychology and relational helping, to enhance the effectiveness of PCT (Joseph & Murphy, 2013).

By integrating two influential paradigms within the psychology field, PCT and positive psychology, this highlighted a major strength of the study as it offers insight into the practical nature of utilizing both in practice for clinicians with the purpose of providing a holistic view of how the therapeutic alliance functions within therapy. Furthermore, Joseph and Murphy (2013) demonstrated the importance of the role that the therapeutic alliance plays in fostering client

change which reinforces core humanistic principles. While the authors provided theoretical frameworks for their proposed integrated model, a lack of empirical data weakens the validity of this model in practice (Joseph & Murphy, 2013). Considering how further insight into how to translate these concepts into practice would strengthen this paper, Joseph and Murphy (2013) demonstrated that relational conditions which are at the core of the therapeutic alliance act as an agent of change themselves. The relationship that develops between clients and counsellors not only support client change, but be seen as a vehicle for client transformation (Joseph & Murphy, 2013). This study highlights how person-centered principles can be utilized with other theoretical backgrounds, such as positive psychology, as long as consideration is shown for how the therapeutic alliance maintains its role as a vehicle for change in the client's lives.

In 2023, Susan Renger investigated the extent to which therapists who practice PCT considered questions to be an effective intervention within their practice. Renger (2023) discussed how the use of questions in PCT are not considered the defining features of the therapeutic framework and how there are polarizing views around employing questions to better support clients. Some theorists argue how PCT should remain grounded in a non-directional approach while others argue the importance of taking a directive approach at times is inevitable and can be a way of meeting the client where they're at (Renger, 2023). Renger (2023) compiled her research through qualitative interviews with experienced PCT therapists to discover whether questions can be used in a format that remains congruent with the client led, non-directive nature of PCT. Renger (2023) discovered that while some PCT therapists avoid questions in an attempt to uphold the non-directive nature of the approach and promote client autonomy, other counsellors viewed client-centered questions as significant tools for enhancing the therapeutic alliance. The variability in responses from PCT therapists demonstrates how despite differing

opinions, the therapeutic relationship is a prime consideration when determining the needs of the client (Renger, 2023).

A key strength outlined in Renger (2023) study is its eagerness to venture into a traditionally under-discussed topic within PCT. As questions are not a hallmark feature of PCT, utilizing qualitative interviews provided relevant, practical and subjective insights into how therapeutic tools, such as questions, can be adapted to a specific therapy without betraying its core values (Renger, 2023). The author demonstrated the complexities that must be taken into consideration when delving into integrative approaches, as demonstrated by the variability in practice and justifications from clinicians in the same modality. The differing points of view on how to approach incorporating questions into PCT is undermined by a small sample size and absence of client perspectives (Renger, 2023). Without a significant sample size and inclusion of client's point of view which could enhance nuance, it limits the generalizability of Renger's (2023) findings and leaves the reader with additional questions around the relational impact of questioning from a client's perspective (Renger, 2023).

Renger (2023) demonstrated the importance of thinking outside the box when it comes to exploring new aspects of a foundational theory within the field of counselling psychology. Their study further underscores the importance of understanding the therapeutic alliance by illustrating how the thoughtful use of questions, with consideration of PCT's defining features, can support the therapeutic alliance. Renger (2023) asserted how therapists must continuously embrace adaptability in their work by emphasizing how flexibility of technique, when aligned with relevant therapeutic values, can strengthen trust, responsiveness and the therapeutic alliance overall. This study offers valuable insight into how core person-centered principles can be integrated with therapeutic interventions, such as asking questions, but with a strong therapeutic

alliance intact, this approach can be possible. PCT serves as a theoretical foundation for emphasizing the role of the therapeutic alliance, similarly to another humanistic approach.

Relational-Cultural Theory

Sharing similar roots in humanistic focused psychology, Relational-cultural theory (RCT) shares the viewpoint of PCT in how the therapeutic alliance is framed. RCT expands the relational emphasis highlighted in PCT into a more trauma-informed, social justice framework that is more culturally responsive (Rubenstein, 2015). RCT offers a structure for understanding and treating trauma, especially childhood trauma as it explores how relational patterns are formed at an early age, something equated to one's psychosocial environment growing up (Rubenstein, 2015). Relational-cultural theory can be viewed as a framework and refuge for clinical practice as it prioritizes the therapeutic relationship as a key tenet essential to growth and change (Rubenstein, 2015). With focus on the human connection that takes place within therapeutic work, Rubenstein (2015) highlights how these relational dynamics shape both the therapist's sense of direction and the client's experience of safety. Rubenstein (2015) underscores how client growth emerges through explicit mutual recognition, attunement and responsiveness within the therapeutic relationship.

Through a relational lens, the therapeutic relationship is viewed as a dyad which is dependent on the therapist's capacity to become emotionally involved with their clients and recognize their impact on the outcome of therapy (Rubenstein, 2015). When compared to Freud's psychoanalytic theory which emphasizes the power of drives as primary, relational-cultural therapy understands that the interactive process or experiences is the primary focus (Rubenstein, 2015). Rubenstein (2015) argues that a relational perspective can support clients in addressing maladaptive behavioural patterns, specifically related to how childhood experiences

impact interpersonal dynamics. Through retrospective reflections with clients, a RCT therapist can co-create meaning from these experiences which, in turn, can create the pathway for new interactional patterns, the central treatment goal of RCT (Rubenstein, 2015). Due to the dyadic nature of RCT, knowledge and meaning are co-constructed between clients and therapists as the therapist acts as a "moral third" where they simultaneously hold the tension of opposing needs between themselves and their clients while remaining attuned to their client (Rubenstein, 2015, p. 400). In addition, Rubenstein (2015) argues for embracing therapeutic neutrality as it can allow for clients to reflect on previous relational patterns for the chance of creating new interactions facilitated within a safe relationship.

A key strength outlined in Rubenstein's (2015) article is the transparency in how they integrate relational-cultural theory into clinical practice, which offers a conceptual compass for navigating complex interactions with clients. The author provides a relevant case study example in their article while interweaving relevant tenets of RCT to emphasize how these interventions work in practice (Rubenstein, 2015). While the author does emphasize how multiple relational psychology scholars share the basic understanding that development and the unconscious are influenced primarily by relationships, not by drives, it is important to note how specific perspectives from relational writers were selected in their article (Rubenstein, 2015). The selective process of including which perspectives align with the case study included does allow for potential bias and should not overshadow the limited generalizability of the study due to lack of empirical data (Rubenstein, 2015). The discussion of relational-cultural theory was considerably conceptual and may not account for the diversity of variations, but the perspectives included do offer a relevant insight into its clinical application.

When considering the impacts of how RCT relates to the therapeutic alliance, Rubenstein (2015) did underscore how the alliance enacts a deeply relational process that serves as the foundation for meaningful therapeutic outcomes. For counsellors engaging with RCT in their clinical applications, Rubenstein (2015) argues how successful therapeutic outcomes rely on the counsellor's ability to remain attuned, culturally responsive, and emotionally present. Similar to humanistic tendencies of person-centered therapy, therapists are encouraged to cultivate humility, cultural reflexivity, and openness to the unique needs and lived experiences of their clients. Integrating a relational approach can offer deeper connection through a mutual recognition of social and cultural dimensions and the systematic barriers that impact relationships which can be offered with a social justice lens.

As the field of counselling psychology continues to involve, multicultural and social justice approaches to counselling are being incorporated more regularly (Westcott & Grimes, 2023) With more trauma-informed approaches being integrated with affirmative practices, therapists are being trained in how to support diverse populations, especially individuals from marginalized communities. Westcott and Grimes (2023) argued that RCT can provide a framework for addressing issues of systemic oppression, disconnection, and marginalization which all contribute to the structure of the therapeutic relationship. The authors singled out how a relational focus can foster mutual empathy, authenticity and empower clients to enact change which can create safe spaces for clients, something key for those from marginalized backgrounds to experience validation and have room for growth (Westcott & Grimes, 2023). By situating the therapeutic process within the broader socio-cultural context, Westcott and Grimes (2023) underscores the necessity for a social justice approach in strengthening the therapeutic alliance.

One of the study's strengths is demonstrated in its clear articulation of how RCT principles are operationalized in various clinical settings with the aim of strengthening the therapeutic relationship. RCT principles including authenticity and mutual empowerment were linked to social justice competencies, such as advocacy and cultural responsiveness which offered insight into how theory can be applied in clinical practice (Westcott & Grimes, 2023). While the connections outlined by the authors did offer relevance for practical use for therapists, as this article relied on a case study, it limits its power in demonstrating measurable outcomes of RCT (Westcott & Grimes, 2023). The authors acknowledge how the gap in the literature regarding the efficacy of RCT in mental health centers limits the generalizability of their research while highlighting how preliminary evidence for RCT is encouraging (Westcott & Grimes, 2023).

This article further demonstrated that an effective therapeutic alliance is built not only on humanistic principles, like empathy and openness, but also in conjunction with a social justice lens which emphasizes cultural responsivity to systemic inequalities (Westcott & Grimes, 2023). Focusing on the needs of clients from marginalized communities, especially queer communities, is essential to enhancing the strength of the therapeutic alliance. When therapists adopt a relational-cultural lens which works in tandem with social justice principles, they can affirm client's lived experiences, reduce relational ruptures stemming from oppressive forces, and promote meaningful therapeutic outcomes. Utilizing this approach that highlights the intersectionalities of clients and recognizes the importance of the therapeutic alliance can work to highlight key issues that can arise, such as client retention.

Contingency of Client Retention

As consideration has been shown to the contributing factors that impact the therapeutic alliance, it's important to explore further into what continues to bring clients to session. It takes time to develop and strengthen a strong therapeutic alliance and ruptures that arise can impede progress or continuation of therapy. Sharf et al. (2010) explored this concept when they conducted a meta-analysis which explored the relationship between therapeutic alliance and dropout rates. The authors analyzed data from 11 studies and discovered a significant negative correlation between the quality of the therapeutic alliance and treatment dropout, indicating that clients with weaker therapeutic alliances were more likely to drop out of therapy (Sharf et al., 2010). The relationship between therapeutic alliance and drop-out rates were found to be dependent on educational history, treatment length and treatment setting (Sharf et al., 2010). The study highlighted the critical role that early alliance formation plays in strengthening the retention of clients, which brings forth the necessity of creating this foundation within the first few sessions (Sharf et al., 2010). Understanding the significance of timing in the development of the therapeutic alliance is helpful for conceptualizing the complexity of contributing factors that influence the future of the therapeutic relationship.

One of the study's main strengths is dependent on the comprehensive nature of its meta-analytic approach. In providing a broad overview of empirical findings across multiple contexts and theoretical orientations with 1,301 participants, Sharf et al. (2010) enhanced the generalizability of their conclusions. Their results of a moderately strong relationship reiterates their recognition of a common theme that adds nuances to our understanding of when relational factors are most impactful (Sharf et al., 2010). Taking the results into consideration, the

limitations of the study lie in lack of variability and bias from the authors in how alliance and dropout were defined and measured across the studies that were included (Sharf et al., 2010).

Overall, Sharf et al. (2010) offered strong empirical support for emphasizing how the therapeutic alliance can be considered a key predictor of client's willingness to engage and continue with therapy. The authors demonstrated how the alliance can be expanded from a relational concept to a measurable, practical factor with real, significant consequences for therapeutic outcomes. By including the corresponding variable of drop-out rates, this meta-analysis reinforced Carl Rogers' stance that the therapeutic relationship serves as a vehicle for change in itself. This stance is emphasized by the author's argument that building trust, safety, and collaboration remain essential building blocks for strengthening therapeutic alliance and reducing client dropout with the ultimate goal of enhancing the overall effectiveness of therapy (Sharf et al., 2010). While this study is from 2010, Sharf et al. demonstrated the utility of a Rogerian approach that can continue to further our understanding on the importance of early alliance formation and the nuances around relational factors, such as social location or personality attributes.

A crucial factor that relates to the retention of clients pertains to how personal characteristics contribute to the therapeutic alliance and outcomes. Tschuschke et al. (2022) explored the impact of both therapist and client characteristics through various vantage points, including rupture, repair of ruptures, and the distance perceived in the alliance impressions of both clients and therapists. The data was collected from a naturalistic psychotherapy from Switzerland in which 60 therapists and 177 clients provided their consent to participate (Tschuschke et al., 2022). The authors discovered that alliance ruptures significantly predicted premature termination of sessions while alliance ruptures did not have a significant impact on

treatment outcome (Tschuschke et al., 2022). This study asserted the importance of identifying the therapeutic alliance as a key predictor for clinical effectiveness and highlighted how individual characteristics must be considered for how they shape alliance formation (Tschuschke et al., 2022).

