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EDUCATION

EFFECT OF THERAPIST SELF-DISCLOSURE ON DEPRESSION MANAGEMENT AMONG UNIVERSITY STUDENTS IN KENYA

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ABSTRACT

Purpose of Study: This study examined the effect of therapist self-disclosure on depression management among university students, with attention to the relational dynamics created through reciprocal sharing.

Problem Statement: Depression is a growing mental health concern among university students in Kenya, with disclosure practices emerging as crucial strategies for effective management.

Methodology: Using a mixed-methods approach, data were collected from 321 students through structured questionnaires and interview guide, and analyzed using descriptive statistics, correlation, and regression techniques.

Result: Most respondents had not experienced therapist self-disclosure, indicating that therapists largely maintained professional boundaries, with limited disclosures mainly involving professional experiences (16.1%) and fewer personal or emotional disclosures (4.1%). Nonetheless, therapist self-disclosure showed a modest but statistically significant positive influence on depression management ($r = 0.327$, $p < 0.01$; $\beta = 0.135$, $p = 0.048$).

Recommendations: The study recommends counselor training and peer counseling to strengthen depression management and student mental health.

Keywords: *therapist disclosure, self-disclosure, reciprocal sharing, depression management, university students, Kenya*

INTRODUCTION

Depression remains a leading global mental health concern, affecting over 280 million individuals worldwide (World Health Organization, 2021). It is a chronic and often disabling condition marked by emotional, cognitive, and physical disturbances, including persistent sadness, lack of motivation, fatigue, and impaired concentration (American Psychiatric Association, 2013). For university students, depression poses unique challenges, as it intersects with developmental transitions, academic pressure, social disconnection, and financial instability (Dyrbye, Thomas, & Shanafelt, 2006; Ibrahim, Kelly, Adams, & Glazebrook, 2013). The university environment, while intellectually stimulating, can also exacerbate mental health vulnerabilities, making students particularly susceptible to psychological distress.

Across global contexts, mental health professionals have reported rising levels of depression, anxiety, and related concerns among university students (Eisenberg et al., 2013; Gallagher, 2014). Although various treatment models such as cognitive-behavioral therapy (CBT), pharmacological interventions, and mindfulness practices have been implemented to manage depression, challenges in treatment uptake persist, especially in low and middle-income countries (LMICs) where stigma, lack of access, and underfunded mental health services remain critical barriers (Patel et al., 2011; WHO, 2017).

In the Kenyan context, mental health services for students remain limited despite concerning rates of psychological distress. A study at the University of Nairobi reported that over one-third of undergraduates exhibited moderate to severe depressive symptoms (Othieno et al., 2014). Additionally, suicide ideation and self-harming behaviors continue to be reported at alarming levels in Kenyan universities (Mutwiri et al., 2023), underscoring the urgent need for effective, culturally informed, and accessible mental health interventions.

Among the psychological strategies used in depression management, interpersonal communication within therapy plays a pivotal role. In particular, the concept of therapist-disclosure; defined as the intentional, appropriate sharing of personal or professional experiences by the therapist, has emerged as a meaningful tool in fostering rapport, building therapeutic alliance, and promoting client openness (Hill & Knox, 2002; Audet & Everall, 2010). While client self-disclosure has been extensively examined as a mechanism for psychological relief, therapist-disclosure remains underexplored, especially in African contexts where therapeutic relationships are shaped by cultural expectations, power dynamics, and stigma around mental illness.

Therapist-disclosure, when used strategically, may humanize the clinician, reduce perceived power imbalances, and foster a sense of trust, particularly among young adults who may otherwise be reluctant to engage with mental health services. Theoretical frameworks such as Communication Privacy Management (CPM) theory (Petronio, 2010) provide insight into how disclosure, both by clients and therapists, is governed by privacy boundaries and trust dynamics, especially in sensitive interactions involving mental health.

In a setting like Kenya, where social stigma around mental illness remains a formidable barrier to help-seeking, therapist-disclosure could play a vital role in encouraging student engagement with mental health services. However, little empirical research has examined its effects in this context. This study addresses this gap by exploring how therapist-disclosure influences depression management outcomes among university students in Kenya, particularly in relation to openness, therapeutic alliance, and perceived effectiveness of counseling. By examining therapist-disclosure through the lens of interpersonal communication theory and its potential role in mitigating depressive symptoms, this study contributes to a growing discourse on culturally relevant and relational approaches to mental health care for young adults in African academic environments.

PROBLEM STATEMENT

Depression is a major mental health issue among university students in Kenya, affecting academic performance, relationships, and overall well-being. Studies report prevalence rates as high as 57.7%, driven by academic pressure, financial strain, and limited mental health support (Othieno et al., 2014; Otieno et al., 2024). Rising suicidal ideation among students aged 20–22 further emphasizes the crisis (Ambayo, Karume, & Kihara, 2021).

