Academic Article

Coming out as a survivor therapist

Understanding therapists' motivation for trauma-related disclosure within professional and public domains

By Valerie Ballarotti

Whilst the psychotherapy field is arguably prone to view childhood trauma as something affecting clients rather than those treating them, more therapists have started to refer to their own experiences of early adversity and abuse. Three colleagues who have embraced their dual identity of survivor therapists reflect on their motivation to disclose and what influenced their decision-making

Introduction

Despite the incidence of childhood trauma among mental health professionals, qualitative research on how individuals navigate their dual identity as 'survivor therapists' is scant. Derived from a larger Interpretative Phenomenological Analysis (IPA) study, conducted as part of the author's MA dissertation, this article explores trauma-related disclosure within the psychotherapy profession, focusing in particular on what motivated three therapists to 'go public' about their childhood sexual abuse (CSA) trauma.

The article reflects on how therapists may experience being CSA survivors as a 'concealed stigmatised identity' (Weisz et al., 2016), whilst also feeling empowered as 'wounded healers' to embrace 'public truth telling' as part of what Herman (2015) dubbed 'survivor mission'. Drawing on Chaudoir and Fisher's Disclosure Process Model (2010), the research considers the process of 'coming out' as a survivor therapist as a sequence of interrelated disclosure events occurring in different contexts and at various stages of therapists' professional lives. These include training, supervision and workplace, and sometimes extending to more public disclosures including press, social media, academic publications and radio. Four emerging themes are briefly outlined reflecting participants' reported motivation for salient disclosure events in their careers.

Both sides of the couch

Childhood trauma has been widely recognised as the common denominator for a plethora of enduring mental health difficulties in adulthood, including depression, low self-esteem, suicidal ideation, anxiety and panic, borderline personality disorder, dissociative identity disorders and eating disorders

(Knight, 2015). In Ireland, some 24,815 children were referred to Tusla – the state agency responsible for improving well-being outcomes for children – for various forms of suspected abuse in 2018. Of these, 6,137 referrals were for suspected physical abuse and 3,548 concerned sexual abuse (McMahon, 2019).

Since the Covid-19 pandemic, Women's Aid support workers received more than 30,000 disclosures of domestic violence, including 6,000 related to child abuse (Wilson, 2021). Hinting at the pervasiveness of childhood trauma, these recent statistics add to a sad legacy of historical and institutional child abuse in the Republic.

Unsurprisingly, within the mental health field "adult survivors of childhood trauma account for a majority of individuals seeking … clinical services" (Knight, 2015, p. 25). Childhood trauma among helping professionals, including psychotherapists, may be a more controversial issue, arguably warranting further consideration within counselling and psychotherapy literature and education (Bamber & McMahon, 2008; Elliot & Guy, 1993; Fussell & Bonney; 1990; Follette & Milbeck, 1994).

Concealed stigmatised identity

Unlike the substance abuse treatment field, whose endorsement of counsellors' lived experience gives them "the unique opportunity for personal and professional identities to align" (Curtis & Eby, 2010, p. 2), mental health professions appear to view therapists' trauma histories more as a professional risk than a potential asset (Curtis & Eby, 2010). With few notable exceptions (Benatar, 2000; Schauben & Frazier, 1995), research on survivor therapists has mostly highlighted their increased vulnerability to vicarious trauma and burn- out (Carr & Egan, 2017; Schnittiger, 2017; Sodeke-Gregson et al., 2013). Concerns have also been raised about survivor therapists' tendency toward over-involvement and excessive self-sacrifice (Adams & Riggs, 2008). Some findings point to a greater propensity to violate therapeutic boundaries with clients and to disregard supervisory guidance (Dickeson & Smout, 2018). Furthermore, since "childhood trauma doubles the risk of mental health conditions" (Torjesen, 2019, p. 364), survivor therapists' possible mental health sequelae might lead to fears of being pathologized by other clinicians (Torjesen, 2019).

