Self-Disclosure from the Perspective Of Intersubjectivity Theory

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In an earlier contribution (Orange, Atwood, and Stolorow, 1997), we explained that the concept of practice better describes psychoanalytic clinical work than does the venerable notion of technique. We argued that although technique and technical rationality are appropriate in working with things without minds, where more variables can be controlled and experimentation can be replicated, practice and practical wisdom better suit work with human beings. It is no accident that people speak of the “practice” of law and medicine.1

The misapplication of the concept of technique in psychoanalysis is nowhere more evident than in discussions of self-disclosure. Only by conceiving of psychoanalysis primarily as an empirical science requiring rigid controls over intervening variables could we imagine that self-disclosure could be regulated by rule or precept or even by “technical recommendation.” Nevertheless, generations of analytically oriented teachers and supervisors have sought to protect the process from contamination by insisting that analysts remain anonymous, just as workers at computer chip companies don white coveralls.

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1 Aristotle (Aristotle, 322 BCE/1985) believed we should consider ethics and politics to be practices, where what is needed is not rules of technique, but the ability to deliberate or consider wisely.
to protect their work. Consider the often-cited words of Freud, for whom
confiding in one's patients
achieves nothing towards the discovery of the patient's unconscious;
it makes him less able than ever to overcome the deeper
resistances, and in the more severe cases it invariably fails on
account of the insatiability it rouses in the patient, who then tries to
reverse the situation, finding the analysis of the physician more
interesting than his own.... The [analyst] should be impenetrable to
the patient, and like a mirror, reflect nothing but what is shown to
him [1912p. 118].

Later analysts have been likewise concerned to protect the “pure gold” of
analysis from any impurity introduced by the analyst's personality; at the same
time they recognized that such complete anonymity was impossible.
Greenson's (1967) story about his patient who inferred that Greenson was a
liberal Democrat is illustrative. Greenson asked how the patient, a
conservative Republican, had come to this conclusion.

He then told me that whenever he said anything favorable about a
Republican politician, I always asked for associations. On the other
hand, whenever he said anything hostile about a Republican, I
remained silent, as though in agreement. Whenever he had a kind
word for Roosevelt, I said nothing. Whenever he attacked
Roosevelt, I would ask who did Roosevelt remind him of, as though
I was out to prove that hating Roosevelt was infantile.

I was taken aback because I had been completely unaware of this
pattern. Yet, at the moment the patient pointed it out, I had to agree
that I had done precisely that, albeit unknowingly [p. 273].

This vignette shows that prominent analysts in the ego psychological tradition
recognized many years ago that unwitting self-disclosure of personal data
about the analyst was inevitable and that full anonymity was impossible.
Greenson's apparent chagrin, however, also illustrates the tendency of
analysts to regard self-disclosure as an unfortunate side effect of analytic
work, not an essential contributor. The patient must disclose everything, the
analyst as little as possible. Recent work in relational psychoanalysis
encouraging exploration of
the patient's experience of the analyst's subjectivity (Hoffman, 1983; Renik, 1993; Aron, 1996) has begun to remedy this one-sided view.

Intersubjectivity theory is even more radical on this topic. It recognizes that within any particular psychoanalytic situation (Stone, 1961) or intersubjective field, two subjective worlds are continually self-revealing and attempting to hide. Even withholding is a form of communication. The question is what fundamental psychological convictions (emotional organizing principles) guide the content and manner of our revealing and hiding, both witting and unwitting, with a particular patient, and vice versa. Obviously the better analyzed analyst will be better prepared to grapple with this question. The well-supervised analyst or therapist from an intersubjective or fully relational point of view will be better prepared to appreciate the importance of such profound self-knowledge. We can consider Ferenczi, who insisted on the thorough analysis of analysts (Balint, 1954; Benedek, 1969), an important anticipator of intersubjectivity theory in this respect. Not coincidentally, he was also the first to challenge the psychoanalytic taboo on self-disclosure and to recognize that psychoanalysis is an intimate human practice. His experiments with mutual analysis led him eventually to understand that psychoanalytic communication must remain adequately asymmetrical (Aron, 1996) for the protection of both participants.