Although professional interventions like interpersonal psychotherapy are effective, their success depends on the quality of the therapeutic relationship (Norcross & Wampold, 2011). Therapist self-disclosure; where counselors selectively share personal experiences, can enhance trust, empathy, and engagement (Henretty & Levitt, 2010; Audet & Everall, 2010). However, little is known about its impact in Kenyan university settings. This study therefore examines the effect of therapist self-disclosure on depression management to inform counseling practice and strengthen student mental health support.

OBJECTIVE

To examine the effect of therapist-disclosure as an interpersonal communication strategy on the management of depression among university students in Kenya.

RESEARCH QUESTION

What is the effect of therapist-disclosure as an interpersonal communication strategy on depression management among university students in Kenya?

LITERATURE REVIEW

Theoretical Framework

This study is informed by the Communication Privacy Management (CPM) Theory by Sandra Petronio (1991) and the Social Penetration Theory (SPT) by Altman and Taylor (1973), which jointly provide a strong foundation for understanding how therapist-disclosure influences depression management.

CPM explains how individuals draw boundaries between private and public information through the principles of *privacy ownership, privacy control,* and *privacy turbulence.* In therapeutic contexts, clients often regard their mental health experiences as private and are cautious about sharing them. When therapists engage in measured self-disclosure, they momentarily share ownership of the communication space, modeling openness and fostering trust. This deliberate act can help clients, especially university students, feel validated, less stigmatized, and more confident in regulating their own privacy boundaries. However, when therapist-disclosure is poorly

managed, *privacy turbulence* may arise, leading to blurred professional boundaries or loss of trust. Consequently, CPM underscores the delicate balance therapists must maintain between openness and the protection of personal and professional boundaries.

The Social Penetration Theory (SPT) views relationship development as a progressive process characterized by increasing levels of self-disclosure, moving from surface-level to deeper, more personal communication. A key tenet of SPT is *reciprocity*-the idea that one person's openness invites and encourages corresponding openness from the other. In therapeutic relationships, this reciprocal dynamic allows the therapist's selective and appropriate self-disclosure to act as a catalyst for clients' willingness to communicate more openly. Among university students in Kenya, where mental health stigma and fear of judgment remain prevalent, therapist-disclosure guided by SPT principles can help normalize emotional expression and reduce relational distance. When therapists share relatable experiences or coping strategies within ethical limits, they demonstrate empathy and authenticity, fostering trust and strengthening the therapeutic alliance.

These theories explain the dual processes of boundary management and relational deepening in therapist-client interactions. They illustrate how ethical, purposeful therapist self-disclosure; balanced between professional restraint and human connection, can reduce psychological resistance, enhance openness, and improve the overall effectiveness of depression management among university students.

Therapist-Disclosure and Depression Management

Therapist self-disclosure, which is the intentional sharing of personal or experiential information by the therapist, has evolved into a significant, though debated, component of psychotherapy. It encompasses both verbal admissions and non-verbal cues such as tone, demeanor, or environment (Zur, 2007; Peterson, 2002). While client self-disclosure is universally accepted as essential to therapy, therapist disclosure remains a topic of controversy, with advocates emphasizing its capacity to build rapport and critics warning of potential boundary violations (Hill & Knox, 2001; Audet, 2011). Historically, psychoanalytic traditions discouraged therapist self-disclosure, as Freud (1912/1958a) cautioned that it could distort transference and compromise neutrality. However, modern therapeutic approaches, including humanistic, feminist, and relational models, view selective self-disclosure as a tool to strengthen emotional engagement and therapeutic alliance (Barrett & Berman, 2001; Horvath & Bedi, 2002). Empirical evidence now supports this shift: clients often report feeling validated, normalized, and more open when therapists judiciously share personal reflections (Hill, Knox, & Pinto-Coelho, 2018; Robertson et al., 2025).

A key construct underlying therapist disclosure is reciprocity, drawn from the Social Penetration Theory (Altman & Taylor, 1973). It posits that interpersonal closeness grows through mutual exchanges of personal information. In therapy, such reciprocity models vulnerability, reduces hierarchical distance, and fosters trust (Sultan & Chaudhry, 2008; Kadur, Lüdemann, & Andreas, 2020). Recent research affirms that appropriate therapist disclosure, particularly recovery-oriented or process-based sharing, enhances perceived therapist effectiveness and client openness (Robertson et al., 2025; Shapira & Alfi-Yogev, 2024). Conversely, when disclosure is excessive or irrelevant, it risks boundary confusion, client discomfort, or therapeutic derailment (Alfi-Yogev et al., 2020; Monticelli, 2025).