Straddling the line between human vulnerability and professional competency, psychotherapy trainees are required to 'work on self' and to familiarise themselves with self-disclosure in both personal therapy and experiential work during training

Within the psychiatry survivor literature, survivor therapists (including psychiatrists, psychologists and other mental health workers) have highlighted "stigma, discrimination, and misunderstanding from clients and colleagues alike" (Adame et al., 2017, p. 57) as main deterrents to "being 'out' about one's … personal struggles in the professional mental health community" (Adame et al., 2017, p. 57). More specifically within the psychotherapy profession, Adams (2014) has also suggested that "psychotherapists don't always appear to trust other therapists [and have] little faith that [their] human frailties will be valued rather than judged as proof that [they] should not be working" (p. 8).

Given these concerns about professional stigmatisation, it is not unreasonable to assume that some therapists might experience their being CSA survivors as a "concealed stigmatised identity" – an "attribute that is stereotyped and devalued by society, but that can be kept hidden" (Weisz et al., 2016, p. 2935).

Wounded healers in their own words

Conversely, one might expect that as a field predicated on the healing potential of talking about one's difficulties, psychotherapy would endorse openness over concealment and validate painful experiences as opportunities for psychological growth. Encapsulating this dialectic, the Jungian construct of the 'wounded healer' – referring to an "individual who, after experiencing significant adversity becomes motivated to assist others through similar experiences" (Dickeson, 2017, p. 3) – offers an important counterargument to concealment as well as a rationale for therapists to reclaim their trauma histories.

Straddling the line between human vulnerability and professional competency, psychotherapy trainees are required to 'work on self'[1] and to familiarise themselves with self-disclosure in both personal therapy and experiential work during training. Since disclosure is so central to the psychotherapy endeavour, the "absence of

[1] https://iacp.ie/files/file601c2c9541773.202102041819

discussion or research on navigating decisions about disclosure to other professionals or 'going public' about woundedness" is striking (Zerubavel & Wright, 2012, p. 488).

Contributing to what Adams calls the 'myth of the untroubled therapist' (Adams, 2014) this lacuna may be particularly, but not exclusively, detrimental to survivor therapists. Fortunately, a spate of recent publications has challenged this dominant trend, featuring first-person narratives of survivor-therapists. Particularly in relation to CSA, these include autobiographical monographs (Armstrong, 2010; Murray, 2019) and chapters within edited collections (Farber, 2017; Rech, 2019), with a recent book focussing specifically on therapists' experiences of sexual abuse (Lee & Palmer, 2020).

In the review of the literature, the researcher gradually honed in on therapists' personal accounts of their trauma histories. Having located the contact details of some of these authors online and through word of mouth, they were emailed directly with an invitation to participate in the research. Three colleagues, all CSA survivors, kindly accepted the invitation to be interviewed. Each interview lasted approximately one hour, with two taking place in the author's office and one online.

The chosen methodology, Interpretative Qualitative analysis (IPA), is widely used in psychotherapy research (McLeod, 2011). Whilst recognising the researcher's involvement in the interpretative effort, IPA's focus remains firmly on participants' meaning-making and subjective experience with reference to relevant theorisations (Smith & Osborn, 2004).

A degree of homogeneity (Smith et al., 2009) was required in participants' inclusion criteria – all three participants are qualified and practising psychotherapists, identify as CSA survivors and their written disclosures are available in the public domain (in print, online and/or both). Participants diverge in gender, cultural location, and levels of professional experience. Names and identifying details have been changed to safeguard anonymity. Keith and Neil identify as male and are both Irish-based therapists with 11 and three years respectively of clinical experience. Ella identifies as female, and she is an American clinical psychologist, psychotherapist and supervisor practising for over 40 years.

