

## The Nature of Self-Disclosure

No man can come to know himself except as an outcome of disclosing himself to another person.

—JOURARD (1971b, p. 6)

When the first man opened his eyes and discovered he was naked, he tried to conceal himself even from the sight of his maker; so diligence in hiding was born almost when the world was born.

—ECO (1996, p. 112)

The primary aim of this book is to examine the nature of self-disclosure in psychotherapy. More specifically, this book addresses self-disclosure from several perspectives: that of patient to therapist, therapist to patient, supervisor to supervisee, and supervisee to supervisor.

Although there are significant differences in the structure and dynamics of each of these relationships that affect the tendency to disclose personal material—for example, the clinical space available for patients to tell their stories and secrets should be far broader than that for therapists—all interpersonal disclosures share common elements. All disclosures reflect decisions about the boundaries between the private self and the outer world. All revolve around a basic question: What elements of our private world will we express to the outer world? Most often, disclosures involve negotiating an appropriate balance between the helpfulness of sharing a part of ourselves with another and the inappropriateness or even danger of overdoing it, of perhaps sharing too much too soon. Psychotherapy, a place of nearly total confidentiality, provides a rich and unique setting in which to examine this quintessentially human conflict. In doing so, in studying the nature and consequences of disclosure, we can enrich our understanding of interpersonal relations in general and of something fundamental about the psychotherapeutic process.

The therapist's office seems a natural arena in which to examine issues of self-disclosure. It is the place in which patients are expected and sometimes exhorted to confide their secrets, their suppressed memories, their hidden (and not-so-hidden) feelings, their vaguely remembered dreams, their most shameful fantasies, their immediate experiences. Patients in therapy come to talk about themselves, and, in fact, therapy is one of those rare situations in life where talking about oneself is not only considered appropriate but necessary.

The therapist's office is also a place in which therapists must consider what they will disclose to their patients, a topic that has attracted enormous interest and debate within the psychotherapeutic community over the past few decades. Controversy has raged over such questions as: What constitutes therapist disclosure? Is therapist disclosure helpful or ultimately and essentially narcissistic? And, if helpful, which kinds of disclosure are most useful and under what conditions?

Relatedly, though often overlooked in discussions regarding disclosure in psychotherapy, therapy supervisors and supervisees must decide what they will and will not disclose to the other. These decisions affect not only their relationship to one another but also the nature of the psychotherapeutic treatment being offered by the supervisee.

In this first chapter, I discuss the general nature of self-disclosure, including a short history of attempts to investigate it empirically. I speculate as to why self-disclosure has become more prominent in American culture in recent years, enumerate some of the positive and negative consequences of this phenomenon, and review the debate in the field over expressing versus repressing one's thoughts and feelings. This chapter, then, provides a context for subsequent chapters that examine the nature of self-disclosure in psychotherapy per se.

We feel close to some people, like family members, because we have grown up with them or simply because the role demands it. We feel close to others, including colleagues, friends, and lovers, because they have opened themselves up to us. They have told us their story. They have let us in on their world, telling us about themselves, including their feelings, thoughts, and desires. They may even have let us know of their deepest fears and their most traumatic experiences. Their self-disclosures make us feel special or privileged, and we often respond by sharing deeper parts of ourselves.

But the process, of course, is typically more complicated than this. The person disclosing to us may well be wondering, even as he or she is sharing an intimate feeling or family secret, whether it is appropriate or worth the risk; he or she may be feeling shame, guilt, or confusion or perhaps pride, love, or lust. This person may want affirmation or information or advice—or may be hoping that this sharing will lead to reciprocal sharing but also feeling apprehensive that it might not. He or she may be fearful that this private informa-

tion will be shared with others. He or she may also be imagining what we as the recipient of this information are now thinking or feeling—wondering whether we really care and understand or whether we are going to be judgmental or critical. And, as the recipient of this disclosure, we may also be full of multiple overlapping thoughts and questions: Why is he or she sharing this with me? Is it appropriate? Is it truthful? Do I want to hear this? How shall I respond? Who else has he or she shared this with? Is this the start of something big?

Ask people about their experiences of disclosing to another and you get a sense of the variability and complexity of the self-disclosure process. These comments—edited and modified for the purposes of confidentiality (as are all my examples in this book)—are drawn from conversations with friends, students, patients, and supervisees:

“I’ve become aware that some people are un-self-conscious about sharing horrendous, shameful events in their lives. I’m amazed at this and never sure whether they’re being courageous or naive.”

“Here’s my image of myself as a discloser: I offer 80% of myself almost promiscuously. I’m open, share a great deal of myself to most everyone, almost invariably give thoughtful honest answers to even moderately intimate questions. But the other 20%? Oh my. You have to fight every inch to get every percentage point after that.”

“Some of the absolute best moments of my life have been when I’ve shared something hard and the other person really gets it. And some of the worst moments are when I’ve shared something deep and the person hasn’t understood the meaning of what I’m doing or the gift I’m offering.”

“About the best thing about being in a clinical psychology program is the opportunity to talk almost constantly about the most intimate things with other students, faculty, and even supervisors. It feels so good on so many levels to be real and to be close to others.”

“Sometimes I think I became a therapist just so I could hear all those great secrets.”

