



Self-Disclosure in Psychotherapy and Psychoanalysis

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Conceptual Paper

Volume 5 Issue 4

Received Date: November 24, 2020

Published Date: December 21, 2020

DOI: [10.23880/pprij-16000257](https://doi.org/10.23880/pprij-16000257)

Abstract

The author inscribes the need to think about the theme of self-disclosure as an important element of clinical practice, in theoretical changes in terms of the conception of the psychotherapeutic field. It builds a kind of “map”, in which it finds some authors interested in discussing the theme of self-disclosure and its main ideas and / or positions. It describes possible benefits and dangers of using self-disclosure as a technique, discussing the topic of apologies from the analyst to the patient. It advocates that questions about the degree and nature of self-disclosure be resolved within the context of each psychoanalytic or psychotherapeutic situation.

Keywords: Psychoanalysis; Inevitability; Mutuality; Self-disclosure; Psychotherapeutic

Introduction

There is a growing consensus in psychoanalysis that the analytical field is composed of two people who experience a complex interaction, to which each of the elements contributes with his personality. The relational psychoanalytical approach is marked by the attempt to overcome the subject-object duality [1] and in this logic, the challenge for the analyst became to discover a way of being a subject, a way of expressing his status and personal idiom, using the concept of Cristopher Bollas [2] and moving towards an analytical mutuality. Self-disclosure emerges as an aspect of clinical practice related to these theoretical changes.

What is Self-Disclosure?

Self-disclosure by the psychoanalyst in the context of his clinical work is an inevitability. We are constantly revealing ourselves, even when we are revealing that we do not want to or are afraid to reveal ourselves, which leads me to the need to distinguish between intentional disclosures and unintentional disclosures. The unintended revelations correspond to the tacit information that the analyst produces in each comment, gesture or silence.

Within intentional self-disclosures, a distinction is usually made between disclosures that relate to the analyst's lived experience with his patient (usually referred to as counter-transferential disclosure) and revelations that relate to the analyst's life outside the context of that analytical or psychotherapeutic relationship (usually referred to as self-disclosure).

Regarding unintentional self-disclosure, Frank K [3] has a very interesting article in which he inscribes it as the concept that marks the difference between the vision of an analytical situation as monadic or as a relationship between two people. He states that many analysts tend to ban unintentional self-disclosures from their analytical scrutiny, which leads them easily to the poorly reflected interpretation that, if any of these dimensions are noticed by the patient, we are facing a transference distortion.

He stresses that unintentional self-disclosure, although not part of the technique understood in a proactive sense, is intrinsic to the analytical process and its meanings, sources, and impact on the patient and interaction must be considered. The way in which each analyst handles the unintended dimensions plays a significant role in the therapeutic course.

The theme of intentional self-disclosure is a topic that is controversial and currently much discussed in psychoanalysis and this discussion begins with the founder. In response to Ferenczian theory, Freud S [4] condemns an affective technique that privileges mutuality and self-disclosure.

Aron L [5] thinks that the huge taboo that restricted the analytical community from exploring the use of self-disclosure as a psychoanalytic technique was due to Ferenczi's radical experiences with mutual analysis.

Moreover, it seems to me that the personality of those who have been making theory is an area that is certainly of enormous importance in the course of theoretical developments. For example, I am extremely surprised to realize that even in the 1990s, there are still psychoanalyst colleagues who understand psychoanalysis as an interaction between "the patient's conflicts and the analyst's technical interventions" [6].

The recognition of the psychotherapist as a subject and the recognition of psychoanalysis as an interaction between two subjects have been slow. In the history of psychoanalysis, the theory of countertransference was what allowed the psychoanalyst to talk about his own emotional reality, mental processes and states of the Self [7].

It was a precursor of the possibility for analysts to represent themselves as subjects in the field of analysis, a markedly revolutionary possibility of the concept of field and analytical relationship. Before that possibility, we lived in psychoanalytic times marked by the influence of development theories in which the mother was described as the object of the baby's drives as well as that of fulfilling the baby's needs [2]. Either in the classical interpretive aspect of Arlow and Brenner, or in the aspect of development theories from which the analyst places himself as providing the missing elements, we are faced with the denial of the analyst's full existence as a subject [8].

One of the first encouraging references to the use of self-disclosure comes from the United Kingdom with Little (1951, 1957) who advocates a freer use of self-disclosure [5]. In America the interpersonal tradition has given some encouragement to the use of self-disclosure, but even in interpersonal literature there are few considerations about self-disclosure [5]. Currently there is a growing and lively production of thoughts and questions about the topic.

