What psychological mechanisms determine how people calibrate the depth and timing of information sharing in professional and advisory relationships, and what happens when disclosure is premature or excessive?

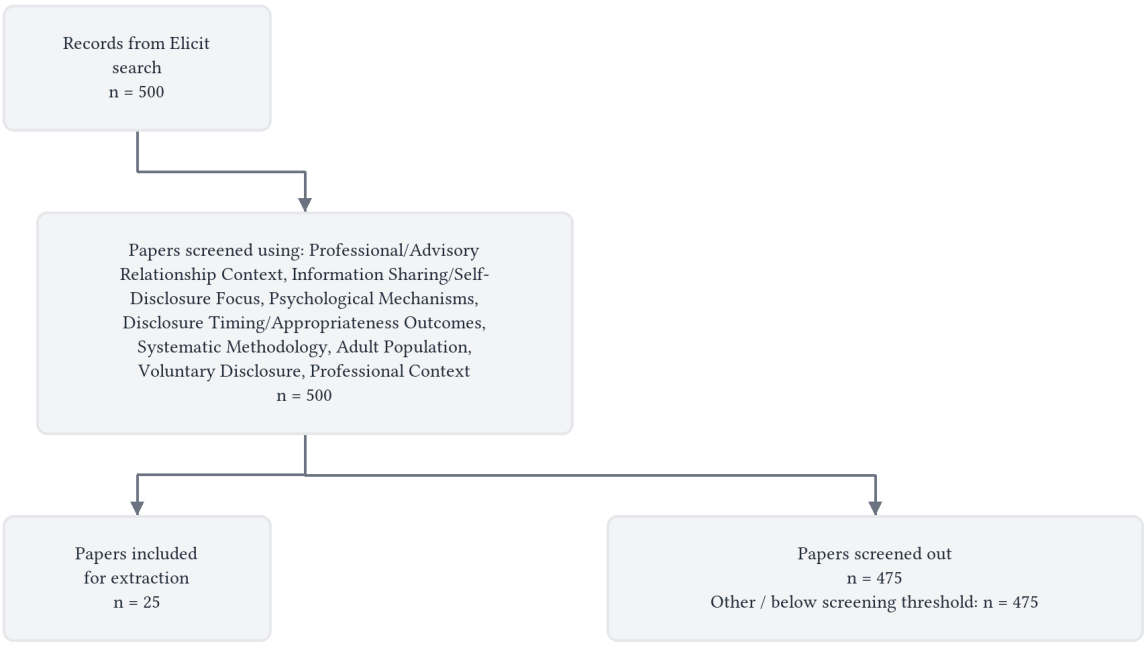
People calibrate disclosure based on risk assessment, emotional factors like trust and shame, and self-presentational concerns, with premature or excessive disclosure backfiring in conflicted-incentive relationships through moral licensing and compliance pressure but enhancing outcomes in aligned-incentive relationships when relationship quality is strong.

Abstract

Disclosure calibration in professional and advisory relationships operates through multiple competing psychological mechanisms whose effects depend critically on context, timing, and incentive structures. Cognitive risk assessment drives disclosure decisions as individuals evaluate potential judgment [1], relationship damage [2], and professional consequences [2], while emotional mechanisms including trust [3], shame [4], obligation [5], and insinuation anxiety—the concern that rejecting advice signals distrust [6] —create complex pressures that can both facilitate and inhibit disclosure. Self-presentational processes paradoxically reduce disclosure when it is most needed, particularly among individuals concerned about negative evaluations [7], while moral licensing allows advisors who disclose conflicts of interest to feel justified providing more biased advice [8, 9]. The working alliance quality fundamentally moderates disclosure effects: therapist self-disclosure enhances session depth and perceived expertise in positive alliances but produces opposite effects in negative alliances [10], demonstrating that disclosure amplifies rather than creates relationship dynamics.

Premature or excessive disclosure produces distinct perverse effects depending on disclosure type and incentive alignment. In conflict-of-interest contexts, disclosure leads advisors to provide more biased advice through strategic exaggeration and moral licensing [8, 9] while advisees fail to properly discount that advice [9, 11], creating increased compliance pressure despite decreased trust [5, 6]. Premature disclosure of preliminary conclusions anchors advisors and undermines advice independence [12], while disclosure of physically intimate health information produces negative emotions and reduced willingness to disclose [13]. However, these negative effects can be mitigated through timing (disclosing procedural information like co-advisors upfront eliminates negative effects [14]), source (external disclosure reduces insinuation anxiety compared to personal disclosure [6, 8]), and privacy conditions (private decision-making reduces compliance pressure [5, 8]). Critically, disclosure effects diverge between aligned-incentive relationships like therapy, where appropriate disclosure strengthens bonds and improves outcomes [3, 15], and conflicted-incentive relationships like biased financial advising, where disclosure backfires by licensing worse behavior without equipping advisees to protect themselves [8, 9].

Flow Diagram



Paper search

We performed a semantic search across over 138 million academic papers from the Elicit search engine, which includes all of Semantic Scholar and OpenAlex.

