



# The Art of Self Disclosure

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As a social work student, I am frequently conflicted about the use of self in a therapeutic relationship with a client. For me, there seems to be a delicate balance between establishing a trusting, congruent therapeutic alliance with the client and the possibility of sharing too much personal information, which could unintentionally impede the healing process. I have always been wired this way, and even as a toddler, I would crawl under the public restroom stalls and tell strangers my life story. For many years I facilitated women's group Bible studies, which operated in a way similar to a support group. The topics typically would incorporate many self-help techniques, which were grounded in a biblical foundation. To provide a safe environment, encourage conversation, and reduce any power differential that the women may have been feeling, I would often be the first one to self-disclose something. Based on my personality and the habits I had formed from leading Bible studies, I knew the area of self-disclosure would be challenging for me.

Although my character traits contribute to my struggle with self-disclosure, discussion in many of my social work classes indicates that this is something with which other social work students struggle. For the purposes of this article, the term "self-disclosure" is used to refer to situations in which social workers reveal personal information about their past or current life circumstances to their clients. The literature suggests that the use of self is a controversial and ambiguous area even for many seasoned therapists, and has become an important topic of discussion in clinical practice (Raines, 1996; Dewane, 2006; Siebold, 2011; Wells, 1994; Roberts, 2012; Gibson, 2012). Deciding whether self-disclosure could be a therapeutic mistake or intervention is a question many practitioners ask themselves. Many social work practitioners admit to feeling uncomfortable discussing their use of self-disclosure with their supervisors and co-workers (Knight, 2012). Social workers differ in their opinions about self-disclosure; for example, psychodynamically trained therapists typically disclose less often than others (Gibson, 2012). The use of self can be a powerful therapeutic tool, provided it is used in a way that does not take the focus off the client and is in the best interest of the client. I would like to share a few experiences I have had in my current internship with self-disclosure, how I handled them, and what I learned from them. I would also like to discuss the value that supervision had on me in this confusing area.

My current internship is at a suburban hospital in the outpatient adult behavioral health area, facilitating group therapy. Many of the clients in the program are struggling with symptoms of depression and anxiety that affect their daily functioning. During a client's individual process time in the group therapy setting, I was experiencing some counter-transference as the client spoke about his involvement with Christian youth groups. He was a mentor to many of the teens and would support them when they needed someone to listen to them, or when they asked for guidance and advice. My son has had some mental health battles of his own, and has been blessed to have a youth pastor in his life who has poured out his love, time, and energy to make an enormous difference. When the client spoke, I found myself getting tearful, remembering how I felt towards my son's youth pastor. The strong emotion inside of me made me want to communicate to the client how important he was to other teens' lives, based on my own experience. I felt strongly about it because this client was struggling with his purpose in life, questioning his value and worth, and had been experiencing suicidal ideations. Before I spoke, I realized I needed to pull myself together and rein in my emotions, but I still shared some personal information about how my son's youth pastor had made such an impact. Later that week, during supervision, we talked about my counter-transference. I explained how emotional and tearful I got during the client's process; my supervisor stated that she was unaware of that and commended me for being able to scale back and emotionally regulate myself. We discussed other ways in which I could have validated the client without using my own personal story so that the focus remained on the client and not on my experience of gratitude of my son's pastor.

After a few supervision sessions regarding self-disclosure, I handled a situation in a different way. A client questioned me by asking how I was able to be caring and compassionate all day as I facilitated group therapy, then go home without being affected by everyone's problems. This client asked if I "turned part of my heart off" during emotionally intense group discussions. Instead of responding in a personal manner, I stated that we all had love and compassion in our hearts to give to others. This led into a discussion on self-care with an example of a cup that gets filled until it overflows with water. The cup represented an individual, and the water represented their emotional, physical, spiritual, and cognitive needs. When one's needs are met, one then has the energy to pour out to others. I was able to deflect this personal question to the group and summarize that we all had loving hearts. This allowed for redirection and deeper therapeutic discussion. Many times, it is not necessary to answer personal questions, as it takes the focus off of the client. The way that I chose to respond to the group represented a part of me and, therefore, was a way of disclosing. By "being" I am disclosing the type of person that I am. What I learned from this experience is that when the response to the question is reflected back to the client, it can instill hope and worth within the client.

Because I was aware of my characteristic of being forthcoming with people, I was able to tell my supervisor early on that this was going to be an area to which I would need to pay close attention. She helped me understand how powerful it can be to stay in the present moment, focusing on the group members and subject matter, and opening the topic up to the group for greater reflection and

insight. Supervision proved to be beneficial to me in this regard: my second session was improved and showed greater group effectiveness. Before writing this article, I did not realize that there was so much controversy around the use of self-disclosure in therapy. I was relieved to know that many experienced practitioners are conflicted by this issue as well. The research on this subject can give me parameters when I am considering utilizing self-disclosure. As my experience in my internship expands, I am beginning to feel more comfortable with my therapeutic style, and have been able to practice the art of self-disclosure. There are dynamics that need to be considered, such as timing, how symptomatic the client is, and if the social worker believes it will be for the benefit and welfare of the client. When deciding if and when to self-disclose, I will ask myself the following questions adapted from Wells (1994) and Roberts (2012): (a) will the disclosure be helpful to the client, and in what way?; (b) are there other ideas or examples that may be helpful to them, without the sharing of personal information?; (c) how might the client respond to the self-disclosure; for instance, will it be emotionally difficult for them, and can they accept it, assimilate and integrate it?; and (d) once the self-disclosure is made, is there an effective way to focus the discussion back to the client's concerns? Another factor to consider is how the client may or may not react to the social worker's self-disclosure. It is important not to expect a particular reaction from the client and to be comfortable with the client's response, whatever that may be (Roberts, 2012). It is also important to realize that there is always an opportunity for repair of the relationship; if the social worker senses that too much personal information has been shared, they can ask the client how it has affected them.

Self-disclosure should be used in a way that fosters growth within the client in the areas of insight, awareness, and creating positive change. The Greek term "agape" means a selfless love devoted to the welfare of the other (agape, n.d.). As I set out to be a professional social worker and engage in therapeutic relationships with clients, I will use self-reflection and supervision to help me manifest "agape" in making self-disclosures to clients.

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