Clearly, the meaning and value of self-disclosure varies greatly among individuals and also varies within individuals as a function of context (time, place, mood, and to whom one is disclosing). Indeed, self-disclosure is a somewhat elusive and complex concept. The *New York Times*’s retired columnist and word maven William Safire defined disclosure as “to make known what was previously unpublished, deliberately held back or kept secret” (1999, p. 47), a definition that speaks to the inevitable dialectic between what is and what is not said. Disclosure, in this sense, “undoes”

silence, distance, or ignorance. It implies a distinction between what we think and what we say. In this sense, it is a phenomenon that mediates the relationship between one's inner, personal self and the outer world.

Sidney Jourard (1971b), the progenitor of contemporary research on this topic, defined self-disclosure as permitting one's true self to be known to others. This is a seemingly elegant and straightforward definition, involving some degree of intentionality, but it sidesteps the intriguing question of how to define the "true self." Writing before the dawn of postmodernism or of discussions of the nature of multiple selves (e.g., Mitchell, 1993), Jourard did not engage in philosophical discourses of this sort. What he did suggest (1971b) was that individuals need to find the courage to share deeply held thoughts and feelings with others. Implicitly, Jourard reminds us that disclosures can range from the mundane to the profound and that consistent but superficial disclosures still leave us strangers to others. He also believed that each of us is constantly confronted with an existential challenge: "Shall we permit our fellow persons to know us as we are, or shall we seek instead to remain an enigma, an uncertain quality, wishing to be seen as something we are not"? (p. iii). Here, of course, Jourard observes that silence is also a choice, a decision with its own implications, including the possibility that we would not just be "unknown" but "misknown," prey perhaps to others' assumptions or projections.

Furthermore, Jourard conceived of self-disclosure as a circular and interactive phenomenon, moving continuously between the self and another. It is only in this manner, thought Jourard, that one could honor the maxim of "know thyself," for in revealing oneself to another one necessarily learns about oneself. In disclosing, we often become aware of thoughts, feelings, and behaviors we did not know we had. And, as we further consider what we've said, new memories and thoughts come to mind. Furthermore, in revealing to another we are confronted with new information—body language or questions that lead to clarifications of what we've just conveyed. Or, the person to whom we've disclosed reveals something that stimulates more of our own thoughts and memories. Our self is constituted through interactions with others, and we move toward greater self-knowledge by understanding the nature of self in relationship to other.

The Johari window (Luft, 1969; see Figure 1.1) is a simple but compelling means of categorizing several types of secrecy and disclosure. This figure, named after its two authors (Joseph Luft and Harry Ingham), suggests that openness in relationships can be conceptualized as consisting of four windows, or quadrants:

1. *That which is known to both oneself and others (open).* When individuals first meet, this window is necessarily small but enlarges as time goes on and as personal information is shared. In intimate relationships, includ-

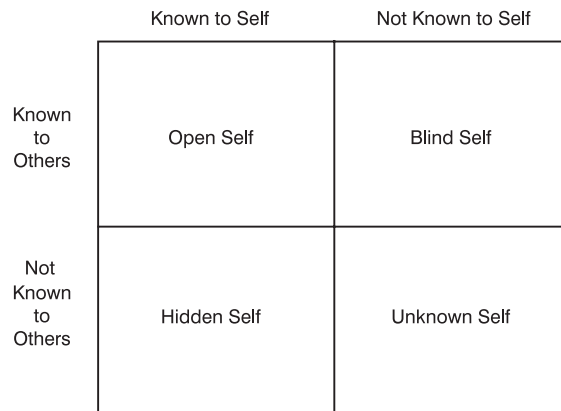


FIGURE 1.1. The Johari window.

ing marriage, friendships, and long-term therapy, this window is relatively large and, ideally, is constantly enlarging.

2. *That which is not known to others but is known to oneself (hidden).* This window represents aspects about oneself that are not shared. This window is likely to be radically different in different relationships and is likely to be smallest in intimate relationships. However, for virtually everyone, this window is never entirely closed even in the closest of relationships. That is, we all tend to keep parts of ourselves hidden.

3. *That which is not known to oneself but is known to others (blind).* This window represents aspects of oneself unknown to the self but seen by others. Examples range from the trite (e.g., having bits of food on one's face while eating) to the relatively profound (e.g., a significant degree of anxiety or discomfort in social situations; a heavy dose of defensiveness when being evaluated or supervised). Others may struggle to present this information in a tactful enough way so that it can be heard and accepted.

4. *That which is not known to oneself nor others (unknown).* In this window or quadrant is information that is unknown to self and others. Some individuals, for example, have a history of childhood sexual or physical abuse that they have no conscious memory of; they have successfully repressed this experience (although it may color their relationships with others). The existence of material within this quadrant may sometimes be inferred by one's symptoms (e.g., posttraumatic stress disorder), but the nature of such information only becomes apparent in retrospect, after it has been revealed. Discussing one's dreams with another person may also yield information about oneself that has been previously unknown to either the self or the other.

As Larson (1993) has noted, therapy can be viewed as a process of expanding the first quadrant (information available to self and others) while contracting the others. However, despite its heuristic value, the Johari window is limited in its capacity to describe the complexity of the information it attempts to categorize. First, its categorical design precludes differentiation among the various bits of information contained within each quadrant. For example, although “bad breath” and “quick-tempered” might both be accurately classified within the blind quadrant, we are unable to perceive the degree to which an individual is differentially blind to each. Second, the design assumes a degree of absoluteness that doesn’t truly exist in the world. That is, the “known to self” versus “not known to self” and the “known to others” versus “not known to others” dichotomies are more realistically seen as existing on a continuum.

