



Making ourselves known

Self-disclosure can be both friend and foe in the therapy room, says **Rakhi Chand**, but we need to exercise caution to ensure it is therapeutic

Ibl***y love you.' This is not something I've ever said to a client. But why not? I have definitely felt that burst from time to time. And I consider myself to be pretty open when it comes to self-disclosure, but do I have work to do? How does our relationship to self-disclosure permeate our clients'? After all, according to Carl Rogers,¹ what is most personal is most universal. It is the personal that fundamentally connects us.

Self-disclosure is the act of making something about ourselves known.

A different perspective on the term is discussed by Tudor and Worrall:² 'disclosure to self' as a continuous internal process of communicating self-awareness to consciousness. Here, however, I'm focusing on disclosure to others, namely clients, though disclosure to my consciousness is a prerequisite.

Sometimes inadvertent, sometimes intentional, self-disclosure is an action. And even if the latter, it's far from just sharing my relationship status or where I was born; it's also about saying how I am in the room with you,

right now. Mearns and Thorne³ make this distinction by referring to the former as self-disclosure and the latter as self-involvement. Both relate to congruence and authenticity. And both raise questions of what is relevant and appropriate (see below). I use the term 'self-disclosure' below assuming this includes self-involvement too, unless specified otherwise.

Part of being known and understood involves self-disclosure, in my view. It relates to taking ownership of oneself. And I believe it goes beyond what is said or communicated, and relates to how it is received or interpreted. Is it possible to self-disclose in a vacuum, when there is no dialogue, with opportunities for discussion or clarification? I would argue not;

that the value and meaning of self-disclosure rests on both the active communication of the communicator and the interpretation of the receiver. Self-disclosure is inherently about relationship. Research by Jourard, on the effect of self-involvement as discussed by Tudor and Worrall, supports the view that the 'personal openness of the therapist invites and facilitates the increased openness of the client'.²

I witness clients grappling time and again with the fear of being – and showing – themselves, of intentional self-disclosure. I'm reminded of Kierkegaard's⁴ words, that an individual's 'deepest despair' lies in choosing to be another than themselves. How may we as therapists facilitate clients to be more of themselves – and support choices around self-disclosure to that end?

Disclosing left, right and centre

Non-verbally or indirectly, I am disclosing all the time: by my skin colour, what I wear, painting my nails, the aesthetics of my home, the books on my bookshelf, my blog posts and maybe even my tweets. Occasionally, clients share how these disclosures impact them; this seems to make for rich work. Further, I believe my relationship with clients is strengthened in the process. We work with the nature of a client's fantasies and I'm not surprised when this unearths sharp awareness of their wider relationships.

The best I can do with inadvertent self-disclosure as a therapist is, I believe, to be prepared to acknowledge it explicitly in the room and to talk pre-emptively about these possibilities in supervision, so that I'm not thrown if someone says that they read an article where I'd spoken about my mum, for example, or if they talk about my bookshelf and what they imagine from that. If I'm prepared, I can steadily stay in their frame of reference. When I put anything in the public domain, I try to be cognisant of that potentially becoming a part of my relationships with clients. If I can't deal with that, then I don't put it out there.

Keeping schtum

I see therapy as a place where clients can strengthen their individual identity without anyone else, including me, 'getting in the way'. For this reason, I can be pretty conservative with self-disclosure. Consequently, the 'how are you?' that come towards me several times a day from clients – often not meant with any weight – get my cogs and heart going a bit. What to say, or indeed share? I sometimes say how the question lands – hurrah for congruence – such as, 'However many times I'm asked that question in this context, I find it tricky to answer' or perhaps, 'I'm happy to answer, but I really want to know how you are' (as my supervisor sometimes says). And, of course, I have to mean the 'I'm happy to answer' bit.

Quite rightly, many flag the potential power implications of such choices. If it's important for a client to know more about my process or experiences as a way of addressing power imbalances, then I'm much more open to sharing than when questions come from politeness, curiosity or habit. Understanding where interest comes from helps me to make choices about what of myself to offer. I've got my eye (and heart) on 'relevance' here: what seems relevant to another's therapy? That too is multifaceted – who decides what is relevant?

I'm not evangelical about clients self-disclosing and 'the talking cure'. I know that not articulating something can be vitally protective at times – when, for instance, I've disclosed something deeply personal and painful and have not been received in that. The stakes can be high – in my own case, I was left with shame and humiliation, both of which were monumentally rubbish ways

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to feel. Hence, I take my position as receiver pretty seriously, and I respect the need to avoid this risk at times. This strengthens my non-directive muscle and tempers any tendency when with a client to think, 'You should just talk to your partner/daughter/boss' etc. I hope this stance is conducive for clients to make their own choices around self-disclosure.