A notable strength found in this study pertains to the authors decision to utilize a naturalistic design which enhances ecological validity and supports real-world clinical application (Tschuschke et al., 2022). The inclusion of both therapist and client characteristics provides a holistic perspective on how individual differences can lead to connection or ruptures. Joining both therapist and client perspectives furthers our understanding of what are the relevant building blocks of alliance formation. A limitation of this study is how the correlational structure of the study inhibits causal conclusions about the specific components of the therapeutic relationship, including personal characteristics, therapeutic alliance, and therapeutic outcomes. While the naturalistic design offered rich data, this study could have strengthened its argument if it had a larger sample size with a more diverse group of participants (Tschuschke et al., 2022).

Overall, this Tschuschke et al. (2022) highlighted the complexities of the therapeutic process, especially as they provided a spotlight on a singular component that impacts the therapeutic alliance. Granted the diverse range of lived experiences from both clients and therapists alike, this study supported the idea that both parties bring in unique relational variables that shape the therapeutic process and outcome (Tschuschke et al., 2022). The takeaway of this study encourages therapists to prioritize the development of the therapeutic alliance as it can strengthen engagement, lessen the likelihood of alliance ruptures, and foster therapeutic effectiveness.

Post-Traumatic Stress Disorder (PTSD)

Howard et al. (2022) conducted a systematic review and meta-analysis of 34 studies and over 1,900 participants to explore the role that the therapeutic alliance plays in psychological counselling for individuals living with posttraumatic stress disorder (PTSD). The authors discussed how individuals who are coming to terms with their symptoms of PTSD, such as avoidance, mistrust in others, and issues with emotional regulation, were considered as this symptomology can be viewed as potential barriers to forming a strong alliance in therapy (Howard et al., 2022).

A major strength of this study pertains to the expansive nature of their meta-analysis which explored how the therapeutic alliance is viewed in conjunction with various theoretical frameworks. By combining quantitative and qualitative data across diverse therapeutic modalities, including cognitive-behavioural therapy, emotional focused therapy, EMDR, and person-centered approaches, the breadth of traumatic incidents, such as war trauma or sexual childhood abuse trauma, support the clinic relevance of its relationship with the therapeutic alliance (Howard et al., 2022). While the wide range of PTSD subgroup populations strengthens the relevance for further research on the impact of the therapeutic alliance with these specific clients, given that there are multiple interventions included, it creates challenges in drawing specific conclusions on the impact of a specific therapeutic intervention with a client who has PTSD. Additionally, the variation of how ‘therapeutic alliance’ was measured across the various studies made it difficult to isolate specific variables that are deemed most effective for fostering a therapeutic alliance (Howard et al., 2022).

Howard et al. (2022) made significant contributions in strengthening the argument that the therapeutic alliance plays a key role in the mechanism of change, especially when working

with a trauma-informed approach. A key takeaway from the findings was the recognition of what is essential for fostering safety in the early stages of counselling, such as establishing trust, empathy and collaboration (Howard et al., 2022). These components are crucial for continued engagement and symptom improvement when working with clients with PTSD. The relational component of a therapy serves as a crucial component for enacting change, especially in contexts where the client's capacity for fostering trust in interpersonal relationships has been impacted by previous traumatic experiences. Cultural competence must be demonstrated by therapists when supporting clients whose previous instances of trauma pertain to their social location, specifically their ethnicity and race.

Racial Trauma

When examining the various contributing factors that influence the therapeutic alliance, it is imperative to address the diverse lived experience of clients as their diverse backgrounds have an impact on how they show up in session. Li et al. (2024) conducted a meta-analysis to explore whether a client's race and ethnicity can be viewed as a moderator of the therapeutic relationship and outcome. For the study design, the authors used archival data across five years from 440 clients who had received counselling at an American university (Li et al., 2024). The data was drawn from clients' self-report questionnaires which explored psychological functioning, therapeutic alliance, and therapeutic outcome. The authors discuss how racial trauma, defined as a form of race-based stress that can resemble PTSD symptoms, such as hypervigilance to outside threats, flashbacks, nightmares (Li et al., 2024). Given the impact of racial trauma and systemic oppression that BIPOC clients experience, there has been documented underutilization of mental health services from clients from Black, Asian, and Indigenous groups (Li et al., 2024). In this recent study, Li et al. (2024) discussed how therapeutic outcome was viewed as the same across

all groups but reports of therapeutic alliance was viewed as stronger for White clients compared to BIPOC clients. The results from this study demonstrate the necessity for creating a strong, trusting therapeutic alliance through a culturally sensitive, trauma-informed lens (Li et al., 2024).

A strength of the study lies in the author's decision to explore diversity of client experiences among different racial and ethnic groups, a topic that is under researched, especially when exploring the therapeutic alliance (Li et al., 2024). In times where xenophobia is on the rise, there is a pronounced need for clients to feel a sense of safety and the emphasis the authors place on practical implications for counsellors working with BIPOC clients is a significant strength of the study (Li et al., 2024). While thematically, this study adds to the growing body of research exploring the interplay of diversity and the role of the counsellor, a limitation of the paper is its inclusion of archival data. The data included supported a strong discussion that lends its relevance to an essential component of adapting to the unique, diverse needs of clients when working to build a strong foundation and this would have allowed for a richer, more expansive discussion if new self-report data was incorporated.

Li et al. (2024) highlighted the importance of including diverse experiences in the field of psychological research. The author's inclusion of racial and cultural factors underscored how disparities between groups indicate a growing need for culturally sensitive counselling approaches that provide consideration for oppression that marginalized groups have faced in the medical system (Li et al., 2024). This study reinforced the notion that relational factors must be culturally responsive and attuned to client's lived experiences as a way to employ the role of the therapeutic alliance to act as a mechanism for client change and empowerment. This study demonstrated the effectiveness of embodying a relational approach to strengthen the therapeutic

alliance as it acknowledges the cultural and diversity components relevant for building trust and safety.

Affirmative Practice

With consideration for the diverse backgrounds of clients, there has been an increase in the amount of academic research that has investigated the experiences of clients from the queer community. In a notable study, Alessi et al. (2019) investigated the role of the therapeutic relationship as a mediator between affirmative practice and the psychological well-being of queer clients, specifically those who identify as lesbian or gay. The authors used a nationwide sample of 184 queer individuals, mainly white, cisgender women who were asked to assess their own therapist's use of affirmative practices, the quality of the therapeutic relationship, and their own psychological well-being (Alessi et al., 2019). Alessi et al. (2019) structured the study to expand on how the therapeutic alliance, also known as *working alliance,* works in tandem with the *real relationship*, and are co-components of the *therapeutic relationship*. The authors define the *working alliance* as the collaborative component of the relationship which aids progress and change and the *real relationship* as a personal, authentic human connection (Alessi et al., 2019). Their results indicated that the therapeutic relationship was viewed as a significant mediating factor between client's perceptions of affirmative practices and their own psychological well-being (Alessi et al., 2019). Furthermore, Alessi et al. (2019) discovered that affirmative practices were associated with client psychological well-being which highlights the need for continuing to incorporate training for affirmative practices for therapists.

A key strength of this study was the decision to incorporate the real relationship as a co-construct of how the therapeutic relationship was presented (Alessi et al., 2019). Shedding light on the importance of connection between two individuals offers a simplicity greatly appreciated,

especially when highlighting the importance of this connection for queer clients. The small sample size is one of the key weaknesses as it lacks diversity which could be argued that the takeaways of the study could not be viewed as generalizable. Rather, there needs to be a focus on utilizing affirmative practices when working with marginalized groups, such as clients who have experienced PTSD or are from a lower socio-economic status. While various measurements, such as the Gay Affirmative Practice Scale (GAP) to classify therapeutic affirmative care, are incorporated in the study's analysis, the use of self-reported data offers potential for bias (Alessi et al., 2019). This study adds relevant depth to the developing literature on the experience of queer clients in counselling and how relational depth, empathy, and cultural attunement are essential tools in strengthening the therapeutic alliance, especially when working with marginalized groups. Alessi et al. (2019) demonstrated how affirmative practices can support queer clients and emphasized how a humanistic approach for clients can model a sense of trust and safety and work to actively avoid ruptures or make clients feel insecure about their sexual orientation.

Expanding on the growing awareness of the need for affirmative practices when working with queer clients, Sergi et al. (2024) explored how microaggressions can show up in counselling and how this pertained to ruptures within the therapeutic alliance for counsellors working with LGBTQ clients. The authors developed the Sexual Orientation Microaggression Rating Scale (SOMRS), an observer-based coding scale, to assess the presence of microaggressions as experienced by queer clients (Sergi et al., 2024). The SOMRS included markers of microaggressions that were conceptualized from themes that the authors had uncovered in qualitative research on the experience of sexual minority clients in counselling (Sergi et al., 2024). A sample of 44 participants, comprising of gay and bisexual men aged 19-35, were used

for this study. The participants had previously participated in Cognitive-Behavioural Therapy which focused on anxiety, depression, HIV risk behaviours, and substance use (Sergi et al., 2024). The findings from the study demonstrated that higher levels of perceived microaggressions were significantly correlated with greater therapeutic alliance ruptures, which underscored the importance of including an awareness of subtle, discriminatory behaviors that may be present within the therapeutic alliance. The authors' assertion of the impact that microaggressions have on the therapeutic alliance with queer clients enhances the relevance of this capstone which hopes to uncover how therapist self-disclosure can impact this relational component.

The authors discussed how microaggressions in this study were operationalized dependent on therapist's response to a clinical vignette, they were not operationalized based on in-sessions behaviours of the therapist (Sergi et al., 2024). A key strength of this article lies in the decision to create their observer-based coding scale, SOMRS, allowing the authors to expand their data collection from typical self-reported questionnaires. Incorporating such a tool is a significant contribution to the field in its ability to be used as a psychometric tool for all counsellors wanting to be mindful of their own biases that may show up in session. By creating the link between microaggressions and therapeutic alliance, the authors were successful in highlighting how even unconscious behaviours must be considered as they can unexpectedly undermine the strength of the therapeutic relationship (Sergi et al., 2024).

While this study is significant for helping address the gap in the experiences of queer clients within the field of counselling, the small homogeneous sample size, consisting of all men, 50% of those were white, lacks generalizability. The recognition of addressing microaggressions is still significant, but the paper lacks depth by not incorporating more intersectionalities like

gender, race, and culture. Additionally, while the SOMRS appears to be a sound psychometric tool with relevancy for exploring microaggressions, as it was developed by the authors for use in this study, it needs further assessment to ensure the validity and reliability for future use (Sergi et al., 2024). The authors did state that they incorporated data from initial sessions, so it would have been interesting to explore client's perceptions of microaggressions throughout the course of several weeks of counselling (Sergi et al., 2024). Despite some areas for potential growth to enhance the relevance of this study, Sergi et al. (2024) provided an important spotlight on the prevalence of microaggressions that queer clients experience which in turn results in ruptures to the therapeutic alliance. The findings from this study reinforce that by cultivating a strong therapeutic alliance relies on core conditions of empathy and authenticity, as well as an ongoing commitment to cultural humility and mindful avoidance of microaggressive behaviours when working with queer clients which directly relates to this capstone's research question (Sergi et al., 2024).

Queer Clients

A Brief History of the Queer Experience in the Medical Field

Gustavo Pessoa is a Jungian analyst who was focused on exploring how the queer experience can interconnect with analytical psychology. Pessoa (2024) expands on the concept of cultural complexes which is defined as "psychic formations that revolve around a specific experience that has been traumatic for a group of people, a culture, or a nation" (p.437). Cultural complexes are framed as a way to make sense of the queer experience, reflecting how various members of the queer community experience prejudice but in slightly different ways. Pessoa (2024) discussed how heterosexuality, if framed as a system of social norms, produces consequences for anyone who does not conform to the established values, therefore being

classified as “the Other”. In this context, the “Other” is someone outside the realm of heterosexuality, someone who is viewed as undesirable and subjugated accordingly; excluded and banished to the outskirts of society (Pessoa, 2024).

