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Negative Affect Disclosure: Transgressing the Ideological Tyranny of a Taboo Ideal and Violating the Dogmatic Conventions of Counseling Practice

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Abstract

This article explores counselor negative affect disclosure (NAD) toward clients. Despite research attesting to the phenomenon of NAD and counselors harboring anger, hate, and anger fantasies, perhaps including violence, directed at clients, professional codes of ethics and counseling literature concerning NAD do not offer clear guidance, and do not specify standards and methods for affect concealment (and for disclosing negative emotion generally). This is a glaring omission, which gives an appearance of tacit disapproval of NAD. While the early years of psychoanalysis and Jungian psychology may have accorded more ethical and professional liberty in terms of exploring NAD, today's disclosure ethics suggest that NAD is incompatible with the counselor's care duty, and that counselors must embody compassion and respond empathically to clients. To address these concerns marking the boundaries of a non-disclosure taboo, and to show how NAD can sometimes be warranted, this article discusses the meta-ethical view of ideal observer theory. It ultimately argues that what is needed to understand appropriate NAD is Aristotelian ideas found in the *Nicomachean Ethics*, such as the 'golden mean' and *phronesis* (practical wisdom).

Keywords: ideal observer theory, disclosure ethics, affect expression, beneficence, risk management

Counselor self-disclosure has garnered wide attention in recent psychotherapy and counseling literature. U.S. national professional codes of ethics — such as those published by the American Counseling Association (ACA, 2014), American Association for Marriage and Family Therapy (AAMFT, 2015), American Psychological Association (APA, 2017), National Association of Social Workers (NASW, 2008), and the Association for Addiction Professionals (NAADAC, 2016) — do not explicitly prohibit professionals from disclosing personal information. Of these professional codes, only NAADAC (2016) provides any specific direction about counselor disclosure of personal information. It instructs that students, interns, and supervisees seek and document supervision prior to disclosing "personal information" (NAADAC, 2016, p. 17). Yet, what constitutes personal information, and the particular way in which it should be disclosed, is undefined.

The extant counseling literature, however, has not devoted attention to counselor disclosure of negative personal affect toward clients. One possible reason why negative affect is rarely explored is because the counseling relationship is characterized by concepts seemingly incompatible with NAD, such as care, helping, healing, compassion, empathy, and professionalism, and thus professionals are unwilling to express frustration, anger, disappointment, or other feelings seemingly incongruent with therapeutic counseling. In particular, it has not been studied how these concepts are compatible with expressions of negative affect and its impact on the counseling relationship. That is, does withholding negative emotional content directed at the client counterintuitively damage or create fissures in the therapeutic alliance? What is the precise impact of negative affect disclosure on the therapeutic process? Client withdrawal and silence around their core personal issues compelling the need for therapy can diminish the effectiveness of treatment (e.g., see Hook & Andrews, 2005). Can counselor expression of negative affect toward clients create therapeutic gains for both client and

professional in terms of moderating and mediating countertransference and transference reactions, resolving and obviating future conflict, (re)structuring more productive and healthier beliefs about emotional expression, bettering emotional regulation of feelings, and lead to the development of more assertive expression of concealed feelings and related 'secrets' (Baumann & Hill, 2016; Kelly & Yuan, 2009)? Those questions remain unanswered in current peer-reviewed counseling literature. Unfortunately for hopes of answering them, there seems to be tacit agreement in the profession that counselor disclosure of negative affect does more harm than good (Prenn, 2009). This is a position that may stem more from dogmatic conventions of counseling practice than actual evidence. As such, there is little debate in disclosure ethics about whether counselors should express these feelings (Bloomgarden & Mennuti, 2009). Emotionally-focused counselor self-disclosure, of negative feelings especially, is one area of therapeutic terrain that seems forbidden to cross (Prenn, 2009). Pope, Sonne, and Greene (2006) noted that:

> Our education takes shape not just from what's in textbooks, graduate programs, and internships but from what's missing—what we don't see, acknowledge, or talk about. The relative silence. . . is part of our education. We learn what topics are to be ignored, treated as secrets, denied, discounted, or examined no longer than you would hold a hot potato. We go to our careers unprepared to address these topics [that provoke anxiety, discomfort, and confusion] realistically. We learn the processes or avoidance, masking, and minimization and begin to model them for our colleagues, our clients, our students, and the public (p. 3)

This article explores the idea that NAD, when properly fettered by principles of professionalism and bridled by a code of ethics, can play a valuable role in the counseling setting. Using ideal observer theory, this article attempts to identify practice parameters to ameliorate professional ethical and existential angst around the practice of NAD. In taking a stand in support of NAD, the article aims to

stimulate discussion on the ramifications of NAD and the limitations of counseling relationships without it. To bolster the practice of NAD, this article offers carefully considered and cautiously expressed self-disclosure criteria. This article is not intended to be an exhaustive exposé on all aspects of self-disclosure ethics in the health care profession, nor does it discuss the earlier years of psychoanalysis and Jungian psychology (i.e., within a psychodynamically trained and informed psychotherapy culture) when therapists were first exploring NAD. Counseling contexts have changed, as have notions of disclosure ethics and professionalism. The present inquiry attempts to respond to the present situation.