We ran this query: "What psychological mechanisms determine how people calibrate the depth and timing of information sharing in professional and advisory relationships, and what happens when disclosure is premature or excessive?"

The search returned 500 total results from Elicit.

We retrieved 500 papers most relevant to the query for screening.

Screening

We screened in sources based on their abstracts that met these criteria:

- **Professional/Advisory Relationship Context**: Does the study examine relationships where one party provides professional guidance, advice, or services to another (e.g., therapeutic, coaching, consulting, mentoring, supervision relationships)?
- **Information Sharing/Self-Disclosure Focus**: Does the study examine how individuals decide what, when, and how much personal or sensitive information to share?

- **Psychological Mechanisms**: Does the study investigate the cognitive, emotional, or psychological factors that influence disclosure decisions (rather than merely describing disclosure patterns)?
- **Disclosure Timing/Appropriateness Outcomes**: Does the study examine consequences, effectiveness, or outcomes related to the timing, depth, or appropriateness of information sharing?
- **Systematic Methodology**: Is this an empirical study with clear systematic methodology (quantitative, qualitative, mixed-methods, systematic review, or meta-analysis)?
- **Adult Population**: Does the study focus on adult participants (18+ years)?
- **Voluntary Disclosure**: Does the study focus on voluntary disclosure decisions (rather than solely on legally mandated reporting or disclosure requirements)?
- **Professional Context**: Does the study examine disclosure within a professional or advisory context (rather than purely social, romantic, or family relationships without a professional component)?

We considered all screening questions together and made a holistic judgement about whether to screen in each paper.

At abstract screening, the number of papers excluded for each primary reason was:

- **Other / below screening threshold**: n = 475

Data extraction

We asked a large language model to extract each data column below from each paper. We gave the model the extraction instructions shown below for each column.

- **Disclosure Type**:

  Extract the specific type of information sharing/disclosure behavior studied in professional and advisory relationships, including:

- What information is being disclosed (conflicts of interest, personal information, consultation practices, etc.)
- Depth of disclosure (surface-level vs. detailed)
- Timing of disclosure (when in the relationship/interaction it occurs)
- Mode of disclosure (verbal, written, voluntary, mandated)

- **Psychological Mechanisms**:

  Extract all psychological mechanisms, processes, or theories that explain how people calibrate disclosure decisions in professional/advisory relationships, including:

- Cognitive processes (risk assessment, inference-making, moral reasoning)
- Emotional factors (trust, obligation, discomfort, moral licensing)
- Social psychological factors (relationship dynamics, perceived expectations)
- Decision-making frameworks or heuristics described
- Any theoretical models proposed for disclosure calibration

- **Calibration Factors**:

  Extract factors that influence how people determine the appropriate depth and timing of disclosure in professional/advisory relationships, including:

- Individual characteristics that affect disclosure decisions
- Relationship characteristics (power dynamics, trust level, duration)
- Situational factors (stakes, complexity, time pressure)

- Cultural or professional norms mentioned
- Any decision rules or guidelines for disclosure timing/depth

- **Disclosure Consequences**:

  Extract outcomes and consequences of information sharing in professional/advisory relationships, with special attention to premature or excessive disclosure, including:

- Impact on advice quality and advisor behavior
- Impact on advisee/client responses and compliance
- Relationship effects (trust, satisfaction, continuation)
- Decision-making outcomes
- Unintended or perverse effects specifically mentioned
- Distinguish between consequences of appropriate vs. inappropriate disclosure timing/depth

- **Relationship Context**:

  Extract details about the specific professional or advisory relationship context studied, including:

- Type of professional relationship (therapist-client, financial advisor-client, expert-advisee, etc.)
- Setting (clinical, organizational, experimental)
- Power dynamics and role definitions
- Stakes or importance of the advisory relationship
- Duration and frequency of interactions

- **Moderating Conditions**:

  Extract factors that modify the effects of disclosure depth and timing in professional/advisory relationships, including:

- Source of disclosure (self-disclosed vs. external disclosure)
- Privacy conditions (public vs. private disclosure)
- Reversibility (ability to change mind later)
- Common knowledge conditions (whether both parties know about the disclosure)
- Individual differences that affect responses to disclosure
- Contextual factors that amplify or reduce disclosure effects

- **Study Design**:

  Extract study methodology relevant to understanding disclosure calibration in professional/advisory relationships, including:

- Research design (experimental, correlational, qualitative)
- Sample characteristics (professionals, advisees, or both)
- How disclosure behaviors were measured or manipulated
- Key variables and how they were operationalized

- **Key Findings**:

  Extract the main empirical findings about psychological mechanisms of disclosure calibration and consequences of inappropriate disclosure in professional/advisory relationships, including:

- Statistical results and effect sizes where available
- Qualitative themes about disclosure decision-making

- Evidence for or against specific psychological mechanisms
- Practical implications for disclosure practices in professional relationships

Results

Characteristics of included studies

The review included 25 studies examining disclosure behaviors across diverse professional and advisory relationships. Full text was retrieved for 9 studies, while 16 were available as abstracts only.

