John, usually a silent member, opened a group meeting with a carefully planned statement about an episode of sexual abuse he had experienced as a child. He told the story in a deliberate manner with a flat expression. When he finished, there were a couple of minutes of silence, whereupon John said, half-jokingly, that he didn’t give a damn if the group responded to him or not. Soon the disclosure evoked many reactions in the rest of the group. Another member, Steven, began to weep, recalling a past experience of sexual molestation and its subsequent influence on his sexual identity. Two other members offered him some words of support, which fell on deaf ears; this permitted the leaders to point out how hard it is for Steven to accept comfort from others. One member commented that she felt confused by the discrepancy between how much John revealed and his flat, rehearsed manner of revelation. Another member, Mary, had an entirely different set of responses to John: she felt that his overwhelming self-disclosure put pressure on other group members to respond in kind. She resented this pressure and felt manipulated by John. A lively and engaging session ensued, with many complex variations on the theme of self-disclosure.

Every group psychotherapist knows that, if a therapy group is to function optimally, members must disclose a great deal of personal material to one another. And yet, self-disclosure is important in individual psychotherapy as well. What distinguishes the two? What is unique about self-disclosure in the context of a group?
There are several answers to these questions. First of all, we may dichotomize disclosure into two forms: *vertical self-disclosure*, where one reveals material about one's past, or about one's outside life, and *horizontal self-disclosure*, where one examines the interpersonal effects and implications of revealing oneself. In the example above, John engaged in vertical self-disclosure and was joined in this by Steven, who shared early memories that had been evoked by John's disclosure. In this clinical situation, the leader deliberately refrained from reinforcing the vertical disclosure either by exploring it or by encouraging more vertical disclosure from John, Steven, or the other members. Instead, the leader encouraged the process of horizontal disclosure—by encouraging John to examine how he felt about sharing this material, by asking whose opinion was particularly important to him and how he felt about the support offered him (both the explicit support of other members and the implicit support of Steven, who, by revealing similar painful material, had given John a gift). The leader also encouraged a discussion of Mary's observations about John's style of delivery, and her feelings of having been coerced and manipulated. The examination of these aspects of horizontal disclosure was enlivening to the group and far more productive for them than the other clinical option of delving more deeply into the content of John's early sexual abuse.

Second, in group therapy, patient self-disclosure is greatly influenced by the attitude and role of the group leader, who is generally more self-disclosing than the individual therapist. The leader who judiciously uses his or her own person to relate authentically to others in the group creates an atmosphere in which sharing, mutual respect, and interpersonal honesty are modeled. Consider this vignette:

In the tenth meeting of a sixteen session therapy group, one of the therapists, Irv, was called out of town because of his mother's death. Joan, his co-therapist, not wanting to intrude on Irv's privacy, explained his unexpected absence by vaguely referring only to a death in the family. When Irv returned to the group the following week, members acted curious, but were very uncomfortable when asking questions about his absence. At this point, Irv revealed to the group that he had been out of town because his mother had died, and he encouraged members to ask questions and to explore the rules of what they could and could not ask a therapist. Members had many strong and sympathetic reactions, and asked a series of appropriate questions: How was Irv doing? Would he like to use the group to work himself? How did he get help in times of distress? What was his relationship to his mother? Irv answered all questions openly and honestly, at times giving the members more information than they requested. The group seemed satisfied and turned to continue productive work on other issues.

In this example, the therapist's disclosure liberated the group; the members were persuaded that the therapist was coping well and that he had the energy available to work with them. Furthermore, the therapist's