Research on Negative Affect Disclosure (NAD)

Research increasingly reveals that professional concealment of personal self-disclosure may be countertherapeutic (Pinto-Coelho, Hill, & Kivlighan, 2016; Pope & Vasquez, 2016), and complete suppression of utterance of any facet of the counselor's personal identity is virtually inexorable over the course of counseling (Knox & Hill, 2016). Even so, "many therapists…are trained not to disclose to clients, or to do so quite sparingly. And when they do disclose, such revelations are often accompanied by anxiety regarding the appropriateness of the intervention" (Knox & Hill, 2016, p. 2; citing Knox & Hill, 2003). Yet, data confirms the therapeutic benefits of self-disclosure with respect to enhancing quality of treatment outcome and the therapeutic relational bond (Goldfried, Burckell, & Eubanks- Carter, 2003): it can improve the counseling relationship by normalizing emotions (Leudar, Antaki, & Barnes, 2006), lowering symptom distress and increasing provider likability (Barrett & Berman, 2001), increasing patient motivation and provider credibility (Frank, Breyan, & Elon, 2000), attenuating the perceived power inequality, fostering a sense of solidarity, reducing client shame, and adding strong elements of authenticity or 'realness' (Knox & Hill, 2016).

Few studies in the U.S., however, have explored whether and to what extent therapeutic

professionals harbor negative affect toward clients. While interpretation of the counseling literature and professional ethics codes together appear to warn against NAD, and conventional counseling standards intone discouragement or tacit disapproval of NAD, empirical evidence suggest counselors actually do NAD.

Rennie (1985) found that clients conceal negative emotional reactions to professional interventions. Hill, Thompson, Cogar, and Denman (1993) surveyed clients in long-term therapy and discovered that 65% tended to withhold their true, typically negative feelings toward the therapist. But research finds that a majority of professionals do express negative feelings. A national survey (n =1000; 46% return rate) of psychologists found that 89.7% of the sample had told a client that they possessed anger directed at him or her, while 51.9% reported having told a client of their disappointment in him or her (Pope, Tabachnick, & Keith-Spiegel, 1987). In another national survey (n = 4,800; 49% return rate) of psychologists, psychiatrists, and social workers, 77.9% of the sample told a client they were angry with a client (Borys & Pope, 1989). Finally, in another national survey (n = 600; 48% rate of return) of psychologists, 57.2 percent of the sample admitted to raising their voice at a client because of felt anger directed at him or her; 63.4 percent of the sample disclosed having fantasies, perhaps including harming, that reflected their anger at a client; and 31.2 percent overall acknowledged feeling hatred toward a client (Pope & Tabachnick, 1993).

While these studies have given some attention to professional and client feelings and emotions, the actual impact of divulging negative affect, the appropriate format for doing so, and the repercussions of these admissions was not a central concern. Nor was it investigated how assertive communications skills might figure into helping clients and counselors work through negative affect harbored against one another or that it was helpful (Knapp, 2014). The lack of research and dialogue in the extant counseling literature on NAD across the counseling disciplines seems to reflect a general

reluctance to encourage therapists to open up and to express their negative feelings regarding the counseling relationship and the client.

Consequentialist Thought and Emotional Dishonesty

Research is needed to explore whether and to what degree constructs such as care, helping, compassion, healing, empathy, and professionalism color attitudes about NAD and whether it should be encouraged. For example, a national survey of 600 psychologists (with a 48% return rate) found that 88.1% reported feeling afraid that a colleague may be critical of their work with a client while 66 percent reported feeling afraid that a client may file a formal complaint against them (Pope & Tabachnick, 1993). While this research did not indicate whether the psychologists sampled were worried about being reported for NAD, this finding seemingly overlaps with potential concern professionals may possess and the potential risk perceived by professionals (and their colleagues) of causing (real or imagined) harm through NAD. Professionals may fear committing an ethical violation, being judged negatively by a colleague, or risking a filed client grievance. If so, avoidance of NAD would suggest a risk management posture, which may be guided by notions of beneficence and non-maleficence in addition to conceptions of non-judgmentalism, respect, and other facets of empathy. For example, a professional may believe that to be emphatic and compassionate, one must show positive regard and that a lack of empathy is 'toxic' (Moyers & Miller, 2013), which might in turn mean that assertively expressing anger or any other so-called negative emotion has become a therapeutic no-no. Within the scope of care, negative emotional expression by the professional is limited by the scruples of professionalism, as professional codes of ethics, at least the ones referenced in this article, do not prohibit it.