Finally, the assumption of discrete, mutually exclusive categories violates what most of us, especially therapists, realize: that some “truths” that are known to the self may be intertwined with truths that are not known to the self, or may preclude awareness of still other truths. Let us say that a wife leaves her husband because he cheated on her. She believes she left because of his infidelity (a known-to-self truth). But perhaps she had also unconsciously sabotaged the relationship prior to the affair, wishing to escape the marriage because she felt unfulfilled (an unknown-to-self truth). The truth of the reason she left her husband may therefore partially reside in two categories rather than one. It is a formidable task in all interpersonal situations, including therapy, to disentangle competing truths.

Attempts at categorization aside, questions about what, why, and to whom we confide have engaged both social and clinical psychologists for nearly half a century. Such questions have also engaged writers and philosophers and, indeed, most psychologically minded individuals. Wondering what we should and shouldn’t tell others about ourselves, wondering about the meaning and veracity of what others tell us, and wondering about the effects of revealing our private thoughts are central concerns to most self-aware people.

### **WHY IS SELF-DISCLOSURE IN THERAPY NOW A “HOT TOPIC”?**

Therapists are fond of asking the question “why now?” in response to a patient’s acknowledgment that he or she has finally acted a certain way (e.g., confronted a partner about a long-standing concern; decided to come to therapy after years of considering it). We might ask, then, why the issue of self-disclosure seems to be of particular interest at this time to the psychotherapeutic community. In attempting to answer this question, however, we need to keep in mind that the issue has never entirely been out of

awareness—from its inception, psychotherapy has encouraged its consumers to withhold nothing from the therapist, that is, to disclose everything. “Say whatever comes to mind, without censorship” is the essence of Freud’s “fundamental rule.” To a great extent, psychotherapy in all its forms has always been based on a patient’s willingness to disclose personal, often shameful, information.

Nevertheless, what is clear to most observers is that the field of psychotherapy has shifted dramatically in the past few decades from a primary focus upon drive-related intrapsychic issues to a primary focus upon interpersonal issues. The therapist, especially in psychodynamically oriented therapy, is no longer seen as the sole expert in the room, observing and interpreting a patient’s dynamics or the nature of the transference; rather, he or she is part of a system, a two-person field, in which both participants cocreate meaning and both observe the nature of what is being created. Issues of attachment, internalization, attunement, and intersubjectivity are now essential aspects of many therapists’ work. As part of this trend, the nature of communication between the two participants in therapy—what each does and does not tell the other, especially feelings and thoughts about the other and the relationship—has become a far more prominent part of the therapeutic process. Thus, contemporary therapists are not only placing more emphasis on how patients are revealing themselves in therapy but also questioning themselves about what, when, and why they should reveal to their patients.

To a certain extent, this shift in psychotherapy toward a greater emphasis on interpersonal issues and disclosure is a reflection of changes in the wider culture. In reaction to increasing feelings of anonymity or detachment resulting from the frenzied pace of technology, the perceived lack of a sense of community, and the seeming ubiquity of a shopping mall culture, individuals in our society seem to be craving more personal information about one another. In this regard, Harry Guntrip, a noted figure in the British school of object relations, began his book *Personality Structure and Human Interaction* with the following quote: “History shows that scientific effort tends to flow along channels leading to discoveries which contemporary society consciously needs and is ready to pay for” (Association of Scientific Workers, cited in Guntrip, 1961, p. 25). Guntrip’s point was that following two great wars the world was primed for a system of psychology that emphasized not aggression or sexuality but rather the origins of and need for effective interpersonal relationships. Over the past few decades, clinical psychology has moved away from a focus on an impersonal “id” (the source of drives) to a focus on the ways in which we symbolize our relatedness to others.

More recently, in reaction to environmental disasters and fears of terrorism, many individuals have hungered for greater intimacy. In the wake of 9/11, many began sharing political, psychological, religious, and existential

convictions in far greater depth and with a far greater number of people. A similar phenomenon was observed following the devastation wrought in 2005 by hurricanes Katrina and Rita.

But beyond the sharing that typically occurs in the aftermath of tragedies, many people in this country have seemed eager in recent years to disclose remarkably intimate and sensitive aspects of their lives, including details about such topics as abuse or addiction. Reflecting this need (or perhaps catalyzing it), confessional books, TV magazine programs (20-20; Barbara Walters' specials), talk shows (e.g., *Oprah*; *Dr. Phil*), reality series (*Survivor*), tabloid newspaper columns, radio call-in shows, popular magazines (*People*), and online diaries and chat rooms have all propagated a "tell-all" mentality. Even nominees for local and national elections seem to be expected to reveal far more details about their personal lives now than they were even a few decades ago. To be sure, many disclosures of this type are in the service of personal, e.g., political or social, gain rather than in the service of intimacy, but the fact remains that sharing more of ourselves with others has become more normative. As the novelist Richard Russo observed in a recent novel: "My daughter belongs to a talk show generation that seems to be losing its ability to discriminate between public and private woes" (1998, p. 216).