The question of self-disclosure, however, continues to occupy analysts. This may mean we continue to struggle with compliance versus self-articulation (Brandchaft, 1994). Fidelity to our ancestral legacy of psychoanalytic rules often seems a crucial requirement for maintaining our ties with official psychoanalysis and our personal sense of identity as psychoanalysts. Reading and hearing the history of psychoanalysis, with its many incidents of excommunication and exclusion for the crime of being "unpsychoanalytic," makes such anxieties and conflicts more than understandable. Conformity to the rules of technique, which continue to cast great suspicion on any deliberate self-disclosure beyond one's carefully articulated experience of the patient, assures us, if we also conform to the other rules, that we really are analysts. In other words, the question of self-disclosure continues to be discussed, in part, because the psychoanalytic family requires of its members the suppression of spontaneity and self-expression.
But there is more. Self-disclosure of the deliberate kind remains a question because, as we mentioned earlier, psychoanalysis is a practice, not a technique. We reiterate: psychoanalysis belongs to the realm of practical wisdom, not to that of techniques for the production of identical items or for the application of the findings of the empirical sciences, helpful and suggestive as these may be. People are not products to be shaped by techniques. Technique belongs to the realm of generality, mechanization, and routinization. The intersubjective field, on the contrary, is the realm of practice, the area of understanding, the particular interplay of particular subjectivities. This means we must address deliberate self-disclosure in psychoanalysis as a topic of serious questions and considerations. Wachtel (1993), in his textbook *Therapeutic Communication*, has made an extremely helpful start in his chapter on self-disclosure. Here let us note some important considerations that arise from an intersubjective perspective on psychoanalytic work.

First, of course, we must ask who or what is “the self” we consider disclosing? Perhaps the entire problem of self-disclosure in analysis arises because we are still trapped in overly concrete and reified conceptions of selfhood as isolated mind. If we conceive of selfhood as process emergent in particular intersubjective contexts, then we may speak of attempts to hide one's subjective participation in the clinical practice, but not of the disclosure of a preexistent self or of the contents of its dualistically conceived “mind.”

In any case, most fundamental is the question of meanings for patient and analyst. Neither disclosure nor withholding is neutral; each has a particular meaning in the context of a particular psychoanalytic treatment. Our primary concern, if we work within an intersubjective perspective, must be to understand with the patient the meanings of whatever is going on. If we believe this, hiding our personal part in whatever is going on can only inhibit the psychoanalytic process. Stolorow and Atwood (1997) have argued that there can be no neutrality in an intersubjective view of treatment. For one patient, saying that the analyst will be away for two weeks is more than enough to say. For another, there will be questions about where he or she is going, whether the trip is business or vacation, and so on. There is no neutral way to respond. In fact, to say more to the first patient would not be neutral either.
We cannot be more specific than the intersubjective principle allows. Suppose, as we could easily be tempted to do, we considered the wisdom of an analyst's self-disclosure to depend on a sense of safety, for patient, for analyst, and for the intersubjective space itself. The intersubjective field would include the intermediate or transitional area—the space of illusion and playing, the space between—so helpfully articulated and illustrated in Winnicott's (1971) work. It would also include the subjectivities of both participants. Making the whole intersubjective field increasingly safe permits exploration, inquiry, play, and the development of new and/or revised psychological organization. Thus, just as patients are constantly asking themselves if it is safe to say or feel this or that with this person, analysts express their own sense of personal and intersubjective safety as we choose how or what to say or not say to a patient. How—not whether—to answer a patient's question, for example. If we treat emotional safety as our fundamental criterion, we must ask how particular forms of response affect the safety of the field. There is no routine, or default, procedure. With some patients, direct response to questions followed by inquiry about meaning seems to create the safety required for deeper reflection. With others, the exact reverse seems to be true. Some ask questions hoping the analyst will ask, “Do you really want to know that?” Then a discussion ensues, not only about the meaning of the content of the question, but even more about its function—for example, to test the analyst's ability to protect the patient from retraumatization. Some patients are thankful for this kind of response. These patients are usually those for whom intrusion and boundary violation have traumatically reduced their ability to feel safe if the other person is known to them.

But the intersubjective perspective goes further. Certain patients may need the experience of feeling unsafe, and we cannot conclude that any particular intervention is better or worse without exploring its particular meaning for this particular person in the context of this particular treatment.

