



How Will Psychotherapists Manage Disclosure With Their Clients?

Ten Considerations for Clinical Practice in the Event of Confirmed Non-Human Intelligence

For decades, psychotherapists have helped people navigate experiences that overturn assumptions about how life is supposed to work: death, trauma, betrayal, serious illness, natural disaster, violence, divorce, and sudden loss.

But what happens when it is not merely a client's personal world that has changed?

What happens when **the therapist's world has changed too?**

If governments or other credible institutions were to confirm the existence or presence of non-human intelligence (NHI), psychotherapists could face an unusual clinical situation. Therapist and client might simultaneously be attempting to absorb information that challenges deeply held assumptions about humanity, reality, safety, religion, science, and our place in the universe.

Before psychotherapists could effectively help clients manage such an event, they would therefore confront a more immediate task:

They would have to come to terms with their own ontological shock.

A therapist might be frightened, fascinated, skeptical, angry, exhilarated, spiritually moved, intellectually overwhelmed—or some combination of these. Professional training would not make clinicians immune to these reactions.

The question would not be whether therapists have feelings about disclosure.

They almost certainly would.

The question would be whether they could recognize and regulate those reactions sufficiently to remain psychologically available to the person sitting across from them.

Here are ten considerations that could become particularly important.

1. The Therapist Must First Recognize Their Own Ontological Shock

Psychotherapists would need to practice what they routinely ask of clients: notice, name, tolerate, and regulate difficult internal experiences.

Disclosure could challenge a clinician's assumptions as profoundly as anyone else's. Therapists might experience anxiety, derealization, sleep disruption, compulsive news consumption, existential questioning, anger toward institutions, or intense curiosity.

The goal would not be to become emotionally unaffected.

It would be to become sufficiently grounded that **the therapist's need to understand what happened does not overwhelm the client's need to be heard.**

Consultation, peer support, supervision, contemplative practices, professional education, and temporary adjustment of caseloads might all become important.

2. Do Not Assume That Disclosure Will Traumatize Everyone

One of the first clinical mistakes could be pathologizing the event itself.

People would likely respond very differently.

One client might experience panic.

Another might say, "I always suspected this."

Another might become intensely curious.

Another might barely care.

Still another might experience awe, relief, spiritual affirmation, anger, grief, or even excitement.

The therapist should therefore resist imposing a predetermined narrative of *ontological shock* upon every client.

Disclosure may be destabilizing for some, transformative for others, and surprisingly unimportant to still others.

Clinical work begins with the client's response—not the therapist's expectation of what that response should be.

3. Separate Emotional Reality From Factual Certainty

In a rapidly developing disclosure environment, rumors, misinformation, government statements, leaked materials, social-media speculation, conspiracy theories, AI-generated content, and legitimate journalism could become difficult to distinguish.

Psychotherapists should not become disclosure experts or arbiters of disputed claims.

A useful distinction would be:

"I may not know whether that particular claim is true, but I can help you understand what hearing it is doing to you."

The therapist can validate fear without validating an unverified explanation for the fear.

This distinction could become one of the most important clinical boundaries of the disclosure era.

4. Expect the Amygdala to Arrive Before the Prefrontal Cortex

For some clients, disclosure could initially be processed as threat rather than information.

Questions might emerge rapidly:

Are we safe?

Can they hurt us?

Can we trust the government?

What happens to my children?

What happens next?

The nervous system does not wait for a congressional hearing, scientific consensus, or carefully worded government report.

Psychotherapists may initially need to do what they already know how to do well: slow the process down.

Breathing, grounding, sleep protection, limiting repetitive media exposure, maintaining routines, social connection, exercise, mindfulness, and distinguishing immediate danger from imagined future scenarios could become essential psychological first aid.

5. Protect the Client's Existing Sources of Meaning

Disclosure could raise profound religious, spiritual, philosophical, and existential questions.

Are humans still special?

What does this mean about God?

Does my religion still make sense?

What does it mean to be human?

Where do we fit in the universe now?

Therapists should be especially cautious about answering these questions for clients.

The task is not to replace an old worldview with the therapist's worldview.

The task is to help clients explore whether their existing framework can expand sufficiently to accommodate new information.

For some, faith could be shaken.

For others, it could deepen.

For still others, disclosure might initiate spiritual exploration for the first time.

Psychotherapy should provide room for all three.

6. Watch Carefully for the Boundary Between Adaptive Concern and Psychopathology

Disclosure could create a particularly difficult diagnostic environment.

