

The Therapist's Self-Disclosure: A Developing Tradition

Some considerations and reflections

Ray Little

In this brief paper I will examine some aspects of the notion and application of self-disclosure. It is exciting to consider here the subject of the therapist's self-disclosure in a systematic way. Anyone reading the literature on the issue of self-disclosure will be impressed with the variety of viewpoints that are expressed on this subject. I will not undertake here a review of the vast literature but limit my comments to a few observations and thoughts. My hope is to stimulate discussion. I would like to invite us to interrogate our assumptions about the use, or otherwise, of self-disclosure, and, in particular, the use of countertransference disclosure. I hope this will enable us to approach countertransference self-disclosure in a manner that promotes the therapeutic process.

Introduction

For some therapists and counsellors self disclosure has come to be equated with a relational approach to therapy. "There is a common misperception that to work relationally means to self-disclose relentlessly" (Wachtel, 2008, p. 245). That is, in order to be relational in my orientation to therapy, as a therapist, I am required to disclose my responses to the client. However, in my view, a relational orientation to therapy is an attitude and position to take in relation to ourselves and our clients. It is not something we dip in and out of, a technique we take off the shelf to use at a given time. In a relational orientation, Wachtel (2008) reminds us that self-disclosure is not necessarily required, but it is permitted. Theoretically, disclosure of the self is a contentious issue, and an important area for clinical discussion. This is particularly true in a relational orientation to psychotherapy.

As therapists, we cannot avoid disclosing ourselves, we are revealing ourselves constantly. The way we talk with our clients, our accents, our gender, the way we dress, the furnishings of our consulting rooms are all aspects of ourselves that we disclose. In addition, the therapists' interpretations are disclosures, since they demonstrate the existence of a different and separate mind.

When the therapist sits face-to-face with the client, as opposed to using the couch, disclosure of the therapist's subjectivity is an inevitable occurrence. The client will interpret the therapist's behaviour and responses to their expressions and behaviour; as does the therapist. This will be both a conscious and unconscious process.

In addition to the inevitable disclosures, we also need to consider the therapist's deliberate self-disclosure. I will limit the discussion here to disclosure of the countertransference. My goal in exploring the notion of self-disclosure is to invite us to consider, in a thoughtful manner, when to and when not to disclose, and if we do, to consider how we do it and the motivation for doing it.

When considering the question 'When is it useful for the therapist to deliberately self-disclose?' Aron (1996, see Appendix I) provides an extensive list of useful questions for us to consider. In summary, what he is inviting us to think about is for which clients it might be useful, at what point in the therapy, and under what conditions. He further raises the question about the appropriateness of the therapist's self-disclosure and the care and consideration that

is required. He also invites the therapist to reflect on the ethics involved.

Self-disclosure of the countertransference

As mentioned above, self-disclosure of countertransference is just one aspect of the therapist's disclosure. According to Maroda (2004), focusing on this aspect and incorporating the revelation and analysis of the countertransference into psychotherapy technique, increases the opportunity that dynamic conflict will be resolved within the therapeutic dyad. It also enhances the here-&-now relationship.

Gorkin (quoted in Aron, 1996), offers the following arguments in favor of self-disclosure; 'Self-disclosures may confirm the patient's sense of reality. They may help to establish the therapist's honesty and genuineness. They show that the therapist is not so different from the patient, that the therapist too is human and has transferences. Self-disclosures clarify the nature of the patient's impact on the therapist and on people in general. Self-disclosures may help to break through treatment impasses and deeply entrenched resistance' (p. 231).

In considering explicit self-disclosures by the therapist, as with interpretations, I believe the therapist needs to take account of the client's process, their developmental level of functioning, the current nature of the therapeutic relationship and the transference-countertransference matrix. I believe that one of the aims of therapy is to deepen the transference-countertransference relationship. Self-disclosure may not be judicious if it forecloses on a deepening of that relationship, or if used defensively by the therapist. As is implied by Aron's questions (see appendix), we need to think critically about the use of self-disclosure with our clients.

