SELF-DISCLOSURE IN TREATMENT: WHAT THERAPISTS DO AND DON'T TALK ABOUT
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ABSTRACT: In contrast to the traditional view that sees therapist self-disclosure as a form of countertransference acting-out that either makes the therapeutic process more difficult or subverts it completely, this paper will present a self psychological rationale for the selected use of therapist self-disclosure in treatment. It will discuss the nature of therapist self-disclosure, issues in its use, countertransference issues, and its evaluation.

INTRODUCTION

Freud condemned therapist self-disclosure in his writings on psychoanalytic technique. He argued that while it might be tempting for “young and eager psychoanalysts” to help patients overcome their resistances by making intimate disclosures, “the physician should be impenetrable to the patient, and, like a mirror, reflect nothing but what is shown to him” (Freud, 1912, p. 18).

Greatly influenced by Freud and his followers, psychodynamically oriented practitioners have tended to view therapist self-disclosure as a form of countertransference acting-out that contaminates the transference and either makes the therapeutic process more difficult or subverts it completely. This negative view has prevailed despite the fact that Freud revealed many aspects of his personal life to his patients and wrote about his dreams and associations to them, recounting early childhood memories and other life events. Likewise, the psychoanalytic literature generally has emphasized the pitfalls of a therapist’s well-intentioned but nonetheless misguided attempts at revealing personal information even though research shows that patients usually view therapist self-disclosure quite positively and that therapist genuineness is a significant factor in successful treatment (Anderson & Mandell, 1989).
My personal interest in the selected use of therapist self-disclosure is rooted in my early experiences as a patient and later as a therapist and supervisor. In college I was in treatment with Dr. C., an experienced, middle-aged, psychoanalytically trained woman therapist. On the eve of my 20th birthday, I made the following doorknob comment upon leaving a session: “The next time you see me I’ll be a year older.” Dr. C. asked me when my birthday was and looked startled when I replied, “Sunday.” I then asked if Sunday were the birthday of someone close to her. Dr. C. hesitantly responded, “No, it’s my birthday.” While she seemed quite flustered by her self-revelation, I was pleased and left the session elated. In our next meeting, I commented on the happy coincidence of our sharing the same birthday. Dr. C. tried to explore what this meant to me but I was unable to say anything beyond the fact that it made me feel good. After an abortive attempt to probe further, Dr. C. mercifully allowed the subject to change. In my memory of this episode, almost immediately after Dr. C.’s rather reticent and seemingly innocuous self-disclosure, I began to feel more positively toward Dr. C. I shared more of my inner life with her and my depression began to lift. Instead of continuing to see her as part of the mother’s movement for middle class morality, I experienced her as someone like me. Long after the termination of this treatment 25 years ago, this event still stands out in my mind more than anything else about the therapy. There have been many occasions in which the memory of our common bond soothed me and made me feel less alone.

Many years after this incident I was in a session with a fairly new patient. To my surprise she announced that it was her birthday and I impulsively revealed that coincidentally it was mine too. The patient became very angry and bitterly accused me of trying to take away her specialness. I was mortified by my self-indulgent and unattuned self-disclosure. I had not yet fully grasped how much this patient’s parents had intruded upon her and owned her thoughts, feelings, and experiences. She experienced my comment as a violation of her specialness and a replay of her past experiences. Fortunately, this error helped me to understand the patient more fully. I was able to repair the disruption by acknowledging my insensitive remark and its impact.

In these two examples, the same self-disclosure made by different therapists with very different patients had markedly different effects on each and on the treatment. This realization along with other experiences I had led me to ponder not only the issue of whether or not to self-disclose but the more important question of how to know when to do what with whom.