Since in our digital era written or otherwise recorded disclosures often remain available on the Internet, their impact on therapists' online presence can be enduring and far-reaching

Disclosure Process Model and therapist self disclosure

Aligned with Chaudoir and Fisher's Disclosure Process Model (2010), therapists' trauma-related disclosure is viewed here as a complex and life-long process made of interrelated 'disclosure events'. While positive responses to single disclosure events influence subsequent disclosure choices in a 'feed-back loop' of increasing openness or concealment, 'ecosystem' or compassionate goals to promote connection and social support (Crocker et al., 2008) increase the likeliness that disclosers will experience the disclosure process as beneficial (Chaudoir & Fisher, 2010). This was corroborated by participants in this research, who foregrounded 'social contextual level goals' to challenge oppression and stigma, and reclaim their stigmatised identities, as main motivations for disclosing within professional and public spheres (Chaudoir & Fisher, 2010).

Counselling and psychotherapy literature on therapist self-disclosure (TSD) is generally confined to therapist-client interactions (Danzer, 2018). Even though few in the field would unambiguously endorse the traditional 'blank slate' approach, consensus around TSD is that therapists should err on the side of caution (Pinto-Coelho et al., 2018). Especially with clients sharing a similar interpersonal trauma history, TSD is thought to "strongly and inappropriately shift the focus of therapy to the therapist" (Danzer, 2018, p. 62), however, empirical research supporting this position is lacking.

Furthermore, since in our digital era written or otherwise recorded disclosures often remain available on the Internet, their impact on therapists' online presence can be enduring and far-reaching. Exploring the ramifications of 'digital transparency' for survivor therapists, however, lies beyond the remit of the current article (Zur, 2007).

Analysis of emerging themes

Following repeated and immersive readings of the audio-recorded interview transcripts, initial annotations were made and then distilled into emerging themes recurring across participants' responses. Emerging themes were then clustered into superordinate themes. Although the research from which this piece is derived

covered questions around perceived risks and obstacles, as well as participants' experiences of the reactions of colleagues to their revelations, the focus here will be on what motivated therapists' trauma-related disclosure in the professional and public spheres. What follows is a brief overview of some salient themes emerging from the interviews.

1. Social support

Chaudoir and Fisher (2010, p.17) note that for those with a concealed stigmatised identity "disclosure is a necessary prerequisite to obtain social support". All three participants highlighted that garnering social support informed their decision to disclose.

Finding group belonging was the dominant motivating factor for Neil, whose public disclosure pre-dated and was instrumental to his becoming a therapist. Neil's reason for speaking of his experiences on the local radio was to reach out to other CSA survivors and legitimise the creation of a peer support group in the area. Working with fellow survivors in this context eventually led him to train as a therapist "so that I could get into it in a deeper way". Mindful of the boundaries between his ongoing facilitation role within the group and his more recent therapeutic practice, he continues his advocacy work online, where he identifies as a CSA survivor and a psychotherapist.

Ella had completed her PhD and was a licensed psychotherapist working in a hospital when she recovered her memories of incest: "I had a horrible PTSD going on with lots of flashbacks and somehow because I think I dissociated so well, I was able to do my work."

Not only did she return to her previous interviewees to introduce herself as an incest survivor, but she eventually chose to include her own experience in her publication

Whilst fearing that disclosing at work may "diminish" her in the eyes of her peers or cast doubts over her ability to maintain boundaries with clients, she also felt concealment "creates this huge wedge between colleagues". Her choice to selectively disclose to a few trusted colleagues who knew her well and "wouldn't think less of me as a clinician" was driven by her need to feel supported in her therapeutic engagement with sexually abused children. Ella was also able to find support within an ongoing survivor therapists' group that helped her normalise her struggle. She recalled: "We met weekly for a while and a lot of us would talk about how strange it was to go through our own healing at the same time we were working with survivors and how clients felt we were so attuned to them, well, yeah, we got it."

Further research on support groups for survivor therapists and how they may foster therapists' positive self-transformation (Benatar, 2000) and vicarious post-traumatic growth (Bartoskova, 2017; Wheeler & McElvaney, 2017) would be a valuable addition to counselling education.

2. Shame of concealment

Being on the receiving end of other survivors' disclosures also had a strong influence on participants' disclosure choices. Despite having been in therapy for many years, Keith's first disclosure was in his third year of psychotherapy training and was linked to starting work with CSA survivors in his placement. Similarly, Neil and Ella identified turning points in their disclosure history, where hearing the stories of other survivors instigated more openness.