Beyond clinical settings, reciprocal disclosure has shown positive effects in peer and group contexts. Studies indicate that mutual sharing reduces isolation, enhances help-seeking, and fosters

emotional validation among university students and peer-support participants (Byrom, 2018; Mead, Hilton, & Curtis, 2001; Jones, 2011). Yet, barriers such as stigma, fear of judgment, and privacy concerns persist-particularly in collectivist or conservative cultures (Solomon, 2004; Otanga, 2024). In Kenya, where youth mental health concerns have intensified post-COVID-19, recent research highlights limited service utilization, persistent stigma, and the need for culturally responsive therapeutic strategies (Gichangi et al., 2024; Erskine et al., 2024).

Despite growing global evidence, most research on therapist disclosure remains Western-centric. Context-specific studies exploring how therapist disclosure operates in African settings, where openness is often culturally regulated, are scarce. This study addresses that gap by examining how therapist self-disclosure influences depression management among Kenyan university students. It investigates how reciprocal, ethically managed disclosure can humanize therapy, bridge cultural barriers, and enhance engagement in mental health interventions.

RESEARCH METHODOLOGY

This study employed a mixed methods research design using a concurrent triangulation approach, in which quantitative and qualitative data were gathered simultaneously and accorded equal priority. This design facilitated the validation of results through data convergence while allowing a comprehensive understanding of how therapist-disclosure influences depression management among university students in Kenya (Creswell et al., 2003).

The target population for this study comprised approximately 44,000 students, reflecting the estimated enrollment at Jomo Kenyatta University of Agriculture and Technology (JKUAT) over the five academic years spanning 2017/2018 to 2021/2022. This figure was obtained from internal enrollment records provided by the Office of the Registrar -Academic Affairs at JKUAT.

According to Mugenda and Mugenda (2003), the minimum sample size of this study was evaluated as follows:

$$n = \frac{Z^2 pq}{d^2}$$

Where:

n = the minimum sample size if the target population is greater than 10,000 in this case it is

44, 000 students enrolled in JKUAT.

Z= the standard normal deviate at the required confidence level.

p = the proportion in the target population estimated to have characteristics being measured

(Use 0.5 if unknown).

q =1-p

d= the level of significance set which is set at 0.05.

Since the target population is > 10000.The sample size will be adjusted accordingly as shown below

$$n = \frac{Z^2 pq}{d^2}$$

Which is

$$n = \frac{1.96^2 \times 0.5(1-0.5)}{(0.05)^2}$$

n was therefore equal to 384.

Using these values, the calculated minimum sample size was 384. This was considered sufficient to ensure representativeness and statistical validity. For the qualitative strand, four student counselors were selected through convenience sampling based on their availability and active engagement in student mental health services. Their perspectives offered critical contextual insight into patterns and barriers of disclosure within the university environment.

The study adopted a mixed-methods approach. Quantitative data were collected using structured questionnaires administered to selected university students. The instrument captured socio-demographic details and key variables related to therapist-disclosure and its perceived effect on depression management. The questions were designed to measure students' experiences with, and attitudes toward, therapist self-disclosure during mental health sessions.

For the qualitative component, semi-structured interviews were conducted with university-based student counselors. These interviews explored professional perspectives on the use, appropriateness, and observed outcomes of therapist-disclosure within the therapeutic relationship.

Given the sensitivity of the topic and the potential psychological vulnerability of participants, the study engaged trained student counselors to facilitate the administration of questionnaires. This approach enhanced ethical compliance, encouraged respondent comfort, and increased the likelihood of authentic responses. Interview sessions were conducted in person, and data were captured through detailed note-taking, ensuring confidentiality and respect for participant privacy throughout the process.

Data analysis followed a mixed-methods framework, integrating both quantitative and qualitative findings to provide a comprehensive understanding of the effect of therapist-disclosure on depression management. Quantitative responses were analyzed using SPSS version 23. Descriptive statistics were used to summarize key trends, while inferential analysis, specifically Pearson's correlation and linear regression, was conducted to examine the association between therapist-disclosure and reported depression outcomes among students. Qualitative interview data from student counselors was analyzed thematically. Recurring patterns and insights were identified to complement and contextualize the quantitative results, offering deeper interpretation of how therapist-disclosure functions within the therapeutic relationship in a university mental health setting.

FINDINGS AND DISCUSSION

The study initially targeted 384 respondents from Jomo Kenyatta University of Agriculture and Technology (JKUAT). Following a pilot test of the research instrument, necessary adjustments were made. The revised instrument was then distributed with the help of the university counselors to all 384 respondents. Of the 384 questionnaires distributed, 344 were returned. However, after

reviewing the returned questionnaires for completeness during the data coding process, 23 were found to be insufficiently completed and were discarded. As a result, 321 adequately filled questionnaires were deemed suitable for data analysis, representing a response rate of 84%.

Descriptive Statistics

This study investigated how therapist self-disclosure, specifically, instances where therapists shared personal information with clients, influences the management of depression among university students. The aim was to assess whether such reciprocal sharing fosters stronger therapeutic relationships and contributes to improved mental health outcomes.