Pessoa connects this cultural complex's view on heterosexuality to Jung’s formation of complexes as it relates to the conscious mind’s tendency to separate a dimension of the psyche from itself. Pessoa (2024) discussed how the dominant social narrative within heteropatriarchal thinking asserts that heterosexuality has always been the gold standard therefore situating itself within a culture of heteronormativity. Within this perspective, it offers a sense to describe how any sexuality outside of this realm is viewed as an anomaly due to its divergence (Pessoa, 2024). Pessoa (2024) discussed how the ultimate goal of the heteropatriarchal complex is to confine individuals to view gender and sexuality as solely relating to reproduction.

It is worth noting how, throughout time, there have been noticeable shifts in how queer people are viewed within the field of mental health. Freud’s labelling of homosexuality as a perversion as opposed to typical classifications at the time, such as demonic possession or character deviation, was considered less stigmatizing (Pessoa, 2024). Pessoa (2024) discussed how queer people have been objectified by heteropatriarchal thinking and argued how bridges should be built in between queer theory and analytical psychology. Pessoa (2024) mentioned how they alleviated their pain after recognizing that they no longer needed to attempt to fit into a heteropatriarchal society. The removal of pain was found after recognizing that queer people do not fit within the limited constraints of heteropatriarchy and instead can develop their sense of belonging outside of this complex (Pessoa, 2024). Pessoa’s (2024) discussion of framing heterosexuality as a system offers relevant depth to understanding the unique experiences of how queer people move throughout society, especially when considering the necessity for affirmative

practices with marginalized clients. Having a more adept understanding of the queer experience offers relevant context around how specific therapeutic interventions, such as therapist self-disclosure, can impact the therapeutic alliance.

Relationship b/w Medical System and Queer clients - "Gay is Good"

In 1952, the first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) was published. Also known as DSM-I, this first edition classified homosexuality as a subcategory of sociopathic personality disturbance, which was grouped together with antisocial reaction, sexual deviation, and addiction (McHenry, 2022). It's important to note that the subcategory of sexual deviation pathologized specific types of behaviour, including homosexuality, pedophilia, fetishism, and sexual sadism. McHenry (2022) noted how, in the USA at this time, sodomy laws were in place across several states that deemed sodomy between two consenting adults was illegal. When the DSM-II was published in 1968, homosexuality moved to the category pertaining to personality disorders. McHenry (2022) highlights how it was one year later, in 1969, when the push for change began and inevitably led to a series of violent uprisings between police and patrons of a gay bar in Greenwich Village in New York City, known as the Stonewall Inn. These uprisings resulted in what is known as the Stonewall riot which is often viewed as the catalyst for the gay rights movement (McHenry, 2022). The following year, in 1970, gay rights activists protested at the annual APA meeting in San Francisco where they argued that the pathologization of queer identity fueled discourse that homosexuality was a disorder and required a cure or some form of treatment (McHenry, 2022).

McHenry (2022) discussed the repeated push to remove homosexuality from the DSM led to the 1971 APA meeting where gay rights activists were invited to speak at a panel discussion, entitled *Gay is Good*. These activists spoke about the stigma and discrimination they

had faced due to their diagnosis which led to another panel the following year as pressure from gray rights activists grew on the APA to remove homosexuality from the DSM (McHenry, 2022). At the annual APA meeting in 1973, McHenry (2022) highlighted how a symposium concluded that a psychiatric disorder must involve regular, considerable distress or impairment in social effectiveness or functioning. The apparent shift from the pathologization of homosexuality to an internal conflict or desire to change one's sexuality was reframed in a reprinting of the DSM-II in 1973 where the term *homosexuality* was replaced with *sexual orientation disturbance* (McHenry, 2022). The following editions of the DSM had further changes, with the DSM-III in 1980 renaming the condition to "ego dystonic homosexuality" and recategorization from a personality disorder to a psychosexual disorder (McHenry, 2022). In 1987, the DSM-III-R recategorized this distress about one's sexual orientation under *sexual disorder, not otherwise specified* and later in 2013, when the DSM-5 was published, this category was finally removed (McHenry, 2022).

By encapsulating the timeline of events that led to the removal of homosexuality from the DSM, McHenry (2022) highlighted the efforts of gay rights activists to argue how their existence cannot and should not be pathologized. McHenry (2022) noted how this shift underscored the impact that cultural context has on shaping cultural norms which consider what is pathological and what is not. Despite progress made by gay rights activists, McHenry (2022) emphasized how emerging research indicates that members of sexual minority groups have higher rates of depression, anxiety, substance use, and suicidality when compared to heterosexual peers. McHenry (2022) adds that these marginalized community members continue to have decreased access to mental health services and are at greater risk of experiencing stigma and bias when trying to obtain support from these services. The key takeaway from McHenry's (2022) analysis

reinforces the need for humility in psychiatric and psychological practice, recognizing that diagnostic frameworks must adapt to progressive understandings of identity, diversity, and human flourishing.

While there have been considerate efforts to reduce stigma and bias in the lives of queer clients by removing homosexuality from the DSM, there is still more work to be done. Noble et al. (2023) examined the most recent publication, the DSM-5-TR in 2023, addressing the experiences of queer clients. Noble et al. (2023) discussed how advancements in language and terminology have been essential in de-pathologizing the queer community and working to improve socially inclusive environments. In the DSM-5-TR, Noble et al. (2023) mentioned how there were significant changes that now consider diagnoses with the lens of ethnocultural, racial, sex, and gender constructs. The main changes included in this new publication demonstrated a shift away from non-stigmatizing language and reflected increased sensitivity for the lived experiences of queer clients which aimed to influence a reduction in discriminatory practices (Noble et al., 2023). The authors argued how diagnostic practices have the power to reduce or exacerbate disparities for queer clients, with consideration for how support through a heteronormative lens can perpetuate stigma and misdiagnosis (Noble et al., 2023). The authors advocated for the use of "disparity reduction diagnoses" which would entail that any future revisions to the DSM should prioritize reducing inequalities in mental health for queer clients. (Noble et al., 2023).

A major strength of this article is the timely focus on systemic bias found within diagnostic frameworks which draws attention to how entrenched heteronormativity impacts both clinical understanding and client experiences. By highlighting how queer clients' mental health experiences are linked to the cultural, social, and political values of these diagnostic systems,

like the DSM, it underscores the impact that small changes to wording or criteria can have ripple effects on how these clients navigate mental health supports (Noble et al., 2023). The main limitation of this article is the lack of empirical data as the authors' analysis is mainly conceptual and does not offer new data on how queer clients navigate counselling since these diagnostic shifts from the DSM. Given the broad spectrum of the 2SLGBTQIA+ community, the authors focused primarily on homosexuals while other subgroups were not thoroughly explored. Further consideration should be shown for the unique experiences of specific subgroups within the 2SLGBTQIA+ community and how their identity has been impacted by these recent changes in the DSM. Also, while this article was specifically focused on the DSM, the inclusion of another diagnostic tool, such as the International Classification of Diseases (ICD) which is mainly used in the U.K. and most of Europe, could have allowed for a richer discussion on the role cultural differences play in the presence of affirmative changes.

Overall, Noble et al. (2023) emphasized the risks of pathologizing queer identities and aimed to offer practical alternatives to make the diagnostic processes more affirming. The authors highlighted how diagnostic frameworks, such as the DSM, play a critical role in shaping the therapeutic process and therapeutic alliance for queer clients (Noble et al., 2023). For queer clients, diagnostic shifts that reduce stigma, embrace affirming language, and avoid pathologizing marginalized identities can contribute to strengthening of the therapeutic alliance. Noble et al. (2023) offered a holistic view on their take by noting how diagnostic practices that perpetuate stigma or ignore affirmative principles can undermine the therapeutic alliance before the therapeutic relationship can even begin. Queer-affirming approaches to therapy are becoming more utilized as society progresses and diagnoses should reflect this progression to ensure that

clinical care promotes equity and inclusivity for all, and especially members of the queer population.

Canadian Mental Health Field

Quantitative data provides an important lens for understanding the scope of queer experiences, particularly in relation to mental health outcomes and access to affirming care. Large-scale statistics, such as those collected by Statistics Canada, allow researchers and clinicians to identify trends, disparities, and systemic barriers that may not be visible at the individual level. Government data collected from 2019 to 2021 indicated that in Canada, there are 1.3 million members of the Canadian population, aged 15 years and older, who reported being part of the 2SLGBTQIA+ population(Government of Canada, Statistics Canada, 2024). Further to this point, among Canadians aged 15 years or older, 3 in 10 queer people reported their mental health to be fair or poor compared to fewer than 1 in 10 heterosexual individuals (Statistic Canada, 2024). Using Statistics Canada on the queer population can provide the advantage of a large-scale, nationally representative information that can highlight disparities in mental health outcomes and access to care. Standardized methodology can enhance reliability and enable valuable comparisons across time and demographic groups. A disadvantage to utilizing Statistics Canada is that the data used often relies on restricted or binary categorization of gender and sexuality, which can obscure the diversity of queer experiences. Quantitative surveys are limited in their ability to capture the nuanced, lived realities of discrimination, stigma and oppression that can be further explored in a qualitative design.

The Government of Canada announced on their website that they are focused on upholding the values of diversity and inclusion and key tenets of building a “better and more prosperous Canada for everyone” (Women and Gender Equality Canada, 2023). In 2022, the

Federal 2SLGBTQI+ Action Plan was launched which aims to advance rights, improve social, economic, and health outcomes for all queer Canadians (Women and Gender Equality Canada, 2023). In 2024, it was announced that Women and Gender Equality Canada, a department within the Canadian government will support 2SLGBTQI+ non-profit organizations by investing 12 million dollars over the next 5 years (Women and Gender Equality Canada, 2025). The messaging from the Canadian government appears to highlight a growing need for improving the safety and access to effective health care which coincides with a renewed focus on equipping mental health practitioners with training in queer affirming practices.

Considering the Canadian government's call to enact their Action Plan to improve the social, economic, and health outcomes for all queer Canadians, it is imperative to investigate how government policy translates into practice. Comeau et al. (2023) conducted a systematic review of the ongoing inequities in the Canadian health care system in which queer individuals face. The authors synthesized existing research on systemic barriers, discrimination and gaps in culturally competent care with an emphasis on how these inequities manifest in mental health contexts (Comeau et al., 2023). The main findings from their analysis demonstrated that queer clients encounter frequent stigma within health care institutions which contributes to minority stress and undermines trust in health care providers (Comeau et al., 2023). Minority stress theory served as a foundation for explaining the lived experiences of queer clients and health disparities in the Canadian mental health system. The authors discussed how minority stress theory postulates that high levels of chronic stress are brought on and further exacerbated by stigmatization and discrimination, as well as internalized heteronormativity which can be detrimental to physical and psychosocial health (Comeau et al., 2023).

The comprehensive nature of this article serves as its main strength in asserting the prevalence of health disparities that queer clients face. By drawing on multiple sources, this article offered a holistic view on the challenges faced by queer Canadians accessing healthcare. The article's focus on systemic inequities allowed for individual experiences to be framed within broader structures of marginalization which lends itself to the discourse on enacting social justice principles in clinical practice (Comeau et al., 2023). A main limitation of the paper is its descriptive nature as it does not include any empirical data and does not incorporate a qualitative design. Incorporating empirical data and real accounts of queer Canadian's experiences navigating health care would have solidified the author's assertion of how these inequities show up (Comeau et al., 2023). Given the limited capacity of the authors to highlight these inequities, providing a spotlight on legitimate concerns present in the Canadian mental health field does offer a call to action for improving the experiences of queer Canadians as they seek mental health support.

Comeau et al. (2023) reiterated the importance of training health care providers, including clinical counsellors, in developing cultural competence and utilizing a social justice approach in affirmative practice for queer clients. Through highlighting the interconnection between persistent discrimination, heteronormative assumptions, and link to minority stress, the authors asserted that further training should simultaneously address structure inequities and interpersonal dynamics. Situating the role of a clinical counsellor not only at the level of individual treatment but also within larger advocacy efforts is essential for advocating for equitable access to care and underscoring the role of the therapeutic alliance (Comeau et al., 2023). This article emphasized how systemic inequities and minority stress directly influence the therapeutic alliance, as experiences of bias or invalidation can undermine safety and trust for

queer clients (Comeau et al., 2023). Conversely, when counselors acknowledge systemic barriers and actively affirm queer identities, they foster stronger alliances characterized by validation, relational safety, and trust (Comeau et al., 2023).