The questions on the table are numerous: When is it useful for an analyst or psychotherapist to make a self-disclosure? For which patients is self-disclosure helpful? What is the purpose of making self-disclosures? About which

areas or dimensions? What conditions must be present before making a self-disclosure? How spontaneous should self-disclosures be? Are there certain revelations that should only happen after careful reflection and, in this case, where is the spontaneity and affective immediacy? Are there certain dimensions that should never be revealed, such as sexual or aggressive drives? What precautions should be taken to protect the patient from being invaded by the analyst's revelation?.

Sub-themes have been discussed within this great theme: the question of self-disclosure in the event that the analyst is invaded by something with a huge impact on his life as, for example, the diagnosis of a serious illness [9]; or the "problem" of the analyst's apologies. Should an analyst apologize to his patient? [10]. First, I will try to build a kind of map that locates some authors interested in discussing the theme of self-disclosure and their main ideas and / or positions.

Marcus DM [11] believes that perhaps most psychoanalysts and psychoanalytic psychotherapists have a position in relation to self-disclosure similar to that of Theodore Jacobs (1995): it is generally better for the analyst not to reveal his thoughts and feelings to its analysands. However, there are times when doing so can become a useful tool for advancing psychoanalytic and psychotherapeutic work. Greenberg J [12], Epstein L [13] and Edgar Levenson have similar positions to Jacobs [11]. Gabbard GO [14] has a similar position, but strongly defends that sexual feelings should never be divulged.

On the other hand, there is an increasing number of psychoanalysts who advocate that self-disclosure should be actively employed as part of a regular analytical technique [15]. Donna Orange and Stolorow RD [16] and Renik O [17], being the most radical). Renik O [18] states that not making self-disclosures and maintaining anonymity means that we are asking for and accepting the ideals that patients make about their analysts. This author describes his concern about the abuses related to the therapist's authority and describes the classic analytical situation as an unproductive riddle game in which the analyst exercises his authority to explore the patient's transference resistances and fantasies, to the detriment of the patient and his treatment.

Renik and the analysts, who advocate that self-disclosure should be actively employed, have focused on the question of the analyst being real in the relationship with the patient and believe that intentional self-disclosure is a means to that aim. This view has merit and value, and potential risks. The greatest risk is that we make a symbolic equation between the analyst's revelation of feelings, and authenticity and

truth on the other hand. It seems obvious to me that the containment in the analyst's mind of countertransference content can be as much, if not more, authentic than its disclosure. In addition, we live an important tension between revealing ourselves and not revealing ourselves as intersubjective theory realizes [16]; so, I do not believe that any of these movements is more real than the other. What we can achieve is a good balance between the revelation and the non-revelation, and from the maintained tension and mental integration of the group formed by these two movements, we can achieve a real state of being.

In a more conciliatory position are many other psychoanalysts who feel comfortable with self-disclosure and use it whenever they believe it will help to go further in analyzes and psychotherapies [19-23]. I would say that Lewis Aron and Stephen Mitchell are the most "centrist" authors on this issue of self-disclosure.

Mitchell S [23] has a reconciling position between two more extreme positions; on the one hand, the Kleinian position, in which the containment and the silent processing of the analytical affective response is valued in order to use countertransference to form an appropriate interpretation, and on the other hand, the interpersonal position. Mitchell appreciates the elements of containment and restriction of the affective processes of Klein's theory as well as the elements of spontaneity, freedom and emotional honesty of interpersonal theory [5]. Aron identifies with Mitchell's position.

Marcus DM [11] says that "self-disclosure is an essential dimension in all successful psychoanalysis" and describes the way in which his relationship with the theme has been changing. After learning to be anonymous and abstinent, many clinical experiences were added from which he believed that it would not be necessary to hide his feelings from his patients. "I don't always share my feelings, but when I feel that it will be good for analysis, I feel free to do so. When I notice that I was wrong, I analyze it as I usually with other technical errors".

He gives numerous clinical examples such as a moment in a session in which his patient feels deeply understood and said "I love you". Marcus felt he could only tell her the truth, that he loved her too. "Telling her something else would have been evasive and unnecessarily offensive". The analysis continued and deepened. As for sexual feelings, Marcus, agreeing with Gabbard, felt that they should never be revealed.

His clinical experience and also a 1994 text by Davies JM [21], in which she describes how the disclosure of her

sexual feelings towards his patient allowed the analysis to continue, makes Marcus rethink his opinion. One of the clinical situations that made him change his mind was the following: a 39-year-old patient complained a lot about Marcus and he was already familiar with this type of attacks that occurred many times during the 9 years of analysis. "What was different on this occasion that I now report is that I did not feel attacked.