Study	Full text retrieved?	Professional relationship	Research design	Primary disclosure focus
Sunita Sah et al., 2013	No	Professional advisory relationships [5]	Experimental [5]	Conflicts of interest disclosure effects [5]
A. Inman et al., 2011	No	Doctoral advisor-advisee [2]	Mixed-methods [2]	Advisee nondisclosure of self-efficacy concerns [2]
Sunita Sah et al., 2018	Yes	Doctor-patient, financial advisor-client [6]	Experimental (scenario and field) [6]	Conflict of interest disclosure and insinuation anxiety [6]
B. Farber et al., 2004	No	Therapist-client [3]	Qualitative multimethod [3]	Client self-disclosure in psychotherapy [3]
David Myers et al., 2006	Yes	Therapist-client [10]	Experimental analogue [10]	Therapist general and countertransference disclosure [10]
Tal Alfi-Yogev et al., 2020	No	Therapist-client [16]	Correlational [16]	Therapist self-disclosure timing [16]
A. Hook et al., 2005	No	Therapist-client [4]	Correlational [4]	Client nondisclosure of depression symptoms [4]
Jeanette Varpen Unhjem et al., 2018	Yes	Nurse-patient [17]	Qualitative descriptive [17]	Nurse self-disclosure content and rationale [17]
N. Bol et al., 2022	Yes	Doctor-patient [13]	Experimental (2×2 design) [13]	Intimate self-disclosure in video consultations [13]

Study	Full text retrieved?	Professional relationship	Research design	Primary disclosure focus
Alastair Pipkin et al., 2021	No	Therapist-client [1]	Qualitative (IPA) [1]	Client disclosure of emotionally salient information [1]
Sara LaBelle et al., 2023	No	Graduate student-academic advisor [18]	Qualitative [18]	Mental health disclosure privacy boundaries [18]
Alysia M. Robertson et al., 2025	No	Therapist-client [19]	Qualitative [19]	Therapist disclosure of lived experience [19]
Tamir Mendel et al., 2025	Yes	Financial advisor-client [20]	Experimental (between-subjects) [20]	Advisor disclosure of AI use [20]
S. Choi et al. (n.d.)	No	Leader-follower [21]	Mixed-methods (simulation and field) [21]	Leader self-disclosure of achievements and failures [21]
Zusana Rothlingova et al., 2013	No	Trainee psychologist-supervisor [22]	Qualitative grounded theory [22]	Information-sharing in supervision [22]
George Loewenstein et al., 2011	Yes	Expert-advisee, physician-patient [8]	Experimental [8]	Conflicts of interest disclosure mechanisms [8]
Mauricio Palmeira et al., 2024	No	Expert-advisee [14]	Experimental [14]	Disclosure of multiple co-advisors [14]
Kengthsagn Louis et al., 2022	Yes	Patient-healthcare provider [7]	Mixed methodology [7]	Health information disclosure and self-presentation [7]
Daylian M. Cain et al., 2011	Yes	Advisor-estimator, doctor-patient [9]	Experimental [9]	Disclosure effects on advisor bias and advisee discounting [9]
Daylian M. Cain et al., 2005	No	Expert-advisee [11]	Not specified [11]	Perverse effects of conflict disclosure [11]
Ming Li et al., 2008	Yes	Expert-advisee [23]	Theoretical modeling [23]	Mandatory versus voluntary bias disclosure [23]
M. Barrett et al., 2001	No	Therapist-client [15]	Experimental [15]	Therapist self-disclosure manipulation [15]

Study	Full text retrieved?	Professional relationship	Research design	Primary disclosure focus
Anita E. Kelly et al., 2000	No	Therapist-client [24]	Not specified [24]	Client withholding and self-presentation [24]
M. Barrett et al., 2001a	No	Therapist-client [25]	Experimental [25]	Therapist self-disclosure manipulation [25]
Jessica A. Reif et al., 2025	No	Advisor-seeker [12]	Experimental [12]	Advice seeker disclosure of preliminary conclusions [12]

The studies spanned multiple professional contexts, with therapeutic relationships comprising the largest proportion (12 studies), followed by expert-advisee relationships (7 studies), healthcare relationships (3 studies), and organizational contexts (3 studies). Research designs included experimental studies (11), qualitative approaches (7), mixed-methods (4), correlational designs (2), and theoretical modeling (1). The disclosure behaviors studied ranged from conflicts of interest and AI use disclosure [5, 20] to therapist and client self-disclosure [4, 10], mental health information sharing [18], and advisor consultation practices [14].

Psychological mechanisms of disclosure calibration

Cognitive risk assessment and inference-making

Individuals engage in systematic risk assessment when deciding whether and how much to disclose in professional relationships. This process involves evaluating potential negative consequences including judgment [1], damage to the advising relationship [2], and perceptions of unprofessionalism [2]. In therapeutic contexts, clients specifically assess whether therapy represents a safe space for disclosure [3], with the perceived goodness of the therapeutic relationship serving as a key determinant [3].