Microaggressions

Given the longstanding impact that heteropatriarchal thinking has had on the queer community and members of this community navigate society, there have been efforts to explore what this impact looks like. Shelton and Delgado-Romero (2013) discussed how overt heterosexism, defined as discriminatory forms of heteronormativity over queer individuals, has declined over time with fewer instances of conversion or reparative therapy. The authors were curious in exploring the presence and impact of sexual orientation microaggressions within psychotherapy for queer clients (Shelton & Delgado-Romero, 2013). Using a qualitative study design, Shelton and Delgado-Romero (2013) conducted interviews with 16 self-identified queer clients to explore how subtle discriminatory remarks or specific behaviours from their therapists influenced how they viewed the therapeutic experience.

The format of the study was structured into two self-contained focus groups where a facilitator read out scripts of different forms of microaggressions to the participants. The sexual orientation microaggressions were arranged into seven themes including the assumption that one's sexual orientation was the cause of their presenting issues, making stereotypes about queer clients and expressions of heteronormative bias (Shelton & Delgado-Romero, 2013). The findings of the study revealed that despite intentionality from a therapist, microaggressions pertaining to one's sexual orientation resulted in undermining trust, reinforced power imbalances and hindered client's willingness to disclose personal information (Shelton & Delgado-Romero, 2013).

A strength of this study was its qualitative design that used a self-contained focus group which offers a more naturalistic environment in which the participants are influenced by another rather than the facilitators (Shelton & Delgado-Romero, 2013). The authors purposefully used a heterosexual facilitator in this study to avoid any potential bias of focusing on their own experiences rather than those of the participants (Shelton & Delgado-Romero, 2013). A main limitation of this study not only pertains to a small sample size that challenges replicability and validity of the findings, but also how trans clients were not included in the sample. Additionally, 13 out of 16 of the participants were White, highly educated cisgender women which restricts the generalizability of the results (Shelton & Delgado-Romero, 2013).

While small sample sizes is a common theme of psychological research that focuses on the experiences of queer individuals, Shelton and Delgado-Romero (2013) underscored the significance of showcasing perspectives of queer clients. The authors were successful in highlighting voices that are often overshadowed in research and emphasizing how therapists show be aware of sexual orientation microaggressions (Shelton & Delgado-Romero, 2013). This study demonstrated the importance of embracing culturally responsive approaches that validate queer identities and minimize the risk of heteronormative bias (Shelton & Delgado-Romero, 2013). Ultimately, therapists who build strong alliances with queer clients require humility, openness, and inclusiveness to engaging with affirmative practices, which can sometimes be found at queer specific services.

Inclusion of Queer Specific Services

Affirmative practice has been identified as essential for fostering strong therapeutic alliances with queer clients as it directly addresses the adversity faced from heteronormativity and marginalization (Bettergarcia et al., 2021). Without intentional efforts to validate and affirm

gender and sexual diversity, counsellors risk perpetuating further harm to their clients through microaggressions which may rupture the therapeutic relationship. Bettergarcia et al. (2021) explored how training counselors in skills necessary for queer-affirming care, such as cultural competency and relational sensitivity, are relevant to supporting their unique needs as members of marginalized communities. The authors investigated the effectiveness of cultural competency training interventions for mental health providers in a systematic review of 13 peer-reviewed studies between 2000 and 2020 (Bettergarcia et al., 2021). Their review synthesized research on several training approaches, with a focus on contributing factors on treatment outcomes, such as provider knowledge of queer issues, attitudes, and clinical competency in working with queer clients (Bettergarcia et al., 2021). The findings of their study demonstrated evidence that queer competency training helped to improve self-reported knowledge, attitudes, and skills of mental health professionals but noted how further research is necessary to make clear conclusions about the effectiveness of this training (Bettergarcia et al., 2021).

A major highlight of this study pertains to its comprehensive structure in offering a concise overview of how queer-affirming training has been conceptualized and implemented across various contexts. The authors highlight the positive impacts that this training can provide counsellors such as increasing their awareness of queer-specific issues and confidence in their ability to support their queer clients, while asserting how more research is required to understand the full effect of this training (Bettergarcia et al., 2021). A limitation found in this study pertains to the lack of variability of the studies reviewed, specifically, small sample sizes and inconsistent measures of clinical effectiveness (Bettergarcia et al., 2021). While the study was structured around training methods for clinicians, the exclusion of relational skills aimed at strengthening

the therapeutic alliance limited the study's ability to showcase how the therapeutic alliance plays a major role in the implementation of affirmative practice.

Bettergarcia et al. (2021) erred on the side of caution when discussing their results and the implications for real-world application in clinical practice. By addressing how the evidence for queer cultural competency is not entirely robust, Bettergarcia et al. (2021) were able to demonstrate a starting ground for further research. Prioritizing queer affirmative training has the opportunity to increase cultural competence and reduce the likelihood of microaggressions which, in turn, can foster therapeutic alliances that are safe, validating, and conducive to client growth. This study argued that training should expand past basic awareness of queer issues to cultivate relational sensitivity, empathy, and cultural humility, which are all essential for building trust with queer clients (Bettergarcia et al., 2021). In order to maintain a secure therapeutic alliance, Bettergarcia et al. (2021) argued for clinicians to embody affirming practices in their relational approach. Navigating the therapeutic alliance requires therapists to self-reflect on their social location and how their varying intersectionalities show up in session, such as the therapist's sexual orientation.

Rachel Peacock (2024) discussed whether queer clients prefer working with a queer therapist over a heterosexual therapist. From her analysis of previous research, Peacock (2024) asserted that there are varying perspectives that existed. Peacock (2024) described how, for queer clients, having a queer counsellor was seen as advantageous but also could be seen as a cause of tension for some clients. Some tensions that arose were the result of clients' comparing their lived experiences to those of their therapist's or feeling protective after learning that they are both sexual minorities (Peacock, 2024). Certain clients indicated that they had deliberately sought out a queer counsellor as they found that there was a deeper understanding of

homophobia and specific queer experiences (Peacock, 2024). Due to the heteropatriarchal structure that exists in society, heterosexual therapists maintain social power and can work with queer clients who seek therapy due to minority stress (Peacock, 2024). Granted the varying discourse present, Peacock (2024) highlighted how the general consensus was that clients experience queer therapists in different ways dependent on their lived experiences and we cannot assume that it is always better for queer clients to have a queer therapist (Peacock, 2024). A unifying theme across the studies did indicate how all queer clients sought out a therapist who embodied cultural competence, had awareness of queer issues and demonstrated sensitivity to their perspectives (Peacock, 2024).

Peacock (2024) embraced a relational approach when she explored the experiences of self-identified heterosexual person-centered counsellors who worked with queer clients. Peacock (2024) noted how this is an under-researched area of study and sought to challenge a limited dialogue in how heterosexual counsellors can best support queer clients. They used a qualitative study which was limited in its inclusion of four participants, especially considering the breadth of four themes: shaping and forming, ways of seeing, witnessing clients, and relationships with person-centered theory (Peacock, 2024). Peacock highlighted an existing need to further person-centered discourse around queer experiences, especially given the relational approach to working with marginalized community members. Peacock's (2024) study emphasized the growing need to discover the impact that the working alliance has within connecting with queer clients, with consideration for self-disclosure if trust and safety are determined. The findings highlighted that while the therapists aimed to adopt a non-judgemental approach which aligned with person-centered values, some therapists struggled with implicit biases, limited training and uncertainty in addressing queer-specific issues (Peacock, 2024).

The main strength found in Peacock's (2024) article was the spotlight on an under-researched topic. There have been several studies published that describe potential training of affirmative practice and recognizing the experiences of queer clients in order to best support them. While relevant to understanding how to improve the experiences of queer clients as they navigate healthcare, Peacock (2024) offers an important insight into how heterosexual counsellors are embodying this training and learning from how these efforts are showing up in practice. Albeit a small sample size, hearing from heterosexual counsellors did capture their nuanced experiences which highlights how dominant cultural positions shape therapeutic practice (Peacock, 2024). As important as it is to offer voice to heterosexual therapists, Peacock (2024) could have solidified their study by incorporating the experiences of queer therapists and contrasting their experiences. Having the inclusion of heterosexual and homosexual therapists offering their experiences of working with queer clients would offer a holistic view on having a more adept understanding of these lived experiences. Additionally, an analysis of their experiences with their clients would have provided more insight into the subjectivity around how impactful the therapist's sexual orientation is on the therapeutic alliance (Peacock, 2024).

With appreciation for highlighting this under-researched topic in counselling psychology, Peacock (2024) added relevant depth to the conversation around how to best support queer clients. Peacock (2024) emphasized the need for continued professional development and reflexivity among heterosexual therapists, particularly around addressing their own assumptions and utilizing their training to ensure clients do not experience minority stress in session. Therapeutic alliance was framed as not only dependent on relational attunement but also on the therapist's capacity to recognize and address sexuality differences with humility and cultural responsiveness. Therapeutic ruptures may arise if heteronormative assumptions go unchallenged

and it is up to the therapist, personally when embodying person-centered values, to combine their unconditional positive regard with active efforts to affirm and validate the lived experiences of their queer clients (Peacock, 2024).

Culture and Diversity

When considering the various intersectionalities of queer clients that come to therapy, it's important to address how their lived experiences play a role in how they show up in the counselling space. Understanding the various facets of the queer experience can sometimes come with new territory for counsellors who are not well versed in working with subgroups of queer clients, such as kink communities. Muzacz et al. (2023) examined the intersections of queer identity, kink, and social justice practices within counselling and how affirmative practice can become safe spaces for marginalized clients. The authors highlighted how queer and kink-positive clients often navigate overlapping stigmas that can result in isolating experiences of pathologization and disconnection in therapy (Muzacz et al., 2023). By advocating for social justice practices rooted in cultural humility and relational safety, Muzacz et al. (2023) argued that the role of the therapeutic relationship serves as a primary site of healing for queer, kinky clients who are often marginalized. Embodying culturally inclusive counselling involves counsellors who challenge their own attitudes, beliefs, and values about their queer and kinky clients (Muzacz et al., 2023).

A major strength of this study relates to the focused efforts of the authors to integrate queer and kinky identities with a social justice framework. Using a culturally inclusive lens, this study expands discourse around inclusivity in counsellors and provides practical strategies for navigating these intersectionalities in sessions. Recognizing the systemic oppression that marginalized community members experience with their intersecting identities was crucial to

include in this study as it highlighted the awareness of any counsellor's capacity. While this article offers valuable insight into the lives of real clients, the lack of empirical evidence does impact the effectiveness of the guidance included by the authors (Muzacz et al., 2023). Additionally, while this article is focused on advocacy for queer and kinky clients, a more thorough exploration of how therapists simultaneously maintain traditional therapeutic boundaries would have enhanced our understanding of how to effectively translate this approach into practice.

Overall, this article underscored the need for advocacy for queer, and kinky clients through practical guidance for counsellors. The main theme embodied within the article pertains to the role the therapeutic alliance plays in supporting queer clients, conceptualized as a space where identity validation and resistance to stigma can occur (Muzacz et al., 2023). The authors demonstrated that the therapeutic alliance must reach beyond empathy to actively resist heteronormative assumptions and to validate the adversity faced by marginalized clients (Muzacz et al. 2023). There are several complexities that must be considered when supporting clients from marginalized communities, especially when navigating sex-positive topics. Given the nature of affirmative practice, consideration for various interventions can be shown, including therapist self-disclosure which can challenge the notion of therapeutic boundaries.

Therapist Self-Disclosure

Introduction of Self-Disclosure: Historical Overview

When considering the necessity of a strong, therapeutic alliance for developing rapport and establishing trust and safety with clients, several interventions can be employed. Once the therapeutic alliance has been determined through repeated interactions of the client with the therapist, the therapist may utilize a relational intervention known as therapist self-disclosure.

Prominent psychologist, Sidney Jourard, played a significant role in establishing ‘self-disclosure’ as a foundational concept within the field of psychology, specifically humanistic psychology (Jourard, 1971). Jourard defined self-disclosure as “being oneself, honestly and with others…an accurate portrayal of the self to others”, which he viewed as a pathway to self-actualization (p. 212). British psychological professor Rowan Bayne (1977) expanded on Jourard’s perspective, arguing that clinical counsellors should strive to be transparent with others and shed their masks with the ultimate goal of modeling authenticity in clients through the counsellor’s genuine and self-revealing act. This assertion for disclosure highlights the evolution of counselling psychology at the time as the field was moving away from traditional psychoanalysis and behaviorism which upheld more traditional boundaries between therapists and clients.

