

Psychotherapy Guidebook

THERAPIST DISCLOSURE



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Therapist Disclosure

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DEFINITION

A psychotherapist's deliberate use of self-disclosure to facilitate psychotherapy is a relatively new technical innovation. It involves disclosure, by appropriate means, of the therapist's thoughts, feelings, and certain other personal data as they become relevant to the demands of the therapeutic process. Rational use of this technique demands that the therapist have distinct therapeutic goals and be aware of patients' psychological assets and liabilities, interpersonal needs and skills. It also requires an approach to psychotherapy that recognizes unconscious needs, wishes, and feelings in therapist and patient alike.

HISTORY

Deliberate personal openness with patients began with the existential psychiatrists, for whom it served to close the gap between patient and therapist. The existentialists postulated that man's emotional difficulties stem partly from his attempts to objectify his universe, rather than fully participate in it and bear its uncertainties. In this system, breaking down the barrier of

objectivity between patient and therapist is an important step in helping the patient become more in touch with his intrapsychic and interpersonal worlds, instead of fleeing from living in the here-and-now.

Humanistic psychology has also advocated personal openness by the therapist, largely as a protest against the “dehumanizing” psychoanalytic approach with its allegedly over-intellectualized emphasis on the past and on psychopathology. The humanistic psychologist deemphasizes the importance of dealing with the past and helps patients mobilize their assets to deal with life, as it needs to be lived today.

Jourard and others have found that disclosure begets disclosure in social and laboratory settings, but there is no evidence from studies of psychotherapy that self-disclosure per se is a useful therapeutic tool. Asking direct questions ordinarily elicits more information than talking about oneself. The objective data that support the potential usefulness of personal disclosures by the therapist derive from studies of human social development and the development of gender identity. These studies suggest that identification plays as great a role in personality development as conscious or unconscious conflict. If this is true, identification with some attribute(s) of the therapist might be as important for some patients as the resolution of conflict.

Bandura has concluded that psychological and interpersonal skills

formerly thought to have been developed through trial-and-error are much more likely to have developed through identification with valued adults and peers. He has found that certain fears in children can be alleviated by a valued person “modeling” desired behavior; i.e., fearlessly picking up a mouse to help a child overcome a mouse phobia.

TECHNIQUE

As noted above, there is a little therapeutic helpfulness in self-disclosure per se. Most patients have little interest in getting to know a therapist personally as they are more interested in symptomatic relief. The best way to obtain information from patients is to ask direct questions. If a patient will not answer direct questions, it is better to explore his reasons for being evasive than for the therapist to take the lead in disclosure and hope the patient will follow. Ordinarily, the latter approach leads to an exploration of the therapist’s personality instead of the patient’s problems in life; one of which may be his unwillingness to face himself. Therefore, self-disclosure by the therapist has a limited role in psychotherapy. Most patients learn what they need to know about the therapist by observing his willingness to listen, his ability to understand, and his commitment to help.

As a technique, Self-Disclosure is governed by the parameters that govern all forms of psychotherapeutic intervention; they must be made in

appropriate context and in an appropriate amount. Among the factors that govern dosage and timing are: the type of psychotherapeutic treatment employed, the ego strength of the patient, the nature of the alliance between therapist and patient, and the feelings of patient and therapist about one another.

Treatment techniques that aim primarily at enhancing reality testing use personal disclosures by the therapist to help the patient distinguish his projected fears and wishes from the therapist, and to consensually validate the patient's correct observations of reality. These are the techniques useful for the patient who is severely ego impaired.

Self-disclosures of another kind are useful to patients for whom the primary focus of treatment is their interpersonal relationships, with particular emphasis on heightening awareness of unperceived emotional reactions toward, and behavior with, others. In this situation, the therapist can disclose his emotional reactions to the patient's behavior in the therapy session as a form of interpersonal feedback. Interpersonal feedback by the therapist is useful not only for its informational content, but as a model of healthy interpersonal behavior.

Self-disclosure by the therapist is indicated in psychoanalysis or psychoanalytic psychotherapy on those (hopefully rare) occasions when the

therapist makes a technical error detected by the patient, or when neutrality would serve only to confuse the patient about a current, important issue between patient and therapist. At times, a self-disclosure can be useful in resolving a particularly tenacious transference resistance.

In general, the greater the patient's degree of ego impairment, the greater is his need for awareness of the therapist as a real person. Concomitant with the ego-impaired patient's needs to know something of the therapist as a real person is his greater difficulty in usefully integrating such information, and his greater degree of vulnerability. Well-integrated patients are not likely to be damaged by therapist disclosures. Therapists often relax, are themselves, and establish friendships with their healthier patients. The disadvantage, in this instance, is that the therapist and patient gain a new friend at the expense of the patient's potential ability to explore his unconscious. And having terminated therapy with a patient and having entered a friendship relationship with him precludes further psychotherapeutic work, should the ex-patient experience further psychological difficulties. When he enters a mutually gratifying relationship with a patient, the therapist becomes unable to maintain his objectivity and his neutral advocacy of the patient's treatment needs.

The therapist needs to be aware of the nature of his alliance with a patient; whether he is at a given moment aligned with the rational aspect of

his patient, with his instinctual drives, his superego, or with one of his pathological ego defenses. Awareness of the nature of the alliance allows the therapist to know what type of disclosure is appropriate. The therapist does not, for example, offer himself as a model of high achievement at a time when the patient is engaged in severe self-criticism. This can only heighten the patient's negative valuation of himself.

APPLICATIONS

In certain situations, self-disclosures by a therapist are necessary. If a disclosure will preserve the life of the patient or the therapist, therapeutic neutrality must be put aside. When there is a significant alteration in the psychotherapeutic relationship as a result of events in the therapist's outside life, the patient has a right to know that the change is not due to interaction with the patient. When some aspect of the therapist's personality interferes with therapy, the therapist must acknowledge where the responsibility lies. Although he does not owe the patient a full exposition of his own inner workings he does need to acknowledge that he is the source of the problem in treatment.

Self-disclosures can be useful under other circumstances as a means to reach certain therapeutic goals. Disclosures by the therapist can help patients with marginal reality testing to define the therapist as a real person and to

delineate the real patient-therapist relationship instead of leaving both to the patient's imagination. By conveying respect, the therapist can heighten patients' self-esteem and facilitate identification with the therapist's healthy attributes: his reasonableness, calmness, and interpersonal skills.

There are numerous contraindications to disclosure by the therapist. The chief caveat is to avoid disclosures whose content will tantalize the patient into an exploration of the therapist's personality rather than his own. A thorough knowledge of the patient will establish which disclosures are likely to be distracting and which are likely to be helpful. It is unwise to make disclosures about oneself in an attempt to seduce an unprepared or unmotivated person into therapy, or to manipulate a patient's feelings once he has become engaged in therapy. Disclosures that primarily meet the therapist's social, sexual, or psychological needs without reference to the patient's treatment needs are by definition nontherapeutic. Therapists are often tempted to self-disclose as a defense against recognizing their own feelings toward, and technical difficulties with, their patients. Such activity by the therapist can increase the patient's push for more direct involvement with the therapist as a real person, can make it difficult for the patient to terminate therapy, push him into inappropriate action outside of therapy, or lead to identification with an aspect of the therapist that is not in the patient's best interest.

The best rule of thumb regarding personal disclosures to patients is to wait when in doubt about disclosing, or when there is a strong push to disclose by patient or therapist. The psychotherapist and his patient generally need the protection afforded by therapeutic neutrality.