The inference-making process extends beyond simple risk calculation to include metacognitive concerns about what disclosure signals. This is particularly evident in insinuation anxiety, where advisees worry that rejecting advice after conflict-of-interest disclosure will be interpreted as signaling distrust of the advisor's motives [6]. This concern persists whether disclosure is voluntary or legally mandated [6], and whether the disclosed conflict is large or small [6].

Privacy calculus theory provides a framework for understanding how individuals weigh disclosure benefits against costs, with trust in the relationship serving as a critical mediating factor [13]. In healthcare contexts, this calculation incorporates perceived communication barriers, privacy concerns, and anticipated benefits of disclosure [13], with structural equation modeling confirming expected relationships between these factors and ultimate disclosure decisions [13].

Emotional drivers of disclosure decisions

Trust emerges as a central emotional mechanism influencing disclosure calibration. In therapeutic relationships, the goodness of the relationship specifically enables disclosure by creating feelings of safety [3]. Trust operates

bidirectionally: disclosure can decrease advisees' trust in advice when conflicts of interest are revealed [5], yet this decreased trust paradoxically coexists with increased pressure to comply due to feelings of obligation [5].

Shame and anticipatory anxiety constitute powerful emotional barriers to disclosure. Shame-proneness significantly predicts nondisclosure of depression-related symptoms (though not experiences) in therapy [4], with 54% of respondents reporting concealment of symptoms or distressing experiences from their therapists [4]. However, the disclosure process itself can transform these initial negative emotions, as clients report that disclosure initially generates shame and anticipatory anxiety but ultimately produces feelings of safety, pride, and authenticity [3].

Obligation represents another key emotional mechanism. When advisors disclose conflicts of interest, advisees experience increased feelings of obligation to satisfy advisors' personal interests [5], creating pressure to comply with advice even when trust has decreased [5]. This burden of disclosure can harm those it ostensibly protects by generating compliance through obligation rather than genuine agreement [5].

Moral reasoning and licensing

Moral licensing operates as a perverse mechanism whereby disclosure of conflicts undermines advisors' sense of professional responsibility. When conflicts are disclosed, advisors feel morally licensed to provide more biased advice [8, 9, 11], as disclosure appears to absolve them of moral concerns about bias [9]. This strategic exaggeration occurs because advisors anticipate that advisees will discount their advice after disclosure, leading them to inflate recommendations to counteract expected discounting [8, 9].

Financial advisors who disclosed their use of AI assistance felt less personally responsible for their recommendations [20], with perceived self-competence increasing responsibility while trust in AI decreased it [20]. This suggests that disclosure can shift perceived accountability away from human advisors, potentially reducing the quality and motivation behind advice [20].

Social exchange and relationship dynamics

Social exchange theory explains how disclosure operates within the broader context of relationship building. Leader self-disclosure of work achievements, failures, and nonwork experiences influences social exchange relationships by affecting follower trust and felt obligation [21], which in turn motivates followers to engage in reciprocal self-disclosure and organizational citizenship behaviors [21].

Power dynamics fundamentally shape disclosure decisions. In hierarchical relationships such as graduate student-advisor pairings, students weigh motivational criteria (help-seeking, transparency, relationship-building), contextual criteria (relational closeness, relevance), and risk-benefit ratios (anticipated advisor response, stigma, emotional response) when creating privacy boundaries [18]. The hierarchical nature of these relationships, with advisors holding more authority [18], amplifies concerns about negative consequences of disclosure.

Rapport and identification with the advisor moderate disclosure decisions. Advisor-advisee rapport relates to advisees' fears of being perceived as unprofessional [2], while identification with the advisor connects to perceptions of advisor availability and dependability [2]. These relationship characteristics determine whether disclosure feels safe or risky.

Self-presentational processes

Self-presentation emerges as a critical mechanism that can paradoxically inhibit disclosure in contexts where it is most needed. Black patients who engaged in greater self-presentational efforts (working hard to sound knowledgeable or ”smart”) reported less comfort disclosing health information to providers [7], creating a catch-22 where the

desire to present oneself positively prevents accurate sharing of health concerns [7]. This relationship was moderated by expectations of unfair treatment rather than by provider race alone [7].

In psychotherapy, clients benefit from therapy by perceiving that their therapists have favorable views of them, which can involve hiding undesirable aspects of themselves [24]. Research demonstrates that clients withholding personal information is associated with positive therapy process ratings and outcomes [24], suggesting that strategic self-presentation serves adaptive functions in some professional relationships. However, this must be balanced against findings that nondisclosure of shameful symptoms makes a significant independent contribution to current depressive symptoms after controlling for other variables [4].

Accessibility and engagement effects

Deeper engagement with a decision before seeking advice paradoxically increases the likelihood of premature disclosure that undermines advice quality. Higher levels of engagement make one's own perspective more cognitively accessible and therefore more likely to be shared during advice interactions [12], leading advice seekers to anchor their advisors with preliminary conclusions [12]. This suggests that following prescriptions to think independently before seeking advice can inadvertently introduce bias into advice interactions [12].

