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**RESEARCH ARTICLE**

# Patients' perspectives on political self-disclosure, the therapeutic alliance, and the infiltration of politics into the therapy room in the Trump era

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**Abstract**

The primary aim of this study was to investigate the effects of the 2016 United States presidential election and ensuing political climate on patients' experiences in psychotherapy. A sample of 604 self-described Democrat and Republican patients from 50 states participated in the study. Results showed that most therapists disclosed their political stance (explicitly or implicitly) and most patients discussed politics with their therapists. 64% of Clinton supporters and 38% of Trump supporters assumed political similarity with their therapist. Stronger patient-reported alliance levels were found for patients who (a) perceived political similarity; (b) reported *implicit* therapist political disclosure; and (c) found in-session political discussions helpful. Additionally, Clinton (but not Trump) supporters reported significant pre-post-election decreases in expression of positive emotions and increases in both expression of negative emotions and engagement in discussions about socio-political topics. Our findings suggest that the current political climate infiltrates the therapeutic space and affects therapeutic process and content.

**KEYWORDS**

the therapeutic alliance, psychotherapy process, therapist self-disclosure, politics, patient-therapist agreement

## 1 | INTRODUCTION

Most psychotherapy studies investigate the process and outcome of the therapeutic encounter without addressing the historical context and particular timing in which data were collected. The vast majority of publications outlining the results of the largest randomized clinical trials of psychotherapy do not include even a single mention of how the political climate may have affected patient and therapist experiences (e.g., Crits-Christoph et al., 1999; Elkin et al., 1989; Rush et al., 2006). Historically, studies focusing on the effects of historical-political events on the therapy process have predominantly emerged following a national traumatic event, such as the September 11 terrorist attack on the World Trade Center in New York City (e.g., Cabaniss, Forand, & Roose, 2004; Haugen, Werth, Foster, & Owen, 2016; Scheidlinger & Kahn, 2005; Schneider et al., 2012) or the aftermath of Hurricane Sandy (e.g., Rao & Mehra, 2015).

The large majority of these studies have focused on investigating patients' traumatic reactions and symptoms and therapists' response to patients' post-traumatic distress. All of these studies implicitly assumed that the therapist and the patient are "on the same side," meaning they share an understanding about the devastating negative consequences of these events.

The primary aim of the current study was to investigate what happens when the therapist and the patient have divergent and often polarized perspectives on a major political-historical event affecting their everyday lives. How does a national political polarization affect patients' experiences in therapy? To what extent are politics discussed in therapy? How often do therapists and patients disclose their political stance and discuss agreements or disagreements in session?

Generally, research has shown that therapists do not self-disclose frequently in their sessions (Farber, 2006; Henretty & Levitt, 2010; Hill & Knox, 2002). Studies have also demonstrated that when self-disclosure is utilized properly—with the patient's interest in mind—it contributes to positive therapeutic outcomes (e.g., Goldfried, Burckell, & Eubanks-Carter, 2003; Hanson, 2005; Ziv-Beiman, Keinan, Livneh, Malone, & Shahar, 2017), such as decreases in patients' symptomatic distress, increases in positive feelings toward their therapist (Barrett & Berman, 2001), and an increased likelihood that patients will disclose to their therapists (Henretty, Currier, Berman, & Levitt, 2014). Some evidence has suggested that disclosure is perceived most positively by patients when their alliance with their therapist is strong (Myers & Hayes, 2006). The current study investigated patients' perceptions of their therapists' disclosure of their political stance in the context of the current political climate and the extent to which such disclosure affects patients' perceptions of the therapeutic alliance and their experience in therapy.

There is general agreement about the significant psychological effects of the 2016 Presidential election. In fact, a survey conducted by the American Psychological Association (2017), with data collected from a representative sample of 3,440 Americans, indicated that "more than half of Americans (57 percent) say the current political climate is a very or somewhat significant source of stress, and nearly half (49 percent) say the same about the outcome of the election." These data also show that between August 2016 and January 2017, the stress level of Americans increased from 4.8 to 5.1 on a 10-point scale, representing the first significant increase since this survey was initiated a decade ago. Stress regarding the future of the nation was common among both Republicans and Democrats, with higher rates reported in the latter group (59% vs. 73%).