If a client inquires about the therapist's subjective experience, believing that the therapist feels a particular way and the therapist, having reflected upon themselves, states they do not feel that way, then it may be useful for the therapist to understand what it is in his or her behaviour that serves to trigger the response of the client. The client is probably interpreting some aspect of the therapist.

Sometimes it is as though there is a to-&-fro that exists between the use of self-disclosure on the one hand, and staying with, and working with the client's projections on the other and thus deepening the transference-countertransference relationship. If I were to self-disclose I may disrupt the projections that the client needs me to understand, but self-disclosing may also facilitate a different process. I see this as representing a technical choice point.

For example; the countertransference response I had to a very stoic man who was talking about his musical interests, was the 'urgent' desire to tell him I played guitar, as I knew he also did. The urgent desire that I felt, was interesting because at that point his stoicism made it difficult for me to warm to this man. Reflection upon my desire and the process between us, led me to realize and understand that he wanted to connect with me. At that point, I could have self-disclosed and told him of my interest in guitars. This may have enabled him to identify with me. Instead I chose to talk of what I understood of his needs at that point, and how he probably wanted to connect with me. This man would use projective identification extensively to 'rid' himself of his needs and maintain his self-reliance. I think I had received his projection and converted it into an aspect of myself that identified with him. In so doing I understood him further. The aspect of my countertransference process that was particularly 'mine' was the interest in guitars. What I think he projected was his need to connect. At an unconscious level I think I had combined the two. Projective identification works because an

aspect of me identifies with his projection: it is an interactional process. I did also wonder about whether I would prefer to connect with him rather experience being disconnected.

A further aspect of countertransference occurred with one client who lacked awareness of her impact on others. Self-disclosure by the therapist gave the client an opportunity to receive feedback in the present moment. At the end of a stormy session during which the client attacked the therapist in a very sadistic manner; wanting him to suffer, she asked the therapist in a gleeful way if he was angry with her. It was as if she would feel triumphant in having provoked his anger. The therapist felt a pull to comply with the client and say he was angry. However, he said, 'No I don't feel angry. I feel frightened and bullied.' The therapist felt they had a strong enough attachment to tolerate the disclosure of his feelings.

When might self-disclosure be counter-therapeutic?

The space between the therapist and client is a dynamic and changing expanse of conscious and unconscious processes. Self-disclosure may open up the space or close it down. We need to create a space that enables the client to do what they need to.

Therapeutic change needs to include not only finding the good object relationship, it also needs to include a working through of the bad object relationship and re-finding the self. Self-disclosure may be in the service of the therapeutically required relationship, but it may also be a defensive manoeuvre on the part of the therapist.

For those of us who have been trained in a humanistic tradition, self-disclosure will probably be part of our therapeutic frame. Those who have been trained in a more analytic style might be more familiar with anonymity and the theoretical discouragement of at least certain aspects of self-disclosure. There are benefits and costs for the therapeutic relationship as a result of the therapist self-disclosing and these consequences need to be assessed on a case by case basis. Self-disclosure by the therapist needs to be a choice and each choice has implications, and we as therapists need to be "attentive to the consequences" (Wachtel, p. 247) of our choices.

Perhaps we need to bear in mind how much self disclosure by the therapist the client can tolerate. Disclosure by the therapist may be experienced as intrusive or even abusive. At times we may feel under pressure from the client, or we may also feel under pressure from our theories to disclose. How difficult it is to think about the process when it is intense and we feel under pressure! If we feel obliged to disclose we are probably caught up in something that needs understanding. If we, as therapists, feel under pressure from our theories, then they are an object that may be tyrannizing us in that moment. We need time to think about whether to disclose or not. It needs to be a choice. Self-disclosure needs to be judiciously undertaken. At times I may be hesitant about disclosing, and this may be for personal reasons or because of professional considerations.