Emotional Suppression as a Risk Management Strategy

A counselor may be reasonably accurate in understanding that it is best to maximize positive emotions (in the name of beneficence) and restrict negative emotions (to dampen non-maleficence).

That is, concealing negative affect can be regarded as an element of the principle of 'do no harm'. Even so, suppressing NAD does not necessarily result in practices promoting the client's good, wellbeing, and health. At its heart, non-malfeasance (do no harm) is a negative goal prone to gross misinterpretation, in particular by overgeneralizing harm — a term with commodious ambiguities inviting dilemma given its application to practice-related situations often lacks meaningful specificity (Kitchner, 1984). Non-maleficence does not mean the elimination of harm completely or that one must do as much good as possible, exclusive of all other considerations (Timko, 2001). For example, allowing the client to experience emotional discomfort (which could be conceptualized as harm) in the 'here and now' may prevent a significant future greater harm or produce a significant benefit longer term. However, the no harm principle cautions that one must know in fact that greater harm will be prevented or, good is promoted (Timko, 2001). It is possible that NAD may do long term good, even if it necessitates a momentary harm.

Professionals who never admit to their clients' feelings of frustration, uncertainty, confusion, or any other negative feeling encourage dishonesty in the counseling relationship (Blanchard & Farber, 2016). Blanchard and Farber (2016), for example, asked 547 clients about their honesty in therapy. Seventy percent reported whitewashing feedback to their therapists, commonly by "pretending to find therapy effective" and "not admitting to wanting to end therapy." In effect, refusing NAD based solely on the assumption that all clients are emotionally fragile patronizes clients by overstating vulnerability and underestimating their capacity for resiliency, thereby exacerbating the perceived power differential and moral authority of the professional to unilaterally define and referee the boundaries of what counts as therapeutic and harmful to clients. NAD may cohere with more generally understood reasons for non-disclosure by professionals, viewing it as centered on their own needs, or that it does not advance the needs of the client and is therefore inappropriate, untherapeutic, and unprofessional (Zur, 2016).

However, this disregards the ways in which a productive counseling relationship is a two-way street: "intimacy is typically unidirectional; therapists are generally trained to avoid disclosing their own feelings and personal reactions. When disturbed by their patients' words or behaviors, clinicians are therefore unlikely to address their discomfort or pain. Such constraints protect patients and preserve therapeutic neutrality, but they make it more difficult for therapists to take care of themselves within the clinical interaction" (Sussman, 1995, p. 3). The importance of objective neutrality stems largely from myths: "the professional myths that the healer has no needs, that these needs distract from the provision of adequate service if acknowledged, that feelings are not relevant, and that we can simply turn off our response to human pain are untenable and contribute to the distress that helping professionals experience in their work and lives" (Jaffe, 1986, p. 198). In other words, genuine involvement beckons experience with countertransference as a normal part of human psychology during the counseling process, not its unnatural resistance compelled by a narrow conception of the therapeutic role characterized by constriction (Sussman, 1995). While counselors may therefore attempt to bracket their values when with a client, values seep into the counseling interaction by way of subtle expressions in body language by the professional when the client is talking, by what advice the professional conveys, and through the requirement that the professional share his or her values, beliefs, preferences (among other things) in accord with an agency's policy or treatment protocols, etcetera (Farber, 2006). As Pols (2008) writes, "ethics, morality, and ideas do not (only) come from outside, but are abundant inside everyday care-practice, in activities, objects, and concepts that intend to bring about good care" (p. 64). Weisskopf-Joelson (1980) adds further that, "values are bound to be disseminated during the therapeutic process regardless of the therapist's intentions. The therapist's appearance and clothing as well as the appearance of his or her office communicate values. Even a noncommittal 'mmm' or a Rogerian reflection might, by its timing, suggest to the client what the

therapist values as important" (p. 462). That is, while counseling practice conventions argue that counseling is for the client, not the counselor, counseling is not an endeavor in which the professional takes on a blank demeanor and clean slate while assuming a 'client knows best' posture of merely hearing, listening, and understanding while in a placid state of neutrality (Wilkins, 2000).

In a mutual relationship between professional counselor and client, authentic, honest human communication and bonding involves negative emotions to the extent that they will be felt and exercised in caring relational attachment (Obegi, 2008). Granting that counselors are human and not exempt from feeling a range of emotions in the context of a caring professional relationship, suppressing NAD and discounting, invalidating, ignoring or otherwise disregarding thoughts provoking negative emotion, does not appear to be an effective (default) way to deal with emotions in the context of a long-term caring relationship (Webb, Miles, & Sheeran, 2012), as it may hamper rapport and cripple relationship formation (Butler et al., 2003). Thus, the resultant cognitive and psychological responses can mean that "expressing appropriate negative affect is better than withholding affective displays" (Peters, Overall, & Jamieson, 2014, p.106).

