

(1995). Contemporary Psychoanalysis, **31**:193

Self-disclosure: Is It Psychoanalytic?¹

Jay Greenberg, Ph.D. 

FROM THE MOMENT of its invention, the psychoanalytic method thrilled Freud and his followers. In one stroke, it seemed, Freud had given us a technique that promised radical therapeutic results for previously untreatable illnesses, and that also offered a scientific approach to exploring the human soul. As time went on, however, questions arose about the power of the method to cure. When indications for analysis were broadened so that not only the symptom neuroses but also the character disorders were treated, the very concept of cure became increasingly vague. Eventually, even claims that symptoms could be permanently abolished seemed infused by wishful thinking. Freud himself became a therapeutic pessimist.

Despite these developments, everybody could see that something happens in the consulting room that grips the human imagination. In the course of analyzing his patients, Freud evolved a vision of human nature so compelling that it shaped the intellectual life of an entire century. Admiring science and disdaining philosophy, Freud insisted that we had his method to thank for what we had learned; anybody who followed the correct procedure would arrive at the same discoveries he did. So psychoanalysts are left with a paradox: Our method outshines our results, which can be ephemeral, even ineffable. The effects of analysis are notoriously difficult to quantify, to demonstrate convincingly, or to compare with the reports of therapists using more pedestrian techniques. Our special claim lies less in what we do than in how we do it. We have idealized our method.

One result of this is that psychoanalysts—perhaps uniquely among therapeutic specialists—often evaluate treatment not so much by its outcome as by our judgment of how it was conducted. If we do not like the technique, we disqualify the result. The very vagueness of our concept of

0010-7530/95 \$2.00 + .05

Copyright © 1995 W. A. W. Institute

20 W. 74th Street, New York, NY 10023

All rights of reproduction in any form reserved.

Contemporary Psychoanalysis, Vol. 31, No. 2 (1995)

¹ This paper and the four discussions that follow were presented as a plenary panel entitled "self-Disclosure: Therapeutic Tool or Indulgence" at the Fiftieth Anniversary Conference of the William Alanson White Institute, November 14, 1993.

change makes this rhetorical strategy easy enough; we dismiss whatever happened as a "transference cure," or as the effects of mere psychotherapy. It is not uncommon for analysts to read descriptions of a new technique and immediately to reject it as "not real analysis," irrespective of the result and without even asking for data about what became of the patient.

In light of these developments, it is easy to forget that Freud developed his method and argued for its superiority on pragmatic grounds. The work of analysis requires that we help our patients to disclose their deepest emotional secrets, including fears of the act of disclosure itself. Technique, Freud wrote, must be judged according to whether it serves that goal. The analyst's emotional stance, the timing of interpretations, rules about payment for missed sessions—everything—hinges on whether it will facilitate or interfere with the patient's ability to associate freely.

Freud addressed the problem of the analyst's self-disclosure as part of his attempt to figure out what would work best. Telling patients about ourselves seems the intuitive thing to do, he said. Certainly many patients (Freud's in the early 1990s, ours today) insist that it would be easier to reveal themselves if only their analysts would do the same in return. But intuition is misleading in this case, Freud cautioned; our self-revelations will actually inhibit the patient's. He cited four specific problems that are likely to come up: (1) It makes resistances harder to overcome; (2) in severe cases it makes the patient insatiable to know more; (3) the patient finds analyzing the analyst more interesting than analyzing himself; and (4) it makes resolving the transference more difficult. Thus Freud reached the conclusion that "Experience does not speak in favor of [a] ... technique of this kind" (1912ap. 118). His words and tone are those of a clinician who has tried something many times and who has lived to regret the consequences.

Shortly after Freud's original pronouncement the issue of self-disclosure became controversial. As with many fundamental questions of technique, the opposing point of view was expressed most clearly and forcefully by Sandor Ferenczi. Like Freud, Ferenczi (1988) argued his position on pragmatic and empirical grounds. Analytic anonymity is a myth, he believed, or perhaps a conceit of those who prefer to stay aloof from their patients. Patients, especially those who are the most disturbed, know their analysts very well; we reveal ourselves in everything that we say and do. Self-disclosure is inevitable; our only choice is how we accommodate to this fact of our professional lives. By believing that we can

keep ourselves hidden, Ferenczi said, Freud got us off on the wrong track. Our pretense of anonymity only mystifies the patient, perhaps repeating a trauma that the patient suffered early on. This intensifies resistance and stalemates treatment. We must share our feelings because doing so is the only way to promote the patient's ability to participate in an analysis. Self-disclosure is necessary because it works.

