

SELF-DISCLOSURE

self-disclosure: the sharing of the therapist's personal experience, problem, or situation with the patient; the sharing of the therapist's reactions, thoughts, or feelings towards the patient within the therapeutic relationship and interaction (Zahm, 1998, pp. 24-5)

Discussion:

In traditional psychoanalysis therapist self-disclosure of any kind was taboo, as it was thought to interfere with the blank screen necessary for transference. Contemporary psychoanalysis, from its newer, more relational, perspective of intersubjectivity, sees the value of selective and judicious self-disclosure of the therapist's countertransference within the context of the therapeutic setting.

The Gestalt therapeutic relationship is based on dialogue, presence, inclusion, confirmation, and contact, not transference. "... [We] bring our authentic selves to the therapy encounter." However, "historically, the practice of Gestalt therapy has been vulnerable to the indiscriminate disclosure of therapist experience." (Zahm, 1998, p. 23) As a result, there is a growing awareness among Gestalt practitioners (and psychoanalysts as well) that there are many variables that must be considered in making the decision whether, when, and with whom to self-disclose. "Neither disclosures nor withholdings are neutral." (Orange, et al., 1997, p. 31, in Zahm, 1998, p. 23) "...the question is not whether psychotherapists should or should not disclose (as if it were truly possible to completely avoid such!), but...that their concerns, more relevantly, should focus on those conditions and circumstances wherein such disclosures can be the most direct and respectful approach to the clarification of the client's overall ways of being in the world." (Spinelli, 2005, p. 40)

Illustrative Quotations:

• **Edward W. L. Smith:** "Sharing is not wise when it comes from the therapist's own narcissistic needs, or needs for personal therapy." (1981, p. 201)

• **Laura Perls:** "I do not always *verbally* express my feelings and attitudes towards the patient. But in the course of the therapy the patient learns to become aware of my reactions and expressions just as much (and sometimes more so!) as I am aware of his, even if not verbalized. I share verbally only that much of *my* awareness that will enable him to take the next step on his own – that will expand his support for taking a risk... If I communicate too much, I may provoke a negative therapeutic reaction. ...I will describe some problems and experiences from my own life... if I expect this to give support to the patient." (1992, pp. 118-19)

• **Leslie Greenberg:** "It is from encountering another real human being who both cares for him or her and who is able to be authentically present, that a client grows." (1993, p. 109)

• **Gary Yontef:** "the therapist...not only allows the patient to be who he is, he allows himself to be who he is in response." (1993b, p. 219) "Sometimes we simply share what we see (feedback) or what we feel (disclosure)... Possibilities: (1) 'You aren't looking at me.' (2) 'I feel left out'." (1993b, pp. 186-7)

• **Darlene Ehrenberg:** "...silence might be experienced as sadistic, cruel, or abandoning... It is a strong response in itself that has definite impact. It might [be] experienced as rude, hostile, uncaring, ...retaliatory, evasive, or tantalizing...." (1995, pp. 214, 225)

• **Stephen Zahm:** "...the question of therapist self-disclosure [can] not be settled by a 'one-size fits all technical prescription. (Jay Greenberg, 1995, p. 197, in Zahm, 1998, p. 22)' ...the question

[must] be considered on the basis of a particular situation, including such variables as the particular patient, the unique character structure, the particular therapist, the present situation, ...the particular moment in the relationship, ...and the patient's and therapist's respective personal and developmental histories." (1998, p. 22) "In general self disclosure is appropriate when it enhances and furthers the therapeutic process and the relationship." (1998, p. 45)

- **Stephen Zahm**: (after a revelation of an experience of shame): "The therapist's account of a similar experience may bolster the patient's expansion while decreasing the possibility of humiliation." (1998, p. 28)

- **Stephen Zahm**: "Historically [a client's] family members, friends, and the family preacher had remained unmoved and unconvinced when [she] attempted to get help from them. ...as I listened to her telling a particularly chilling story of sexual abuse that she endured at 12 years old, I responded 'Listening to you talk about this, it makes me angry too.' ...[She] stopped talking and shifted emotionally. She beamed a big smile. It turned out that expressing my anger helped her feel validated in a way that my empathy, acceptance and her catharses had failed to. ... For [her] my response translated to: 1) You're not alone, we are taking this journey together. I am open and willing to be affected and influenced by you 2) what you say has an impact, I believe you, it has meaning to me." (1998, pp. 29-30)

- **Stephen Zahm**: "The patient becomes aware of how he impacts others...The patient knows that the therapist is emotionally present and not only politely listening." (1998, p. 33)

- **Stephen Zahm**: "Potential negative outcomes...: The patient can feel criticized and injured, ...understanding that he is bad and/or supposed to be different. ...this could destroy the support and motivation for continued therapy. The patient can be pulled to take care of the therapist and focus on the therapist's need for him/her to do something differently. There can be a shift in focus from the patient's needs and experience to the therapist's needs and experience." (1998, pp. 33-34)

"...in some situations...self disclosure [is] a poor choice even when the feelings are powerful and relevant. An example would be a patient's "distrust of and fear of intimacy with men..., his need to maintain a certain distance." (1998, pp. 40, 42-3)

- **Ernesto Spinelli**: "At the we-focused realm of relation, I, as therapist, experience my 'self-being-in-relation-with-the-client' ...through the interaction *between* us. *It is when the focus of attention is upon the interrelational realm...that the psychotherapist's disclosures may be both appropriate and beneficial to the client.* For disclosure at this level would examine how the current 'microcosmic' relationship *both reveals and challenges* the client's 'macrocosmic' relations with self and other." (2005, pp. 37-8)

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