I will now describe an invitation to a therapist to self-disclosure that the therapist believed could lead to a reinforcing experience rather than to growth. The client, a depressed young man, had spoken of something he was wrestling with at work and the therapist commented that he seemed caught between a rock and a hard place, and that he didn't seem to be able to make a choice between two options. The therapist didn't feel involved as the client told his story. The therapist felt that the client did not want her to intervene. Toward the end of the session, the client asked the therapist if she was angry with him because he couldn't make up his mind and make a choice. For the client, the idea that the therapist might be angry with

him at the end of the session left him feeling anxious about going. He sought reassurance that everything was OK.

The therapist did not feel angry with the client, but she was aware that if she answered the question with a 'no' that would reinforce an archaic belief system. The therapist thought that what needed to be addressed were the client's belief system and his fear of the therapist being angry with him, as if that would destroy their relationship. It was also possible that by telling the client of her lack of anger in response to the client, the therapist and client could have explored the process further. This is an example of how self-disclosure could lead to a reinforcing experience rather than a growthful one.

At a pragmatic level, if a client is making a direct request of the therapist to disclose something of what they are thinking or feeling, as therapists we could enquire about how the client might feel if the therapist were to disclose or if they were not to disclose. Having considered any requests, and thought about them, we don't have to disclose. However, the impact of both a disclosure by the therapist, or a non-disclosure, needs to be explored with the client.

Many years ago a client, who was very depressed and distressed, asked me if I thought he was borderline. This was an idea he had picked up from his partner who was a trainee therapist. He asked in an intensely anxious manner, and I noticed I felt an obligation to answer. One of the thoughts I had in the moment was; he wants to know what is in my mind in order to close the gap. This would be consistent with a formulation of borderline. I responded by saying 'You want a diagnosis rather than have an experience with me.' Then I went on to say, 'If I said yes, how might you feel? And if I said no, how would you feel?' He was silent for a few moments, during which time he became tearful, and said, 'I want to know who I am.' This represented the core issue for this man.

Conclusion

As described above, I believe we cannot avoid disclosing, and we cannot avoid revealing ourselves. However, it is a technical choice to decide in what way and when to reveal our countertransference. Perhaps we need to bear in mind certain questions when considering disclosing;

1. Would this self-disclosure represent a repeated traumatic relationship for the client (possibly script based)?
2. Would it represent the therapeutically required relationship?
3. Am I defensively avoiding something else by disclosing?
4. Is there something more behind the request or my impulse to disclose?

(Adapted and developed from Kearns, 2007)

If the therapist considers that self-disclosure is a feature of their therapeutic approach, then whatever style the therapist adopts, or whether they disclose or not with a particular client, it needs to be a thoughtful choice. Aron (1996) suggests that whether we disclose or not, our position needs to be open to reflection and comment on by both participants in the therapeutic dyad.

References

- Aron, L. (1996). *A meeting of minds: Mutuality in psychoanalysis*. The Analytic Press: Hillsdale NJ and London.
- Kearns, A. (2007). *The mirror crack'd: When good enough therapy goes wrong and other cautionary tales*. Karnac Books: London.
- Maroda, K. (2004). *The power of countertransference: Innovations in analytic technique*. (2nd Ed.) Analytic Press: Hillsdale NJ and London.
- Wachtel, P.L. (2008). *Relational theory and the practice of psychotherapy*. Guilford: New York and London.

Appendix I

Aron (1996), Questions for Consideration.

For which patient is self-disclosure useful?

At what point in analysis?

For what purpose?

About what topics?

Under which conditions?

In what sequence?

What conditions should be met first?

How is the patient to be prepared for the analyst's self-disclosure?

In what way do these self-disclosures interact with interpretations?

What clues does the patient provide about the appropriateness of self-disclosure?

How spontaneous should the analyst's self-disclosures be?

Are there certain self-disclosures that should be attempted only after careful reflection?

How much affect is appropriate for the analyst to express directly?

Are there certain topics that should never be disclosed?

What precautions need to be considered to protect the patient from being intruded on by the analyst self-disclosure?

How does the analyst evaluate the impact of a self-disclosure?

How should the analyst manage the anxiety stirred up in him- or herself following self-disclosure?

What are the ethical considerations that need to be considered regarding self-disclosure? (pp. 223-224)