Thus contemporary psychoanalysts are faced with what is, to say the least, a vexing problem of adjudication. On the one hand we have the testimony of the founder himself that self-disclosure demonstrably undermines our attempts to conduct an analysis. On the other hand we have the testimony of the man who was widely acknowledged to be the foremost clinician of his day that refusing to reveal ourselves demonstrably undermines our attempts to conduct an analysis. The same arguments that Freud and Ferenczi made, putatively based on the same empirical observations, are regularly repeated in contemporary discussions of the issue. The clinician, faced many times each day with the need to act one way or another, is buffeted by strongly held, anecdotally supported, diametrically opposed injunctions.

When looking closely at a situation leads to this kind of conundrum, I tend to suspect that there is something wrong with the question as it is phrased. Three problems inherent in any attempt even to define the concept of self-revelation come to mind. First, there are many specific situations that are grouped together artificially. Freud talked about what the analyst could deliberately choose to disclose or to withhold; Ferenczi addressed what was inevitably and inadvertently revealed. Most relational analysts today follow Ferenczi's lead. They point out that a wide range of behaviors are self-revealing: answering a patient's question about one's personal life; sharing a countertransference feeling; asking a particular question (instead of another that could have been asked); making a particular interpretation; decorating one's office in a particular way; greeting (or not greeting) the patient; wearing a certain kind of tie; cutting one's hair. The list is endless, because everything that the analyst does reveals something to the perceptive patient.

But this does not address Freud's point about *deliberate* and self-conscious disclosure. It also masks a second problem with defining the concept: If it is true that everything we do reveals something, it is equally true that everything we do conceals something else. Freud wrote that we can see resistance at every step of an analysis (1912bp. 103). Even in moments of insight we are unconsciously avoiding awareness of some

other mental content. Similarly, even in moments when we are telling our patients about ourselves we are, consciously or unconsciously, deciding what not to say. It may be that self-revelation is inevitable, but—certainly when we move beyond disclosing bare facts to talking about our beliefs or feelings—there is also something mythic about it. And because it is mythic, the idea of self-revelation itself can be misleading and even dangerous clinically. Both patient and analyst believe that when the analyst shares a personal thought or a feeling something has been given, and they collusively ignore what has been withheld.

A simple example will illuminate some of the difficulties involved. A patient, herself a therapist, has come across a recent publication by her analyst in a psychoanalytic journal. The patient guessed that the analyst must be excited about having her paper published, and that she is probably also anxious about going public with her ideas. She asks the analyst whether this is true. The analyst struggles with how she should respond. The patient guessed correctly, and the analyst believes that in the name of authenticity she owes her an honest answer. In addition, she thinks that knowing about the mixed feelings might help the patient, a woman who is conflicted about her own professional ambitions, cope with her inhibitions. She wonders whether doing so would be too self-revealing.

Perhaps, but are things really so simple? With some thought, the analyst realized that excitement and anxiety were hardly her only feelings about the situation. There had also been an undercurrent of competitiveness running through the treatment from its beginning, and the analyst had noted a few moments of triumphant glee at the thought that she had gotten her work published before the patient had. She was also feeling guilty about having these thoughts, and ruminated about her brother, who was embarked on what seemed to be a career of failed professional and romantic pursuits. She certainly did not feel comfortable telling the patient about these feelings, which the patient had not guessed. This leads me to wonder whether there was a fuller way of understanding the situation as it was getting set up. Could it be that revealing the excitement and anxiety—even the hope that this would support the patient's ambitions—was also in the service of concealing something less palatable? I suspect that this is often the case with what are, manifestly, the analyst's self-revelations. The solution is not for the analyst to confess her competitiveness or her guilt. Were she to do so, I would assume that other feelings were being left undiscussed, and I would get interested in what they are.