Although studies investigating the effects of the 2016 elections and the political climate on psychotherapy process and outcome have yet to be published, hundreds of articles covering this topic have been posted on popular media. Some have used the term, "President Trump Stress Disorder," reporting an increase in patients' complaints of insomnia, hypervigilance, and inability to stop following the 24-h news cycle (Cerrulo, 2017). Others have reported a rise in discussions about the political climate in sessions, particularly among immigrants, members of minority groups and marginalized communities (e.g., those identifying as LGBTQ), and patients with histories of sexual trauma (Burnett-Zeigler, 2016). Some have begun to outline recommendations for patients suffering from "Postelection Stress" (Alderman, 2017).

Following the election, multiple professional meetings have provided space for clinicians to discuss their difficulties coping with political content emerging in session, especially when their political views and those of their patients stand in contrast. Although no official reports have been released regarding the increase in patients' utilization of in-person psychotherapy services, "Talkspace", an online platform for psychotherapy via email or video-chat sessions, has been growing 70%–80% faster than projected since November, 2016 (Castillo, 2017).

As noted earlier, the current study aimed primarily to investigate patients' perspectives on the infiltration of the political climate into the therapeutic space. Based on previous studies and on-line posts, we predicted that therapists' political self-disclosures would be high (compared with the relatively low rates of therapist disclosure noted in the literature), and that such disclosures would contribute to a stronger alliance. We also predicted that patients who perceived political similarity with their therapist and experienced their in-session political discussions as helpful would report a strong therapeutic alliance. Finally, we predicted a significant increase in patients' expression of specific negative and positive feelings toward the Trump administration. Specifically, we predicted that Hillary Clinton supporters would report increases in expression of negative emotions and decreases in positive emotions in discussions about the Trump

administration, whereas Donald Trump supporters would report decreases in negative emotions and increases in positive emotions. Lastly, we predicted that both Clinton and Trump supporters would report an increase in discussions on socio-political topics we identified as most salient in the media.

## 2 | METHOD

### 2.1 | Participants

Patients were recruited through online websites, listservs, social media, and local community clinics in the United States. Patients who completed the survey were offered the opportunity to participate in a raffle with prizes of \$30 Amazon gift cards. A total of 1300 patient responses were initially collected; however, the final sample was comprised of 604 complete verified responses. Given that data were collected anonymously, we utilized a highly conservative exclusion criteria. Responses were eliminated from the analyses if: (a) Survey time completion was less than 2 min; (b) less than 90% of questions were answered; (c) a participant provided the same response to all questions in the survey; (d) a participant's response to a verbal question (e.g., "Write your thoughts and feelings about Donald J. Trump") was incomprehensible or appeared to be completely unrelated to the question.

Patients from 50 different states participated in this study. The mean age of the final sample was 33.82 ( $SD = 11.10$ ). Respondents were 42% male and 57% female; 1% of the sample indicated "Other" or did not respond to the question about gender. In regard to ethnicity: 58% of respondents self-identified as "Caucasian," 25% "Asian," 7% "Black/African American," 5% "American Indian," 1% "Bi-racial," and 3% as "Other." Participants' highest education level included a Bachelor's degree (40%), a Master's degree (22%), some college education without a degree (19%), a high school diploma (7%), a doctoral-level degree (2%), and less than high school (1%); 2% of the final sample did not respond to this question.

In regard to political orientation: 48% of this sample voted for Hillary Clinton, 32% voted for Donald Trump, 19% voted for other candidates, and 1% did not respond. Among Clinton supporters, 69% self-identified as democrats, 8% self-identified as Republican, 19% Independent, 2% "Other" and 1% reported no political preference. Among Trump supporters, 57% self-identified as Republican, 17% Democrats, 24% Independents, and 3% with no political preference.

### 2.2 | Measures

#### 2.2.1 | Online survey on the effects of political climate on the therapeutic process

We developed an online survey aimed to investigate the effects of the current political climate on patients' experiences in therapy and the therapeutic relationship. Patients were asked whether their therapist disclosed his/her political orientation (explicitly, implicitly, or not at all), whether they believe their therapist shares the same political orientation, whether they discussed political topics in their sessions, and whether they perceived these discussions as helpful/unhelpful. Additionally, patients were asked to report to what extent they expressed specific emotions in the context of discussions about the Trump administration (on a 7-point Likert scale; from 1 = *Never* to 7 = *All the time*). Negative feelings included fear, hopelessness, helplessness, despair, frustration, anger, confusion, disgust and contempt. Positive feelings included optimism, joy, hope, and trust.