Bayne (1977) discussed how Jourard developed his own measurement, the Jourard Self-Disclosure Questionnaire (JSDQ), which was viewed up until the 1970s as a reliable measurement with high validity. Bayne (1977) described how the JSDQ inherently contradicted the validity of Jourard's own theory of self-disclosure as his theory. Bayne (1977) argued that people had inaccurate self-concepts which would prevent honest disclosures, and thus, with this logic, any data gained from the JSDQ would be viewed as an inaccurate representation of participants’ disclosures. Bayne (1977) furthered their argument in rejecting the validity of the JSDQ that despite its use in over 200 studies, it is a challenging concept to measure and the majority of studies blindly used the questionnaire which could have skewed their results.

Bayne (1977) highlighted how Jourard’s work was influential in the field of psychology but was limited in its approach for practical application for counsellors. While Bayne (1977) offered relevant critiques to Jourard’s work, the limitations of his paper are found in the lack of considerable alternative options to measure self-disclosure. There is discussion of other

measures, from the 1950's which include incorporating Rogerian theory and congruence, as well as other measurements which explored specific traits, such as extraversion-introversion for the purpose of determining consistencies in how people disclose based on personality differences (Bayne, 1977). The discussion led by Bayne (1977) highlighted the evolving view of self-disclosure within the field of psychology and provides relevance to understanding the progression of how this concept became a therapeutic tool. Incorporating the historical context for how the use of therapist self-disclosure evolved over time demonstrates how this intervention has remained present as an effective relational tool. As Bayne asserted Jourard's views on self-disclosure, consideration must be shown for how contemporary researchers view the use of therapist self-disclosure in practice.

Dominant Narrative

As Jourard's work on self-disclosure first originated in the early 1970s, there has since been a progression of how this therapeutic intervention has been employed with clients. In 2010, Henretty and Levitt, conducted a qualitative review of the existing literature on therapist self-disclosure with the aim in clarifying its use, relevance and impact within psychotherapy. Henretty and Levitt (2010) examined Jourard's definition on self-disclosure, noting how his construction of the concept was overly idealistic as it lacked consideration for relevant ethical codes all counsellors must adhere to. The authors expanded their critique by highlighting Jourard's theory how unregulated or excessive self-disclosure has the potential to shift focus away from the client and cross boundaries (Henretty & Levitt, 2010). The authors discovered that while over 90% of therapists reported using self-disclosure in session with clients, this intervention took up only a brief amount of counselling sessions (Henretty & Levitt, 2010).

Henretty and Levitt (2010) highlighted in their research the paradox that exists within the literature on self-disclosure, while the vast majority of therapists engage in self-disclosure, there is little consensus on its clinical unity. The authors note the lack of unity is largely dependent on inconsistencies around the operationalization of self-disclosure across studies, ranging from demographic facts to personal anecdotes. To mitigate the varying definitions, Henretty and Levitt (2010) organized their findings thematically, including therapist and client factors, disclosure content, and timing. Utilizing a thematic approach to synthesize the data can be useful for clinical reflection but does risk overlooking relevant theoretical and contextual distinctions (Henretty & Levitt, 2010). The authors argued that disclosure that aligns with relational traditions may serve entirely different functions than those informed by multicultural or feminist frameworks (Henretty & Levitt, 2010).

A crucial strength of the article lies in its recognition that therapist self-disclosure is not inherently beneficial or harmful, but instead contingent on multiple, interacting factors. However, this contingency is often presented with broad generalizations, including time appropriate disclosures which lack significant opportunities to establish replicable standards for training and supervision. The authors did critique the paucity of formal training in self-disclosure, noting that most therapists report learning to disclose through informal experience rather than structured education (Henretty & Levitt, 2010). While this insight underscores an important theme, the authors did not expand on external factors shaping therapist self-disclosure, including adherences to professional code of ethics (Henretty & Levitt, 2010). Despite not including an in-depth discussion around the relevance of incorporating the role that external factors play in TSD, Henretty and Levitt (2010) followed through with achieving their goal of the paper by providing a comprehensive understanding of the potential factors that interplay with

TSD. This qualitative study added depth to underscoring the therapist self-disclosure has evolved from the 1970s and the importance of considering TSD as a valid therapeutic tool to enhance safety and strengthen the therapeutic alliance. While this study was published in 2010, it demonstrates the integration of TSD into clinical practice over the past 50 years, which adds to its continued relevance for contemporary clinical counsellors.

Johnsen and Ding (2021) critically examined therapist self-disclosure, specifically in child and adolescent counselling psychotherapy, with the aim in addressing the complexities of this therapeutic tool. The authors, Johnsen and Ding (2021) define TSD as the "revealings of a therapist's feelings, thoughts or personal information to the client" (p.444) and highlight the research gap on TSD despite the noted frequency of its use by the majority of therapists. Johnsen and Ding (2021) provide a spotlight on how despite the prevalence of TSD, it is not incorporated into training for child and adolescent counsellors for fear of boundary violations. While not recommended for therapists of this specific subgroup, the majority of therapists engage with TSD (Johnsen & Ding, 2021). Drawing from clinical vignettes and existing research, the authors argued that thoughtful, intentional self-disclosure from therapists, specifically related to emotions or experience of the therapeutic process, can enhance the therapeutic alliance and foster safety for younger clients (Johnsen & Ding, 2021).

The main strength of this article is its inclusion of examining a controversial therapeutic practice through the lens of how it can support child and adolescent clients. Given the nuance in how to engage with TSD, the authors effectively framed TSD within developmental and relational contexts for the purpose of emphasizing context (Johnsen & Ding, 2021). Johnsen and Ding (2021) explained that many factors should be considered before employing TSD, but the context is crucial as it can be viewed on a case-by-case basis and relies on timing, intent, and

client needs. Their discussion does provide clinical insight for practical applications, but the lack of empirical data weakens the strength of their arguments which could be viewed as more conceptual than analytical. As the authors relied heavily on discussing potential scenarios of TSD, it lessens the generalizability of their conclusions as speculative insight does not always account for real world applications (Johnsen & Ding, 2021). Despite missing components that could strengthen this article, the authors were able to demonstrate the effectiveness of utilizing TSD as it can work as a powerful, relational tool (Johnsen & Ding, 2021). With a focus specifically on supporting younger clients, contextual factors must always be taken into consideration as disclosures can deepen authenticity, normalize and validate client's experiences, and work to support the strength of the therapeutic relationship. Additional contextual factors, like the timing of a disclosure, should be assessed by counsellors as potentially impactful to the therapeutic alliance.

Getting it "Just Right"

Robertson et al. (2025) conducted a qualitative study aimed at exploring how a therapist's disclosure of lived experiences is perceived by their clients and colleagues. The researchers examined the challenge of getting disclosures "just right" to determine strong rapport, appropriate timings, and that only relevant information was shared (Robertson et al., 2025). To get it right, the authors conceptualized it as the disclosure landing for the client and it adds to the therapeutic process as a whole (Robertson et al., 2025). Robertson et al. (2025) address how stigma surrounding self-disclosure, specifically how it can be viewed as a slippery slope of ethical boundary violations, citing fear of subsequent disclosures which may impact the strength of the therapeutic alliance. Potential negative consequences that may arise include blurred lines regarding role clarity. While research has examined therapist self-disclosure, Robertson et al.

(2025) aimed to decipher the appropriateness of disclosing one's lived experiences with mental health conditions. They used a sample of 318 counsellors or clients, with 27% recounting a real-life therapist disclosure, with disclosure topics ranging from therapist's experiences of specific symptoms, like anxiety or depressed mood, as well as interpersonal issues (Robertson et al., 2025).

When determining the times that therapist self-disclosure was considered relevant, Robertson et al. (2025) highlighted four main conditions: strong rapport with clients, disclosures were brief in detail, disclosing a similar experience that is relevant to the client, and disclosing an experience from which the therapist had recovered from. A key consideration that was emphasized by Robertson et al. (2025) was how TSD can allow counsellors to be further humanized by their clients, yet this comes with the risk of no longer being seen as a professional which may impact role clarity. The authors coin this sweet spot of timing as "Goldilocks disclosures" as it pertains to the specific type and most appropriate timing of disclosure where it's "just right" (Robertson et al., 2025).

While this research was significant in providing insight to how therapists can engage with self-disclosure, it is limited in the form of semi-structured interviews and demographically narrow samples, consisting of mainly white, female clients living in Australia which contributes to reduced reliability. Robertson et al. (2025) do highlight the relevant factors to consider prior to engaging in TSD, yet do not incorporate intersectionalities and how environmental contexts impact client perceptions, dependent on their cultural background. It is important to have consideration for therapist perspectives in addition to client perspectives, something that is necessary for further exploration. Robertson et al. (2025) provided depth to our understanding of how therapist self-disclosure is dependent on how clinical judgement must be contingent on

various factors, including culture, ethnicity, personality. These factors must be taken into consideration before therapists engage with self-disclosing to their clients, with a focus always situated on how the disclosure is relevant and beneficial to the client. Engaging with a thorough assessment on the impact of these contributing factors can support therapists in understanding how their self-disclosure is beneficial for their client, something which can be verified once investigating the perspectives of clients.

Client Perspectives

Given the numerous intricacies of how therapist self-disclosure can be utilized as an effective therapeutic intervention, there should be consideration for how clients internalize these disclosures. Expanding on previous research from 2010, Henretty et al. (2014) conducted a meta-analysis of 53 studies for the purpose of exploring how clients perceive therapist self-disclosure. The authors highlight the prevalence of this intervention, noting how TSD is averaged at 3.5% of therapeutic interventions used although over 90% of therapists reported self-disclosing to their clients at some point in their career (Henretty et al., 2014). The results of the study demonstrated that therapist self-disclosure was typically associated with more positive client perceptions of their therapists, including higher rating of warmth, trustworthiness, and professional attractiveness (Henretty et al., 2014). This study offered insight into how, under specific conditions, TSD improved the outcome of clinical treatment by enhancing relational depth as well as client's willingness to disclose themselves (Henretty et al., 2014). This study demonstrates the relational power TSD possesses for strengthening of the therapeutic alliance when applied in supportive and intentional ways.

A key strength of this study pertains to the structure of its meta-analysis design, especially as the authors included their rigorous vetting application of studies to determine its

relevancy for inclusion. Using an evidence-based perspective on the effects of TSD allowed the authors to examine and identify patterns across studies which provided for greater opportunities of reliability and generalizability (Henretty et al., 2014). While the authors were effective in highlighting themes from the patterns they discovered, the diversity within the included studies, such as types of experimental design, sample sizes, and operational definitions of self-disclosure make it challenging to draw uniform conclusions (Henretty et al., 2014). Additionally, 81% of the participants included were studies which lessens the validity and replicability of the results. Overall, the meta-analysis conducted by Henretty et al. (2014) furthered our understanding of the role therapist self-disclosure plays in the therapy room by going one step further and placing emphasis on the client's experience of this intervention. The study underscores that therapist self-disclosure has significant potential for enhancing the strength of the therapeutic relationship and how it can work to deepen trust, enhance empathy and prioritize authenticity.

With appreciation for the complexities around how therapists must effectively self-disclose relevant details of themselves to their clients, McCormic et al. (2019) explored how therapist self-disclosure impacts their client's perceptions of the therapist and the therapeutic process overall. McCormic et al. (2019) focused their study on therapeutic self-disclosure that pertained to personal psychological problems. The authors used an experimental analog design where 104 participants were asked to read vignettes of a therapist who disclosed whether they did or did not experience similar psychological difficulties (McCormic et al., 2019). As some vignettes did not include disclosure related to these difficulties, other vignettes were categorized by either *mild*, *moderate* or *extreme* severity, dependent on the content that was shared by the therapist (McCormic et al., 2019). The results of the study demonstrated that therapist self-disclosure generally led to significantly more positive perceptions of the therapist's warmth and

relatability while some participants had legitimate concerns about the therapist's competency to support them, depending on the specific nature of the disclosure (McCormic et al., 2019). This study demonstrates how the intricacies of therapist self-disclosure must be heavily examined with self-reflection from therapists on whether the extent to which they are disclosing is to the benefit of the client.