The third problem with defining self-disclosure is particularly serious with respect to discussing feelings that arise within the countertransference. As many of us have moved toward a two-person model of the psychoanalytic process, we become increasingly aware that there are always multiple perspectives on the participation of each party. This means that whatever is revealed is simply one person's understanding at a given moment—never (despite the patient's and sometimes also the analyst's hopes) the last word on the subject. One of my patients was convinced that I wanted to kill her, and another was convinced that I was passionately in love with her. Both demanded that I tell them the "truth" about my feelings. But what is the truth? To the best of my knowledge I did not feel what either patient believed I did. Or at least, whatever I did feel was tempered by opposing feelings, so that the feelings themselves did not mean quite what the patients thought they did. But was there a "core" of truth that—using the tunnel vision of the truly committed—they could discern and that I was defensively overlooking? The idea of multiple perspectives implies that this is plausible. So does the idea of unconscious mental contents. Both concepts imply that I am not necessarily in a privileged position to know, much less to reveal, everything that I think or feel.

These problems convince me that it is not particularly useful to attempt to come up with any sweeping statement about self-disclosure. I do not see any advantage to covering a wide range of situations with a one-size-fits-all technical prescription. Rather, our task requires coming to grips with an endless flow of decisions, each made by a particular analyst, with a particular patient, in the context of a particular moment in their relationship. In general, talking about how we arrive at decisions strikes me as more interesting than the particular conclusions we reach, especially when those conclusions are idealized as the only ones that are acceptable. I will present some case material, teasing out the thoughts that shaped my deliberations about what to do.

Mr. C. is a middle-aged professional who has been in analysis four times a week for about two years. He is an unusually polite, considerate, low-key, somewhat stiff man who settled easily into the routine of analysis. He sought treatment because he was becoming hopeless about finding and maintaining a romantic relationship. He had many acquaintances and was widely considered a good listener and a supportive friend, but his involvements with women never amounted to much. After a few months of dating, one or another partner would lose interest and withdraw,

quietly but abruptly. Although Mr. C. had no particular complaints about other aspects of his life, in our initial consultation I remarked that despite a lot of hard work and considerable success his life, as he described it, sounded gray to me. This comment touched him greatly; he said that he felt I understood him well and he frequently referred back to it as the intervention that led him to decide that I would be the right analyst for him.

This is Mr. C.'s first analysis, although he did have therapy about twelve years ago. When he first talked about that treatment he described the presenting problem as impotence, although as he elaborated what went on it became clear that he suffered from premature ejaculation that had prevented him from having intercourse for many years. The therapy was quickly effective and the symptom never returned. What was most striking about that treatment was its ending. A few months after he was able to have intercourse for the first time, Mr. C. decided that nothing much was happening in the therapy and that it was time for him to leave. He told this to the therapist, who quickly agreed. The two shook hands and Mr. C. departed, not even waiting for the scheduled end of the session.

At the time of the incident I will focus on, Mr. C. and a woman with whom he had been involved for almost a year were planning to marry. He felt optimistic about the future, but at the same time he was beginning to have some disquieting thoughts about the analysis itself. On the verge of achieving the goals that brought him to treatment in the first place, he occasionally found himself wondering what else there was to talk about. Sessions often dragged and seemed pointless to him. For my part, there had always been some question whether Mr. C. would repeat with me what had happened in his previous therapy: relatively quick accomplishment of his goals and an abrupt departure before he could be touched in any deeper way. I hoped for something better, and as a result there was a tension, not yet fully palpable, between us. Mr. C. hoped that treatment was nearing an end; I felt that the real work of analysis was just now becoming possible.

Throughout the analysis Mr. C. had tried hard to be a model patient. He kept all appointments despite having a job in which emergencies threatened to interfere, often pulling off impressive feats of reorganization to do so. He paid his bill religiously, in the session after getting his statement. He would hand me an envelope containing a copy of the statement, an insurance form, and a check. One day, as I was going through my paperwork after seeing my last patient, I opened Mr. C.'s envelope

and found the statement, the insurance form, but no check. Next morning, when I arrived in the office there was a message from Mr. C. on my answering machine. He said that he realized he had forgotten to include the check, but that he would have it for me at his session later in the day. When he arrived he gave me the check and asked, somewhat nervously, whether I had gotten his message. This is one of those moments in analysis when there is no time to think. I did not, of course, think that the question was as simple as it seemed to be, but I had to decide what to do in an instant. From here on I will try to replay my thoughts in a kind of super slow motion in an attempt to examine a choice that I made reflexively.