Arguably, some of these changes began in the 1960s. The politics and sensibilities of the 1960s—civil rights, women's rights, sexual openness, the dawning of multiculturalism—offered, and at times demanded, new ways of accepting and understanding others. Along with this focus came an emphasis on learning about and sharing more of ourselves with others. Moreover, the "others" in this equation were not restricted to family, lovers, or best friends but, in fact, extended to acquaintances as well as strangers—indeed, the universe of others. In the service of the principle that "All men are brothers," the boundaries between private and public knowledge began to collapse. The popularity of encounter groups in the late 1960s and early 1970s exemplified a tell-all philosophy, an ethos of "if you think it or feel it, say it." Another telling phrase of this era was: "Let it all hang out." Less influential but also consistent with this ethos was the burgeoning of the "confessional" poetry movement during this decade, as seen for example in the works of Robert Lowell and Sylvia Plath. Similarly, it was during this era that highly popular singer-songwriters made their mark, most notably Bob Dylan, Paul Simon, and Joni Mitchell. Although Dylan was the most explicitly political of this group, all were seen as telling intensely personal stories through their music.

It would also be possible to argue that the watershed event during the mid-20th century vis-à-vis disclosure was the publication in 1948 by Alfred Kinsey and associates of *Sexual Behavior in the Human Male* and, 5 years later, of *Sexual Behavior in the Human Female*. At the time these works came out, public morality precluded open discussion of sexuality, especially



sexual practices. The publication of these books harkened the abolition of the last taboo: talking about sex and sexuality.

Freud, Kinsey, and the cataclysms of the 1960s all had effects on public consciousness, including decisions about the boundaries of public disclosure. In his book *How We Got Here: The 70s: The Decade That Brought You Modern Life (for Better or Worse)*, Frum (2000) suggested that by the 1970s most people in this country had begun to accept the idea that good mental health required “excruciating” public confessions, an idea exemplified by Betty Ford’s acknowledgment of her drug and alcohol addiction and by other celebrities’ similar public disclosures. According to Frum, virtually everyone in the country accepted the premise that it was dangerous to keep feelings bottled up. By the late 1990s, noted Michener (1995), the publishing world had not only embraced celebrity memoirs (unexpurgated stories about the “pain behind the fame”) but had given its unreserved blessing to a flood of just-plain-folks memoirs—intensely personal accounts by non-celebrities about growing up in severely disturbed families and overcoming serious psychological trauma.

Still, as noted earlier, it would be a mistake to imagine that interest in personal disclosures and the sharing of secrets is a recent phenomenon. In fact, Ellenberger (1970) suggested that “pathogenic secrets”—those usually characterized by suppressed passion (jealousy, hatred, ambition), shame, or moral offense of a sexual nature—have been accorded a special place throughout history. Their importance, he noted, lies not in their content per se but in their meaning and dysfunctional consequences (e.g., anxiety, depression, impaired interpersonal relationships) among secret keepers. Ellenberger showed that, from the time of prehistory, there has been continued emphasis on the cathartic powers of revelation. The ritual of confession, implemented by early civilizations as well as by Catholic and some Protestant denominations, served as a precursor to modern psychological treatments that emphasize the need to reveal in order to heal. This is perhaps seen most profoundly in the orthodoxy of the Christian Church, which emphasizes the importance of, and even requires, confessing one’s sins. Thus, keeping secrets, especially those that reflect acts, thoughts, or feelings of a forbidden nature, has long been associated with shame, guilt, and other forms of personal torment, while their disclosure has been linked with relief and exoneration.

### **A SHORT HISTORY OF SELF-DISCLOSURE RESEARCH**

Research on self-disclosure in psychotherapy is, for the most part, a relatively recent (post-1990s) phenomenon, but research on the nature and processes of self-disclosure in everyday life has a longer history. The emi-

ment social psychologist Kurt Lewin did some early (1948) work on disclosure, finding that Americans, in comparison to Germans, were more likely to be open, that is, to disclose private concerns, to strangers. The contemporary study of self-disclosure can essentially be traced to the work that Jourard began over 40 years ago (1964, 1968, 1971a, 1971b; Jourard & Lasakow, 1958). As part of his own existential quest, specifically his interest in finding out what it means to be a “real self,” Jourard began studying lapses in understanding between people, a phenomenon he believed was at the root of problems in the family and in the greater society. His interest was spurred by the ideas of Fromm, Horney, and Riesman, all of whom, though employing different vocabularies, wrote about the deep sense of alienation they had observed in people and the tendency of most individuals to hide from or misrepresent themselves to others.

At roughly the same time, Goffman (1959), writing from a sociological perspective, introduced the enduring term “presentation of self in everyday life.” According to both Goffman and Jourard, individuals’ presentation or misrepresentation to others took a particular form, namely, attempting to represent oneself according to a “best-outcome” formula. That is, people seek to present themselves in a way that maximizes either others’ views of them or, similarly, their own sense of fitting in well with the norms of the greater society. Genuineness, self-awareness, a need to be truly known by others—all were qualities seen to be essentially absent in the lives of post-World War II men and women. (See Richard Yates’s great though overlooked classic 1961 novel on this theme, *Revolutionary Road*.) Furthermore, Goffman held that others colluded in this behavior; his sense was that part of what it means to be civilized is not to “steal” or actively pursue information that is not freely given to us.