I started to perceive a sexual attraction in me and to realize that my patient seemed gentler than usual. I decided to ask her if besides her anger she was having other feelings for me. The patient asked me what feelings I was referring to and I answered feelings of a sexual nature. She agreed and said that she was very uncomfortable with that. So she asked me what made me think that she was feeling sexual attraction to me? And I answered the truth, that I was having a sexual response even though she was expressing anger. I added that my sexual feelings were the means for me to detect her sexual feelings. She was surprised that I felt things for her. She spoke of the rage of doing psychoanalysis instead of sex, since we both wanted to, and questioned my belief that sex between us would be harmful. I told her that sex between us would be momentarily satisfying, but it would undermine her growing confidence and the possibility for her to explore her deepest feelings.

She asked me if it didn't make me frustrated to want to have sex with her and not be able to. I told her that despite being frustrating, I was convinced that it would lead us both to growth". Marcus's patient began to feel that while she was once a helpless victim and had little impact on her parents, she now had the power to impact the analyst and others, which will certainly contribute to changing her view of herself as helpless. The analyst's ability to tolerate frustration has given her hope that perhaps she, too, may be able to tolerate her frustration. In this matter, Gorkin M [20] and Maroda K [22], who has liberal positions regarding the disclosure of feelings to patients, are extremely cautious when it comes to the disclosure of countertransference of a sexual nature.

What are the Possible Problems Associated with Using Self-Disclosure?

According to Aron L [5], a problem related to the use of self-disclosure is that it tends to disturb the transitional space of psychoanalysis, since it concretizes what must remain in the domain of the symbolic. If a patient suspects that the analyst has a desire to kill him, this fantasy remains in the domain of the symbolic. If this desire is confirmed by the analyst, the fantasy is realized and the potential space closes instead of opening up. In this situation, the patient's

freedom to create what he needs to create in the analytical situation is limited.

I think that the potential space could, in few situations, be lost by revealing to a patient what we feel when we are with him, but it will certainly be lost if the analyst fails to sustain the tension between bonding and defence of the Self. The creation of potential space comes from an internal movement and positioning where the tension between the connection and defense of the Self, between reality and fantasy, between the intrapsychic and the intersubjective is sustained.

Another problem that is frequently mentioned is the possibility of diverting attention from the patient's concerns to the analyst's concerns, thus reflecting the needs of the analyst and not of the patient. The following example demonstrates how self-disclosure can have negative effects: Epstein L [13] decides to begin his psychoanalytic training at the White Institute in New York and was compelled to change psychoanalyst. Still with her psychoanalyst prior to the change, during a session he talks about the concern regarding the admission interviews, not mentioning the impact that the change will have on him and his analyst. Her analyst told him that he made her feel disregarded. This had a destructive effect including the effect of making the patient hide the bad feelings he had about this revelation from his analyst. According to Marcus D [11], the damage was not caused by self-disclosure, but by the analyst's inability to recognize the suffering she caused and then repair it. The problem with this self-disclosure was that the analyst did not contain her feelings within her long enough to process and elaborate them.

Another problem analyzed by some authors is related to the analyst's authority. As analysts are always seen as having a certain authority in the clinical situation, when they reveal something about themselves, this is very likely to be accepted as the truth, which may hinder the climate of investigation and mutuality. What can make a difference, says Aron L [5], is the way it is said; it can be said in an authoritarian tone or it can be said in a spirit of exploration and play.

Perhaps the reason the subject of self-disclosure is so controversial is that it can be a means for the analyst to project on his patient. However, non-disclosure, for example when an analyst refuses to validate what the patient already knows, can also be a means of projecting on the patient [11]. Self-disclosure can be used to intensify intimacy or to fill the space with the analyst's material and, therefore, block intimacy. It can be used to return detoxified projections to the patient or can be used to make projections on the patient. Thus, self-disclosure has the potential to be harmful, but all interventions by the analyst and psychotherapist, such as silence, also have it.

What are the Possible Benefits Associated with Self-Disclosure?

Gorkin M [20] mentions some:

- It can confirm the sense of reality,
- It gives the analyst a sense of honesty and authenticity,
- It gives the idea that the therapist is a person, as well as the analysand,
- It gives information to the patient that he has an impact on his therapist and can help to overcome therapeutic impasses and resistance.

Goldstein, who positions himself in a perspective of the Psychology of the Self, refers to elective self-disclosure as a form of empathetic attunement and Self-Object responsiveness [5]. Ehrenberg D [15], an intersubjective psychoanalyst, says that the disclosure of countertransference encourages patients to collaborate more deeply in investigating the immediate analytical situation. She also mentions a somewhat radical stance which can facilitate the analytical commitment of all patients.

Going to meet Lewis Aron's position, I think that questions about the degree and nature of self-disclosure should be resolved within the context of each psychoanalytic or psychotherapeutic situation. There are few technical recommendations that can be applied to all analysts and all patients. How quiet should an analyst be? How confrontational? All of this can be discussed, but analysts and psychotherapists need the freedom to be able to work in that best way that suits their personality and that of their patient. Some analysts work better by being quieter and others work better being more talkative. There is no right way or the best way to conduct analysis and psychotherapy. I want to remember that a theory of the technique that requires self-disclosure is as limiting as a theory that prohibits it.