By forgetting the check, Mr. C. had unconsciously risked a spontaneous piece of behavior about which he would have been far more cautious early on. He was relaxing his self-control, and—for the first time in the course of our work together—allowing himself to make waves. He was showing me that he could be thoughtless, perhaps even assaultive, and that he could intrude disruptively into my life. But this left him feeling anxious and guilty, and with the phone call he was undoing the aggressive act. Now, his question about whether I had gotten his message was a way of asking about my reactions to his conflict.

This leads to thoughts about his history. From very early on he had felt intense pressure to be a "perfect" child, which to him meant a child who never demanded anything from his parents, never disturbed the superficial tranquility of their fragile marriage, never caused them to worry about how he was doing. He conveyed the impression that he had been a child who had done his best to disappear. It seemed as though the only footprints he could imagine leaving behind him were the muddy kind that an already beleaguered mother would have to spend her last drop of energy cleaning up. A number of memories bolstered this conviction about himself. When he was about ten years old his parents had moved to a new house that, it quickly turned out, they could not afford. In the period of anxiety that ensued, Mr. C.'s mother frequently told him that the family had bought this extravagant home only because he had not been able to get along with the children in their old neighborhood. That never quite rang true for Mr. C., who felt that he had a number of friends there, although he could identify with lonely feelings that had become chronic even in his early years.

Several experiences with his father contributed as well to Mr. C.'s fears that whatever he did could be dangerously unsettling. Perhaps his most

distressing memory dated back to early adolescence. This was a difficult time for Mr. C., who was smaller than other boys his age and who felt confused, anxious, and guilty about any interest in phallic expression. Because of this, and because it seemed that boys had to take the initiative with girls, Mr. C. often had the idea that it would be easier to be a girl. The thought troubled him, and one day he decided that he should ask his father about it. His father became furious, told Mr. C. that it was disgusting to think things like that, and turned and walked away. Needless to say, the subject never came up again.

Incidents like these convinced Mr. C. that his presence was toxic, and he learned to cope with this belief by going into hiding. He spent a great deal of time in his room, reading and playing quietly by himself. In school he became quite a good student; this was less the result of any driving academic ambition than out of a wish not to call attention to himself by signaling any need for special treatment. He described a life-long pattern of embracing separations, endings, and departures. He went to sleepaway camp for the entire summer from the age of six on, and could never quite understand why the other boys seemed to feel homesick. When he was deciding which colleges to apply to his first criterion was that it be a school that nobody else in his high school class would be likely to attend, and he successfully achieved this goal. His professional training had many stages, and at each stage he would move to a new city. In the analysis he recalled that as he drove away, his back to the old city, memories of the people with whom he had been involved would gradually dissolve. First, he would lose any sense of what they had sounded like, then visual impressions would fade. Finally, there was nothing left. Mr. C. had no contact with anybody from earlier periods of his life.

Once, as he was preparing to leave for a new city, he spent an evening with a group of people with whom he had been close both professionally and personally. One woman ventured the thought that although Mr. C. had been unfailingly pleasant and consistently interested in others, she did not feel that she had gotten to know anything at all about him. Everybody in the group agreed. This had distressed Mr. C. greatly, not because he wanted to be known but—quite the opposite—because he was upset that something so personal had been noticed about him at all. It made him feel even more relieved that he would soon be moving on. The pattern of leaving before he could be known had repeated itself in the first therapy, and now it threatened the analysis. But there was a difference this time: In his enactment, Mr. C. was tentatively letting me see

something new. His freedom to forget the check suggested that he was willing to risk being known, but I was also sure that he was poised to go back into hiding again in an instant if he sensed that he needed to do so.