Factors moderating disclosure calibration

Individual characteristics

Individual differences substantially modify disclosure responses. Shame-proneness predicts nondisclosure specifically of symptoms rather than experiences [4], while emotion regulation difficulties influence responses to therapist self-disclosure, with clients having low emotion regulation difficulties showing marginally better outcomes when therapists used immediate self-disclosure [16]. Within-client distress also moderates disclosure effects, as immediate therapist self-disclosure was associated with better next-session outcomes specifically in sessions marked by high pre-session client distress [16].

Gender affects disclosure dynamics, with women showing greater effects of insinuation anxiety and compliance following conflict-of-interest disclosure compared to men [6]. Perceived self-competence increases advisors' sense of personal responsibility for decisions relative to AI [20], while trust in AI decreases perceived responsibility [20], highlighting how individual beliefs about competence and technology shape disclosure effects.

Relationship characteristics and quality

The quality of the working alliance fundamentally determines disclosure outcomes. When the therapeutic alliance was positive, general self-disclosures by therapists led to perceptions of deeper sessions ($t(75) = 2.29$, $p < .05$) and more expert therapists ($t(75) = 2.81$, $p < .01$) [10]. However, when the alliance was negative, both general and countertransference disclosures led to perceptions of shallower sessions and less expert therapists compared to no disclosures [10], demonstrating a significant interaction effect ($F(2, 224) = 5.56$, $p < .00$ for session depth; $F(2, 224) = 4.42$, $p < .01$ for expertness) [10].

Relational closeness and perceived advisor availability shape graduate students' disclosure decisions regarding mental health [18]. Advisor-advisee rapport specifically relates to advisees' fears of being perceived as unprofessional [2], while identification with the advisor connects to perceptions of advisor availability and dependability [2]. Duration and trust level in the relationship enable deeper disclosure over time, as therapy clients report that disclosures facilitate subsequent disclosures to both therapists and family members [3].

Source and privacy conditions of disclosure

The source of disclosure critically modifies its effects. External disclosure of conflicts of interest reduces both pressure to comply with advice and insinuation anxiety compared to personal disclosure by the advisor [5, 6, 8]. When disclosure comes from an external third party rather than directly from the advisor, advisees experience less social pressure because the disclosure is less socially salient [6].

Privacy conditions also shape disclosure consequences. Private decision-making reduces pressure to comply with advice after conflict disclosure [5, 8], as does the absence of common knowledge between advisor and advisee about the disclosed conflict [5, 8]. When disclosure is not mutual knowledge, advisees feel less interpersonal pressure to demonstrate trust by following advice.

Reversibility and timing

The ability to change one's mind later reduces compliance pressure following conflict-of-interest disclosure [5], suggesting that irreversible commitments amplify the burden of disclosure. Similarly, providing a ”cooling-off” period can reduce compliance with bad advice by allowing advisees time to reconsider without immediate social pressure [8].

Timing of disclosure within the relationship arc proves critical. Disclosing the presence of co-advisors upfront, before offering advice, completely eliminates negative interpersonal effects by making it implausible for advisors to infer rejection of their advice [14]. In contrast, retrospective revelation after advice has been given allows for inferences about advice rejection that damage the advisory relationship [14].

For therapist self-disclosure of lived experience, appropriate timing involves establishing rapport first, keeping disclosures brief and relevant, and sharing only experiences from which the therapist has recovered [19]. These timing and depth guidelines help navigate the tension between demonstrating humanity versus maintaining professionalism, and showing openness versus maintaining a client-centered approach [19].

Contextual and situational factors

The intimacy level of information affects disclosure decisions. When video consultations involved revealing physically intimate information (showing an intimate body part), people were significantly less willing to self-disclose and reported more negative emotions including stress and anxiety, whereas verbal intimacy did not produce the same negative effects [13, 13]. This suggests that the physical versus verbal nature of disclosure creates distinct psychological barriers.

Stakes and complexity of the decision context influence disclosure calibration. In high-stakes health decisions, the anticipated advisor response, potential stigma, and expected emotional response all figure into risk-benefit calculations about disclosure [18]. Unclear advisor expectations, lack of support, and unavailability of the advisor all negatively relate to satisfaction with the advising relationship and likely reduce willingness to disclose [2].

Professional and cultural norms shape disclosure expectations. Western culture historically emphasizes revealing secrets, with this norm particularly strong in psychotherapy where self-disclosure is expected, emphasized, and valued [3]. However, healthcare contexts involving racial minorities reveal that presenting oneself positively and countering negative stereotypes represents a competing cultural imperative that can inhibit disclosure [7].

Consequences of disclosure timing and depth

Effects on advisor behavior and advice quality

Disclosure systematically distorts advisor behavior in ways that undermine advice quality. When conflicts of interest are disclosed, advisors provide more biased advice through two mechanisms: strategic exaggeration (inflating advice to compensate for expected discounting) and moral licensing (feeling that disclosure absolves moral concerns about bias) [8, 9]. This increased bias occurs despite the intended transparency benefits of disclosure.