A major strength of this study is its inclusion of the *wounded healer*, a term used to describe a trained professional who has lived experience of mental health issues and works alongside their clients to support them through similar situations of adversity (McCormic et al., 2019). The authors distinguish *wounded healer* from *impaired professional* which denotes a sense of current inadequacy in supporting clients as their mental health challenges impact the effectiveness of their therapeutic work (McCormic et al., 2019). Given the varying opinions on self-disclosure within the therapeutic community, especially as it pertains to serious bouts of mental health distress, it is relevant to highlight this distinction as it adds levels of depth for consideration of how TSD may help or harm clients. This specific type of disclosure involves great care and self-awareness of how this intervention can enhance the therapeutic alliance as long as the therapist recognizes their own capacity and mental well-being.

While this study is relevant for its ability to highlight specific forms of therapist self-disclosure, it is limited in its lack of replicability due to the structure of the study design. Having participants respond to scenarios from hypothetical vignettes that included varying levels of disclosure, the ecological validity is limited as it can approximate therapy imperfectly (McCormic et al., 2019). There are several additional factors that may need to be taken into consideration in real-world clinical application, including, timing, strength of therapeutic alliance, and client vulnerability. Also, the exclusion of cultural and individual differences in

how clients interpret therapeutic self-disclosures limited the study's ability to provide the reader with a more grounded conclusion. Despite reasonable challenges with validity and replicability, the authors' study adds relevance to the discussion of how the specific content of TSD must be assessed in conjunction with various factors for the sole purpose of determining whether said disclosure will benefit the client (McCormic et al., 2019). It is important to address potential risks for client's perceptions of their therapist's competence being potentially skewed after TSD as this relates to consideration for how the therapeutic alliance operates (McCormic et al., 2019). This study relates to this capstone's research focus as it highlights how TSD is not a one-size-fits-all approach, rather a therapeutic intervention that includes careful reflection, sensitivity to client needs, and consideration of context.

Cross-Cultural Exchanges

With the emphasis on how many factors should be taken into consideration when therapists decide to employ TSD in session, a crucial component not yet discussed relates to culture. Culture is embedded in one's identity and the ways in which people relate to their culture can impact the way their relationship with culture is brought into the therapy room. Lee (2014) explored how TSD impacts the therapeutic process in cross-cultural encounters, with a focus on distinctions between personal, professional, and cultural self-disclosure. Lee (2014) analyzed two case examples from recorded therapy sessions, six dyads in total, between White therapists and clients of colour to determine how therapists disclose their personal, professional, and cultural self. The article highlighted how self-disclosure can serve as a bridge between different cultures with the results indicating a reduction of power imbalance and an increase in fostering client trust when used thoughtfully (Lee, 2014). While TSD acts as a connecting tool for cross-cultural encounters, Lee (2014) emphasized that the therapist's cultural perspective

should not be imposed on the client, noting how some therapists work to reduce their own anxiety by neutralizing cultural differences or overcompensating for racial differences.

One key strength that Lee (2014) offered in his article lies in the clearly defined breakdown of the various types of therapist self-disclosure: personal, professional, and cultural. By creating this distinction, it enhances the depth of our understanding of how the various parts of the self show up even in the disclosures that are used in therapy. Creating awareness for the multi-layered components of the self serve as a stepping stone for the discussion around how race, culture, and ethnicity intersect with individual differences. This study lends itself to the broader context of multicultural counselling and the importance of employing affirmative practice with consideration for diversity and intersectionality (Lee, 2014). The limitations of this article are found in the small sample size with only a brief snippet of two sessions being shown as opposed to incorporating a progression across numerous sessions with a focus on understanding how TSD in cross-cultural exchanges impacts the therapeutic alliance. With preference for a conceptual, theoretical framework over inclusion of empirical data or systematic analysis, the focus on case examples, obtained from six dyads, limits the generalizability of the results (Lee, 2014). The subjective interpretation of these cross-cultural dynamics challenges the ability for these results to apply universally to all cultural contexts.

While Lee's 2014 study came out over a decade ago, its inclusion of cross-cultural exchanges is ever more important as the world becomes an increasingly diverse place. Lee (2014) emphasized how not only is therapist self-disclosure a relational tool, but can be viewed as a cultural act with potential for facilitating authenticity, cultural humility, and strengthening the therapeutic alliance when used effectively with care. Lee (2014) highlighted how self-awareness of one's cultural biases can only support counsellors so much and advocated for the

development of a case-consultation group. Lee (2014) argued that these groups could provide a safe space for counsellors to receive relevant, up-to-date training on affirmative practices within multicultural counselling and where counsellors could learn about how their values impact their clients and work to hold one another accountable. This study underscored the need for therapists to remain reflexive in their positionality and the potential impact that their disclosures may have on clients from diverse cultural backgrounds (Lee, 2014).

As the field of multicultural counselling expands and the amount of research on culture and diversity increases, there is a growing need for incorporating how therapists should address their own as well as their client's intersectionalities. When a client arrives to session, they are bringing with them a breadth of lived experiences that intersect with their gender, ethnicity, race, etc. and it is imperative that counsellors work to reflect on their own lived experiences and how their intersectionalities interact with those of their clients. Sunderani and Moodley (2020) conducted qualitative interviews with nine therapists to investigate the therapist's perceptions of their use of self-disclosure with their clients. The authors broke down disclosure into three subthemes: client curiosity, shared difficult or traumatic experiences, and cultural similarities (Sunderani & Moodley, 2020). It was revealed from the data that the therapist's decision whether to disclose was dependent on the therapist's awareness of power dynamics, cultural differences, and the therapeutic alliance (Sunderani & Moodley, 2020). This study helped normalize that many therapists struggle with the decision to disclose as they must weigh the potential benefits of enhancing trust and cultural connection against the risks of misinterpretation or boundary violations (Sunderani & Moodley, 2020).

The major strength of this study is its qualitative design as the semi-structured interviews from therapists provided relevant insight into the nuanced complexities surrounding therapist's

decisions to self-disclose with their clients (Sunderani & Moodley, 2020). Focusing on the lived experiences of therapists, especially in the context of cross-cultural exchanges, provides rich, context-sensitive data into how self-disclosure can both connect and complicate cultural divides. While hearing it from the source does add depth to our understanding of therapist's views around self-disclosure, it is important to recognize that this structure is one of the main limitations of this paper. Relying on self-reported data is subject to social desirability bias and incomplete recall, as well as a small sample size of nine therapists impact the study's generalizability (Sunderani & Moodley, 2020). It is important to note that the lack of client's perspectives entails therapist's perceptions of how they viewed their disclosure landed rather than how it was actually experienced by their clients (Sunderani & Moodley, 2020).

While recognizing that a small sample can limit the ability to represent diverse cultural and therapeutic settings, this study did inform this capstone's theme by emphasizing how therapist self-disclosure is a culturally situated practice (Sunderani & Moodley, 2020). In cross-cultural exchanges, disclosure can function as an avenue for building rapport and showing cultural humility, but caution must be shown against therapists centering their cultural background in the therapeutic alliance (Sunderani & Moodley, 2020). This study further highlights the importance of reflexivity, intentionality, and cultural attunement for therapists deciding whether to disclose with clients of differing cultural backgrounds. Sunderani and Moodley (2020) expanded their discussion of self-disclosure to ascertain how culture impacts relational dynamics and the considerations necessary for therapists in prioritizing the therapeutic alliance.

External Factors / Shared Experiences - Context Dependent TSD

Therapist self-disclosure was conceptualized as immediate and non-immediate self-disclosure by Luo et al. (2024). Immediate TSD pertains to when a therapist shares their personal feelings, perceptions, and thoughts toward their patient while using immediacy, for instance referencing potential space or ruptures in the dynamic (Luo et al., 2024). The authors conceptualize non-immediate self-disclosure as any references outside the therapeutic alliance, such as inclusion of personal lived experiences or belief systems (Luo et al., 2024). The relevance and determined utility of TSD has varying opinions across different theoretical orientations and it is important for therapists to understand how their theoretical lens either aligns or misaligns with this specific intervention. Gaining a sense of whether TSD compliments a theoretical framework allows therapists to ascertain how to support their clients in a manner that simultaneously coincides with their approach and highlights the role of the therapeutic alliance.

Luo et al. (2024) discussed how traditional psychoanalysis typically viewed TSD as controversial due to potential for violating therapeutic boundaries and shifting the focus of therapy from the client to the therapist. While there is potential for a shift in focus, Luo et al. (2024) noted a trend towards more acceptance of TSD in therapeutic orientations, such as contemporary psychodynamic approach, cognitive-behavioural therapy, and person-centered therapy. The trend toward advocating for TSD in session relates to the belief that this intervention models openness and vulnerability, invites deep emotional disclosure, and increases connection with the ultimate goal of enhancing the therapeutic alliance (Luo et al., 2024).

Luo et al. (2024) explored how external factors can impact therapist's willingness to engage in Therapist Self-disclosure. Specifically, the Covid-19 pandemic and abrupt shift to teletherapy were factors taken into consideration to assess how shared experiences, particularly

on a global scale, can result in significantly more opportunities to self-disclose (Luo et al., 2024). Luo et al. (2024) interviewed over 2500 therapists and clients in their study, discovered, through longitudinal analysis over three months, how increased TSD from therapists was correlated with increased perception of pandemic-related traumatic distress within clients. The authors were limited in their understanding of incorporating relevant therapeutic factors, such as gender, age, length of clinical experience, and therapist-rated working alliance (Luo et al., 2024). Further exploration into additional factors would enhance clinician's understanding of which factors should take priority before deciding whether to exercise self-disclosure with their clients. A significant limitation that was addressed by the authors was not defining the term 'personal life' in their survey which implicates challenges in determining validity without a structured definition. (Luo et al., 2024).

While the chaos and abrupt nature of transitioning to teletherapy during the Covid-19 pandemic had many challenges, Luo et al. (2024) offered valuable insight in noting how increased TSD can be viewed as a marker of heightened traumatic distress, while highlighting how only therapists viewed this as a marker for a stronger therapeutic alliance. This study provides added depth to our understanding of how to incorporate TSD in practice, as it's more common than we think and negates a review on affirmative practice when determining the most appropriate time to disclose as well as type of disclosure. By offering an analysis of how external factors impact the use of therapist self-disclosure, this study relates back to this capstone's research question through solidifying the impact this intervention has on the therapeutic alliance.

Boundaries with clients

It is imperative that therapists consider the implications of potentially crossing boundaries depending on what they choose to disclose to their clients. As there is a growing

emphasis on enacting affirmative practice when working with marginalized clients, specifically queer clients, therapists must assess how much of themselves they are open to sharing. In 2012, Moore and Jenkins explored the factor of sexual orientation and how this relates to TSD, specifically the risks and benefits of gay and lesbian therapists who self-disclose their sexual orientation to straight clients. They used a qualitative format, eight semi-structured interviews from queer gay and lesbian therapists who had previously disclosed their sexual identities (Moore & Jenkins, 2012). The study revealed how the therapists varied in their level of confidence in disclosing, but all participants noted their feelings of anxiety and vulnerability, with some disclosing their fear of client judgement or potential rupture to the therapeutic alliance (Moore & Jenkins, 2012). A common theme that was discovered from the interviews pertains to how self-disclosure was framed as a negotiation between professional responsibility, personal identity, and the needs of the clients which emphasizes how dependent disclosures are on the context of the situation (Moore & Jenkins, 2012).

The main strength of this study is the focus on intersecting sexual orientation and therapist self-disclosure which is an overlap often overlooked in the broader discussion of TSD. By focusing on the narratives of queer counsellors, it normalizes the queer existence within the field of academia and promotes further inclusive research for the purpose of enhancing understanding of how to best support therapists from minority subgroups. Additionally, the inclusion of perspectives from queer counsellors supports a shift away from heteropatriarchal thinking and challenge heternormative assumptions that exist within the field of counselling psychology (Moore & Jenkins, 2012). Similarly to other studies that use a qualitative design, this study is limited in its generalizability due to a small sample size which cannot expand on gender, sex, ethnicity, and culture, amongst other things (Moore & Jenkins, 2012). Additionally, the

authors note themselves that as the researcher is the primary research tool, there is inherent subjectivity in interpreting the results of the study (Moore & Jenkins, 2012). By determining what is included in the paper, the authors note how bias may have subconsciously impacted the structure and therefore, the message of their data (Moore & Jenkins, 2012).