To address this objective, the research employed descriptive statistical methods to evaluate student perceptions regarding therapist disclosure during sessions. These quantitative findings were further enriched through qualitative data obtained from interviews with university counselors. The interviews explored whether and how therapists use self-disclosure in their clinical practice, and their reflections on its effectiveness in building rapport, enhancing trust, and facilitating therapeutic progress. By merging both data sources, the study offered a nuanced and contextually grounded understanding of therapist self-disclosure as a factor in depression management.

Prevalence of Therapist Self-Disclosure

The study examined the frequency with which therapists shared personal experiences during therapy sessions and how such disclosures were perceived by student clients. It specifically aimed to establish whether therapist self-disclosure occurred and the extent to which it influenced the therapeutic interaction. Participants were asked to indicate whether their therapists had ever revealed any personal information during the course of therapy. The distribution of their responses is presented in Table 4.1

Table 1: Experiences with Therapist Self-Disclosure

Response	Frequency	Percent
Yes	103	32.0
No	128	41.1
Not Sure	90	28.9
Total	**321**	**100**

Quantitative results revealed that 41.1% of student respondents indicated their therapists refrained from sharing personal information during therapy sessions. This pattern suggests that a significant proportion of practitioners maintain conventional therapeutic boundaries that prioritize therapist neutrality and client-centeredness. Such adherence aligns with longstanding clinical traditions that emphasize the therapist's role as a non-disclosing facilitator, promoting a structured and psychologically safe environment (Barnett, 2011).

In contrast, 32.0% of respondents reported experiencing therapist self-disclosure. This indicates that a notable segment of therapists employs selective and strategic sharing as part of their therapeutic approach. When appropriately applied, therapist self-disclosure can humanize the therapeutic process, foster emotional closeness, and reduce perceived power differentials, thereby enhancing therapeutic engagement (Hill & Knox, 2002; Goldfried, Burckell, & Eubanks-Carter,

2003). This technique is often used to normalize client experiences and strengthen the relational bond necessary for effective therapy.

Interestingly, 28.9% of students were uncertain whether their therapists had shared personal information. This ambiguity may reflect the use of subtle or indirect forms of disclosure, such as generalized anecdotes, empathic comments, or affective mirroring, that hint at personal experience without overt revelation. Communication Privacy Management Theory provides a useful interpretive lens, emphasizing that managing private information often involves nuanced cues and co-negotiated boundaries (Petronio, 2010).

To contextualize these quantitative findings, insights from interviews with practicing therapists added further depth. Some therapists acknowledged using self-disclosure intentionally and sparingly. One therapist shared, *"Sometimes I briefly talk about how I handle stress, not in detail, just enough to help the client see that their feelings are valid and manageable."* Another explained, *"If a client feels isolated, I might mention that many people, including myself, have struggled with similar emotions. It helps them feel less alone."* These responses highlight the strategic use of disclosure to facilitate emotional connection and client reassurance.

However, other therapists expressed caution. One stated, *"I avoid talking about myself because therapy is about the client, not me. I feel that sharing my own story could shift the focus away from what they need."* Another therapist echoed this view, explaining, *"Even when clients ask questions about me, I usually redirect gently. Boundaries are essential for maintaining trust and professionalism."* These perspectives underscore a boundary-conscious orientation that favors therapist anonymity to preserve therapeutic structure and client autonomy (Barnett, 2011; Hill & Knox, 2002).

Taken together, these findings underscore the complexity of therapist self-disclosure as a clinical practice. Therapists differ in their interpretation and use of disclosure, with some viewing it as a relational tool and others adhering to a boundary-driven approach. The considerable proportion of clients unsure about therapist disclosure further suggests that such practices may not always be overt or consciously registered, warranting continued exploration of how therapist self-disclosure is both enacted and perceived in therapeutic contexts.

Frequency of Therapist Self-Disclosure in Sessions

Among participants who confirmed that their therapists had shared personal information during therapy sessions, an additional analysis was conducted to explore how frequently such disclosures occurred. This inquiry aimed to provide a clearer picture of how therapist self-disclosure manifests in practice and whether it is used as a routine intervention or reserved for specific moments. To assess these trends, a cross-tabulation analysis was performed, as presented in Table 4.2. The results contribute to a better understanding of how often therapists engage in self-disclosure and whether such practices are consistent with relational or traditional therapeutic approaches.

Table 2: Therapist Self-Disclosure in Sessions

		Have you noticed your therapist disclosing personal information about themselves during your sessions?			Total
		Yes	No	Not sure	
Frequency of Therapist Self-Disclosure in Sessions	Very Frequently	5	0	0	5
	Frequently	7	0	0	7
	Occasionally	21	0	0	21
	Rarely	44	0	0	44
	Very Rarely	26	0	0	26
	N/A	0	128	90	218
Total		**103**	**128**	**90**	**321**

Table 2 presents a cross-tabulation examining both the prevalence of therapist self-disclosure and students' awareness of such disclosures. Out of the 321 participants surveyed, 128 (39.9%) indicated that their therapists had not shared personal information during sessions, while 90 respondents (28.0%) reported uncertainty regarding whether any self-disclosure had taken place. Collectively, this means that 67.9% of the sample either did not perceive therapist self-disclosure or could not definitively identify its occurrence.