Our survey was also aimed to investigate potential changes over time in the extent to which political content is discussed in psychotherapy sessions. We conducted a review of the topics most frequently covered in the media and the press and identified a list of 14 topics that were most commonly discussed in coverage of the president and his administration: Insufficient/excessive checks and balances, distrust of the government, distrust of journalists and the media, education policies, environmental policies, distrust of specific ethnic groups, foreign policies, government regulations, immigration policies, social security, Medicaid, Medicare and other health benefits, military and defense policies, controversies regarding police behaviors, tax policies, policies that affect women. We asked patients to report the extent to which they had discussed these topics in their sessions before the election and in the previous 3 weeks (on a 7-point Likert scale, from 1 = *Never* to 7 = *All the time*). Data were collected between February 2017 and October 2017.

### 2.2.2 | A brief therapeutic alliance measure for community-based research

A brief four-item measure for the therapeutic alliance, one which uses a 7-point Likert scale; (from *Never* to *All the time*) to assess the three components of the working alliance (i.e., bond, agreement on goals; agreement on tasks; Bordin, 1979), was utilized. Participants were asked to report the level of the therapeutic alliance before the election, as well as in the present. This measure has been reported as valid (i.e., significantly correlated with outcome) and internally consistent (Hu, Crits-Christoph, Connolly Gibbons, Forman, & Hearon, 2006). In the current sample, this measure was shown to be internally consistent in patients' reports of alliance before the election ( $\alpha = .90$ ) and in the present ( $\alpha = .89$ ). The alliance score was calculated as the mean score of the four items included in the survey.

## 3 | RESULTS

Overall, almost two-thirds (64%) of patients in our sample reported that they had spoken about politics with their therapist—66% among Trump supporters and 70% among Clinton supporters. Additionally, 46% of participants reported they would have liked to have spoken more about politics in their sessions: 44% of Clinton and 59% of Trump supporters endorsed this position.

### 3.1 | The effect of political orientation similarity on patient-reported therapeutic alliance

Patients were asked about their therapist's political orientation. Among Trump supporters, 38% of patients indicated that their therapist was a Republican, 35% thought their therapist was a Democrat, 18% Independent, 1% "Other," and 8% believed their therapist had "No political preference." Among Clinton supporters, only 14% thought that their therapist was a Republican, 64% perceived their therapist as a Democrat, 13% indicated Independent, 2% "Other," and 8% "No political preference."

We investigated the relationship between patients' perceived shared political orientation and the strength of the therapeutic alliance. A one-way ANOVA test of variance revealed significant differences in reported therapeutic alliance as a function of perceived similarity in political views,  $F(1,591) = 25.17, p < .01$ . Post-hoc pairwise comparison with Bonferroni correction suggested that patients who believed that their therapist "definitely shares" the same political views reported significantly higher levels of the alliance ( $M = 5.42, SD = 1.58$ ) than those who reported their therapist "might or might not share" their political views ( $M = 4.78, SD = 1.50$ ), those who reported their therapist "probably does not share" their view ( $M = 4.65, SD = 1.43$ ), and those who reported their therapist "definitely does not" share their view ( $M = 3.82, SD = 1.84$ ). Patients who reported their therapist "probably shares" their views reported significantly higher alliance levels than those who reported he or she "definitely does not share" their political views.

### 3.2 | The effect of therapist political self-disclosure and patient-reported therapeutic alliance

Thirty percent of patients reported that their therapists disclosed their political views, 38% reported that their therapists did not explicitly disclose their political views but they could easily guess his or her orientation, and 32% reported that their therapist did not disclose a political view. A one-way ANOVA revealed significant differences between these groups in patient-reported alliance,  $F(1,591) = 8.85, p < .01$ . Post-hoc pairwise comparison indicated a significant difference in alliance scores between patients whose therapists only *implicitly* disclosed a political orientation ( $M = 5.17, SD = 1.42$ ), and those whose therapists did not disclose a political orientation ( $M = 4.71, SD = 1.49$ ).