Much of this perspective is strikingly similar to the British psychoanalyst D. W. Winnicott’s (1960) notion of “false self.” Winnicott posited that those who haven’t been adequately nurtured early in life tend to present themselves in accord with the needs of others, a strategy adopted in a desperate attempt to please those upon whom one is dependent for love and affirmation. Individuals who have developed a stronger “false self” than “true self” are largely incapable of understanding, accepting, or acting in accord with their own needs. As a result, their interpersonal relationships are often strained and distant. Like Winnicott, Jourard was acutely aware of many individuals’ avoidance of genuine intimacy with others, a tendency that at least partly reflected a fear of revealing themselves to others.

Jourard’s work, then, falls somewhere along the intersection of social psychology (“How do we present ourselves to others?”), clinical psychology (“How do we relate to others and with what consequences for mental health?”), and existential psychology (“What does it mean to be genuine or real in life?”). In one of his first attempts to study these issues, he asked his

friends a seemingly straightforward question: “What do you know about me?” He reported (1971b) that he “hardly recognized” himself from these answers, that his friends seemed not to know him at all. We might now see his surprise as somewhat naive—that is, he seemed to have taken his friends’ responses at face value and seemed not to have factored in his friends’ tact, honesty, or presentation of self, nor his own potential experimenter bias (i.e., that he might well have been looking to confirm his belief that others did not know him well and therefore remembered comments that confirmed his hypothesis more than comments that contradicted his hypothesis). Nevertheless, Jourard used this exercise to begin devising a list of questions that people often ask others in trying to forge personal relationships with them. After some tinkering, this list came to be the first version of what was to be the most widely used instrument in the field for several decades, “The Self-Disclosure Questionnaire” (Jourard & Lasakow, 1958).

Jourard came to believe that self-disclosure was central to an individual’s mental health and a prerequisite for satisfying relationships with others. In fact, he suggested that not only was mental health contingent upon self-disclosure but that mental illness resulted from its absence: “When we succeed in hiding our being from others, we tend to lose touch with our real selves” (1971b, p. viii). Thus, Jourard contended that healthy people are those who are able to disclose themselves in some optimal degree to at least one significant other. Similarly, he held that the process of self-disclosure was critical to the development of intimate relationships and was associated, for example, with good marital adjustment. He believed that self-disclosure was facilitated by feelings of love and trust. If I love another, reasoned Jourard, I want him or her to know me as fully as possible; indeed, I show my love by striving to make this happen. However, Jourard’s research revealed some surprises:

One expects people to be transparent within the family, but we find much evidence of dissembling, of lack of mutual disclosure. Children do not know their parents, fathers do not know what their children think, or what they are doing. Husbands and wives often are strangers one to the other to an incredible degree. (p. 6)

One of Jourard’s points of emphasis, one supported by research, is that disclosure is facilitated by reciprocity. Most individuals hold to the principle of disclosing to the same approximate degree that they are being disclosed to, a point nicely illustrated by Billy Joel’s lyrics in the song “The Stranger”: “Why were you surprised that you never saw the stranger/did you ever let your lover see the stranger in yourself?” Indeed, Jourard found that when reciprocity does not occur—when one member of a dyad dis-

closes more than the other, or even senses this to be the case—conflict often results. This, of course, is a fairly typical pattern of marital conflict, most often represented by the wife’s complaint that her husband does not share enough of his personal thoughts. For the most part, though, disclosure begets disclosure.

It takes courage to be self-revealing, to be truly known to others. “Man,” observed Jourard, was the “master of the mendacious arts” (1971b, p. 17). Why we dissemble, why we keep secrets, why we stay hidden are questions that will be pursued throughout this book. Jourard had essentially two answers to these questions. One was that we have been handed down, often by religious leaders, an intimidating script of what we ought to be like (reflected in the Bible, and in various religious traditions), and thus acknowledgment of deviation from this script engenders shame. A second answer, Jourard thought, derives from the fact that openness is frightening: “We camouflage our true being before others to protect ourselves against criticism or rejection” (p. vii). Here again the contention is that we have internalized standards of appropriate behavior and thoughts and that others’ knowledge of our deviation from these standards may engender shame, or even rejection. Similarly, Jourard made the point that self-disclosure makes us vulnerable—that when others know us well they have information that may be used for their own personal gain; they may well take advantage of that which we have revealed to them.

In the past two decades, the work of James Pennebaker (1990, 1995, 1997, 2002) has dominated the field of self-disclosure. Pennebaker’s research has yielded two primary sets of findings: that the general tendency to keep secrets is related to a variety of psychological and physiological consequences, including depression, anxiety, headaches, and intrusive thoughts about the secret (see also Larson & Chastain, 1990); and that disclosure, via writing about trauma and stress, can significantly alleviate such symptomatology. These ideas will be discussed in greater detail in subsequent chapters.

### **POSITIVE AND NEGATIVE EFFECTS OF SELF-DISCLOSURE**

To Jourard, self-disclosure has two primary and related functions: to better connect with others and to better understand the self. That is, self-disclosure works in the service of both intimacy and identity. Moreover, as noted above, these two functions are constantly interacting: we trust, we disclose, we are disclosed to, we feel closer to another, we open ourselves up more to explore self and other. “When a man discloses his experiences to another, fully, spontaneously, and honestly, then the mystery that he was decreases

enormously. . . . Self disclosure between men reduces the mystery that one man is for another. It is the empirical index of the I–Thou relationship which I, agreeing with Buber, see as the index of man functioning at his highest and truly human level” (1971b, pp. 5–6). Here Jourard acclaims self-disclosure as an ideal, as a goal to strive for in our existential quest to be fully connected to others.