This article supports the notion that therapist self-disclosure cannot be conceptualized as a neutral act as it is an intervention influenced by power, identity, and sociocultural context (Moore & Jenkins, 2012). Gaining more awareness of the fears, insecurities, and uncertainties from gay and lesbian therapists who are considering disclosing their queer identity to straight clients relates to this capstone's focus on how TSD can impact the therapeutic alliance. For queer therapists, disclosing one's sexual orientation can be viewed as a simultaneously personal and political act that intersects with boundaries, professional ethics and the therapeutic alliance (Moore & Jenkins, 2012). When it comes to deeply personal components of one's life, such as sexual orientation, this study further underscored the reflection and preparation necessary for therapists to engage in sharing this to their clients. While this study is from 2012, a time where gay marriage was not yet legal in America, the authors added to the growing discussion of the potential risks and benefits for disclosing sexual orientation to clients (Moore & Jenkins, 2012). As being openly queer is becoming more normalized, there are considerations for how queer therapists disclose their sexual orientation when queer clients come to their therapy office.

Kelly (2022) discussed the dilemma of queer therapists self-disclosing their sexual orientation with their queer clients. Kelly (2022) provided a thorough reflection of their time facilitating a trans student support group during their doctoral training and underscored the positives and negatives of considering how to engage with disclosing one's sexual orientation as a therapist. There is a considerable research gap around the experience of transgender and non-

binary clients regarding therapist identity disclosure and this article helps to offer insight on what queer therapists must consider before disclosing their sexual orientation with clients from the same community (Kelly, 2022). Kelly (2022) highlighted the level of caution that is necessary for queer therapists when connecting with clients of the same minority or marginalized group, especially for those who have experienced life as a token member of society.

The feeling of lacking a sense of belonging was operationalized as a *Twinship Deficit* which may compel individuals of a specific group to seek out a sense of "sameness" in each other (Kelly, 2022). The search for sameness in others risks overlooking major differences that may result in incompatibility, something referred to as *Twinship Transference* (Kelly, 2022). Kelly (2022) elaborated on prolonged seeking in others can result in feelings of isolation and separateness. Therapist self-disclosure can be viewed as a therapist using their identity as a tool for treatment, with consideration for therapists who have been objectified for their identities (Kelly, 2022).

Kelly (2022) mentioned the limitations of therapist identity self-disclosure in group counselling settings, specifically how conflicting opinions of group members may invite disclosure while others reject it. While Kelly (2022) emphasized the need for consideration before therapists engage in identity self-disclosure, the author's admission of not self-disclosing within the trans support group they facilitated leaves a gap in learning from their lived experience. Also, while the article does relate to the lived experiences of queer clients, its spotlight on trans clients is eye-opening but less generalizable to other queer clients, especially given the current political climate on how transgender people are being disproportionately targeted. This article does highlight the need for Kelly (2022) points to the evolution of the therapeutic relationship as an indicator for the effectiveness of therapeutic self-disclosure,

especially for queer clients. As Kelly (2022) emphasizes that "how" self-disclosure is employed is more important than the disclosure itself, this promotes the need for more funding in creating affirmative practices for queer clients to further understanding within the mental health field of how to best accommodate queer clients. Ultimately, these findings raise important questions about the extent to which therapist self-disclosure strengthens or complicates the therapeutic alliance with queer clients. They also highlight the importance of counsellors developing intentional, context-sensitive approaches to disclosure to ensure it enhances trust and safety in the therapeutic relationship.

Summary of Findings

This chapter examined the evolution of the therapeutic alliance beginning with Carl Rogers' person-centered framework, where empathy, congruence, and unconditional positive regard were established as the necessary conditions for client growth. It reviewed the historical pathologization of queer identities in the DSM and explored how this continues to shape queer clients' trust and hesitancy toward the mental health system. Studies on therapist self-disclosure were analyzed, highlighting both its potential to deepen authenticity and trust within the alliance and its risks of boundary crossing or unintended harm. Research specific to queer clients emphasized the importance of context, timing, and therapist intentionality when employing self-disclosure, noting that *how* disclosure is used often outweighs *what* is disclosed. Finally, the chapter underscored the need for counsellors to approach self-disclosure with reflexivity and cultural humility, as its impact on the therapeutic alliance with queer clients remains nuanced, situational, and tied to broader issues of safety, affirmation, and systemic marginalization.

Chapter Three: Discussion and Applied Practices

Discussion

This research capstone set out to explore the research question: *How does therapist self-disclosure impact the therapeutic alliance with queer clients?* The purpose of this capstone was to explore whether therapist self-disclosure would be beneficial or harmful to queer clients, and in turn, cause a rupture that impacts the therapeutic alliance. The literature reviewed revealed three major subthemes: the contested nature of therapist self-disclosure, the central role of the therapeutic alliance as a mediator of treatment outcomes, and the importance of affirmative, and relational-cultural approaches that guide therapeutic practice with queer clients.

The first theme concerned the ongoing discussion around therapist self-disclosure and its use in clinical practice. Historically, due to the dominating presence of psychoanalysis and behaviorism, disclosure was typically viewed as a boundary risk or a breach of professionalism (Bayne, 1977; Jourard, 1971). Given the popularity of Carl Rogers' Person-Centered therapy, this client-led, humanistic approach to counselling began to gain more traction in the field of counselling psychology (Lietaer & Gundrum, 2018). As the Rogerian approach became popular and allowed counsellors to embody a relational lens that prioritizes following the client's lead, this shifted the narrative around TSD to allow for more openness when it comes to disclosures. Contemporary literature, in the form of meta-analyses and qualitative reviews (Henretty & Levitt, 2010; Henretty et al., 2014) asserted that disclosure, when practiced intentionally, considerate of social location, and attuned to the client's needs can strengthen rapport and deepen the therapeutic alliance.

Recent research from Robertson et al. (2025) described the "Goldilocks Principle" of disclosure which essentially argues for how challenging it can be to land an effective disclosure.

There are several variables to consider, as never disclosing can appear distant or inauthentic, but disclosing too much can overwhelm the client or shift focus away from their story (Robertson et al., 2025). Finding the most opportune time in conjunction with a healthy amount of disclosures is something to be contested, as Robertson et al. (2025) highlighted, when these disclosures land, it can enhance trust and normalize client's experiences. This is particularly poignant in regard to queer clients, whose identities have been marginalized and pathologized by the medical system as effective TSD has the potential to communicate safety and solidarity (Moore & Jenkins, 2012). Considering this, contemporary research continues to emphasize the risk of disclosures that are poorly timed, self-serving, or inattentive to power differences (Kelly, 2022; Johnsen & Ding, 2021).

The second theme that arose from this research was the discovery that the therapeutic alliance can be viewed as a mediator of treatment outcome. The therapeutic alliance has been shown as a predicting variable for therapeutic success across various theoretical orientations and client populations (Bordin, 1979; Howard et al., 2022; Sharf et., 2010). For queer clients, there is added pressure on feeling safe within the therapeutic alliance due to historical and ongoing inequities in mental health care, such as microaggressions, heteronormative assumptions, and structural discrimination (Comeau et al., 2023; Shelton & Delgado-Romero, 2013). This research demonstrates how alliance ruptures are linked to client's experiences of identity invalidation or distrust which can impact how they view counselling (Sergi et al., 2024). Embodying affirmative practice with a careful use of TSD can act as a buffer to mediate this distrust and foster and maintain safety within the therapeutic alliance (Alessi et al., 2019).

The third theme emerged underscores the importance of utilizing affirmative and relational-cultural approaches as frameworks for therapists to employ in their clinical practice.

As these approaches relate to the broader values of social justice and client empowerment, exploring their application through the lens of both Person-Centered Therapy and Relational-Cultural Theory highlighted how they emphasize empathy, authenticity, and the co-construction of meaning in therapy (Chan et al., 2021; Joseph & Murphy, 2013; Westcott & Grimes, 2023). Affirmative practice expands on these humanistic principles by asserting how therapists can explicitly validate and affirm queer identities while acknowledging systemic oppression (Bettergarcia et al., 2021; Singh & Moss, 2016). Within these theoretical frameworks, therapist self-disclosure can be conceptualized not only as a clinical intervention but as a relational act embedded in the dynamics of power, safety, and identity. This would suggest that disclosures from therapists are most effective when pertaining to client's needs, attuned to relational dynamics, and framed within an affirming stance.

Limitations & Future Considerations

In writing this research capstone, I recognize that despite the insights gained from the literature review, there are limitations that must be considered. First, the majority of empirical studies that focused on TSD were conducted in Western, English-speaking contexts and included students as the main participants, further contributing to the White, Educated, Industrialized, Rich, Democratic (W.E.I.R.D.) issue within academia (Henretty & Levitt, 2010; Sunderani & Moodley, 2020). Cultural differences in disclosure norms remain underexplored, particularly regarding intersectional identities, such as queer clients of colour or queer immigrant clients (Chan et al., 2021). Future research should be done to further examine the impact of cross-cultural differences in clients whose therapist engaged in TSD with them in session.

Another limitation to consider pertains to the lack of studies that focused specifically on the experience of queer individuals. While some literature has examined therapist self-disclosure

from the perspectives of queer therapists themselves, overall, this research topic remains sparse and underresearched, noticeably lacking longitudinal data (Moore & Jenkins, 2012). Conducting longitudinal studies would be essential to enhancing our understanding of how queer clinicians navigate their clinical practice with clients of diverse sexual and gender identities. This capstone aimed to provide perspectives from real people, counsellors and clients, through a diverse array of qualitative studies. One risk of relying too heavily on qualitative studies that focus primarily on therapist self-reported data rather than client perspectives can offer potential bias (Johnsen & Ding, 2021). Some studies did include the client's perspectives (Henretty et al., 2014) but it would have added more depth to incorporate additional references that encapsulate the client's perspectives. This can be attributed to limited capacity as well as an explicit research gap of queer voices in psychological research, with note to the pathologization that has occurred throughout history.

Given the constraint of space allowed for this capstone, I do recognize that I was limited in my ability to include additional topics that intersect with my research question. Specifically, I was interested in categorizing various disclosures to examine the potential impact of each type of disclosure. For example, I was curious to explore the impact of political self-disclosures and how revealing where one stands politically has consequences on the therapeutic alliance (Solomonov & Barber, 2018). Given what we know about the numerous complexities around disclosing relevant details of the therapist's self to clients, it would be interesting to investigate how a political self-disclosure interconnects with values. Typically, the therapeutic alliance is viewed as congruent which would imply that basic values are aligned and go on to develop the foundation for creating safety within the therapeutic space (Rogers, 1992). A PCT approach

would encourage value sharing with respect to how opposing values can potentially lead to ruptures within the therapeutic alliance.

Limited by capacity, I would have been curious to explore how Relational-Cultural Theory can support queer clients. As RCT shares humanistic foundations of PCT, this has been shown to address heteropatriarchal ways of thinking and works to enhance relational competencies for counsellors (Singh & Moss, 2016). With consideration for expanding cultural competence and addressing one's own social location, I would like to have explored how RCT can support older queer POC clients (Chan, 2021). More research is necessary for incorporating the experiences of marginalized populations in academic research with the aim of improving equitable access to care.

Lastly, I find it crucial to highlight the core limitation of how I could conceptualize the 2SLGBTQIA+ population in this research capstone. By including the term *queer* to identify select members of this community, I aimed to reclaim a term that has historically been used as discriminatory against my community. Through my act of reclaiming, I recognize the limits of attributing the diverse, rich lived experiences of community members to a more broad term, *queer*, which does not account for all experiences. The majority of research that was included from the past two decades focused on individuals identifying as gay, bisexual, or lesbian. There was a noticeable lack of research included about other members of the 2SLGBTQIA+ community. Further research around utilizing theory into affirmative practice is crucial to gaining more perspective and increasing representation in academic research for diverse members of the 2SLGBTQIA+ community. As highlighted in the study exploring the instances of sexual orientation microaggressions by Sergi et al. (2024), longitudinal studies are imperative to measuring data and accounting for predictive factors that impact the therapeutic alliance. The

inclusion of SOMRS is one of several contributing factors that influence how queer clients determine safety in the therapeutic alliance which lends itself necessary for future research as affirmative practice becomes more commonplace.