### 3.3 | The effect of patient-therapist political agreements/disagreements on the therapeutic alliance

Eighteen percent of respondents reported that their political agreement/disagreement with their therapist was "highly positive," 32% reported it was "slightly positive," 40% reported "neutral/no effect," 10% reported "slightly negative,"

**TABLE 1** Patient-reported in-session political content: Hillary Clinton's supporters

Topic	Before election M(SD)	Present M(SD)	t(1,274)	Effect size (Cohen's D)
Insufficient/excessive checks and balances	2.08 (1.61)	2.36 (1.75)	-3.79**	.17
Distrust of the government	2.47 (1.66)	2.96 (1.88)	-5.02**	.28
Distrust of journalists and the media	2.11 (1.55)	2.41 (1.72)	-4.77**	.18
Education policies	2.41 (1.72)	2.67 (1.76)	-2.91*	.15
Environmental policies	2.40 (1.60)	2.84 (1.83)	-5.44**	.26
Distrust of specific ethnic groups	2.18 (1.52)	2.40 (1.71)	-3.13**	.14
foreign policies	2.17 (1.15)	2.41 (1.65)	-3.20**	.17
Government regulations	2.37 (1.58)	2.66 (1.63)	-3.46**	.18
Immigration policies	2.15 (1.47)	2.51 (1.68)	-4.14**	.23
Social security, Medicaid, Medicare, and other health benefits	2.92 (1.75)	3.37 (1.90)	-4.99**	.25
Military and defense policies	2.25 (1.65)	2.59 (1.81)	-4.65**	.20
Controversies regarding police behaviors	2.52 (1.55)	2.82 (1.78)	-3.99**	.18
Tax policies	2.09 (1.60)	2.20 (1.58)	-2.03	.07
Policies that affect women	2.93 (1.69)	3.20 (1.83)	-3.19**	.15

*Endnote.* Numeric values represent patients' responses to the question: "How often have you spoken about these topics in your counseling sessions?" on a 7-point scale (1 = *Never*; 7 = *All the time*). *M* = mean; *SD* = standard deviation; present = past 3 weeks; Bonferroni correction for 14 comparisons was implemented. \*\* $p \leq .003$ ; \* $p = .0039$ .

and 1% reported "highly negative." A one-way ANOVA revealed significant group differences in patient-reported alliance,  $F(1,294) = 33.67$ ,  $p < .01$ . Post-hoc pairwise *t*-tests indicated that patients who reported that agreement/disagreement was "highly positive" reported significantly higher levels of alliance ( $M = 5.67$ ,  $SD = 1.46$ ,  $p < .01$ ) than patients who endorsed one of the other three categories: "slightly positive" ( $M = 4.82$ ,  $SD = 1.46$ ,  $p < .01$ ), "slightly negative" ( $M = 4.26$ ,  $SD = 1.52$ ,  $p < .01$ ), and "highly negative" ( $M = 3.44$ ,  $SD = 1.41$ ,  $p < .01$ ).

### 3.4 | Patient-reported changes in discussions of socio-political topics during therapy sessions

As Table 1 indicates, Clinton supporters reported significant increases in their discussion of multiple political topics in their sessions since the election, including sufficient/insufficient checks and balances, distrust of the government, distrust in media, education, environment, distrust of other ethnic groups, foreign policy, government regulation, immigration policy, healthcare, military, police brutality, and women's issues. In contrast, as Table 2 indicates, among Trump supporters, no significant changes in discussions of these topics were reported.

### 3.5 | Patient-reported changes in expression of negative and positive feelings toward the Trump administration during therapy sessions

Patients were asked the following question: "In your discussions with your counselor about the Trump administration, how often did you express feeling the following [emotions]?" Given high internal consistency scores (Cronbach's alpha) for the subscale of positive feelings and the subscale of negative feelings, we calculated an overall mean score for negative feelings (fear, hopelessness, helplessness, despair, frustration, anger, confusion, disgust, contempt), as well as an overall mean for positive feelings (optimism, joy, hope, trust). Patients who voted for Clinton reported significant increases in expression of negative feelings in the period before the election ( $M = 3.18$ ,  $SD = 1.43$ ) compared with the