Others, including Pennebaker (1995) and Stiles (1987, 1995), have suggested that individuals also disclose to achieve catharsis (i.e., an emotional purging of long-suppressed feelings or even of recent traumatic events) and to determine the extent to which their behaviors, feelings, and thoughts are normative. However, the extent to which disclosure leads to catharsis and, relatedly, the extent to which it is helpful or harmful remain hotly contested issues in contemporary psychological thought that will be revisited throughout this volume.

There are, I believe, at least six positive aspects of self-disclosure, most of which overlap with those enumerated by Jourard and others. Here I will just note them briefly; in the next chapter, I’ll elaborate on how they manifest in the context of psychotherapy.

1. Experiencing a greater sense of emotional closeness to another through sharing meaningful aspects of oneself (intimacy). Essentially: “When I speak with you this way, I feel close to you.”
2. Being known and affirmed by another (validation and affirmation). Essentially: “Please let me know that what I did was right.”
3. Gaining greater insight into oneself and gaining a more cohesive sense of self (insight and identity formation). Essentially: “As I reveal myself, I become clearer about who I am.”
4. Expanding one’s sense of self through the process of disclosing multiple aspects of self (differentiation of self). Essentially: “The more I disclose, the more I understand all the different parts of myself.”
5. Achieving a greater sense of authenticity through acknowledging and sharing deeply personal aspects of oneself (authenticity). Essentially: “It feels so good to be honest in speaking with you.”
6. Relieving the physiological and psychological pressures of painful and/or shameful experiences (catharsis). Essentially: “It’s such a relief to get this off my chest.”

In short, we disclose in order to feel closer to another, to feel validated by another, to understand and strengthen the core aspects of our identity, to explore and accept multiple aspects of ourselves, to feel more genuine in the world, and to relieve the burden of unexpressed pain.

Not surprisingly, many researchers and theorists believe we are better off when we open up, as disclosure is apparently good for both the body

and soul. Indeed, some see virtually no “downside” to such behavior, regardless of the circumstances. This perspective assumes a rather simple “the more, the better” approach to disclosure. However, self-disclosure, like any other usually benign phenomenon (including psychotherapy), may also be painful and even harmful. A posting on the Internet cleverly limned the need to be prudent around self-disclosures: “There are two rules for success in life. Rule 1: Don’t tell people everything you know.”

Kowalski (1999) summarized the potential negative consequences of self-disclosure. Because these are not as easily imagined as the positive consequences, I’ll provide brief descriptions below. Again, though, I’ll discuss each in far greater detail in the next chapter, emphasizing how these potential outcomes play out in the realm of psychotherapy.

1. *Being rejected by the recipient of our disclosure.* In revealing a private part of ourselves, we ask another to accept this previously unknown aspect of ourselves. In doing so, we risk rejection. Jessica Benjamin (1994) suggested that to become known or recognized is immediately to experience the other’s power: “The other becomes the one who can . . . see what is hidden; who can reach, conceivably even violate, the core of the self” (p. 539). Sometimes the recipient of our disclosure doesn’t explicitly reject or shame us but rather takes the opportunity to propound endlessly on his or her vaguely similar predicament or accomplishments. When others “rain on our parade,” it is so very hurtful.

2. *Burdening another with our secrets.* We face the risk of burdening others with our secrets or thoughts. For example, I may not choose to share with a friend or family member that I am distressed if I believe that he or she will lose sleep over this, feel responsible for doing something about it, or identify too strongly with the source of my pain. Furthermore, I may not share some accomplishment if I feel that the other person will be burdened by competitive or envious feelings. Tact often stands in dialectical opposition to the dictates of full disclosure.

3. *Creating undesired impressions about ourselves.* Related to the risk of rejection is the possibility of being seen differently, less positively, as a consequence of disclosure. Some individuals are capable of accepting another “warts and all.” Others, however, may struggle to incorporate new, unpleasant information into a long-standing image. A good illustration of this is contained in the lyrics of Carly Simon’s song “We Have No Secrets.” Her words in the song suggest that, although she knows her lover better when he shares his past, the price paid for the knowledge is too high. Indeed, she laments, it’s often better never to have known these secrets at all.

4. *Feeling regret for not having shared the secret earlier.* Kowalski (1999) proposed that the timing of disclosures can cause regret. We become aware that we could have, perhaps should have, brought this issue up

before. We realize that we have been living with a lie, or at least with thoughts or feelings that have been unexpressed. Why we waited so long is a question that can cause a good deal of self-doubt, especially when the recipient of our disclosure responds with acceptance or compassion.

5. *Experiencing increased vulnerability.* Intimate disclosure may upset our personal boundaries—we feel we have given away too much of ourselves and feel vulnerable as a consequence. In fact, there is substantial evidence (see Hoyt, 1978) to support the idea that secret keeping contributes to a coherent sense of self, one that is experienced as separate, unique, and powerful. Some individuals are comfortable with openness and personal disclosure; others prefer, indeed need, to stay relatively closed and non-disclosing. The point is that some disclosures may make some individuals feel shaky, somewhat unwound, and needing to rapidly close up in order to feel safe again.

