THERAPIST SELF-DISCLOSURE

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From *The Therapeutic Relationship*, Monterey, CA: Brooks/Cole, pp. 80-84.

O. H. Mowrer has for some time emphasized self-disclosure on the part of the therapist, leader, or facilitator in groups. In this section we consider the nature of self-disclosure, how it is measured, and how it looks in practice.

The Nature of Self-Disclosure

What the effects of self-disclosure are is not clear from the research available. Yet there are those who advocate therapist self-disclosure. Beutler states that "the degree either of experimenter or therapist self-disclosure precipitates a similar disclosure level in subjects and patients." (12) But Strong and Claiborn write that "therapist disclosure to encourage patient disclosure does not seem like a good use of the therapist's power unless some specific disclosure is needed." (13) A study by Derlega, Lovell, and Chaiken (14) found that therapist self-disclosure increased client self-disclosure only when the client was informed before therapy that therapist self-disclosure was appropriate. Analogue studies suggest that relatively few therapist self-disclosures, and disclosures of only moderate personal material, are most facilitative of client self-disclosure.

Self-disclosure early in therapy as a model for client self-disclosure is unnecessary if the client understands the nature of therapy. Most clients expect to talk about themselves; indeed, they usually come to therapy for that purpose. If clients do not understand this, then simple structuring of the client's role is more efficient and effective than modeling, since the client can misunderstand or fail to understand the modeling. Clients don't expect therapists to talk about themselves, and may be embarrassed, puzzled, or mystified when they do. Clients are not really interested in the therapist's personal life when they come for therapy.

Therapist disclosure of similarities with the client in the effort to increase his or her attractiveness may reduce the client's perception of the therapist's competence and expertise, or may be perceived as reassurance that the client's problems are not as serious as he or she had thought, with the possible result of decrease in motivation for therapy or desire to change. On the other hand, therapist disclosure of differences in background, education, and experience from client's may lead to negative feelings, reduced attractiveness, or feelings that his or her problems are more serious than he or she had thought.

Strong (15) has suggested that therapist self-disclosures provide social comparison data and thus increase or decrease patients' evaluations of themselves, the severity of their problems, the validity of their ideas, and even their self-esteem. There is almost a

complete lack of research on the effects of therapist self-disclosure on client improvement, however. Dickenson (16) found no relationship between therapist self-disclosure and client improvement in individual therapy. And Hayward (17) also found no relationship.

Therapists disclose themselves in everything they say and do, and clients form a picture or perception of the therapist from these disclosures. The question is how much disclosure, particularly verbal disclosure of specific personal information and experiences, especially those not related to the therapy or the therapy relationship, the therapist should engage in. It would appear that the therapist should be very cautious about such disclosures. Disclosure of the therapist's present feelings or thoughts during the therapy is essentially a matter of genuineness.

Therapist self-disclosure must be for the benefit of the client. It is the client who must engage in self-disclosure for therapy to occur, not the therapist. Therapists shouldn't engage in self-disclosure for their own benefit or therapy. Therapy is for the client, not the therapist.

As therapy nears ending, however, clients become less focused upon themselves. Resolution of their own problems no longer requires all their attention. They become more aware of the therapist as a person, become more interested in the therapist as an individual, and may express this interest by questions about the therapist as a person. The occurrence of this in therapy is an indication that the therapy is nearing, or is at, its end.

Just as there is some question about whether confrontation is not a part of empathy (with perhaps an aspect of genuineness), so there is some question as to whether therapist self-disclosure is not a part of honesty and genuineness (with perhaps an aspect of empathy). Carkhuff notes that "the dimension of self-disclosure is one facet of genuineness.... Spontaneous sharing on the part of both parties is the essence of a genuine relationship." (18)

Measuring Self-Disclosure

Carkhuff has developed a scale to measure facilitative self-disclosure in interpersonal processes (19) based upon Dickenson's scale.

Level 1
The first person actively attempts to remain detached from the second person(s) and discloses nothing about his own feelings or personality to the second person(s), or if he does disclose himself, he does so in a way that is not tuned to the second person's general progress.

EXAMPLE: The first person may attempt, whether awkwardly or skillfully, to divert the second person's attention from focusing upon personal questions concerning the first person, or his self-disclosures may be ego shattering for the second person(s) and may ultimately cause him to lose faith in the first person.

In summary, the first person actively attempts to remain ambiguous and an unknown quantity to the second person(s), or if he is self-disclosing, he does so solely out of his own needs and is oblivious to the needs of the second person(s).

Level 2

The first person, while not always appearing actively to avoid self-disclosures, never volunteers personal information about himself.

EXAMPLE: The first person may respond briefly to direct questions from the client about himself; however, he does so hesitantly and never provides more information about himself than the second person(s) specifically requests.

In summary, the second person(s) either does not ask about the personality of the first person, or, if he does, the barest minimum of brief, vague, and superficial responses are offered by the first person.

Level 3

The first person volunteers personal information about himself which may be in keeping with the second person's interests, but this information is often vague and indicates little about the unique character of the first person.

EXAMPLE: While the first person volunteers personal information and never gives the impression that he does not wish to disclose more about himself, nevertheless, the content of his verbalizations is generally centered upon his reactions to the second person(s) and his ideas concerning their interaction.

In summary, the first person may introduce more abstract, personal ideas in accord with the second person's interests, but these ideas do not stamp him as a unique person. Level 3 constitutes the minimum level of facilitative interpersonal functioning.