The theory of the technique must be radically open to be constructed and reconstructed locally within each psychoanalytic and psychotherapeutic dyad. For analysts, as well as for all of us in life, it is useful to have a flexible and broad repertoire of interventions. Greenberg J [10] discusses a detail, within the theme of self-disclosure, which is that of apologies. With regard to one of his supervising who apologizes to his patient, Greenberg proposes to discuss this issue, stating that analysts should not apologize to their patients. His main concern with apologizing is that it is an intervention, as well as others, which limits the patient's autonomy. In addition, conventional interventions tend to generate conventional responses: "sorry", "it doesn't matter". Apologizing underlies a request for the act to be forgiven. In a polite way, what Greenberg first said to his supervising is

that “excuses are not psychoanalytic”.

This idea of apologizing is very similar to that of Sullivan, who refers to apologies as “enabling gestures” [10]. Greenberg reports on his own experience that when he feels angry the last thing he wants is to be apologized and decides to ask his supervisor what he feels about this issue. He answered that apologies are fundamental for him and that sometimes he is not able to continue the relationship before that apology is expressed. There are patients who request an apology as a gesture of reparation and a sign of appreciation and respect, and there are patients who feel an apology as a condescending and intrusive control attitude.

In this respect, as in many others, patients are as different from each other as are psychoanalysts, so these issues must be analyzed within each psychoanalytic dyad. Despite my flexibility in analyzing each situation and not having a preconception in relation to this topic, I tend to value the reparative dimension of apologies. It seems to me that if the analyst has the capacity (and not the compulsion) to empathize with the suffering or disorder he has caused his patient, there is nothing good about not revealing it. In this regard, I also conclude that the aspects that each author selects as the most fundamental or the most psychoanalytic are also the result of their personality and experience and we must take this into account, under penalty of repeating, as I believe we did with Freud, certain elevation to universal rule and procedures, aspects related to the personal preference of a certain psychoanalyst.

In Greenberg’s view, authenticity, as well as neutrality or empathy or positive thinking, for example, is a generalization about what works best for all analysands. Relational criticism of classical psychoanalysis has shown that such generalizations inevitably fail and lead to problems [5]. Relational theory should serve not to tell us what to do, but to offer us a way of thinking about what we are doing. When we use this knowledge to generate a new set of prescriptions, we push the model towards premature old age. And the limits? Where are they or where are they placed?

Maroda K [22], despite arguing strongly for clinical changes towards a freer use of immediate affective responsiveness, established guidelines for this same use. She suggests that in the first moment of the analysis, the analyst reveals his countertransference, later the effect of his revelation on the complex transfer-counter-transference and, already in advanced stages of the analysis, reveals the personal origin of its counter-transference contents. As a guideline it can make a certain sense, but not a rule. I will talk about the internal barometers that help me to act, define, choose and preserve the ethics and nature of

the psychoanalytic situation, while privileging flexibility, emotionality, authenticity and intimacy. The main one refers to a main question: Where does self-disclosure come from? From what analyst’s psychic need does self-disclosure arise? Or from what patient’s psychic need does the analyst’s desire for self-disclosure arise? Or what content of the analytic third arises the hypothesis of self-disclosure?

If it arises from a defensive area of the analyst and aims to seduce the patient, it is unlikely to be a promoter of the analytical process. If there is a need to close the space for questioning, instead of opening it, or if it arises from dissociated areas and its unconscious purpose is to abusively penetrate the patient with his contents, it will hardly be promoters of the analytical process. This is true for any intervention by the analyst. The same intervention can be good or bad, depending on its origin and purpose, aspects that usually translate into the way the intervention is carried out, aspects related to verbal prosody and all non-verbal manifestations that accompany human actions. Of course, focusing on one side of the communication, in this case on the analyst, does not mean that the way the patient receives the analyst’s intervention is also not very important. I can have a constructive or kind intervention and it is felt by the patient as something uncomfortable or that causes suffering. But this assessment can only be made after the intervention has been formulated and the assessment in relation to the origin of self-disclosure can be made before revealing it to the patient. As I get to know the patient, I can also include his subjectivity in my assessment of what I do with the content that has been formed in my mind.

It seems to me that all psychoanalysts and psychotherapists, who are interested in thinking about the issue of self-disclosure, are trying to conceptualize self-disclosure as an option that can be part of clinical practice in a way that contributes to the analytical process, which protects patients from abuse and which preserves the analytical space as a space that primarily serves the patient’s needs. Self-disclosure is not a technique. It is one of many ways of being with a patient, a technical and personal option, which simultaneously reveals and hides and, above all, an option that must be free to be analyzed by the psychoanalytic pair.

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