There may be good reason to think that NAD is not so much about the client's reaction but rather about what actually helps strengthen or harm the therapeutic alliance. Research suggests that clients may tend towards hiding their own affective reactions (Hill et al., 1993), and hold secrets to conceal their true feelings and thoughts about the therapist, counseling relationship, and treatment in general (Baumann & Hill, 2016). If the message is that counselors should share their emotions and feelings but not bother to invest in the endeavor of learning effective assertive communication skills, instead sharing emotions thoughtlessly, or perhaps in the midst of an emotionally-charged interaction, then this may lead to confrontation or harmful disclosure of counselor emotions (Howe, 2016). As such, counselors would need to be mindfully responsible for this and monitoring stress, distress,

burnout and impairment as the counseling session is about the client. Morally, expressing strong emotions that may potentially inflict psychological harm to the client should therefore be measured in benefits to the client and therapeutic maximizations against the potential harm (Forrest, 2010). This is why a rational basis for thinking about the appropriateness of NAD is so important for professionals to ponder. Ideal observer theory is one such candidate.

Ideal Observer Theory

Ideal observer theory can be useful in thinking about these subjective accounts. Let us start with two assumptions. First, that affect disclosure is right under a certain set of circumstances, if done in a certain way (and wrong if not). Second, and perhaps obviously, negative affect disclosure may creep 'too close for comfort' professionally, and so it can be understood as wrong on such an account. The tension between these views can be investigated through the use of an ideal observer thought experiment.

In a clinical context, whether negative affect disclosure creates harm is gauged by its effect on the client. It is harmful if its effects are more than transient and results in a client's prolonged diminished ability to respond productively to physical and psychological health or well-being or social challenges (Timko, 2001, p. 135; citing Jonsen, 1977). For example, harm would not solely be constituted by emotional discomfort felt by a client being subjected to a counselor's therapeutic intervention expressing negative affect. NAD may produce an immediate detriment to the client's interest while simultaneously producing a longer term beneficial effect to the client.

Understanding the impact of NAD is mainly a process of interpretation, which relies on an individual counselor's ability to recognize harm, which raises the question over how the counselor is present and engaged in reflection on his or her own feelings during and outside of the counseling session. Professional codes of ethics and counseling literature offer limited assistance, so the professional is left to rely on his or her own best judgment. What he or she personally brings

to the process of observation in deciding for or against NAD includes and is determined by prior experience, beliefs, ethics, ideology, and underlying counseling theories and conceptual frameworks which unify his or her counseling style and approach to therapy. All of these influence how one investigates and understands the potential harm of self-disclosure on the client, and what to pay attention to, what is ignored, what counts as supporting evidence to understand NAD and whether it is potentially permissible. Counselors cannot grasp a pure impression of affect disclosure and investigate it from the perspective of a blank slate, since they refract all experiences through the distinct lenses they bring to the process. These filter and sift all experiences, which govern interpretations, including those of NAD.

Because professional codes of ethics and counseling literature concerning NAD do not offer clear guidance in terms of standards and methods about affect disclosure (and disclosing negative emotion, generally), and because there appears to be an ethical tension between NAD and professionalism, it is clear that negative affect disclosure raises significant moral questions. Insofar as the act of affect disclosure is not inherently right or wrong, counselors must give a good, subjective account of moral judgment involved in determining the appropriateness of affect disclosure.

Ideal observer theory is a meta-ethical view, which holds that moral truth is inherently subjective. Since subjective truth is open to interpretation, determining what is right or good or wrong or bad is best done by someone who is as objective as possible, free from bias and able to see the whole situation (i.e. an ideal observer). The ideal of objectivity inherent in ideal observer theory affords us a possible means of weighing a 'moral truth' claimed by a professional about NAD. The professional must realize that his or her understanding of the appropriateness of NAD is shaped by personal biases and prejudices. Moral truth statements are determined by the professional code of ethics, or his or her own understanding of disclosure ethics, and notions of professionalism, all of which can obstruct the

professional from seeing the whole situation. To apply this theory to questions about the desirability of NAD, the professional would imagine the presence of two so-called ideal observers in the counseling room with the client.

One type of ideal observer is a demigod who is omniscient, omnipercipient (perceives everything), disinterested, and dispassionate (Firth, 1952). This observer is a god-like agent, without human characteristics and lacking moral emotions, able to discriminate the moral good of affect disclosure (Firth, 1952). This observer gives good universal reasons for NAD based on knowing all the facts, making its judgment based on observing the act of counselor affect disclosure and by virtue of its consequences, calculated in terms of the value and moral weight it assigns to both the client and counseling relationship. Thus, in this instance, the professional strives to embody this first ideal observer in its judgment of whether the affect disclosure was morally right or wrong.