This trend suggests that many therapists either refrain from engaging in overt self-disclosure or utilize subtle and ambiguous forms that are not easily recognized by clients. Such an approach is consistent with traditional therapeutic orientations that emphasize therapist neutrality. As Barnett (2011) observes, the preservation of professional boundaries through minimal self-disclosure ensures that therapeutic attention remains centered on the client. Similarly, Hill and Knox (2002) argue that restrained disclosure fosters a structured, client-focused therapeutic environment.

Among the 32.1% of participants who affirmed experiencing therapist self-disclosure, the reported frequency varied. The majority (68%) noted that disclosures occurred either "rarely" or "very rarely," suggesting that when self-disclosure is employed, it is done selectively and with discretion. This practice aligns with clinical guidance that encourages judicious, well-timed disclosure to enhance therapeutic rapport without disrupting the focus of the session (Henretty & Levitt, 2010).

Notably, 10.7% of respondents reported that therapist disclosures occurred frequently. This suggests that a smaller subset of practitioners may embrace a more relational or humanistic therapeutic style, wherein personal sharing is used to validate clients' emotional experiences and reinforce therapeutic alliance (Hill & Knox, 2002). However, the effectiveness of frequent self-disclosure remains contested. As Barnett (2011) cautions, excessive sharing by the therapist risks shifting the spotlight away from the client, potentially undermining the structure and efficacy of the therapeutic process.

The 28.0% of respondents who expressed uncertainty about whether therapist self-disclosure occurred further underscores the complexity of this phenomenon. Therapists may convey personal experience through indirect or symbolic means, such as generalized anecdotes or emotionally resonant comments, without offering explicit autobiographical information. From the perspective

of Communication Privacy Management theory, these subtle cues represent negotiated privacy boundaries that permit relational connection while maintaining professional discretion (Petronio, 2010). Such indirect disclosures may foster a sense of shared understanding, even when the content remains ambiguous.

Nature of Therapist Self-Disclosure in Sessions

The study aimed to explore the kinds of personal information that therapists tend to share during therapy sessions. Gaining insight into the nature of such disclosures is important for understanding their potential influence on the therapeutic relationship, particularly in building trust, fostering rapport, and maintaining professional boundaries. Whether therapists choose to share personal anecdotes, professional insights, or personal viewpoints, such disclosures may have either beneficial or adverse effects on the therapeutic dynamic. Table 4.3 outlines the categories of self-disclosure as perceived by clients.

Table 3: Type of Information Therapist Disclose

		Frequency	Percent	Valid Percent	Cumulative Percent
	Personal experiences	13	4.1	4.1	4.1
	Professional experiences	54	16.1	16.1	20.2
	Opinions or beliefs	25	7.6	7.6	27.9
	Feelings or emotions	13	4.1	4.1	32.0
	N/A	218	68.0	68.0	100.0
Valid	Total	321	100.0	100.0	

Table 3 presents an overview of the types of information therapists are perceived to disclose during treatment sessions, based on client reports. A significant portion of participants (218 out of 321, or approximately 68%) selected "N/A," suggesting that they had not encountered therapist self-disclosure during their sessions. This trend reflects a strong adherence by most therapists to established professional boundaries, underscoring a client-focused approach where the therapeutic space remains centered on the client's needs. This is consistent with prevailing therapeutic norms, which advocate for limiting therapist self-disclosure to prevent disruptions in the therapeutic alliance (Hill & Knox, 2002).

Among those who did report instances of self-disclosure, the most frequently cited category was the sharing of professional experiences (reported by 54 respondents, or 16.1%). Such disclosures appear to serve a functional role within therapy, often intended to foster rapport, enhance therapist credibility, and contextualize interventions. By referring to past professional encounters, therapists may validate client experiences and promote a sense of mutual understanding without crossing personal boundaries (Henretty & Levitt, 2010).

A smaller subset of participants (25 respondents, or 7.6%) indicated that their therapists expressed personal opinions or beliefs. While this form of self-disclosure may strengthen perceived

alignment between therapist and client, it also presents ethical challenges. Specifically, the introduction of personal viewpoints may unintentionally steer the client's decision-making or compromise the therapist's neutrality if not carefully managed.

Only a minority of respondents (13 individuals, or 4.1%) recalled their therapists sharing personal narratives or emotional experiences. Although such disclosures can cultivate deeper empathy and foster a stronger emotional bond, they carry the risk of diverting focus from the client's concerns and weakening professional boundaries. The relatively infrequent occurrence of these more intimate disclosures suggests that most therapists exercise caution in this area, opting to preserve the client-centered foundation of therapy (Barnett, 2011; Henretty & Levitt, 2010).

