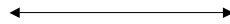


### Modernist Approach

Psychoanalytically oriented psychotherapy subscribe to surgeon like objectivity.

Technical stance.

Abstinence, neutrality and restraint are the optimal way of keeping the focus solely on the patient's material.



### Postmodernist approach

Posits that it is impossible to maintain an objective point of view distinct from that of the patient. (Co-construction of meaning).

Disclosure arises at every point in therapy.

What catches your interest is a disclosure.

## Arguments for disclosure:

Taylor et al (1998) who, in questioning the basis of neutrality, suggest that we constantly give things away, our gender, skin colour, class, our attitudes and beliefs, and, for those who speak the language, no doubt our sexuality.

Cole (2006) highlights the fact that therapists must constantly decide whether to make an interpretation and that the decision to do so, as well as the tone and phrasing of the interpretation can disclose volumes about themselves.

Russell (2006) says "... I think that clients – at least those who are able to stand enough outside the solipsism of their own pain – know a great deal about their therapists and their political and social beliefs.

Mathy (2006) suggests that when we self-disclose we show parts of ourselves to clients, letting them know that we have enough in common with them to genuinely care.

## Arguments against disclosure

- Therapy is not about the therapist it is about the patient/client
- Therapist self disclosure, interferes with the client's material, it kills exploration
- Therapist self disclosure excites the client's wish to know more
- It increases the capacity of the client to defend against their own material, the mistaken belief that we are in it together

## Where to now?

Much of the thinking about this debate focuses on an either/or framework i.e. those who self disclose and those who do not.

Cole (2006) suggests that it is a function of our minds that create narratives of unity and constancy against a backdrop of multiplicity and variation.

The question then is not simply about concealment or disclosure but what, when, why and under what circumstances does one disclose.

## Types of disclosure

Disclosure by counsellor and client can be either direct or inadvertent.

Inadvertent disclosure e.g. client learns something about a counsellor that the counsellor does not necessarily wish the client to know. Equally the counsellor might learn something about a client that could influence the therapeutic relationship.

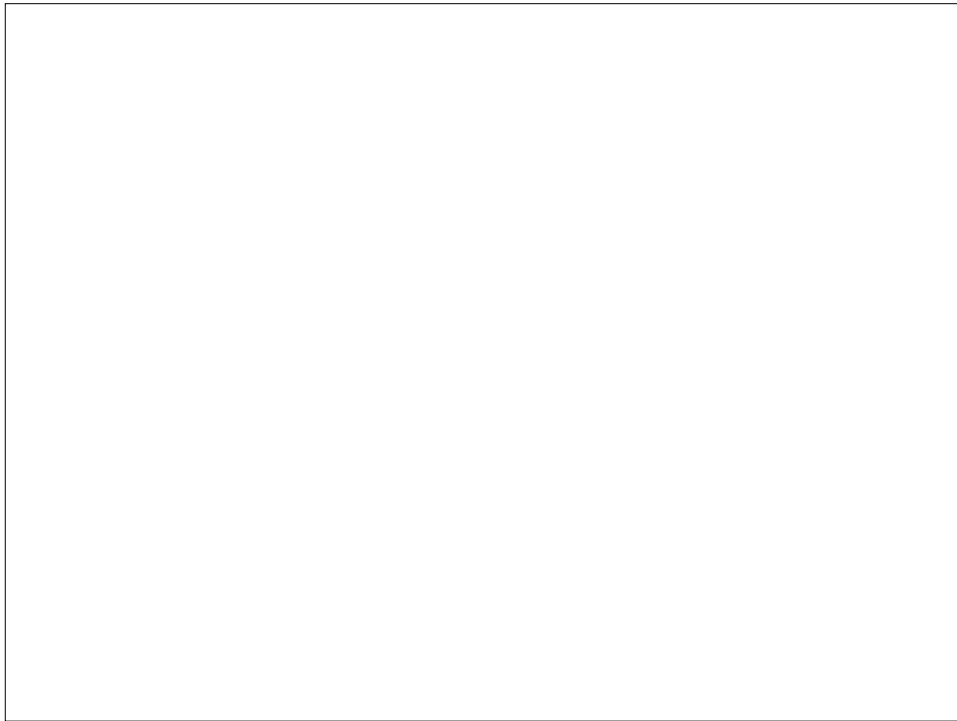
## Sexuality and Self-disclosure

The issue of self disclosure is particularly relevant to LGBT counsellors and client's.

A case of the personal meeting the social and political.

An acute awareness of the pernicious influences of homophobia and heterosexism, which historically has silenced and erased those who are LGBT is required.

The need to 'come-out' is high.



## Questions to consider when deciding whether to disclose or not.

- Why is this subject coming up at this point in the therapy?
- What meaning may the answer have to this particular client?
- What will be the effect if I, the counsellor/therapist share this information?
- Is more to be gained by delaying a response?

In regard to direct questions from a client towards a therapist, or a therapist sharing information directly about him/herself, the disclosure has to be explored to glean its meaning.

It is worth noting that self-disclosure is a process not an event.

Isay (1991) says “Not coming out to a patient is to risk further damage to the patient’s self esteem”.

“Whether the result of an indirect comment or a direct query, “Are you Gay?” therapists, regardless of sexual orientation, must decide whether and how much to disclose.”  
(Guthrie, 2006).