A second ideal observer in the counseling room is a virtuous human being who is morally upright and wise, with great intellectual knowledge (Jollimore, 2017). This ideal observer is not a counselor, thus he or she is unbiased by the professional code of ethics and removed from counseling ideologies. As such, he or she is able to consider a counselor's affect disclosure in terms of good reasons and well-informed details that are independent of professional role or other individual biases. This second observer can come up with good human reasons for NAD that represent an approximation of some objective moral truth.

The two observers debrief after the counseling session is over. One ideal observer, the supreme god-like being, removed from human characteristics, shows what the best possible reasoner would come up with via pure theoretical wisdom. (Theoretical wisdom is about what cannot change — the good, the holy, etc. — and so it's rare that humans have full understanding of it.). However, this impartial god-like deity does not understand or offer advice on having complex human relationships.

Whereas the other observer shows what an ideal human would suggest, possessing the ultimate power of judicious discernment (i.e. unspecified practical wisdom) in a human situation. So he or she knows about human concerns, which include but are not exhausted by counseling norms. Through subsequent interaction and perspective sharing, the observers offset and reconcile each other's limitations in observation, and the pairing of perspectives augments their shared overall judgment about the moral quality of the counselor's negative affect disclosure.

Through adoption of ideal observer postures, the professional can aim to be more of an ideal observer than a mere actor, which demands that he or she accord his or her reasons for NAD with what an ideal observer would adjudge correct. This proposed shift represents an attempt by the professional to become more objective and better positioned in relation to the objective moral truth about NAD. This also entails thinking about what ideal observers provide, and the best kinds of reasons and arguments that might license NAD. The next section will present one such argument for thinking through NAD.

The Argument for Negative Affect Disclosure

Without a reasonable explanation in support of expressions of NAD, counselors may consider themselves incompetent or at risk of having a tarnished image or smudged reputation. This is the risk, as noted above, of disclosing certain emotions. How clients respond is unpredictable and requires reasoned judgment and a thorough justification of counselor emotional disclosure (Forrest, 2010). One such justification can be based on the following argument, consisting of four primary premises:

Premise 1: Conflict on some level can (and at times seem bound to) occur in almost any counseling relationship, and it is not inherently negative. The presence and intensity of conflict is influenced by theoretical orientation, counseling techniques, the personality and clinical profile of the client, resulting interpersonal chemistry, the counselor's personality and current state of emotional health, issues related to client/professional age, gender, culture, and life experiences. The greater the

power differential between client and counselor, the greater the potential for conflict, particularly when the professional serves as a proxy for other coercive societal (e.g., criminal justice and child welfare systems) or institutional (e.g., program expectations regarding treatment choices, treatment duration, expected benchmarks of behavioral change, etc.) interests (Taleff, 2006; Taleff; 2010; White, 1993).

Premise 2: Communication of negative emotions ought to be expressed by both parties when these feelings percolate, and interfere with, or impede, the internal workings of the relationship dynamics as well as interpersonal dealings between client and counselor. This process should be reviewed and guided through a process of consistent clinical supervision or consultation.

Premise 3: Communication of negative emotions can be expressed in better and worse ways, and as such, they should be expressed by both parties with warmth and kindness. In other words, counselors must balance responsible detachment and relational responsiveness.

Premise 4: There is more overall harm than good in terms of diminished quality in the therapeutic alliance when emotional dishonesty via suppression of negative affect characterizes the counseling relationship for both professional and client.

Conclusion: Working through conflict in a healthy and ethically mature way builds character fortitude in the relationship and maintains the integrity of trust and care. Failure to disclose facets of negative affect may actually emotionally harm clients, as ‘negative’ and ‘positive’ emotions invariably add more emotional depth to the counseling relationship, facilitate trust, normalize client feelings and struggles, and help patients to express feelings and emotions (Forrest, 2010; Pope et al., 2006). Secondly, failing to express negative affect may potentially damage the therapeutic forward movement and evolution of the relationship, which results in personal transference and countertransference interactions (Pope & Vasquez, 2016). As Forrest (2010) noted, a “working and productive therapeutic alliance becomes a vehicle for containing, resolving and working through, and neutralizing powerful

emotions and affects as well as other potential sources of both constructive growth and change and destructive conflicts or regression associated with the more in-depth self-disclosures of the therapist and client" (p. 91). In this light, NAD could be constrained and regulated by setting conditions for its use.