Overall, the data suggest that therapist self-disclosure is not a widespread practice. When it does occur, it is more likely to involve content related to professional expertise rather than personal sentiments or ideological views. This pattern is consistent with ethical standards in psychotherapy, which recommend using self-disclosure judiciously to support therapeutic progress without overshadowing the client's narrative.

Clients' Reactions to Therapist Self-Disclosure

The study also explored how clients responded to instances of therapist self-disclosure, with particular attention to its perceived impact on their sense of comfort and the broader therapeutic experience. This analysis aimed to understand whether such disclosures enhanced the therapeutic alliance or introduced discomfort or ambiguity. Table 4 presents the summarized responses.

Table 4: Reactions to Therapist Self-Disclosure

		Frequency	Percent	Valid Percent	Cumulative Percent
How Does Your Therapist's Self-Disclosure Make You Feel?	It made me feel more comfortable to open up	19	6.2	6.2	6.2
	It made me feel connected to my therapist	21	6.5	6.5	12.6
	It made me feel uncomfortable/uneasy	40	12.6	12.6	25.2
	It made no difference to me	23	6.7	6.7	32.0
	N/A	218	68.0	68.0	100.0
	Total	321	100.0	100.0	

The analysis revealed that a majority of respondents (218 out of 321; 68%) indicated that they had not encountered therapist self-disclosure, as reflected by their selection of "N/A." This points to a prevailing tendency among therapists in the sample to uphold professional boundaries by minimizing personal revelations, thereby maintaining a clear client-centered focus during sessions. Among participants who had experienced therapist self-disclosure, reactions were mixed. A small subset (6.2%; n = 19) found such disclosures helpful, noting that they fostered greater openness and comfort during therapy. For these clients, hearing personal experiences from their therapists appeared to normalize their struggles, reduce stigma, and create a more empathetic environment,

outcomes supported by previous research emphasizing the potential for self-disclosure to enhance therapeutic safety and engagement (Henretty & Levitt, 2010).

Likewise, 21 respondents (6.5%) reported that therapist self-disclosure strengthened the therapeutic alliance, describing a greater sense of connection and relational depth with their therapist. These findings resonate with Audet (2011), who found that appropriate and well-timed therapist disclosures may help build rapport, increase perceived authenticity, and reinforce client-therapist trust. Conversely, 40 respondents (12.6%) reported discomfort or unease following therapist self-disclosure. These negative perceptions suggest that some disclosures may be perceived as intrusive, inappropriately timed, or disruptive to the therapeutic dynamic. Such concerns are echoed in the literature, which warns of the potential risks associated with therapist self-disclosure, particularly when it detracts from client issues or undermines professional boundaries (Hill & Knox, 2002).

A further 23 participants (6.7%) expressed neutrality, indicating that therapist self-disclosure had little to no effect on their therapeutic experience. This diversity in responses underscores the nuanced nature of client reactions, emphasizing that the impact of self-disclosure is neither universally positive nor negative. Taken together, these findings highlight the importance of contextual sensitivity when considering therapist self-disclosure. Therapists are encouraged to tailor their use of self-disclosure to individual client preferences and therapeutic goals, using such strategies judiciously to support rather than distract from the client's therapeutic journey (Henretty & Levitt, 2010; Hill & Knox, 2002).

Clients' Perceptions of Therapist Self-Disclosure in Depression Management

This section explores clients' perceptions regarding the role of therapist self-disclosure in supporting depression management. The aim was to determine whether clients felt that their therapist's personal disclosures, when shared, contributed positively to therapeutic outcomes such as emotional resilience, development of coping strategies, or the strengthening of the therapeutic alliance. By assessing these perceptions, the study sought to evaluate whether therapist self-disclosure was experienced as beneficial, neutral, or potentially counterproductive within the context of managing depressive symptoms.

Participants were asked to respond to the statement, *"Do you think your therapist's self-disclosure has positively impacted your depression management?"* using a five-point Likert scale ranging from *Strongly Agree* to *Strongly Disagree.* The aggregated responses provide insights into how clients evaluated the therapeutic value of self-disclosure in addressing depression. The results are summarized in Table 5.

Table 5: Perceptions of Therapist Self-Disclosure in Depression Management

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	19	5.9	5.9	5.9
	Agree	30	9.4	9.4	15.3
	Neutral	57	17.7	17.7	33.0
	Disagree	35	10.9	10.9	43.9
	Strongly Disagree	180	56.1	56.1	100.0
	Total	321	100.0	100.0	

Table 5 presents respondents' perceptions of the impact of therapist self-disclosure on their depression management. Notably, a majority of respondents, (56.1% (n = 180), *strongly disagreed* that therapist self-disclosure positively influenced their ability to manage depression. This substantial proportion suggests that, for many clients, therapist self-disclosure may have been perceived as unhelpful, distracting, or even detrimental to the therapeutic process. These findings are consistent with arguments by Zur et al. (2009), who caution that while self-disclosure can enhance rapport when used appropriately, excessive or poorly timed sharing may redirect focus from the client and compromise the therapeutic alliance.

