

Exploring the Use of Self-Disclosure in Clinical Practice:
Relational Benefits, challenges and contraindications

PAM SZCZYGIEL, DSW, LICSW
 PSZCZYGIEL@BRIDGEW.EDU

PRESENTED AT THE CLINICAL SOCIAL WORK INSTITUTE
 WILMINGTON, NC
 MAY 13, 2019



1

Why explore this topic at the Institute?

- ▶ It's a complex, compelling practice issue
- ▶ Much variation in how and why practitioners self-disclose
- ▶ Practitioners (esp. new ones and students) have many questions about this issue/feel unprepared
- ▶ Answers often depend on theory lens
- ▶ Calls on all of us to think critically about why we do what we do and how it impacts clients
- ▶ (Knight, 2012; Raines 1996)

2

Goals for today:

- ✓ Define self-disclosure
- ✓ Identify multiple meanings across different theoretical frameworks
- ✓ Increase awareness of how and why we use self-disclosure in our practice
- ✓ Discuss relational benefits, challenges, contraindications and ethics of self-disclosure



3

Getting started: Brief Reflection/Discussion

1. What aspects of yourself/your identity are readily accessible to clients?
 - ◊ Age
 - ◊ Marital status
 - ◊ Racial/ethnic/cultural identity
 - ◊ Sexual orientation
2. What aspects may be 'hidden,' consciously or unconsciously?
 - ◊ Gender identity
 - ◊ Socioeconomic status
 - ◊ Substance use history
3. What aspects are you willing to share, if clients ask? Why?
 - ◊ Mental health history
 - ◊ Differently abled/Disability
4. Of those 'hidden' aspects, how might your work with clients change if they knew this information?
 - ◊ Children
 - ◊ Education level/history
 - ◊ Etc...

4

Self-Disclosure: Definitions

- ▶ A **complex, controversial** and often misunderstood practice concept
- ▶ It's always present in clinical encounters
- ▶ Consciously or unconsciously, intentionally or unintentionally **sharing information about one's social identity, personal history, and/or emotional responses in the context of practice**
- ▶ **Verbal**
- ▶ **Nonverbal**: how we decorate an office, wedding rings, how we dress, level of warmth, being on time, attentiveness to details, speech, humor, etc...

[Raines, 1996]



5

...Definitions

- ▶ **Self-revealing**: 'here and now disclosures: "I feel deeply moved by your account of losing your mother."'
- ▶ **Self-Involving**: 'there and then' disclosures: "I, too, lost my mother last month and it was devastating!"
- ▶ The latter, more controversial
- ▶ Different theories=different philosophies
- ▶ Use-of-self

[Knight, 2012]



6

Reflection/Discussion: Think of a time when...

You used a **self-revealing** disclosure in your work with a client? Helpful? Why/why not?

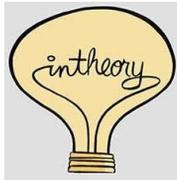


A **self-involving** disclosure? Helpful? Why/why not?

7

Self-disclosure Across Theoretical Lenses

- ▶ **Traditional Psychoanalysis (Freudian)**
- ▶ **Humanistic/Existential**
- ▶ **Relational-Psychodynamic**
- ▶ **Attachment/Interpersonal**
- ▶ **Neurobiology**
- ▶ **Cognitive Behavioral**
- ▶ **Feminist/Multicultural**



8

Traditional Freudian Psychoanalysis

- ▶ "The doctor should be opaque to his patients, and like a mirror, should show them nothing but what is shown to him." – Freud
- ▶ Don't do it!
- ▶ Would increase transference/countertransference responses; should be avoided!
- ▶ Therapist neutrality is key to treatment
- ▶ Pros? Cons?



(Knight, 2012; Quillman, 2012; Raines, 1996)

9

Humanistic/Existential

- ▶ Therapist authenticity and genuineness is critical to treatment process
- ▶ Disclosures that are therapeutically relevant encourage client openness (Carl Rogers)
- ▶ It is better for treatment when clients experience the worker as a real person (Lawrence Shulman)
- ▶ Pros? Cons?
- ▶ (as cited in Knight, 2012; Gibson, 2012)



10

Relational-Psychodynamic

- ▶ From deliberate inhibition to deliberate use of disclosure (trans/countertrans) to enhance attachment
- ▶ Relationship is main catalyst for change
- ▶ Letting client know that you (as clinician) have been **moved** by their experience
- ▶ Pros? Cons?
- ▶ (Knight, 2012; Maroda, 1999; Tosone, 2004)



11

Attachment/Interpersonal Neurobiology

- ▶ Attunement with client is key
- ▶ Showing the client we feel and hear what they are saying (verbal and nonverbal) is key
- ▶ Clinician self-disclosure can enhance brain to brain and body to body communication
- ▶ In turn, clients can learn emotional regulation
- ▶ We need others to help us self-regulate
- ▶ We can't avoid it; humans are always sensing, observing
- ▶ Pros? Cons?