Negative Affect Disclosure (NAD) Criteria: 8 Conditions

The trend in disclosure ethics discourages NAD, or encourages the use of therapist self-disclosure only if it is clinically strategic (client-focused), brief, well-timed, rapidly redirected to the experience of the client, and reviewed in supervision. In essence, current thought on NAD resonates with the Aristotelian notion of the Golden Mean: 'We do the right thing, to the right people, at the right time, in the right way, for the right reasons'. In entertaining affect disclosure, how do professionals best think about NAD in Aristotelian ways? Perhaps by giving primacy to situational or relative moral maxims or principles, over deontologic or absolutist doctrines (Schwartz & Sharpe, 2010). There seem to be no hard-and-fast rules or a universal moral algorithm; each case of NAD is essentially unique. Similarly, motivations for sharing emotion are unique, ranging from the self-serving to the adversarial to the genuinely client-interested (Austad, 1996). Nevertheless, there must be requisite conditions to be satisfied before the professional engages in emotional disclosure or the expression of feelings. They are as follows:

Condition 1: "Do not share each passing irritation" (Kahn, 1997, p. 156). The professional does not share emotional content in order to correct the client's behavior, but rather for purposes of support (the difference between acting 'in' emotion and acting 'on' emotion). Therefore, using an assertiveness formula, the counselor places responsibility for NAD on self, not the client (Kahn, 1997). For example, "Rogers would never had said, "I find you boring today." He might have said, "I'm distressed to find that I'm not very interested in our session today, and it makes me very uncomfortable to tell you this. I think this boredom comes from my not feeling really connected with you. Do you have any idea

what's happening between us today that's making me feel this way" (Kahn, 1997, pp. 156-157; citing Rogers, 1962).

Condition 2: "Consider sharing a negative feeling only if it is striking or persistent or is interfering with your capacity to be fully present with the client" (Kahn, 1997, p. 156). That is, the professional balances paternalism and protection in a way that does not patronize clients as emotionally fragile: a devaluing over-protection. In this way, he or she must think honestly about whether emotions should be suppressed to spare the client the emotional reality of the impact of their actions on the client-professional relationship, which could be a negative or unjustifiable paternalism.

Condition 3: The professional does not share emotion with intent to cause psychological or emotional injury, to satisfy or serve his or her own unresolved emotional needs, to guilt-trip or punish the client. The professional must always ask whether disclosure humiliates. A constant attitude of discernment is necessary in order to consider predictable implications of how the disclosure affects the client's dignity. Thus, "before expressing a negative feeling, ask yourself this question: For whom am I doing this? Do I want to unburden myself, to get revenge, to hurt the client? Do I want to demonstrate how authentic I am? If the answer to any of those questions is yes, keep the feeling to yourself or save it for your supervisor" (Kahn, 1997, p. 156). (some additional questions to consider are found in Appendix A).

Condition 4: The professional must not express affect if he or she feels inflated importance, or is welled up with, or charged by emotion. Self-disclosure may best involve disclosure of material from the counselor's past that has been previously disclosed to others to assure emotional control over the disclosure and that the decision to disclose is clinically strategic rather than propelled by the counselor's present distress. In other words, "If it seems to you that your speaking out is indeed meant for the benefit of the client and the movement of the therapy, say what you have to say in a manner

that shows your basic regard. And say it in a way that minimizes the chance that the client will hear it as criticism" (Kahn, 1997, p. 156).

Condition 5: The emotional expression is ethically mature and in tune with the hallmarks of assertive communication, showing respect for the feelings of the client and preserving the client's sense of human dignity (Wyatt, 2006).

Condition 6: The counselor's motive for sharing emotion reflects equilibrium in judgment. Disclosure is then an expression of genuine, authentic and 'organic' assertive communication in the context of a caring relationship rather than an assertion of power, control (emotional or behavioral manipulation), or professional self-healing (e.g., impulsive expiation of the counselor's emotions).

Condition 7: The emotional disclosure is "based on a therapeutic model and rationale, not on unproductive emotional reactions" (Knapp & VandeCreek, 2006, p. 37). No matter what therapeutic framework one uses, it is important that it be rooted in Aristotle's lesson. Therapy must be the right thing, for the right people, at the right time, in the right way, for the right reasons. As with any intervention, the clinician should be careful that the client and the relationship, and be as certain as possible the work can tolerate it.

Condition 8: It is important to note that the professional consider the cultural contexts of emotional disclosure when the professional and client come from quite different cultures.

Conclusion

Counselor disclosure of negative emotion is controversial. and, At best, NAD is a grey area in self-disclosure ethics, as it lies between paternalism and protection as well as beneficence and non-maleficence. However, as a conservative risk management strategy, there is propinquity in the counseling field to err on the side of caution and discount the place of NAD in adding therapeutic value to the counseling relationship. As such, some assumptions about professionalism and ethics

have led to an under-exploration and under-utilization of NAD, even when it might be profitably employed. However, clients can and should expect a professional counselor who is focused on helping them. Showing negative emotions might be helpful in certain situations, but, by and large, should only be used as a tool. Additionally, if a counselor truly hates a client to the point that not sharing those feelings with the client will ruin the therapeutic relationship, then it might be time to refer the client elsewhere.