Ethical Considerations

Ethical practice is foundational to any considerations of how to utilize TSD in clinical application. The British Columbia Association of Clinical Counsellors (BCACC) Code of Ethical Conduct (2023) and the Canadian Counselling and Psychotherapy Association (CCPA) Code of Ethics (2020) both emphasize the necessity of client welfare, respect for dignity and professional responsibility. The BCACC highlights the need for therapists to uphold appropriate professional boundaries while also practicing with cultural humility and respect for diversity (BCACC, 2023). Similarly, the CCPA asserts that therapists must recognize the power differences inherent in the therapeutic relationship, and reflect on how any use of self-disclosure must serve the needs of the client rather than the needs of the therapist (CCPA, 2020).

The BCACC (2023) highlights how *Principle I: Respect for the Dignity of all Persons* requires that all counsellors must ensure that their actions affirm their clients' identities and lived experiences. For counsellors working with queer clients, disclosures related to the therapist's own identity or lived experiences must be carefully considered in terms of whether they genuinely serve the client's therapeutic goals. Similarly, *Principle III: Responsible Caring* emphasizes beneficence which requires counsellors to weigh the potential benefits of their disclosure against any possible harm (BCACC, 2023). If a disclosure risks shifting the focus away from the client or reinforcing systemic inequities, it may not be ethically justified. Lastly, *Principle IV: Integrity in Relationships* is relevant to consider as it highlights the importance for counsellors to uphold professional boundaries (BCACC, 2023). As demonstrating respect for the

client's best interest and their autonomy is imperative to this principle, this further outlines the various ethical principles that must be upheld and considered before considering TSD (BCACC, 2023).

Similarly, the CCPA Code of Ethics' (2020) principles offer guidance for therapists considering how to navigate disclosures with their clients. Two principles, beneficence and fidelity, require the therapist to ensure disclosures serve the client's therapeutic goals, foster trust and safety, and maintain the integrity of the counselling relationship (CCPA, 2020). Similarly, practicing nonmaleficence entails that therapists recognize the risks and benefits that are associated with disclosures to clients (CCPA, 2020). Therapists must recognize that poorly timed or unnecessary disclosures can cause harm by blurring boundaries or shift focus away from the client. The principles, *autonomy* and *justice* highlight the importance of respecting the client's agency and ensuring that clients from marginalized populations receive equitable treatment (CCPA, 2020). Societal interest, similar to BCACC's *Principle V: Responsibility to Society*, underscores that affirmative disclosures, when used intentionally, can support broader advocacy goals while remaining client-centered (BCACC, 2023; CCPA, 2020). Overall, these principles from both the BCACC and the CCPA can guide therapists in balancing authenticity with ethical responsibility when using self-disclosure in practice with queer clients.

Applied Practices

Based on the findings of the literature review, I propose the development of a therapist workshop on the use of self-disclosure with queer clients, with a focus on strengthening the therapeutic alliance. While the literature highlights both the benefits and risks of therapist self-disclosure, there is a noted gap in resources specifically tailored to queer populations and this

workshop aims to address this gap. By providing therapists with psychoeducation around the complexities of therapist self-disclosure, the lived experiences of queer clients in the medical system and the core tenets of the therapeutic alliance, this serves to equip them with a structured, ethically informed framework for deciding when and how to disclose, while centering the unique relational needs of queer clients.

This workshop would be scheduled as a day-long, six-hour session, including a one-hour lunch break and two shorter breaks to support participant engagement and integration. A sample outline can be found in Appendix A, which illustrates the proposed structure and flow of activities. While I have created and designed the workshop framework, it would ideally be facilitated by a registered clinical counsellor or psychologist with expertise in therapeutic practice, multicultural counselling, and professional ethics. Facilitators would require both academic training (graduate-level education in counselling psychology or a related field) and practical experience working with diverse client populations. Given the evolving nature of clinical practice and ethical considerations, this workshop is designed to be renewed annually to allow for the integration of emerging research, case examples, and professional feedback.

By situating practice within Person-Centered and Relational-Cultural perspectives, the workshop provides both theoretical grounding and practical strategies. The workshop is designed to be interactive, skills-based, and reflective. Participants, with a focus on mental health providers who support queer clients, will engage in case examples, role-plays, and reflective discussion to strengthen their ability to discern when disclosure fosters connection, and when it risks disrupting the alliance. Some of the activities included addressing sexual orientation microaggressions and utilizing the SOMRS, a rating scale outlined by Sergi et al. (2024) in their

study that examined the client's perspectives for improving affirmative practice with a measurable tool.

Aligned with BCACC and CCPA ethical codes, this workshop is anchored by the principles of beneficence, respect for autonomy and dignity, and upholding integrity in relationships. These ethical principles underscore the importance for maintaining professional boundaries with clients and practicing nonmaleficence with constant emphasis on prioritizing the client's needs. This workshop provides clarity and confidence for practitioners who are engaging with affirmative practice and recognize areas of nuance in their clinical practice. This workshop contributes to the field by offering a flexible resource which can be implemented in graduate counselling programs, professional development seminars, or continuing education contexts. By centering queer-affirming practice and evidence-based strategies for self-disclosure, the resource bridges the gap between academic knowledge and clinical practice, while fostering more inclusive and affirming counselling spaces.

Conclusion

In Chapter One, I introduced the significance of this research by situating therapist self-disclosure, TSD, within the broader field of counselling psychology. I outlined my research question: *How does therapist self-disclosure impact the therapeutic alliance when working with queer clients?* This chapter established the foundation for understanding why examining TSD through an ethical, relational, and queer-affirmative lens is both timely and necessary and the impact it can have on the therapeutic alliance.

In Chapter Two, through a comprehensive literature review, I identified three central themes: the role of TSD in shaping the therapeutic alliance, the ethical complexities surrounding disclosure, and the importance of queer-affirmative and justice-oriented frameworks. This

chapter also revealed significant gaps in the existing research, particularly related to intersectional queer experiences and the implications of TSD in emerging contexts such as telehealth.

In Chapter Three, I outlined the discussion, ethical considerations, limitations, and applied workshop design that link theory to practice. By integrating professional codes of ethics alongside the findings from the literature, this chapter emphasized how TSD can be translated into an intentional and structured practice that benefits both counsellors and clients.

This research capstone contributes to academic research and professional practice by synthesizing evidence on TSD, therapeutic alliance, and queer-affirmative care. It highlights that while TSD carries inherent risks, it can also serve as a powerful intervention when guided by theory, research, and ethics. The incorporation of both BCACC and CCPA ethical codes ensures that practice remains grounded in professional standards, while the application of affirmative frameworks situates disclosure as a tool for justice-oriented counseling.

Ultimately, this project underscores the need for more nuanced research on queer populations, intersectional identities, and telehealth contexts, while also offering a concrete applied resource, a professional workshop, to advance affirming, ethical, and effective therapeutic practices.

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Appendix

Appendix: Full-Day Workshop Outline

Title: Intentional Self-Disclosure in Queer-Affirmative Practice: Integrating a Humanistic lens through PCT & RCT

By the end of the workshop, participants will be able to:

1. Describe the role of therapist self-disclosure in counseling psychology and queer-affirmative practice.
2. Analyze TSD through the theoretical frameworks of PCT (empathy, congruence, unconditional positive regard) and RCT (mutual empathy, growth-fostering relationships).
3. Apply ethical decision-making principles when considering disclosure in practice.
4. Recognize, name, and address sexual orientation microaggressions using the SOMRS framework (Sergi et al., 2024).
5. Differentiate between client-initiated and counselor-initiated disclosures and develop intentional strategies for both.
6. Reflect on personal fears, biases, and positionalities related to disclosure in work with queer clients.

Target Audience: Counseling psychology graduate students, registered clinical counselors, and other mental health professionals engaged in queer-affirmative practice.

Duration: 6 hours (full day, including 1-hour lunch + two short breaks)

Workshop Agenda

Module 1: Foundations and Framing (60 minutes)

- **Welcome and introductions** (15 min)
    - Icebreaker: "One word that describes how you feel about the idea of disclosing to clients."
    - Establish group agreements (confidentiality, respect, nonjudgment).
- **Framing the workshop** (15 min)
    - Overview of goals and structure.
    - Research context: TSD's controversial role, benefits/risks, queer-affirmative needs.

- **Mini lecture: Theoretical Foundations** (30 min)
    - **Person-Centered Therapy (PCT):** congruence, unconditional positive regard and empathy as foundations for intentional disclosure (Rogers, 1992).
    - **Relational-Cultural Theory (RCT):** importance of mutuality, growth-fostering relationships, and reducing disconnection (Rubenstein, 2015).
    - **Integration:** How PCT and RCT together frame disclosure as relational, ethical, and client-centered.

Module 2: *Therapist Self-Disclosure and the Therapeutic Alliance (60 minutes)*

- **Psychoeducation** (20 min)
    - Definition of therapist self-disclosure and discussion of its use in clinical practice since the rise of humanistic-focused psychology
    - Research findings: frequency of use, therapist motivations, client outcomes.
    - Queer clients' historical distrust of mental health systems (pathologization in DSM).
- **Group discussion** (20 min)
    - "What does affirming disclosure look like in practice?"
    - Reflection on cultural humility and positionality.
- **Case vignette discussion** (20 min)
    - Example: A queer client exploring coming out asks directly about the counselor's identity.
    - Explore possible responses from PCT and RCT perspectives.

Module 3: *Ethics in Self-Disclosure (75 minutes)*

- **Mini lecture** (25 min)
    - **CCPA (2020) principles**: beneficence, nonmaleficence, fidelity, autonomy, justice, societal interest.
    - **BCACC (2023) standards**: boundaries, respect for client dignity, counselor reflexivity.
    - How PCT and RCT align with ethical principles in guiding authentic and safe disclosure.
- **Activity: Ethical Decision-Making in Action** (30 min)
    - Participants work in small groups with vignettes (client asks; counselor considers disclosing).

    - Each group identifies ethical risks, potential relational benefits, and decision-making processes.
- **Large group debrief** (20 min)
    - Connect ethical principles to real-world practice.

Break – 15 minutes

Module 4: *Addressing Microaggressions and Disclosure (75 minutes)*

- **Psychoeducation: Sexual Orientation Microaggressions** (20 min)
    - Definition and examples (Shelton & Delgado-Romero, 2011).
    - SOMRS tool (Sergi et al., 2024): recognize, reflect, repair.
- **Activity 1: SOMRS Practice** (30 min)
    - Small group application of SOMRS to a microaggression vignette: *A counsellor says to a client, "Oh you probably haven't experienced that type of thing, that usually happens between a woman and a man."*
    - Groups role-play repair responses; facilitators support reflection.
- **Debrief** (25 min)
    - Discuss impact of TSD in moments of rupture (e.g., when affirming identity through limited self-disclosure may help repair).

Lunch – 60 minutes

Module 5: *Client-Initiated vs. Counselor-Initiated Disclosure (60 minutes)*

- **Mini lecture** (15 min)
    - Differences between responding when asked vs. initiating disclosure.
    - PCT: congruence and authenticity.
    - RCT: modeling mutuality while maintaining professional responsibility.
- **Activity: Role-Plays** (35 min)
    - Facilitator presents two vignettes:
        - *Client-Initiated:* A queer client asks, *"Are you gay too?"*
        - *Counselor-Initiated:* A counselor considers disclosing their queer identity to normalize the client's experience of marginalization.
    - Participants role-play possible responses, followed by group discussion of ethical principles, risks, and benefits

- **Debrief** (10 min)
    - What felt challenging? What ethical and relational principles guided choices?

Break – 15 minutes

Module 6: *Fears, Reflexivity, and Integration (75 minutes)*

- **Activity: Exploring Fears Around Disclosure** (25 min)
    - Individual journaling: *What fears do I hold about disclosing to queer clients? How do these fears shape my clinical decisions?"*
    - Small group sharing to normalize experiences or concerns (ex. Fear of boundary crossing, fear of Twin Transference, fear of judgement)
- **Facilitator-led discussion** (20 min)
    - How fears may connect to boundaries, professional identity, internalized bias.
    - PCT/RCT lens: vulnerability and authenticity as growth-fostering.
- **Integration activity** (30 min)
    - Participants develop a "personal disclosure framework":
        - When disclosure feels appropriate.
        - Ethical steps for decision-making.
        - How to link disclosure back to client goals.

Module 7: *Closing and Future Directions (30 minutes)*

- **Large-group reflection** (15 min)
    - "What is one key insight I'm taking into practice?"
- **Facilitator synthesis** (10 min)
    - Tying together PCT, RCT, ethics, and affirmative practice.
- **Next steps/resources** (5 min)
    - Suggested readings, further training, supervision practices.