Level 4

The facilitator freely volunteers information about his personal ideas, attitudes, and experiences in accord with the second person's interests and concerns.

EXAMPLE: The facilitator may discuss personal ideas in both depth and detail, and his expressions reveal him to be a unique individual.

In summary, the facilitator is free and spontaneous in volunteering personal information about himself, and in so doing may reveal in a constructive fashion quite intimate material about his own feelings and beliefs.

Level 5

The facilitator volunteers very intimate and often detailed material about his own personality, and in keeping with the second person's needs may express information that might be extremely embarrassing under different circumstances or if revealed by the second person to an outsider.

EXAMPLE: The facilitator gives the impression of holding nothing back and of disclosing his feelings and ideas fully and completely to the second person(s). If some of his feelings are negative concerning the second person(s), the facilitator employs them constructively as a basis for an open-ended inquiry.

In summary, the facilitator is operating in a constructive fashion at the most intimate levels of self-disclosure.

Examples of Self-Disclosure

Examples of facilitative therapist self-disclosure are difficult to come by. Low levels of self-disclosure simply do not need to be illustrated--they represent the absence of the therapist's discussion of himself or herself. However, low levels would also be represented by refusal of the therapist to reveal himself or herself when it would be therapeutic. Thus:

CLIENT: After I left here the last time I began to feel depressed and to wonder if I would ever get better. I guess I began to doubt your ability to help me. After all, you're so much younger than I am--you can't have had much experience.... What about your training and experience? Do you have medical training or a doctor's degree?

THERAPIST: I don't think that my training or experience is relevant here. Your doubts are probably related to your own inadequacies and problems.

A simple self-disclosure is illustrated in the following dialogue:

CLIENT: I just don't think anyone can understand what I am going through unless he has gone through the same thing--or something close to it. I'm not sure you understand--or that I should expect you to. Do you at all know how I feel?

THERAPIST: Yes, I do; as a matter of fact I went through something very similar when my mother died.

A very different kind of self-disclosure is reconstructed by one of Carkhuff's clients:

THERAPIST: Last hour you wondered why I'd make myself available for counseling you. Now I know. Now I can say it. I think I can learn from you.

CLIENT: I honor you for saying that. It makes you more vulnerable.

THERAPIST: You don't know how vulnerable.

CLIENT: I know. (I tried to make an intellectual discussion about it.)

THERAPIST: Let's just leave it at what I said.

CLIENT: O.K., we'll do it your way. (20)

NOTES

12. L. E. Beutler. Psychotherapy and persuasion. In L. E. Beutler and R. Greene (Eds.), *Special problems in child and adolescent behavior.* Westport, CT: Technomic, 1978, pp. 119-159.
13. S. R. Strong and C. D. Claibom. *Change through interaction: Social psychological processes of counseling and psychotherapy.* New York: Wiley, 1982, p. 157.
14. V. J. Derlega, R. Lovell, and A. L. Chaiken. Effects of therapist disclosure and its perceived appropriateness on client self-disclosure. *Journal of Consulting and Clinical Psychology*, 1976, 44, 866.
15. S. R. Strong. Social psychological approach to psychotherapy research. In S. L. Garfield and A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change* (2nd. ed.). New York: Wiley, 1978, pp. 101-136.
16. W. A. Dickenson. Therapist self-disclosure as a variable in psychotherapeutic process and outcome. *Dissertation Abstracts International,* 1969, 30, 2434B.
17. R. H. Hayward. Process and outcome consequences of therapist self-disclosure. *Dissertation Abstracts International* 1974, 34, 6210B-6211B.
18. Carkhuff. *Helping*, Vol. 1, pp. 208, 209.
19. *Ibid.,* Vol. 11, pp. 321-322.
20. *Ibid.* p.110

From Patterson & Hidore, *Successful Psychotherapy*, pp. 111-113

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expertise or may be perceived as reassurance that the client's problems are not as serious as she or he had thought, possibly resulting in less motivation for therapy or less desire for change. On the other hand, therapist disclosure of differences may create a distance that would not have been perceived by the client without that emphasis. Strong (1978) suggests that therapist self-disclosures provide social comparison data and thus increases or decreases patients' evaluations of themselves, the severity of their problems, the validity of their ideas, and even their self-esteem.

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Example of Therapist Self-Disclosure

Client: I'm afraid of those kind of spooky movies, so I just don't watch them. I wonder if that's crazy--you know, I shouldn't be so afraid.

Therapist: I don't watch those kind of movies either. They scare me.

Client: Yes? I'm glad to hear that. There are so many bad things that go on anyway in the world. I don't have to see more of that.

Therapist: There are a lot of *real* things that frighten you.

The therapist chose to respond to the portion of the initial statement based on the emphasis the client gave it. The disclosure allowed the therapist to share personal experience with the client without judging the behavior.

Beutler, L. E. (1978). Psychotherapy and persuasion. *In Special Problems in Child and Adolescent Behavior*, ed. L. E. Beutler and R. Greene, pp. 119-159. Westport, CT: Technomic.

Carkhuff, R. R. (1969). *Helping and Human Relations. Vol. I: Selection and Training.* New York: Holt, Rinehart & Winston.

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Strong, S. R. & Claiborn, C. D. (1982). *Change through Interaction: Social Psychological Processes of Counseling and Psychotherapy*. New York: Wiley.