In experimental studies, disclosure led to strategic exaggeration where advisors provided advice that was both higher and more dispersed, resulting in less accurate guidance [9]. Advisors felt reduced moral reluctance to provide biased advice after disclosing conflicts [9], demonstrating that disclosure can paradoxically license worse professional behavior rather than constraining it.

Financial advisors who disclosed their AI use felt less personally responsible for recommendations [20], which poses risks for advice quality and motivation. When advisors' reliance on AI was higher, their perceived personal responsibility was correspondingly lower [20], suggesting a concerning inverse relationship between disclosure and accountability.

However, appropriate therapist self-disclosure can enhance perceived expertise and session quality. When therapists made general self-disclosures in contexts of positive working alliances, participants rated sessions as deeper and therapists as more expert compared to no disclosures [10]. This positive effect depended critically on alliance quality, as the same disclosures in negative alliances produced opposite effects [10].

Effects on advisee responses and compliance

Disclosure creates complex and often counterproductive effects on advisee behavior. Advisees generally fail to discount advice from biased advisors as much as they should, even when conflicts of interest are disclosed [9, 11]. This inadequate discounting occurs because advisees lack clear mental models for how to respond to disclosed conflicts [8] and struggle with the cognitive challenge of properly adjusting for bias.

Simultaneously, disclosure increases pressure to comply with advice through insinuation anxiety—the concern that rejecting advice will signal distrust of the advisor [6, 8]. This pressure persists whether disclosure is voluntary or legally mandated, and whether the conflict is large or small [6]. The result is a perverse situation where advisees trust the advice less but feel more obligated to follow it [5, 6].

In healthcare contexts, self-presentational concerns create a distinct barrier to disclosure. Black patients who engaged in greater self-presentation efforts reported significantly less comfort disclosing personal health issues such as not taking medications, unhealthy diet, and disagreeing with recommendations [7]. This reduced disclosure can lead to misdiagnosis and incorrect treatment, widening health disparities [7].

Relationship effects

Disclosure profoundly affects trust and relationship satisfaction, with effects that depend critically on timing and context. Conflict-of-interest disclosure decreases advisees' trust in advice [5, 6] while simultaneously harming the advisor-advisee relationship through increased insinuation anxiety [6]. This damaged trust can persist even when disclosure is intended to increase transparency.

However, in therapeutic contexts, client self-disclosure produces positive relationship effects. Clients receiving psychotherapy under conditions of heightened therapist disclosure reported not only lower symptom distress but also greater liking for their therapist [15, 25], suggesting that therapist self-disclosure may improve both relationship

quality and treatment outcomes [15]. Clients perceive disclosure as creating safety, pride, and authenticity [3], and report that the disclosure process facilitates subsequent disclosures to both therapists and others [3].

The timing of disclosure about co-advisors demonstrates relationship-protective effects. When advisors learned upfront that advisees were consulting multiple sources, they responded as if they were the sole advisor regardless of the presence of co-advisors or consultation order, maintaining positive attitudes toward advisees [14]. This contrasts sharply with scenarios where such information emerges later, which can lead to inferences about advice rejection that damage relationships [14].

Decision-making outcomes

Inappropriate disclosure timing undermines decision quality through multiple pathways. When advice seekers engage deeply with a decision before seeking advice, their increased engagement makes their own perspective more accessible and likely to be shared, leading them to anchor their advisors and introduce bias into advice interactions [12, 12]. This suggests that premature disclosure of preliminary conclusions paradoxically reduces the independence and quality of advice.

Disclosure of conflicts of interest produces poor decision-making outcomes when advisees fail to sufficiently discount biased advice [9]. Studies demonstrate that disclosure can lead to higher and more dispersed estimates that are less accurate [9], with adverse effects on financial outcomes [9]. The failure to properly adjust for disclosed bias means that disclosure can make matters worse rather than better [11].

In healthcare, nondisclosure due to self-presentational concerns can lead to misdiagnosis and incorrect treatment [7]. When Black patients avoid disclosing information about medication noncompliance or health behaviors to prevent negative perceptions, providers lack the information needed for accurate diagnosis and appropriate treatment recommendations [7].

However, in psychotherapy contexts, strategic nondisclosure may sometimes serve adaptive functions. Research shows that clients withholding personal information is associated with positive therapy process ratings and outcomes [24], suggesting that creating favorable impressions through selective disclosure can benefit the therapeutic process in certain circumstances [24].

Emotional and psychological consequences

The emotional consequences of disclosure vary systematically with the type and context of disclosure. Self-disclosure in healthcare contexts generally produces positive emotions including relief and feelings of support [13]. However, when disclosure involves physically intimate information such as showing intimate body parts, people report significantly more negative emotions including stress and anxiety [13, 13].

In psychotherapy, the disclosure process follows a characteristic emotional trajectory. Initial disclosure generates shame and anticipatory anxiety, but ultimately engenders feelings of safety, pride, and authenticity [3, 3]. The transformation from anxiety to relief represents a therapeutic benefit, with clients reporting relief from both physical and emotional tension following disclosure [3].