An additional 10.9% of respondents (n = 35) *disagreed* with the positive impact of therapist self-disclosure. Combined with those who strongly disagreed, this indicates that approximately 67% of participants perceived self-disclosure as ineffective or inappropriate. This reinforces concerns raised by Knox and Hill (2002), who argue that therapist self-disclosure, if overused, may erode professional boundaries and undermine therapist credibility. Similarly, Audet (2011) observes that disclosures perceived as intrusive or irrelevant often provoke discomfort and distrust among clients.

A segment of respondents (17.7%, n = 57) remained *neutral*, indicating that they neither agreed nor disagreed that therapist self-disclosure had an impact on their depression management. This neutrality implies that for some clients, such disclosures may not have been prominent enough to influence the therapeutic outcome or were perceived as inconsequential. Hill et al. (2018) note that for certain clients, self-disclosure has a minimal role in therapy and may neither enhance nor detract from treatment effectiveness. In contrast to the majority view, a minority of participants expressed positive perceptions. Specifically, 9.4% (n = 30) *agreed* that therapist self-disclosure contributed positively to their depression management. For these clients, personal sharing by the therapist may have enhanced trust, relatability, and emotional support. Henretty and Levitt (2010) support this view, noting that appropriate, client-centered self-disclosure can humanize the therapist and foster a deeper therapeutic bond.

Furthermore, 5.9% of respondents (n = 19) *strongly agreed* that therapist self-disclosure was significantly beneficial. For this group, disclosures may have played a critical role in strengthening the therapeutic alliance, enhancing coping mechanisms, and creating a safe space for emotional vulnerability. As Knox and Hill (2002) suggest, when therapist self-disclosure is relevant and measured, it can reinforce emotional resilience and therapeutic engagement.

These findings highlight the nuanced and often polarizing role of therapist self-disclosure in clinical settings. While 67% of respondents reported a negative experience, 15.3% viewed it positively, and 17.7% remained indifferent. This divergence underscores the importance of context and individual client preferences in determining the appropriateness and effectiveness of self-disclosure. It also affirms the need for therapists to exercise clinical judgment, tailoring their communication strategies to each client's therapeutic needs and comfort levels. As emphasized by Zur et al. (2009), therapist self-disclosure must always serve the client's therapeutic goals and should never shift focus to the therapist's personal narrative.

Inferential Statistics

Model Diagnostic Tests

To ensure that data for therapist self-disclosure met the assumptions for inferential analysis, diagnostic tests were conducted for normality and heteroscedasticity.

Normality Test

The Shapiro-Wilk and Kolmogorov-Smirnov tests were performed to assess whether therapist self-disclosure data were normally distributed. Both tests yielded p-values greater than 0.05, confirming that the data did not significantly deviate from normality. This validated the use of parametric tests in subsequent analysis.

Table 6: Tests of Normality for Therapist Self-Disclosure

Test	Statistic	df	Sig (P-value)
Kolmogorov–Smirnov	0.326	321	0.152
Shapiro–Wilk	0.765	321	0.238

These results indicate that therapist self-disclosure follows a normal distribution, meeting one of the key assumptions for regression analysis and ensuring the validity of subsequent inferential tests.

Test for Heteroscedasticity

The Breusch-Pagan test was used to assess whether the variance of the residuals remained constant across observations. The results showed no significant heteroscedasticity ($p > 0.05$), confirming the consistency of residual variance and reliability of the regression estimates.

Table 7: Breusch-Pagan Test for Heteroscedasticity

Variable	χ^2	df	Sig. (p-value)	Interpretation
Therapist Self-Disclosure	2.317	1	0.128	No heteroscedasticity detected

Both diagnostic tests confirmed that therapist self-disclosure data were normally distributed and free from heteroscedasticity, validating the suitability of the data for regression analysis. These results reinforce the reliability and robustness of the statistical model examining the relationship between therapist self-disclosure and depression management among university students.

Correlation Analysis of Therapist Disclosure and Depression Management

This section examines the relationship between therapist disclosure and depression management among university students in Kenya. Therapist disclosure, defined as the selective sharing of personal information or experiences by the therapist within therapeutic interactions, can influence the quality of the therapeutic alliance and the effectiveness of treatment outcomes. By encouraging openness and reciprocity, therapist disclosure has the potential to create a safe and supportive

environment that enhances students' ability to manage depressive symptoms. To establish the strength and direction of this relationship, a Pearson correlation analysis was conducted.