What would shape Mr. C.'s decision? Certainly a lot of the work we had already done in the analysis plays a part; after two years he was more able to accept personal tendencies that earlier would have been too upsetting to him. But his sense of who I am and how I feel about what he has done is at least equally important. His concern about this drives the question about whether I had gotten his message. It is his way of exploring my reaction: Am I prone to retaliate when attacked, to withdraw, to sweep it under the rug? Is there room in what has been a productive analytic collaboration for disappointment, discord, deprivation, and rage? My response to an apparently simple question would, to my patient, reveal a great deal about my state of mind.

What help could I get in this moment from the psychoanalytic textbooks? Consider the standard injunction: "Don't just do something, sit there!" That is often good advice, but the implication is that it is possible to do nothing, which seems unlikely to me. Or it implies that at least it is possible to reveal nothing, but that runs up against Ferenczi's important warning about the inadvertent disclosures that are inherent in all our choices. If we agree with Ferenczi and with his followers in the relational psychoanalytic tradition, we evaluate every technical decision in light of what it reveals about us. The decision, then, is not whether to reveal something or not; rather it is whether I choose to reveal something deliberately.

What would be the difference between answering Mr. C.'s question directly—revealing something deliberately—and "just sitting there"? From my vantage point, if I just sat there, I would be saying that I am unperturbed, interested, attuned to the struggle signaled by what he has done. But there is certainly a great deal of ambiguity in this. It is equally likely that, because it is so much like his father's walking away when the going got rough, not answering the question will demonstrate to Mr. C. that I was angry and am now acting vengefully or depressively. This impression would be especially plausible if the silence was atypical—for instance, if there had been more verbal give and take when the discussion was safely focused outside of our relationship. Although Mr. C. could not be sure about this, and he would have other experiences with me to draw on that would have different implications, the ambiguity and the uncertainty would create a tense atmosphere between us. It might be just

the sort of tension that would lead him to pull back from me and from himself.

What about turning to another textbook, the one that says that precisely because anything I do reveals something about myself, I might as well reveal the truth. In fact, my reactions to the forgotten check had been mixed. On the one hand, because I enjoy getting paid and can use the money, I felt a surge of disappointment. But more important, it occurred to me that the slip meant that our work on some of Mr. C.'s more tenacious and pervasive characterologic defenses was starting to pay off. So I had felt a bit of pride as well, and some sense of satisfaction at being able to absorb my patient's aggression. In general, my reaction was more benign than Mr. C. feared or suspected it was, and I could have expressed this by saying that yes, I had gotten the message. This would fall under the heading of a deliberate self-disclosure, and I would be intending to reduce ambiguity and tension by demonstrating to Mr. C. that I am a more tolerant and resilient character than his father. I would be saying that I know such things happen and that they are not especially jarring to me or disruptive to my relationships. But here is where Freud's caution about deliberate self-disclosure and its effect on transference and resistance seems prudent. For Mr. C., hearing that I was not greatly disturbed by what he had done might well minimize the impact of the event, and even suggest to him that I was denying something, in collusion with his own efforts to undo the aggressive act. If he believed that, it would truncate the negative transference and intensify his resistance to experiencing it. The calmer atmosphere that follows a deliberate self-disclosure can itself be stifling.

Let me summarize the possibilities as I have developed them. I have argued that there is no way to avoid self-disclosure, but that I do have the option of answering Mr. C.'s question directly and thus deliberately saying something about how I am feeling at the moment. What I choose to do will set a tone: In this situation it is safe to say that remaining silent will lead to ambiguity and tension, while answering will tend to calm things down. But I have to go a step further. Despite what the textbooks tell us about optimal levels of anxiety, there is no way of knowing—outside of the context of a particular analytic dyad operating at a particular moment in the history of their relationship—what tone will best facilitate doing the work of analysis. Freud was right about self-disclosure, sometimes. Ferenczi was right about self-disclosure, sometimes. Received technical prescriptions cannot help me in this moment with Mr. C.; I

must rely on what I know about him, about myself, and about our relationship in deciding how to respond.

So I begin to recall how over the years Mr. C. has learned to cope with his aggression, and even with his adult potency itself: by blunting it, quickly undoing it, isolating himself in a way that serves the purposes of both prevention and punishment. His gray stiffness, his politeness, even the early symptom of premature ejaculation were covers behind which he protected unusually intense and long-standing preadolescent superhero fantasies, fantasies that he continued to live out surreptitiously in the performance of his professional responsibilities. Now, afraid of himself and concerned about what he has done to me, he could easily take the edge off things. Could it be that even acknowledging that I had gotten his message would be a way of joining him in this?