There are several more points to emphasize about NAD. One is that professional development via assertive communication is overlooked as a critical component of competent ethical care (Knapp, 2014). Given the clinical practicality to what is experientially felt, material content can inform clinical work (Sussman, 1995). Counselors may be able to undermine professional hierarchy by leveraging NAD. Perhaps counselor NAD may further therapeutic progress and lessen ruptures in the therapeutic alliance and the likelihood of harming clients (Sussman, 1995). That is, NAD seemingly allows for the transmutation of negative affect into therapeutic building blocks, which can provide an emotionally authentic foundation for care (Kelly & Yuan, 2009), thereby suiting clients' attachment needs to better the quality of alliances (e.g., see Folke, Daniel, Poulsen, & Lunn, 2016). An associated benefit is that the professional models for the client ways to express and absorb negative feedback and manage emotions adaptively with assertive communication and vice versa (Brattland et al., 2016). Additionally, self-disclosure on behalf of the professional may encourage the client to share openly and reveal secrets and benefit more from treatment (Jourard, 1971).

Routinely assessing whether to engage in NAD may best be determined by whether the client prefers it or not after going over the therapeutic rationale of it, and the actual felt experience of it in a counseling session. After all, how well providers accommodate client preferences can ultimately determine whether clients find therapy helpful (Williams et al., 2016). In addition to gauging a client's

preference in terms of what they find most helpful may reveal that clients are looking to learn how to express their feelings, receive honest feedback from others telling them what they think of them, being able to say what is bothering them instead of holding it in, as well as expressing negative and/or positive feelings toward another person (Yalom & Leszcz, 2005).

Second, there are limitations to NAD, and so it must be considered carefully and not used too hastily. In order to best think through how NAD should be used, counselors could imagine the presence of two Ideal Observers ahead of disclosing affect. This imaginative effort would seem to allow counselors to prepare solid reasons for utilizing NAD, grounded in sound premises and a logical conclusion.

Third, while the primary motive underlying NAD is the counseling relationship, allowing emotions to be felt, touched, and expressed may have the secondary effect of discharging or diminishing the build-up of emotional tension, thereby lessening countertransference reactions (among other things), which would otherwise contaminate the counseling relationship dynamics (Skeel, 2005). For example, buried emotional feelings laying dormant can reawaken during the course of counseling (via subconsciously expressed body language, under breath comments, rolling eyes, sitting in chair differently to convey disapproval, unconscious facial expressions, paralanguage, and other cues tipping off the client to the real nature of the counseling relationship at the unconscious level (e.g., see Schore, 2012, 2014); unbeknownst to the professional but nonetheless picked up by the client (Miller & Rollnick, 2012).

Fourth, because NAD is not studied, the extant literature provides little guidance on NAD. The survey research on counselor NAD is over 20 years old. Empirical study exploring why counselors may differ in their views of NAD is needed. There are theoretical and pragmatic reasons for the perceived lack of appropriateness of self-disclosure of negative feelings, but

empirical investigation is needed into how NAD aligns with treatment goals, its role in therapeutic progress, impact on outcomes monitoring and evaluation, and its mechanics.

Finally, disclosure ethics is unclear about whether NAD is 'good' or 'bad', but by virtue of it not giving a clear answer about permissibility, NAD has come to occupy the peripheral margins of the disclosure ethics literature. Within the broader context discussed in this article, this seems to communicate an implicit message that NAD should not be engaged. Still, disclosure ethics generally cautions that any disclosure by the professional must be done under certain circumstances, with the right client, at the right time, with the appropriate amount of disclosure, in the right way, and for good purposes. This nebulous and seemingly cryptic instruction raises more questions than answers, but hints at the need for counselors to be able to couch their rationale for disclosure in logical argument. And although this article attempts to frame conditions to guide counselors on when and under what circumstances negative affect disclosure may be warranted, these criteria cannot substitute for the practical wisdom required to answer such questions (e.g., when not to disclose or when to disclose even if it means not sparing hurt feelings).

Aristotle considered wisdom (*phronesis*) — a theoretical construct concerned with opaque matters — the master virtue (excellence), which balanced and regulated all other virtues and values (Schwartz & Sharpe, 2010). Wisdom is practical when it concerns itself with bringing the overall aim and ultimate goals (telos) of counseling (e.g., establish therapeutic alliance, promote recovery) into practice (Schwartz & Sharpe, 2010). For example, a professional lacking practical wisdom may have good intentions around disclosing negative affect, but not quite know how to interpret and balance the tension between having just the right amount of emotional detachment (so as to avoid counterproductive emotional expression while still displaying warmth and kind attachment). Further, it can be difficult to find a balance between truth and kindness and compassion when disclosing (Kidder,

1995). Thus such disclosure requires, even demands, practical wisdom associated with experience but, more importantly, cultivated by the program agencies, mentors, training, and the deliberate practice of assertive communication skills (Knapp, 2014).