6. *Experiencing a sense of shame following acknowledgment of thoughts, feelings, or deeds that are discrepant with our ideal sense of self.* The most often cited negative consequence of disclosure (one that permeates all other noted dysfunctional effects) is that of personal shame. In disclosing aspects of myself that I fear others will not accept, I am also forced to face those unwanted parts of myself. The pride I may feel in owning up to past mistakes or adopting a view of myself that includes elements of disillusionment or disappointment may be balanced by the discomfiture of realizing that I am not the person I wish to be. These thoughts, of course, may arise in the privacy of my own consciousness. But shame at who I am or what I have done is inevitably exacerbated by disclosure to others.

## MISUSES OF DISCLOSURE

Disclosures are most often thought of as positive events; even the negative consequences noted above tend to be thought of as unfortunate by-products of courageous acts. Moreover, research has shown that high disclosers tend to be thought of as friendly, open, and approachable (Collins & Miller, 1994). But there are exceptions to these general principles because disclosures are not always used in the service of growth or intimacy or healing. Rather, some disclosures seem to be in the service of distancing from or controlling or hurting others. Because disclosures are necessarily selective—at any one time we typically have multiple and competing feelings and thoughts—we are almost always in a position of deciding at any given moment whether and what to disclose. I could disclose to a friend that I am tired, thus effectively distancing us at the moment, and while this feeling might be somewhat true, it also likely represents one of many possible responses, including perhaps, “I’m still feeling sad [or overwhelmed or pre-



occupied] about something that I want to share with you.” A friend of mine acknowledges that in dating situations she often shares some unfavorable aspect of herself as a way of inhibiting further intimacy.

Derlega, Metts, Petronio, and Margulis (1993) offer an example of a disclosure that is controlling: “Most of us have had the experience of getting into a conversation with someone who begins to tell us very personal things about him- or herself. If we are not interested in developing a relationship with this person, we may feel uncomfortable. Perhaps without being aware of it, we are responding to the unspoken assumption that we too will divulge personal information when we really do not want to” (p. 3). That is, sometimes disclosures may be used in a manipulative fashion to attempt to get personal information, such as gossip, from another.

Some disclosures serve to drive wedges among group or family members. This occurs when some members in a group or family are privy to the secret while others are not. The notion of “triangulation,” so essential to family therapy, offers a means of understanding this dynamic. In the “family secret triangle,” the teller of the secret (“the silencer”), those bound to keep the secret (“the silenced”), and those who are uninformed each face a unique predicament that compromises open communication and integrity within the family dynamic (Institute for Mental Health Initiatives, 1995). For the silencer, fear of exposure and feelings of guilt and shame can often produce as much anxiety as the keeping of the secret was intended to control. Those who are silenced may experience a loss of self-respect for keeping the secret but may fear recrimination or rejection if they tell. Those who are uninformed, in turn, become isolated in their ignorance and unable to make decisions about their own lives because they are missing important information.

Another misuse of disclosure, and one that we have probably all been subject to, occurs when a person is intent on dominating a conversation, forcing us to listen to endless stories of his or her exploits, achievements, or complaints. The disclosures of people with narcissistic, borderline, or other personality disorders are frequently not in the service of intimacy but rather in the service of using others to satisfy self needs.

Similarly, disclosures are aversive when the frequency of disclosures surrounding hurt or angry feelings greatly exceeds disclosures of benevolent or affectionate feelings. Partners who are more apt to share hurt feelings or critical thoughts of the other are self-disclosing in a skewed way. This imbalance will inevitably have consequences for the relationship. In general, knowing when, where, what, and how to disclose to an intimate partner—that is, knowing how to be tactful—is a great asset to the relationship. As many researchers of intimate relationships have pointed out, total and complete honesty is not only impossible in a relationship, it is usually not even desirable. What comes to mind here is the cartoon in which the husband says to the wife: “If you ask me one more time what’s wrong, I’m going to tell you.”



### **DECIDING TO DISCLOSE: THE EXPRESSION–REPRESSION DEBATE**

“[R]epression is totally false and mechanical. Everybody knows that. We’re not supposed to deny our nature.”

“It’s natural to deny our nature. . . . It’s the whole point of being different from animals.”

“But that’s crazy.”

“It’s the only way to survive.”

—DELILLO (1985, p. 296)

Given the multiple positive and negative consequences of disclosure, it is often extremely difficult for individuals to decide whether and what to reveal to others. Indeed, although disclosure of painful material has been the cornerstone of psychotherapy since its inception, in recent years there have been numerous challenges to the idea that “getting things out in the open” is simply the best, or most psychologically healthy, strategy. Many researchers point to the value of repression in certain circumstances—the very thing Freud cautioned against so strongly.

For example, Kelly and McKillop (1996) contend that secrets should be revealed only when the keeper is particularly troubled by the secret and/or when the confidant(e) is likely to react positively to the revelation. “Although confessions may be ‘good for the soul,’ given that they can wreak havoc with one’s network of friends and supporters, some things truly are better left unsaid” (p. 461). They advise people to scrutinize their friends and relations for their ability to keep the secret and to offer new insights without being judgmental.