(Schoré & Schoré, 2008; Quillman, 2012)

12

Cognitive Behavioral

- ▶ Initially, did not theorize much about the therapeutic relationship
- ▶ Modeling
- ▶ Reinforcement
- ▶ Normalizing
- ▶ DBT clinicians often disclose their thoughts and feelings about the client, to the client (in focused manner)
- ▶ Pros? Cons?



(Gibson, 2012)

13

Feminist and Multicultural

- ▶ Clinician disclosure promotes a more egalitarian client-clinician relationship
- ▶ Validates and normalizes client experience; that's empowering!
- ▶ Work by/with LGBTQ clinicians/clients has inspired much self-disclosure scholarship
- ▶ LGBTQ clients may want to seek out LGBTQ clinicians
- ▶ Individuals of varying cultures/ethnicities may wish to seek out therapists who look like them
- ▶ Sharing common social identity as a source of 'twinship'
- ▶ Pros? Cons?



(Gibson, 2012; Knight, 2012)

14

Discussion

- ▶ Which (if any) of these theory-based explanations of self-disclosure resonate with you?
- ▶ Any other theory-based explanations for self-disclosure that you'd like to discuss/share?
- ▶ Any thoughts about whether or not self-disclosure, in general, is compatible with social work values?



15

To Disclose or Not to Disclose: Guidelines

- ▶ Be prepared for clients to ask questions!
- ▶ What is my working theory about self-disclosure?
- ▶ Always ask: "Is this helpful to the client? How?"
- ▶ Should lead to furthering the therapeutic alliance; helpful to the treatment goals
- ▶ **Self-Revealing** more likely to increase alliance
- ▶ Always wonder why the client may be asking for certain information, esp. in beginning of treatment (i.e. "Are you in recovery, too?")
- ▶ Try to be flexible and empathetic in responding, regardless of whether or not you answer the question
- ▶ "I'm happy to answer that question though I'm curious to know how you might respond if I answer _____ vs. _____? Do you think this might impact our work together?"
- ▶ Sometimes, a question IS JUST A QUESTION!!
- ▶ (Dewane, 2006)



16

Possible Contraindications

- ▶ When the client's boundaries/reality testing are very blurry/poor
- ▶ When a client has strong need for boundaries from others to establish trust
- ▶ If the client has a tendency to focus on others' needs more than their own
- ▶ When clear, defined boundaries are needed to preserve clinician's safety
- ▶ If the self-disclosure of the clinician 'turns the tables' or burdens the client

(Goldstein, 1994)



17

Social Work Ethical Considerations

- ▶ **Informed Consent:** SWs need to provide clients opportunity to ask questions about theoretical lens, treatment process, SW's professional background/relevant experience
- ▶ **Competence:** Use careful judgment with practice issues for which there aren't clear answers!
- ▶ **Conflicts of Interest:** No dual relationships; may be an issue if a client has loose boundaries and is fixated on other clients the SW sees
- ▶ **Physical Contact:** Use care and caution with any physical expression of empathy within self-revealing disclosures (i.e. reaching out for client's hand)
- ▶ **Termination of Services:** If a client's questions repeatedly cross boundaries with the practitioner in a way that negatively impacts treatment, SWs should very carefully (with a succinct plan) navigate termination with the client
- ▶ **Use Care with Social Media Presence!** We may be disclosing more than we think!

(NASW, 2017)

18

Case Example

Sheila

Sheila identifies as a 43 year old African American, heterosexual, cisgender woman. She is college educated and "middle class," though she is on disability following a psychiatric hospitalization. She is concerned that she will "never feel stable enough" to return to work and will therefore suffer financially. She has a harrowing history of complex trauma including childhood neglect, abandonment, and domestic violence. Sheila is your psychotherapy client and you've been working together for about 2 months. During your last session, Sheila remarked at how nice your wedding ring is: "Your spouse must really love you. What does she/he do for a living anyway?" "I bet your kids are perfect. How many do you have?"