For Neil, who worked in youth outreach before becoming a therapist, a conversation with a young trauma survivor galvanised him to start therapy and his own disclosure journey. Impressed by how this brave teenager "was so able to talk about [her awful childhood], talk about going to counselling, talk about what worked for her, what didn't work for her" Neil remembered feeling "so ashamed of holding in all of this".

Research has shown how shame can be "a paradoxical double-edged sword: It may both elicit a strong desire to change … and simultaneously evoke avoidance-oriented responses" (Lickel et al., 2014, p. 58). Relating to disclosure, feelings of shame triggered by the openness of others may motivate but also inhibit disclosure for those with a similar but concealed stigmatised identity.

For her book project on CSA, Ella interviewed a number of people who were "completely identified as survivors". Yet, when asked about her interest in the topic, she had initially preferred to shelter behind her trauma specialist persona: "I began to feel more and more like a fraud; I'm asking them to be so brave and I'm … I wasn't willing to do that."

It was when an interviewee shared that she would not have taken "the courageous step" had she not been "nudged" by a

concerned family-member, that Ella overcame her hesitancy: "I felt safer somehow, like, oh I'm like you." This led to a long and deliberate coming-out process. Not only did she return to her previous interviewees to introduce herself as an incest survivor, but she eventually chose to include her own experience in her publication, using it as "the glue" binding the interviewees' stories together. "It makes me cry … that's what it was … I met all these brave people and then I became one of them. I never said that before."

As their professional roles gave them unique access to other survivors' disclosures, participants described an increasing discomfort about concealment, and a growing moral imperative to disclose, linked also to their values and professional responsibility as therapists.

3. Therapists' values

Across participants, professional values and theoretical concepts within the psychotherapy field were recurrent themes providing a rationale for disclosure. The Jungian construct of the 'wounded healer', mentioned earlier, validated for Keith "that someone who has walked the path is the best guide". For Neil, disclosing resonated with the core counselling value of congruence: "If I am hiding parts of me [in training], then I am not being congruent."

Keith was also adamant about needing to "flag" one's abuse history with supervisors, to enable them to watch for potential "blind spots". Concealment in supervision raised concerns about potentially a harmful parallel process: "If I am afraid to engage with or speak about something that's happened to me, that's communicated in some way to the client … how can they tell me then, or fully own what it is they fear."

Whilst the notion of 'survivor mission' may sound strident, it reflects an inner tension

Opposing us/them dichotomies and the reification of therapists' professional expertise, participants' self-perception as therapists revolved around values of 'shared humanity'[Ella], equality and authenticity. All of the participants felt cautious about using TSD around shared trauma in clinical work. "I won't ever tell [clients] about it. I don't know if that helps me in the work – it definitely doesn't help if I think I am past all that, and I am better and I am healed and you are broken … I don't stand any way above them, why would I pretend to?" Keith remarked.

Conversely, clients' knowledge or questions about their public disclosures were not seen as a threat to therapeutic boundaries but, rather, something to be unpacked and integrated in the therapeutic work.

Beyond the professional sphere, participants' motivation to go public was linked to needing to take a "moral standpoint" [Keith] and "tell the truth, even the ugly truth" [Ella]. 'Public truth-telling' is identified in the literature as a common denominator of "survivor mission" (Herman, 2015, p. 207). Related to the notion of 'political disclosure' (Cain, 1991), going public about one's stigmatised identity becomes a way "to contribute to the greater good of society by raising awareness … helping to reduce cultural stigma … and serve as a role model for others who are afraid to disclose" (Chaudoir & Fisher, 2010, p. 20).

4. Survivor Mission

In her seminal work on trauma, Herman (2015) highlighted that for some CSA survivors, becoming therapists may be an aspect of their 'survivor mission' (see also Eskreis-Winkler et al. 2014) – a way of redeeming their experiences by using it for the benefit of others.