Nondisclosure carries its own emotional costs. Shame-proneness significantly relates to nondisclosure of symptoms in therapy [4], and for participants no longer in therapy, nondisclosure of symptoms made a significant independent contribution to current depressive symptoms even after controlling for demographic variables, worst depression, and shame-proneness [4]. This suggests that encouraging disclosure of shameful symptoms has positive implications for treatment effectiveness [4].

Insinuation anxiety represents a specific negative emotional consequence of conflict-of-interest disclosure. Advisees experience concern that rejecting advice will be interpreted as signaling distrust, creating discomfort and pressure to comply even when trust has decreased [6, 8]. This anxiety persists across various disclosure conditions, highlighting it as a robust psychological burden of disclosure [6].

Synthesis

The evidence reveals that disclosure calibration operates through competing psychological mechanisms that can produce contradictory effects depending on context, timing, and relationship quality. Understanding when disclosure helps versus harms requires examining how these mechanisms interact across different professional domains and disclosure types.

Conflict-of-interest versus self-disclosure: Divergent mechanisms

Studies of conflict-of-interest disclosure consistently demonstrate perverse effects across multiple experimental and field settings [5, 6, 8, 9, 11]. These studies, employing rigorous experimental designs with manipulation of disclosure conditions, show that disclosing conflicts leads advisors to provide more biased advice while advisees fail to properly discount that advice. In contrast, studies of therapist self-disclosure in positive alliance contexts show beneficial effects on relationship quality and outcomes [10, 15, 25]. This apparent contradiction resolves when recognizing that these represent fundamentally different disclosure types with distinct mechanisms.

Conflict-of-interest disclosure operates primarily through moral licensing and strategic exaggeration [8, 9], where revealing a conflict paradoxically enables advisors to provide worse advice because they feel the disclosure absolves them of responsibility. The disclosure signals "I may be biased" which advisors interpret as permission to increase bias, while advisees interpret as a warning but lack cognitive tools to properly adjust [8]. Conversely, therapist self-disclosure operates through relationship-building and authenticity mechanisms [3, 17], where appropriate personal sharing strengthens therapeutic bonds and models vulnerability. The key difference lies in what is being disclosed: conflicts signal potential harm to advisees, while personal information signals humanity and connection.

The divergent findings also reflect differences in power dynamics and stakes. Conflict-of-interest disclosure occurs in contexts where advisors have financial or professional incentives counter to advisees' interests, creating adversarial dynamics [8, 9]. Therapeutic self-disclosure occurs in contexts where therapists' professional obligation aligns with client wellbeing, creating collaborative dynamics [3, 10]. When stakes involve money or health outcomes with clear advisor conflicts, disclosure backfires; when stakes involve emotional wellbeing with aligned incentives, disclosure can strengthen relationships.

Timing as a critical moderator: Early versus late disclosure

The timing paradox emerges most clearly in comparing studies of co-advisor disclosure and advice-seeking disclosure. Palmeira et al. demonstrate that disclosing the presence of co-advisors upfront completely eliminates negative interpersonal effects [14], while Reif et al. show that forming judgments before seeking advice (essentially premature disclosure of one's own position) increases likelihood of anchoring advisors and undermining advice independence [12]. Both findings are correct within their domains.

Early disclosure of contextual factors (co-advisors, conflicts, AI use) allows for proper calibration of expectations and prevents later feelings of deception. When advisors know upfront that advisees are consulting others, they cannot later infer rejection from that behavior [14]. However, premature disclosure of substantive positions or preliminary

conclusions introduces anchoring bias that undermines advice quality [12]. The distinction lies between procedural disclosure (how advice will be used) versus substantive disclosure (what conclusions one has reached).

The therapeutic self-disclosure literature provides additional evidence for timing effects. Immediate therapist self-disclosure (disclosure about current feelings in the session) was associated with better next-session outcomes specifically when clients were experiencing high pre-session distress [16], suggesting that timing should calibrate to client emotional state. However, disclosure before rapport has been established can undermine professionalism and competence perceptions [19]. The reconciliation: disclosure timing should align with both relationship development stage and immediate situational needs.

Source of disclosure: Personal versus external

Studies consistently show that external disclosure reduces insinuation anxiety and compliance pressure compared to personal disclosure [5, 6, 8]. When a third party discloses an advisor's conflict rather than the advisor doing so personally, advisees experience less social pressure to demonstrate trust through compliance. This makes intuitive sense: personal disclosure creates interpersonal obligation ("they trusted me with this information, I should reciprocate"), while external disclosure creates only informational awareness.

However, this benefit of external disclosure applies specifically to conflict-of-interest scenarios. For therapeutic self-disclosure, external revelation would undermine the relationship-building function. When nurses self-disclose personal experiences to patients, the goal is explicitly to transform the relationship toward greater openness, honesty, closeness, reciprocity, and equality [17]. External disclosure of a therapist's experiences would fail to create these interpersonal bonds. The mechanism differs: conflict disclosure aims to inform decision-making, while therapeutic self-disclosure aims to strengthen relationships.