Bernard Kempler, a Polish survivor of the Holocaust, has written compellingly about the tension between expression and repression of traumatic memories. In order to survive, he was forced to conceal his true identity, assuming a false name, a feminine disguise, a false religion, and fictional parents. While Kempler admits that his childhood experiences were atypical, he holds that most, if not all, people have grown up with some good reason to hide parts of their true selves. “While actual survival may not be at stake, the survival of some part—a way of feeling, a certain individual inclination or a way of perceiving, an impulse, a desire, an imaginative turn, an inspiration—may have been threatened with serious devaluation or even extinction” (1987, p. 111). Uncritical self-disclosure, he suggests, can be harmful to ourselves and others. Kempler speaks of responsible self-disclosure as that which greatly “differs from mental incontinence, a giving in to an impulse to blurt out uncritically what has become difficult to hold in” (p. 114).

While Kempler takes a moderate position in the expression–repression debate, others have been far more adamant about the need to forget—to

suppress distressing thoughts and feelings—in order to move on. Joyce Carol Oates expressed such sentiments in an article about the events of September 11:

As soon as [a tragic] experience is over, we begin the inevitable process of “healing”: that is, forgetting. We extract from the helpless visceral sensation some measure of intellectual summary or control. We lie to ourselves: we revise experience to make it lighthearted and amusing to others. For in what other way is terror to be tamed, except recycled as anecdotes or aphorisms, a sugary coating to hide the bitter pellet of truth within? (2001, p. A11)

A fair amount of empirical evidence has also been offered in support of the long-term value of repression and other mechanisms of denial. While repressors (those who tend to push distressing thoughts and, even more so, distressing feelings out of awareness) may incur some physical costs (e.g., increased somatic complaints), they tend to have fewer psychological symptoms over time than do nonrepressors (Bonanno, Keltner, Holen, & Horowitz, 1995). For example, individuals who are more emotionally avoidant during bereavement have better long-term adaptation (Bonanno et al., 1995). Conversely, those who disclose emotions either verbally or in written form do not manifest better adjustment in recovering from the death of a spouse (Stroebe, Stroebe, Schut, Zech, & van den Bout, 2002). Furthermore, patients with a repressive coping style manifest fewer symptoms of acute stress disorder and posttraumatic stress disorder following heart attacks than do nonrepressors (Ginzberg, Solomon, & Bleich, 2002). Bonanno (2004) has argued that there are multiple pathways to resilience, including repressive coping, overly positive self-bias, and a sense of personal hardiness—all of which obviate the need to talk about traumatic experiences.

Clearly, there is no “right answer” to the question of whether repressing or expressing emotions or thoughts leads to better outcomes. Disclosure often reduces symptoms in the long term but may lead to short-term distress (Smyth, 1998); moreover, it is unlikely to be helpful if it takes the form of repetitive reviews of details and feelings (Nolen-Hoeksema, McBride, & Larson, 1997). As Pennebaker (cited in Murray, 2002) has indicated, “People who [write] about things over and over in the same ways aren’t getting any better. There has to be growth or change in the way they view their experiences” (p. 55).

Moreover, the value of disclosure is likely to be a function of individual differences: Repression may be more beneficial for repressors, while disclosure may be especially beneficial for nonrepressors. Still, even this seemingly simple formulation is complicated by the fact that repressors and nonrepressors are better thought of as existing on a continuum rather than

as strict categories. Individuals may act different ways at different times or even evidence some combination of both tendencies at the same time. Recently, Bonanno, Papa, O'Neill, Westphal, and Coifman (2004) found that those New York City college students who were able to both express and suppress their emotions on command were those who experienced the least distress a year and a half after the 9/11 attacks. Thus, at least in the aftermath of specific trauma, the ability to be cognitively flexible—to be able to express as well as repress emotions—may be a more effective strategy than adherence to only one of these positions. In short, assessing the value of disclosure is an extremely complex problem. This issue will be further explored in Chapter 4 in the context of a discussion of when and whether disclosure in psychotherapy is helpful.

Given the potential benefits and drawbacks of self-disclosure, the maxim of many secret-keepers indeed might be “To tell or not to tell—that is the question.” Larson (1993) notes that “there is often an ambivalent, approach-avoidance quality to our experience in these moments” (p. 97). At the heart of the conflict is the desire to maintain one’s self-esteem: Though we may long to be close to another and share parts of ourselves, the resulting vulnerability and shame may be more than we can bear. Thus, those who harbor intimate personal information face the question of whether to retain this knowledge in their hearts and minds, locking it impenetrably within, or whether to reveal this information, thereby transforming it into something acknowledged, shared, and stored in more than one body and mind.

What are the major lessons therapists may learn from this wealth of new information regarding interpersonal disclosure? First, that despite its positive functions, disclosure is fraught with significant psychological risks that therapists must heed. Second, and relatedly, individuals differ significantly in their willingness to disclose and the benefits they derive in doing so. And finally, the norms surrounding disclosure in this country have changed dramatically during the past few decades. While there are great individual differences, many patients have grown up in a “confessional culture,” disclosing personal issues to an extent unheard-of in previous generations, and many will expect a significant degree of self-disclosure from their therapists. These issues and other topics related to patient disclosure will be explored in greater detail in the next chapter.