Attendant responsibility

Brodley⁵ outlines some considerations when responding to questions in person-centred therapy, such as potential conflicts between client autonomy (that may be interfered with by therapist disclosure), and the right not to have questions avoided or interpreted. She also highlights congruence as key to any response; what Rogers describes as genuineness, and synchronicity between experience, awareness and communication.¹ For instance, am I comfortable to answer this question about me right now? Do I need to postpone a response so I can think about it further or regain my congruence? Meta-communication is also advocated – do I need to ask the client, from time to time, if my responses from my own frame of reference are appropriate and relevant to the client's wishes? Choices around sharing hinge on what I consider to be ethical responsibilities, in the present moment in the present relationship.

Not saying something is also a choice – an action with attendant responsibility. This action can also be a powerful one. I think there's some correlation between mystery and non-disclosure and, as a therapist, I lean away from being mysterious. Further, being mysterious tends to come hand in hand with having a power over others – the last thing I want with clients. In my personal relationships, if I'm needing to hold back – not disclose – then this sometimes speaks of insecurity in me: a need to protect some vulnerable part; and perhaps something to work on.

I'm reminded of Rebecca Solnit's words: 'Not every question needs an answer.'⁶ (I love this.) Naturally, we are each within our rights not to disclose. I must find my boundaries with respect to ►

self-disclosure and self-involvement again and again and again, as encounters arise. Therein lies a sturdier – and also, I'd say, sweeter – offering to my clients.

The f-word

Fear is the most commonly cited feeling that I hear standing in the way of self-disclosure. I too have experienced visceral waves of this at times, as a therapist. And I've been able to tolerate that and more – I've stayed focused on what any of my sharing means for my client.

Personally, I've nearly always felt the alternative more acutely; the risk of not disclosing. No doubt this is linked to having been burnt by not sharing strong feelings in the past; the inaction clawed at me from the inside. I fear more the risk of keeping myself out of a relationship, of not being myself. I often witness the damaging consequences of not sharing both the big and the small when working with couples. And I'm reminded of Adam Phillips talking about risk: that we often perceive risk in a single direction, overlooking the risk in the alternatives, such as the risk of not doing, or not saying.⁷

Navigation

Being a therapist is a weird job; the personal is necessarily interlaced with the professional. A crucial aspect of my professionalism is my willingness to share what is personal, I believe. The subtleties within this are myriad, though. A clear place to start is disclosing on your terms (mainly). There is nothing new there, and at times I still find this challenging. For instance, in the past some friends have found me positively guarded, others overwhelmingly open. I have felt both pulls – to be more contained and to be more open. Contorting myself and my disclosures too much to suit others takes me further from my authenticity.

Be prepared to be surprised. Unexpected questions in unexpected contexts can throw off your navigation of what to disclose. In the classic 'doorstep' moments with clients – at the start or end of sessions – I'm now more

'I'm now more alert to things falling out of my mouth that I later regret'

alert to things falling out of my mouth that I later regret. It's a discipline. Further, I tend to be comfortable sharing my experiencing in the moment rather than 'facts' about experiences outside of the room related to my history. An example of the latter, self-disclosure, could be me mentioning a similar experience to the one my client is discussing; it may be *relevant* but I rarely feel confident that it is *therapeutic*. Self-involvement tends to sit more harmoniously with my ethics than self-disclosure, to use Mearns and Thorne's terms.

The word 'appropriate' raises my hackles a bit. Who decides? Yet I cannot escape that I make some judgment of this many times each session. Further, it is an anchor for me in choosing how much or what to share of myself. I see a fairly clear path to appropriate self-involvement. Self-disclosure, though, can be both friend and foe in my experience – as above, I exercise caution and consider how therapeutic it is. Mearns and Thorne's concept of 'persistent or striking'³ regularly helps me to make a call. If a feeling continues to bubble within me or if a sensation is 'striking', it probably means it's one to offer up (in practice, this means making 'I' statements about my experience in relation to another, such as 'I've got goosebumps here').

Speaking the unspoken is a big deal in therapy, as I and many before me have said. I believe in the value to oneself and others in intentional self-disclosure, including that it may facilitate self-awareness, ownership, connection and understanding. My own relationship with my self-disclosure, part of my congruence, is as ever the place to start. I've had a poke around – I need to poke some more. ■

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