Privacy and reversibility: Reducing pressure for compliance

Multiple studies demonstrate that private decision-making and reversibility reduce the perverse compliance effects of disclosure [5, 8]. When advisees can make decisions privately or change their minds later, disclosure of conflicts no longer creates the same pressure to demonstrate trust through compliance. This suggests the compliance pressure operates through observable commitment rather than private conviction.

The mechanism involves saving face and managing social impressions. In public or irrevocable contexts, rejecting advice after conflict disclosure signals distrust in a way that damages the social relationship. In private or reversible contexts, advisees can discount advice without creating observable evidence of distrust. This aligns with findings that common knowledge of disclosure increases compliance pressure [5] —when both parties know that both know about the conflict, the interpersonal implications of rejection become salient.

However, privacy and reversibility may be less relevant or even contraindicated for therapeutic disclosure. The explicit goal of therapy is often to facilitate disclosure that would be difficult in private [3], and irreversible sharing of difficult material can itself be therapeutic by preventing avoidance [3]. The distinction lies in whether disclosure serves informational (where privacy helps) versus relational/therapeutic (where witnessing helps) functions.

Individual differences: Who benefits or suffers from disclosure

Individual characteristics create meaningful heterogeneity in disclosure effects. Shame-proneness specifically predicts nondisclosure of symptoms but not experiences in therapy [4], suggesting that people calibrate based on whether disclosure would reveal personal deficits versus external circumstances. Emotion regulation difficulties

moderate responses to therapist disclosure, with low-difficulty clients showing marginally better outcomes [16], indicating that disclosure works best when clients have capacity to process it.

Gender differences emerge in conflict-of-interest contexts, with women showing greater insinuation anxiety and compliance effects [6]. This may reflect differential socialization toward relationship maintenance and politeness norms. However, these gender effects appear specific to conflict contexts; gender differences are not reported in therapeutic self-disclosure studies, suggesting the mechanism operates through social pressure rather than disclosure per se.

Racial dynamics create additional complexity. Black patients who engage in self-presentation efforts report less comfort disclosing health information [7], but this relationship is moderated by expectations of unfair treatment rather than provider race [7]. This indicates that perceived discrimination risk, rather than simple demographic matching, drives disclosure calibration. The implication: disclosure barriers stem from well-founded concerns about judgment rather than irrational fears.

Stakes and relationship quality: When disclosure matters most

The working alliance quality demonstrates perhaps the clearest moderating effect. Therapist general disclosure enhances session depth and perceived expertise when alliance is positive ($t(75) = 2.81$, $p < .01$ for expertness) [10], but creates opposite effects when alliance is negative [10]. This represents a crossover interaction where the same disclosure behavior produces beneficial versus harmful outcomes based solely on relationship quality.

This pattern suggests that disclosure amplifies existing relationship dynamics rather than creating them de novo. In positive relationships, disclosure signals trust and strengthens bonds; in negative relationships, disclosure signals inappropriate boundary crossing and damages already-weak connections. The practical implication: disclosure timing should calibrate to relationship quality, with more disclosure appropriate as relationships strengthen.

Stakes also modify disclosure effects in systematic ways. In high-stakes health contexts, physically intimate disclosure produces negative emotions and reduced willingness [13], while verbal disclosure maintains positive effects. In lower-stakes therapeutic contexts, disclosure of difficult experiences produces initial anxiety but ultimate relief [3]. The escalating physical intimacy creates distinct psychological barriers tied to objective self-awareness and vulnerability [13], suggesting that disclosure modality (showing versus telling) matters for high-stakes decisions.

Professional versus personal disclosure: Aligned versus conflicted incentives

A fundamental distinction emerges between disclosure in contexts where professional obligations align with advisee interests (therapy, nursing, education) versus contexts with potential misalignment (financial advice, medical referrals with kickbacks). In aligned-incentive contexts, disclosure generally strengthens relationships and improves outcomes when appropriately timed [3, 15, 17]. In conflicted-incentive contexts, disclosure backfires through moral licensing and strategic exaggeration [8, 9, 11].

This pattern reflects differences in what disclosure signals about the discloser's motives. When therapists disclose personal experiences, it signals ”I understand you” and ”I'm human too,” which strengthens therapeutic alliance in contexts where the therapist's professional success depends on client improvement. When financial advisors disclose conflicts, it signals ”I might prioritize my interests over yours,” which triggers strategic responses in contexts where advisor and advisee interests diverge.

The theoretical implication: disclosure effects depend critically on underlying incentive structures. Disclosure can build trust in aligned-incentive relationships because it demonstrates vulnerability without threatening advisee interests. Disclosure can undermine outcomes in conflicted-incentive relationships because it both licenses worse advisor

behavior and fails to give advisees tools to protect themselves. Effective disclosure practices must therefore account for whether professional incentives align with or diverge from advisee welfare.

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