

VARIETIES OF SELF-DISCLOSURE

From Lewis Aron, A Meeting of the Minds (1996), Ch 8, On Knowing and Being Known

One reason it is so difficult to generalize about self-disclosure is that the term refers to so many different activities. The following is hardly an exhaustive list, but it portrays just how great is the range of activities that fall under the heading self-disclosure:

- (1) There can be self-disclosures about what the analyst is thinking while with the patient. A simple example would be telling the patients about the analyst's associations to a particular dream image that the patient has reported.
- (2) There can be self-disclosure of the analyst's immediate affective response while he or she is with the patient; for example, telling or showing patient that one is feeling sad or annoyed.
- (3) Some self-disclosures involve sharing with the patients more of one's thinking and one's affective reactions regarding the interaction between the patient and analyst; for example, telling a patient who has noticed that the analyst is acting more distant and removed in the past week some thoughts about what has occurred between them as well as what the analyst is consciously aware of feeling and discussing what the analyst suspects may have led to this behavior on his or her own part. Another example would be telling a patient about the way in which the analyst is conflicted about how to approach a particular issue in the analysis.
- (4) Some self-disclosures concern the analyst's thoughts about the patient that occur outside of the treatment setting altogether; for example, telling a patient that you thought of him or her when you read an article in that morning's newspaper. A more extreme instance of this type of self-disclosure would be the analyst's sharing a dream that he or she had about the patient. I call this extreme because the material being disclosed may be much more complex and ambiguous than sharing other information.
- (5) There can be self-disclosures of why the analyst feels as he or she does, incorporating genetic or characterological determinants that stand outside the current analytic interaction.
- (6) There can be self-disclosures in response to simple objective questions, such as a patient's questioning the analyst's age or marital status, or whether the analyst has children, or what kind of car the analyst drives.
- (7) Each of these categories refers to direct and purposeful self-disclosures that we must, in turn, distinguish from all the implicit or less directly expressed self-revelations that occur all the time in analysis.
- (8) Yet another distinction that transcends all these others is the difference between sharing a thought, feeling, or experience that the analyst has already thought about and processed versus sharing any of these things more spontaneously before the analyst has had a chance to process them.
- (9) Another distinction has to do with whether the analyst volunteers a piece of self-disclosure or reveals something only after the patient has brought the topic up and directly asked the analyst for the information. (Maroda, 1991, uses this as the single most important criterion for determining when to disclose countertransference.)
- (10) One can also distinguish between types of self-disclosure on the basis of the content of the analyst's experience. For example, we might choose to make distinctions between self-disclosures with aggressive content versus disclosures with sexual content versus disclosure about other affects.