19

Roundtable Discussion

1. How will you respond? Why? Do any particular theory lenses guide your response?
2. Thoughts about why Sheila wants to know these personal details about you?
3. Thoughts about why she may feel entitled to this information?



20

Group Reflection

1. Were group members **on the same page** or **on different pages** about how they would navigate Sheila's questions?
2. Did others' responses impact how you understood the situation? Why/why not?
3. To what degree did the group discuss the impact of social identity differences between Sheila and various therapists at your table?



21



22

Bibliography

- ▶ Booth, M. (2012). Boundaries and student self-disclosure in authentic, integrated learning activities and assignments. *New Directions for Teaching and Learning*, 131, 5-14.
- ▶ Borden, W. (2000). The relational paradigm in contemporary psychoanalysis: Toward a psychodynamically informed social work perspective. *Social Service Review*, 74(3), 352-379.
- ▶ Dean, R. G. (2010). Teaching contemporary psychodynamic theory for contemporary social work practice. *Smith College Studies in Social Work*, 73(1), 11-27.
- ▶ Dewane, C. (2006). Use of self: A primer revisited. *Clinical Social Work Journal*, 34(4), 543-558.
- ▶ Dyche, L., & Zayas, L. (1995). The value of curiosity and naivete for the cross-cultural psychotherapist. *Family Practice*, 34(1), 389-399.
- ▶ Ganzer, C. & Ornstein, E. D. (1999). Beyond parallel process: Relational perspectives on field instruction. *Clinical Social Work Journal*, 27(3), 231-246.
- ▶ Gibson, M. (2012). Opening up: Therapist self-disclosure in theory, research, and practice. *Clinical Social Work Journal*, 40, 287-296.
- ▶ Goldstein, E. (1994). Self-disclosure in treatment: What therapists do and don't talk about. *Clinical Social Work Journal*, 22(4), 417-433.

23

...Continued

- ▶ Harris, M. S. (1997). Developing self-awareness/racial identity with graduate social work students. *Smith College Studies in Social Work*, 67(3), 587-607.
- ▶ Jordan, J. (2010). *Relational-cultural therapy*. Washington, DC: American Psychological Association.
- ▶ Knight, C. (2014). Students' attitudes toward engagement in self-disclosure: Implications for supervision. *The Clinical Supervisor*, 33(1), 163-181.
- ▶ Kurland, R. (2008). Racial difference and human commonality: The worker-client relationship. *Social Work with Groups*, 25(1), 113-118.
- ▶ Maroda, K. J. (1999). Creating an intersubjective context for self-disclosure. *Smith College Studies in Social Work*, 69(2), 474-489.
- ▶ Martin, A. J., & Dowson, M. (2009). Interpersonal relationships, motivation, engagement, and achievement: Yields for theory, current issues, and educational practice. *Review of Educational Research*, 79(1), 327-365.
- ▶ Mishna, F., & Rasmussen, B. (2001). The learning relationship: Working through disjunctions in the classroom. *Clinical Social Work Journal*, 29(4), 387-399.
- ▶ Newman, P. A., Bogo, M., & Daley, A. (2008). Self-disclosure of sexual orientation in social work field education: Field instructor and lesbian and gay student perspectives. *The Clinical Supervisor*, 27(2), 215-237.

24

...

- ▶ Proctor, E. K. & Davis, L. E. (1994). The challenge of racial difference: Skills for clinical practice. *Social Work, 39*(3), 314-323.
- ▶ Raines, J. C. (1996). Self-disclosure in clinical social work. *Clinical Social Work Journal, 24*(4), 357-374.
- ▶ Rasmussen, B. & Mishna, F. (2003). The relevance of contemporary psychodynamic theories to teaching social work. *Smith College Studies in Social Work, 74*(1), 31-47.
- ▶ Rasmussen, B. & Mishna, F. (2008). A fine balance: Instructor self-disclosure in the classroom. *Journal of Teaching in Social Work, 28*(1/2), 191-207.
- ▶ Schore, J. R. & Schore, A. N. (2008). Modern attachment theory: The central role of affect regulation in development and treatment. *Clinical Social Work Journal, 36*(1), 9-20.
- ▶ Tosone, C. (2004). Relational social work: Honoring the tradition. *Smith College Studies in Social Work, 74*(3), 475-487.
- ▶ Urdang, E. (2010). Awareness of Self: A critical tool. *Social Work Education, 29*(5), 523-538.