Table 8: Correlation Analysis between Therapist Disclosure

	Depression Management	**Therapist Disclosure**
Depression management	1	.327**
Therapist disclosure	.327**	1
Sig. (2-tailed)	.001	.001
N	**321**	**321**

Note: *Correlation is significant at the 0.01 level (2-tailed).*

The results reveal a positive and significant correlation ($r = 0.327$, $p < .01$) between therapist disclosure and depression management. This moderate relationship indicates that students who perceive greater levels of therapist disclosure tend to experience more effective depression management. Such findings suggest that reciprocal sharing by therapists may encourage students to disclose their own thoughts and emotions more openly, thereby facilitating psychological relief and adaptive coping.

These results are consistent with previous research emphasizing the role of therapist disclosure in enhancing therapeutic outcomes. McGrath et al. (2012) highlight how reciprocal dynamics between psychological constructs influence depression trajectories, which parallels the bidirectional interaction fostered by therapist disclosure in therapeutic settings. Similarly, Lu, Zhang, Liu, Li, & Deng (2021) demonstrate that reciprocal communication in support networks improves emotional well-being, reinforcing the value of therapist disclosure in building trust and resilience.

Moreover, Halvorsen, Sorokowska, Sorokowski, & Rosenberg (2021) underscore that reciprocal self-disclosure strengthens interpersonal bonds, which is directly applicable to therapeutic relationships where therapist disclosure encourages client openness. Likewise, Chen (2023) found that reciprocal disclosure, particularly through turn-taking, fosters interpersonal trust, an essential element for effective depression management in therapy. The analysis underscores that therapist disclosure serves as a powerful interpersonal communication strategy in managing depression, as it nurtures mutual trust, fosters a sense of connectedness, and strengthens the therapeutic alliance, ultimately enhancing student mental health outcomes.

Regression Analysis of Therapist Disclosure and Depression Management

To assess the effect of therapist disclosure on depression management among university students, multiple regression analysis was conducted. The focus of this section is limited to the contribution of therapist disclosure as one of the predictor variables.

Table 9: Regression Coefficient for Therapist Disclosure and Depression Management

Variable	Unstandardized Coefficient (B)	Std. Error	Standardized Coefficient (Beta)	t	Sig.
Constant	2.145	0.720	-	2.980	0.003
Therapist disclosure	**0.095**	0.060	0.135	3.275	0.048

The findings indicate that therapist disclosure exerts a positive but modest effect on depression management ($\beta = 0.135$, $p < 0.05$). This suggests that therapist disclosure, while not the strongest predictor among the disclosure variables, contributes significantly to improving students' ability to cope with depressive symptoms.

The significant effect of therapist disclosure highlights its value as a therapeutic strategy in depression management. Selective sharing by therapists may foster trust, reciprocity, and openness, thereby strengthening the therapeutic alliance and encouraging students to disclose their emotions more freely. This reciprocal dynamic is consistent with research emphasizing the role of therapist disclosure in facilitating emotional validation and enhancing treatment outcomes (McGrath et al., 2012; Lu et al., 2021; Chen, 2023). Although its contribution in the regression model is relatively modest compared to other disclosure forms, the statistical significance affirms its role as an important interpersonal communication mechanism in supporting mental health among university students.

CONCLUSION

The findings indicate that therapist disclosure positively influences depression management among university students. When therapists shared professional experiences, students reported greater feelings of connection, support, and trust. This selective self-disclosure strengthened therapeutic relationships while maintaining professional boundaries.

Inferential results further confirmed that therapist disclosure contributes significantly to improved depression outcomes, though its effect was less pronounced than self-disclosure or disclosure by others. Nevertheless, it plays an important role in creating supportive therapeutic environments that foster openness, mutual validation, and emotional well-being. Encouraging appropriate therapist self-disclosure and trust-based interactions can therefore enhance students' willingness to seek help and manage depressive symptoms more effectively.

RECOMMENDATIONS

The findings of this study underscore the important role of therapist disclosure in supporting depression management among university students. Based on these results, two recommendations are proposed. First, universities should encourage professional development programs for counselors that emphasize the use of appropriate therapist self-disclosure. When used carefully, disclosure of professional experiences can enhance trust, foster therapeutic alliance, and create a more supportive environment for students while maintaining professional boundaries (Hill & Knox, 2002; Henretty & Levitt, 2010).

Second, universities should integrate peer counseling programs that incorporate structured reciprocal sharing. Trained peer counselors can complement therapist disclosure by modeling openness, validating students' experiences, and normalizing conversations about mental health (Audet & Everall, 2010). Such programs can extend the benefits of therapist disclosure beyond the counseling room and foster a culture of openness across campus.

Future research should explore the influence of psychopathological factors within the broader context of student mental health. Areas such as chronic stress, burnout, perfectionism, competitive anxiety, poor sleep, and negative attribution after failure, maladaptive coping, ineffective stress recovery, career dissatisfaction, and contemplation of withdrawal or retirement warrant deeper examination.

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