According to Herman (2015): "Many survivors seek the resolution of their traumatic experience within the confines of their personal lives. But a significant minority, as a result of the trauma, feel called upon to engage a wider world" (p. 207).

Whilst the notion of 'survivor mission' may sound strident, it reflects an inner tension Keith was particularly sensitive to. He explained: "I do think that part of my public disclosure … there was a heroic element to it that maybe wasn't the best thing for me… that I would tell the world and I would do good and save the world, that's bigging it up there… it was not as grandiose as that … but that I would do some good and that it was the right thing to do."

Similarly, in his training, Neil referred to being on a "sort of a mission to say 'look, this is the reality, things like this do happen'". Whilst acknowledging the need to remain within one's level of competence, Neil wanted to encourage peers to see survivors' uniqueness and resourcefulness as individuals, rather than viewing them only as a challenging client-group. "Several people in the training would say I could never work with people … who had child abuse, and I'd say, but would you work with me? And they'd say yes, but you're different. *How* am I different?"

This echoes Ella's experience as a supervisor: "I talk about my

own personal experience with [my supervisees] when I want to make a point … I want to help them not identify survivors as damaged goods."

Through public disclosure participant Keith opposed prevalent notions that, as a CSA survivor: "You are broken or you are a mess and that anyone who's been abused is a non-functioning addict. That still stops a lot of people seeking proper help and I think of my own example. I was years and years in therapy and I never told anyone [because] you think this is a strange, peculiar thing that doesn't happen to many people."

Indeed, in particular with male CSA survivors, recent research has shown that believing their experience to be an anomaly stops men from seeking help or impairs therapy outcome by inhibiting disclosure (Sivagurunathan et al., 2019).

For Keith, the need to confront a cultural legacy of silence, stigma and shame was particularly relevant in an Irish context, where historical patterns of institutional abuse are increasingly being scrutinised partly on account of an active survivors' movement:

> The Irish view on abuse [is] don't tell anyone about it, we'll sort it out between ourselves, shush … that's exactly the same thing that the Church or the State does, or families do, so therapists are doing it now. I think that's so prevalent in our society, in our cultural psyche, and the profession buys into it, too. If it was a more accepting culture, I don't know if I would have written about it.

By going public, participants also sought to model openness in the hope this may help "lighten the burden of shame and secrecy" that some survivors might be carrying and encouraging them "to share the secret with somebody" [Ella].

Further research on how intersectional issues of race, ethnicity, class, disabilities, gender and sexual identity impact on survivor therapists' disclosure choices would be a welcome addition to the literature

Finally, providing alternative narratives of healing that others could "hold on to" [Neil] was important to all participants. Since becoming a therapist, Neil remarked how his blog focused more on "recovery and the therapeutic journey". Keith also mentioned not wanting the article he wrote about his CSA experience to be all "doom and gloom", ensuring that his narrative "didn't dismiss the horrible things that happened, but that the good stuff wasn't overshadowed either … because I got through it … so I wanted to kind of portray that."

Similarly, Ella expressed her desire to challenge the "clinging to the lifeboat" views of surviving, which were prevalent when she started her book project in the 90s: "I wanted to show other ways of being that is possible to heal. I wanted to show readers, I wanted to show the world and I wanted to show me."

Conclusion

Disclosure is an ongoing, multi-layered process, a shifting continuum between openness and concealment. Survivor therapists' motivations to speak and/or write about their survivor status are complex and subjective and need to be understood within the overarching disclosure process prior, during and after training as therapists.

Further research on how intersectional issues of race, ethnicity, class, disabilities, gender and sexual identity impact on survivor therapists' disclosure choices would be a welcome addition to the literature, as would be an investigation of therapists' choice not to disclose to other professionals. Focussing on the disclosure journeys of three colleagues who publicly embraced their CSA histories, this brief contribution hopes to spark interest and discussion about how we may strive together towards a professional culture that "values the expertise of lived experience, where it is safe to use this experience, and where people are supported to do so" (Perkins & Repper, 2014, para. 34).

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