THE "RISKY" INTERVENTION: TWINSHIP SELFOBJECT IMPASSES AND THERAPIST SELF-DISCLOSURE IN PSYCHODYNAMIC PSYCHOTHERAPY

Carlton Cornett, ACSW, LCSW

ABSTRACT: This article examines therapist self-disclosure from the perspective of self psychology. Resistance to therapist self-disclosure in the traditional psychodynamic literature is reviewed and recent research pertaining to therapist self-disclosure is discussed. Twinship selfobject needs and the impasses resulting from these in psychotherapy are examined. Therapist self-disclosure is proposed as an appropriate intervention for such impasses. Two cases are presented to illustrate such interventions and the potential dangers and gains inherent in therapist self-disclosure are discussed.

Therapist self-disclosure is a controversial intervention in psychotherapy, especially psychotherapy conducted in or at least conceptualized in the psychodynamic tradition. A significant body of research has emerged over the past twenty years, however, which indicates that therapist self-disclosure can be a very effective therapeutic tool if used appropriately. Self psychology may offer a reordering of psychodynamic thinking about psychotherapy which could legitimately include the appropriate use of self-disclosure by the therapist.

THERAPIST SELF-DISCLOSURE: THE THEORETICAL BACKGROUND

There are two main traditions related to therapist self-disclosure, the psychodynamic and the humanistic. On this particular issue both

At the time this paper was written the author was Adult Services Program Director at Riverbend Center for Mental Health in Florence, Alabama. He expresses appreciation to Ross A. Hudson, ACSW for reviewing the manuscript and making his always supportive and insightful suggestions.
have seemed beyond compromise. The former maintaining that therapist self-disclosure represents unresolved countertransference difficulties being enacted in the therapy. The latter asserting that acts of self-disclosure by the therapist represent empathic attunement, authenticity, genuineness and congruence, all conditions which facilitate client growth and client self-disclosure (Rogers, 1957; Jourard, 1971; Bozarth, 1985).

In his own clinical work Freud is reputed to have used self-disclosure with patients, even to the point of showing photographs of himself and discussing personal interests and activities. However, he warned succeeding generations of analysts to avoid the practice because of the contamination of transference reactions that would likely result (Freud, 1912). This warning, with few exceptions, has taken hold in the psychodynamic community.

The psychodynamic literature reveals a continuum regarding deviations in standard technique. On the one end are those analysts that see the addition of parameters, including therapist self-disclosure, to be justifiable under unusual circumstances or with certain types of patients (Greenson, 1967; Giovacchini, 1982; Schafer, 1983). On the other end are those analysts that see the addition of any parameters, but especially therapist self-disclosure, as invariably unhelpful (Curtis, 1981; Langs, 1973, 1982). Langs (1982) contends:

Thus the therapist's appearance, the furnishings of his or her office, the way in which he or she dresses, and his or her manner of working with and addressing the patient, contain within them a variety of inevitable self-revelations. In this sense, of course, total anonymity is both impossible and absurd. However, the realization that total anonymity cannot be achieved has led many therapists to bypass relative anonymity and to develop weak justifications for engaging in deliberate self-revelations that extend beyond the inevitable minimum (p. 469).

Langs believes the "inevitable" self-revelations of the therapist to contaminate the transference enough to warrant the therapist's constant attention to the frame of the therapy. Any additional contaminations, he contends, may severely compromise the patient's potential to benefit from the treatment.

Palombo (1987) recently examined the issue of therapist self-disclosure and argued:

My thesis is a restricted one: self-disclosure, when it occurs spontaneously, may constitute an attempt by the therapist at self-healing and at working through a previously unresolved issue, and that such divulging can also serve to enhance the therapeutic alliance and to further the therapeutic process (p. 107).