Practical wisdom is a determinant of good assertive communication skills, which may include or require facilitating NAD. In turn, leading to a more open, honest, fulfilling, and genuine social connection between professional and client. With improved communication and enhanced therapeutic engagement and relationship, both client and professional are bound to find relations between them more meaningful and satisfying. Being a good professional entails consuming 'counseling goods' (e.g., learning assertive communication skills) and understanding the importance of the golden mean and how to reach it to succeed in counseling practice to truly derive a sense of job done well and good work (Schwartz & Sharpe, 2010).

Practical wisdom is necessary to gauge the appropriate time and right moment and to take a measured and well-calculated approach to NAD. However, the act of NAD takes moral courage given the possible threat of being branded as unprofessional or unethical (Murray, 2010). Professional counselors may experience existential angst and engage in NAD under threat to professional reputation, but moral courage means "accepting challenges that put one's reputation, emotional well-being, self-esteem or other characteristics in jeopardy" (Kidder & Bracy, 2001, p. 11). For example, in a case where a professional doesn't like a client, the professional codes of ethics make it clear that a professional does not have the right to discriminate against the client. If the therapist is incapable of taking an affirming orientation toward the client, perhaps NAD might serve to process personal prejudices or biases that otherwise might cause harm and diminish the therapeutic utility of counseling (e.g., see Millner, 2010). Moral courage means acting on convictions (Kidder, 2005; Miller, 2000; Pianalto, 2012). It also means developing "the quality of mind and spirit that enables one to face up to

ethical dilemmas and moral wrongdoings firmly and confidently, without flinching or retreating" (Kidder & Bracy, 2001, p. 5).

Appendix A

Ten Questions to Answer Before Negative Affect Disclosure

There are some questions a professional might ask before using self-disclosure as a therapeutic tool, with attention to the ethical vicissitudes of trying to predict the precise (constructive or eroding/corrosive) impact or effect in the short run and long-term, of self-disclosure on the client, counselor, and the therapeutic alliance/relationship (Forrest, 2010).

Key questions to ask in attempting to hold in abeyance iatrogenic insults or negative effects of self-disclosure, and to promote caution against the overutilization of it, are:

1) Would you be satisfied with your self-disclosure if what you might do and how you would do it were set in stone forever (Johnson & Ridley, 2008)?
2) What would the verdict be if a jury of your peers in the profession reviewed all the evidence and had to make a ruling as to the therapeutic necessity and appropriateness of your self-disclosure?
3) Would you be okay if the complete details of your self-disclosure made the front page news or you read about your actions in a professional trade magazine or heard about it in the evening news?
4) Would you be willing to do an interview on an investigative journalism show (e.g. 60 Minutes) about your actions?
5) Imagine a double-sided glass mirror is reflecting your image, with who knows who watching on the other side (auditor, supervisor). Do you still disclose or instead tread more lightly in terms of mincing your words (e.g., test of justice, test of universality, test of publicity, Stadler, 1986)?
6) Do your actions to disclose show that you are taking the ethical highroad in terms of motive or clearing a moral low bar in terms of intent?
7) Is your self-disclosure exemplary conduct of the sort you would like your practicum student to follow and model to his or her practicum supervisor?

8) Imagine the effect your self-disclosure might have on the client in the immediate here-and-now and long-term. Is self-disclosing worth the risk of deleteriously impacting the client? How likely is the potential for harm (real or imagined) given your assertive communication skill level?
9) If self-disclosure is done in private, behind closed doors, do you feel any ounce of compunction about demonstrating how you self-disclosed to a public audience or in the front office lobby with the specter of publicity?
10) Would you welcome The American Counseling Association or state ethics board to remove your right of anonymity and review your self-disclosure case to inform guidelines on negative affect disclosure?

These ten question sets aim to encourage thoughtfulness, curiosity, reflection, discomfort, etc. These questions might also harness the threat of shame — *"the feeling that one has failed to live up to one's own standards" (Satel & Lilienfeld, 2016, para. 2)* — and its role in prodding (re)appraisal of future action (Williams, 2008). While shame has negative connotations it is not an inherently bad or a negative emotion (Jacquet, 2016). Thoughts of humiliation may spur self-reproach (Jacquet, 2016) calibrated to match expectations of the profession and conform to acceptable behavior in line with the code of ethics, as "the right sort of shame attaches to what a person *does* and *could do* differently" (O'Connor, 2016, para. 7). The production of such feelings derived from imagined shame may possibly prompt better action and potentially offset motivational bias to self-confirm approval of actions (Williams, 2008).

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