**TABLE 2** Patient-reported in-session political content: Donald Trump's supporters

Topic	Before election M(SD)	Present M(SD)	t(1,186)	Effect size (Cohen's D)
Insufficient/excessive checks and balances	2.63 (1.69)	2.72 (1.75)	-0.82	.05
Distrust of the government	2.89 (1.73)	2.90 (1.78)	-0.20	.00
Distrust of journalists and the media	3.01 (1.77)	3.17 (1.74)	-1.61	.09
Education policies	3.11 (1.78)	3.09 (1.88)	0.28	.01
Environmental policies	2.96 (1.83)	3.02 (1.90)	-0.52	.03
Distrust of specific ethnic groups	2.74 (1.83)	2.71 (1.81)	0.30	.02
Foreign policies	2.89 (1.88)	2.96 (1.80)	-.60	.04
Government regulations	2.98 (1.69)	2.98 (1.66)	-0.11	.00
Immigration policies	2.53 (1.62)	2.57 (1.67)	-0.31	.02
Social security, Medicaid, Medicare, and other health benefits	3.15 (1.72)	3.12 (1.73)	0.10	.02
Military and defense policies	3.25 (1.98)	3.25 (1.97)	0.22	.00
Controversies regarding police behaviors	2.84 (1.76)	2.94 (1.79)	-0.75	.06
Tax policies	3.01 (1.78)	3.01 (1.80)	-0.10	.00
Policies that affect women	2.91 (1.82)	2.88 (1.74)	0.11	.02

*Endnote.* Numeric values represent patients' responses to the question: "How often have you spoken about these topics in your counseling sessions?" on a 7-point scale (1 = *Never*; 7 = *All the time*). *M* = mean; *SD* = standard deviation; present = past 3 weeks; Bonferroni correction for 14 comparisons was implemented. \*\* $p \leq .003$ .

present ( $M = 3.86$ ,  $SD = 1.67$ ),  $t(1,274) = 9.00$ ,  $p < .01$ . Additionally, this subgroup reported decreases in expression of positive feelings in the period before the election ( $M = 2.81$ ,  $SD = 1.60$ ) compared with the present ( $M = 2.20$ ,  $SD = 1.29$ ),  $t(1,275) = 8.90$ ,  $p < .01$ .

In contrast, among Trump's supporters, there were no significant changes in expression of negative feelings in-session regarding the Trump administration from before the election ( $M = 2.78$ ,  $SD = 1.27$ ) to the previous 3 weeks ( $M = 2.79$ ,  $SD = 1.31$ ), NS. There were also no significant differences in expression of positive emotions among this subgroup, with similar reports of expression before the election ( $M = 3.42$ ,  $SD = 1.50$ ) and in the previous 3 weeks ( $M = 3.49$ ,  $SD = 1.51$ ) NS.

## 4 | DISCUSSION

To the best of our knowledge, this is the first quantitative psychotherapy research study that investigates the effects of the 2016 presidential election, the Trump administration actions, and the current political events on patients' experiences in therapy. Our sample was highly diverse and included participants from 50 states, both sides of the political aisle, and diverse ethnic and racial backgrounds. Our results showed that about two-third of patients have had political discussions with their therapists, with almost half of our sample reporting they would like to speak about politics more often in their sessions. Similarly, about two-third of the participants in this study reported that their therapists disclosed his/her political orientation implicitly or explicitly. These results stand in contrast to previous reports indicating that therapist self-disclosure is highly infrequent (Farber, 2006; Hill & Knox, 2002). The higher rates of self-disclosure in our sample suggest that in face of political instability and disruptive political climate, therapists are more likely to self-disclose. Additionally, while prior studies focused on *personal* self-disclosure, the current study investigated *political* self-disclosure, which is very rarely studied and may be more prevalent.

Our results indicate the therapists' political disclosures contribute to the therapeutic alliance. Specifically, our findings showed that patients whose therapist only implicitly disclosed his or her political orientation reported the highest

levels of therapeutic alliance. This finding is consistent with others' conclusions that therapists who use self-disclosure moderately and cautiously are viewed more positively than therapists who do not disclose or disclose personal and intimate information (Hill & Knox, 2002; Knox & Hill, 2003; Watkins, 1990). Our results further indicated that patients who found their political discussions with their therapists highly helpful tended to report higher levels of therapeutic alliance, suggesting that genuine and open patient-therapist conversations, even about a topic as charged as politics, may facilitate a strong alliance. In this vein, others have suggested that when patients find therapist self-disclosure helpful, it facilitates a perception of the therapist as more genuine, honest, and warm and the therapeutic relationship as more "real" and egalitarian (Hanson, 2005, Knox, Hess, Petersen, & Hill, 1997; Lokken & Twohey, 2004). However, given that our data were collected at a single time point, we cannot establish causality and determine whether positive alliance preceded (i.e., facilitated) therapists' tendencies to disclose their political views and engage in in-session political discussions, or whether, regardless of the baseline level of the alliance, political discussions increased the strength of the alliance.