Ideas previously regarded as extraordinarily improbable might suddenly require reconsideration. At the same time, psychosis, paranoia, mania, severe anxiety, OCD, PTSD, and delusional disorders would not disappear simply because NHI had been confirmed.

Clinicians would therefore need considerable diagnostic humility.

The important question would no longer simply be:

“Is this belief unusual?”

More useful questions might include:

Is the belief supported by available evidence? How rigidly is it held? Is the person capable of considering alternative explanations? Is functioning deteriorating? Is the belief generating dangerous behavior?

The distinction between an extraordinary reality and a psychiatric interpretation of that reality could become clinically critical.

7. Understand That Disclosure Could Activate Older Psychological Wounds

A client may appear to be talking about NHI while actually experiencing something much more personal.

Disclosure could reactivate earlier experiences involving helplessness, betrayal, secrecy, abandonment, authority, unpredictability, or loss of control.

A person who previously felt betrayed by a parent, institution, religious community, employer, or government might respond particularly strongly to revelations that information had allegedly been withheld.

The therapeutic question therefore becomes:

“What does this event touch inside you?”

The answer may have surprisingly little to do with NHI itself.

8. Preserve Ordinary Life

After a world-changing announcement, people would still need to get children to school.

Someone would still need to walk the dog.

Bills would still arrive.

Couples would still argue.

People would still fall in love, go to work, cook dinner, care for aging parents, laugh with friends, and worry about whether their teenager completed a homework assignment.

Psychotherapists may perform an enormously important function simply by helping clients maintain continuity.

When the extraordinary dominates consciousness, **the ordinary becomes grounding.**

Maintaining routines is not denial. It can be psychological stabilization.

9. Pay Particular Attention to Vulnerable Populations

Disclosure would not occur in a psychological vacuum.

Children, adolescents, emerging adults, older adults, trauma survivors, people with severe anxiety, individuals with psychotic-spectrum disorders, cognitively impaired adults, and people already experiencing profound existential distress could require different forms of support.

Developmental level would matter enormously.

A seven-year-old asking, “Are aliens going to come into my bedroom?” requires a very different response from a 22-year-old asking whether humanity’s future has changed or an 82-year-old wondering whether everything believed over a lifetime must now be reconsidered.

There could be no single disclosure intervention appropriate for everyone.

Psychological preparedness must be developmentally informed.

10. Resist the Pressure to Have Answers

Perhaps one of the most important sentences a psychotherapist could learn to say following disclosure would be:

“I don’t know.”

Psychotherapists are trained to tolerate ambiguity, but disclosure could test that capacity at an unprecedented level.

What do they want?

Why are they here?

How long have they been here?

What happens next?

Can they be trusted?

What does this mean for humanity?

A therapist may know no more about these questions than the client.

That does not make psychotherapy irrelevant.

It may make psychotherapy more important.

Because psychotherapy has never fundamentally been about possessing all the answers.

It is about helping human beings remain psychologically flexible, connected, compassionate, thoughtful, and functional when answers are unavailable.

The Therapist as a Steady Presence

In the event of disclosure, mental-health professionals would not need to become astronomers, intelligence analysts, theologians, physicists, or UAP investigators.

They would need to remain psychotherapists.

They would listen.

They would regulate before reacting.

They would distinguish evidence from speculation.

They would help frightened people tolerate uncertainty.

They would protect children from unnecessary fear.

They would help families communicate.

They would recognize psychopathology without automatically pathologizing extraordinary circumstances.

They would make room for grief, wonder, skepticism, anger, awe, curiosity, and disbelief.

And perhaps most importantly, they would model something desperately needed during periods of profound uncertainty:

It is possible not to know what comes next and still remain psychologically grounded.

But that work begins before the first frightened client walks through the door.

Psychotherapists must ask themselves:

What would disclosure do to me?

Which of my assumptions would be challenged?

What would frighten me?

What would I desperately want to believe—or disbelieve?

Could I sit with a client whose interpretation of disclosure was radically different from my own?

Those questions are not peripheral to disclosure preparedness.

They may be where preparedness begins.

A PATH Perspective

The **Psychological Alliance for Transparency and Humanity (PATH)** approaches disclosure preparedness from a straightforward premise:

Be skeptical—but have a plan.

We cannot know whether, when, or in what form definitive disclosure of non-human intelligence might occur. But mental-health professionals do not need certainty about an event in order to consider responsibly how they would respond if it happened.

Preparing therapists does not require believing in NHI.

It requires believing in the importance of psychological preparedness.

And if humanity someday confronts evidence that profoundly changes its understanding of itself, psychotherapists may find themselves occupying an unusual position:

Helping others absorb a new reality while absorbing it themselves.