Let us consider a specific example, one in which a pattern of self-disclosure on the analyst's part has developed. This example differs from those recently given of what is often called countertransference disclosure (Burke and Tansey, 1991).

Erica came to treatment in her late thirties, depressed and expecting to fail at everything she undertook, professional or personal, despite a
history of considerable success and large talents in more than one field. Although she described her family as close, it turned out that her parents' marriage was troubled and that she had become the parentified child to several siblings. Further, her parents were both prone to rages, and Erica was frequently berated in tirades from her parents in front of friends or siblings. Nothing she could do was good enough, so explosions were always imminent. Her expectation of failure was understood as closely linked to her certainty that painful and destructive humiliation was always just around the corner.

Once Erica settled into treatment and began to feel understood, a curious pattern developed. At the beginning of each session she would ask how the analyst's weekend had been, or how she was. Initially, this seemed to be just the behavior of a person who had been trained to be polite and whose “structures of accommodation” (Brandchaft, 1994) were strong. So the analyst would answer briefly, “Fine, thank you,” and attempt to shift the focus to the patient's concerns. But the shift would not come easily. Erica would ask more, or wait for more response, before she seemed able to move on.

The analyst considered the possibility that this patient was, in good parentified-child style, easily recognizable through the lens of her own history of parentification, attempting to take care of her. So she continued to answer briefly, without making an issue of the ritual, and took opportunities as they arose to study with her these patterns of compulsive caregiving. While some of these began to change at work and at home, this approach had no effect on the beginning of sessions, so the analyst concluded she had only partially understood. She was reluctant to point the pattern out, imagining Erica would feel shamed. Yet the merely polite responses were evidently also problematic.

It seemed time to experiment. Perhaps, the analyst thought, Erica needed her analyst to talk about herself. So, one Monday, when asked what she had done on the weekend, the analyst responded that she'd mostly done chores, had done some reading, and had been to a concert. What was the concert, Erica wanted to know. And how had the analyst liked it? After a somewhat more lengthy reply, they began to talk of the patient's weekend, and moved more easily into the work of the session. Since then, they have tended to “chat” for about three minutes at the beginning of each session. Erica has come to know a fair number of details about her analyst's interests and activities.
Now they have begun to discuss this interaction. Reflecting on the pattern they finally found together, they have concluded that Erica needs her analyst to be real in order to enter and stay with her own reality. If she cannot feel her analyst as a real person with a life of her own, Erica feels unable to open up her own more vulnerable places. She needs to feel her analyst respects her enough to think she could trust her patient and talk to her. Talking together about the analyst's interests and activities seems to make it safe for Erica to develop a sense of her own.

As they examined this pattern further, Erica explained that she had always needed to check and see that the caregiver was in good emotional condition—not likely to explode—before she could venture into anything of her own, but had not realized how imperative this still felt. Otherwise, any indication of her own feelings and needs and concerns ran the risk of scorn and humiliation, with the consequent debilitating shame. The experiences of Erica's adult life have only reinforced her sense of the necessity of these safety measures.

More recently, this patient has begun to express a fear of “going crazy” or “falling into pieces.” Despite an outward demeanor that leads others to regard her as the Rock of Gibraltar, Erica feels she is always trying to find her own footing. Asked whether this might be another meaning of the session-starting ritual, she thought probably so. Not only does she need to reassure herself that her analyst is not about to explode at her, she has to be sure she is on solid ground internally and in the analytic space or intersubjective field.

Still, to return to the earlier discussion, we do not suggest that safety, or propriety, or “the frame,” or anything concrete is the ultimate criterion. From an intersubjective point of view, there is no general “right answer” to questions about self-disclosure or other matters of what many call technique. Nor can self-disclosure, even countertransference disclosure, become just another item in an analyst's technical toolbox, as in the phrases “the analyst's use of self-disclosure” or “the judicious use of self-disclosure” (Gerson, 1996). There are two people together, an analyst and a patient, trying to find understanding that will permit a reorganization of experience or perhaps a developmental second chance (Orange, 1995). Specific decisions about self-disclosures and other forms of analytic conduct need to be made on the basis of assessment as to whether their interacting

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meanings for patient and analyst are likely to facilitate these goals.

**References**


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