My thoughts do not stop with Mr. C.; they also turn to pieces of my own history. Here I need to get into some self-disclosure, in this article if not with Mr. C. himself. I recognize that some analysts would have acknowledged receiving the message casually and gone on from there, and that analytic work would get done. But this did not feel right to me in this moment with this patient. There was much in Mr. C.'s style that reminded me of some formative early experiences of my own, growing up with a father who felt forever on the verge of disrupting a carefully crafted, sustaining but ultimately stifling world of internal objects and interpersonal relationships. As a result of this, I have come to dislike euphemism, fearing that it is the tip of an iceberg of hypocrisy and destructive personal compromise. It is not surprising, then, that smoothing over rough moments can feel dangerous to me, and that directness or even bluntness can be the surest route to safety. So even saying that I had gotten the message—although it was true and although as far as I could tell I was not greatly disturbed by what he had done—struck me as too close to the kind of cover-up with which both he and I have struggled over the course of our lives. Accordingly, my preference was to be silent and to await developments, even at the cost of some abrasiveness.

Despite these personal feelings, with some patients—and at some points in every analysis—I would find it important to answer the question directly. Analysis is not, after all, a vehicle for expressing my own relational preferences. But I believed that full exploration of Mr. C.'s slip was best facilitated by maintaining a high level of ambiguity and tension about its impact on me, and that our relationship was strong enough to contain whatever feelings emerged. What happened next confirmed my

hunch; Mr. C. was initially taken aback by my failure to respond and he repeated his question. I remained silent, and he made an uncharacteristically sardonic remark about my suddenly becoming like every other analyst, to which I responded that this was the first time in the course of our work together that he had become aware of needing to worry about me.

That, I think, was the key to the incident. Mr. C. acknowledged that when he realized he had forgotten to put the check in the envelope he was quite worried about how I would take it, and that he was concerned about how I was feeling about him generally. He thought I must take some satisfaction from the success of our work together, but he was aware of his recent reluctance to come to sessions and of his frequent difficulty in coming up with anything to say. Perhaps he was the wrong kind of patient, or perhaps I preferred people who could talk more easily about the kinds of things people in analysis were supposed to talk about. Perhaps, I responded, he was worried that neither he nor I was quite the nice guy we had represented ourselves to be. Without an external problem to work on—Mr. C.'s romantic difficulties—the two of us were alone in the room, and that could be an explosive mix.

Over a period of several weeks this line of interpretation led to more discussion of the forgotten check, to Mr. C.'s fears of being disruptive, and to his wish to dislodge me from what he saw as an artificial and self-protective position of smug beneficence. The forgotten check became a turning point in the analysis; our ability to experience and survive the incident without muting its impact got us more fully into the transference and into the character problems lying behind his presenting complaints. Because of this, I believe that my decision not to answer Mr. C.'s question directly was the right one. But I want to emphasize that I have often made the wrong choice, and that getting the analytic process moving again has required considerable backtracking. What will work can never be entirely apparent in advance.

Self-disclosure is something that all analysts sometimes do and sometimes refrain from doing, although not all will talk openly about doing it. In this article I could have chosen an example in which I revealed something deliberately, or one in which I did not, because our claim to technical rationality lies in the way we think about things, not in particular prescriptions that putatively define a psychoanalytic method. The theory

of technique comes to our aid when it teaches a mode of discourse; when it prescribes what we *must* do across the board it can only stultify our efforts to work effectively with our patients.

REFERENCES

Ferenczi, S. 1988 *The clinical diary of Sandor Ferenczi* ed. J. Dupont.
Cambridge: Harvard University Press.

Freud, S. 1912a Recommendations to physicians practicing psycho-analysis
Standard Edition 12 [\[→\]](#)

Freud, S. 1912b The dynamics of transference Standard Edition 12 [\[→\]](#)

Article Citation [\[Who Cited This?\]](#)

Greenberg, J. (1995). Self-disclosure: Is It Psychoanalytic?¹. *Contemp. Psychoanal.*, 31:193