Additionally, we found that 64% (i.e. the majority) of Trump's supporters assumed that their therapist was a Republican, whereas the majority of Clinton's supporters assumed that their therapist was a Democrat. Perceived similarity in political views was related to the strength of the therapeutic alliance, as patients who believed their therapist shared their political views reported the highest levels of therapeutic alliance. To the best of our knowledge, previous studies have not investigated the effects of shared political orientation on the therapeutic alliance. However, these results are in line with previous studies that found that patient-reported alliance was stronger when patients perceived value similarity (e.g., Hersoug, Høglend, Monsen, & Havik, 2001) and shared worldview (e.g., Kim, Ng, & Ahn, 2005).

Our study suggests that the current political climate has a significantly different effect on Trump's supporters and Clinton's supporters. While Trump's supporters did not report significant increases in their expression of either negative or positive emotions in the context of political discussions, Clinton's supporters reported significant increases in negative emotions and decreases in positive emotions. Additionally, while Trump's supporters did not report an increase in the frequency of in-session discussions of contemporary political topics, Clinton's supporters did report such an increase. These findings demonstrate the differential effects of the current political climate on different patient and therapist populations; specifically, that those who are most distressed with contemporary politics and with those in power, are more likely to engage in in-session conversations that express their distress.

Overall, the findings of the current study have important clinical implications. The evidence presented here suggest that patients want to discuss politics in their sessions and may benefit from appropriate self-disclosure of their therapist's political stance and open and genuine discussions about current socio-political topics. Our results also indicate that in the face of an unstable and disruptive political climate, therapists are highly likely to disclose their political orientation, explicitly or implicitly. Overall, this study presents evidence of the infiltration of the political climate and socio-political topics into the therapeutic space, especially among patients who do not support the current administration. We believe that it is important that clinicians become aware of and explore with their patients the effects of the current political climate on the alliance and the therapeutic process.

This study has several important limitations. First, the data were collected anonymously online. Thus, although we implemented a conservative approach in excluding unreliable responses, we were unable to verify the information provided by participants. In addition, although our sample was relatively heterogeneous and diverse compared with other naturalistic studies, our results were limited by a natural selection process, as participants had to have internet access on a computer or mobile device, an ability to respond to an online survey, and an interest and motivation to participate in research. In a related vein, the education level of our participants was higher than the average in the general population. It is also likely that participants who care about the election results are over-represented in our sample as they may be more motivated to express their opinion. Furthermore, patients were asked to report on the content they discussed in their sessions before the election. These data, therefore, are subject to recall biases; future longitudinal studies with multiple time points will be required to replicate these results. Given that previous studies have highlighted the importance of the specific timing (i.e., stage in therapy) of therapists' self-disclosures (Henretty & Leavitt, 2010; Knox et al., 1997; Knox & Hill, 2003), longitudinal studies will need to examine whether the timing of therapists' political self-disclosures affect the strength of the alliance.

Given that data collection was conducted at a single time point, we were unable to establish a time sequence and determine causality. For example, it is possible that patients who had a stronger alliance with their therapists early on were better able to navigate the complexities of political conversations in therapy, and thus perceived these conversations as more helpful than patients with low levels of alliance early in treatment. Finally, it is likely that therapist effects play an important role in the relationships investigated in this study. Previous studies on therapist self-disclosure have highlighted the importance of therapists' specific personality characteristics, prior experience, and competence (e.g., Farber, 2006; Henretty & Leavitt, 2010; Myers & Hayes, 2006). Future studies will be needed to determine the role of these variables. Despite these limitations, we believe this study provides an important contribution to our understanding of changes in patients and therapists' experiences in therapy in light of the current political climate. Thus, this study highlights the importance of studying psychotherapy processes within a historical-political context.

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