

## Judicious Self-Disclosure by the Psychoanalyst

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One of Sándor Ferenczi's greatest contributions to clinical theory and method is his pioneering concept of analyst self-disclosure. First introduced in his famous paper "The elasticity of psycho-analytic technique" (1928), analyst self-disclosure changed the nature of clinical interaction between analyst and analysand, from the Freudian model of a surgeon to the responsiveness of an empathic mother. Ferenczi's clinical work with the so-called "difficult cases" (narcissistic, borderline and psychotic disorders) moved him to discover the ethos of activity within an empathic method. Analyst self-disclosure is one of those responsive measures he developed to address the deficits in communication and interpersonal functioning in trauma survivors. An outline is presented of the "Confusion of Tongues" which is the model from which self-disclosure is derived. A contemporary extension of this idea is offered in the clinical and theoretical distinction between judicious vs. conspicuous self-disclosure.

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### Freudian Model: Analyst As Surgeon

One of Ferenczi's greatest achievements, often overlooked in discussions of his clinical method, is the pioneering technique of analyst self-disclosure. It was a truly remarkable development in its own right, since it changed the nature of clinical interaction between analyst and analysand. But it was also remarkable because analyst self-disclosure was such a departure from the convention of the day.

Freud's model for the role of the analyst was in sharp contrast to Ferenczi's. The Freudian model is that of a surgeon and the antiseptic climate of the psychoanalytic situation (1:331; 337). An analyst as surgeon suggests expertise, detachment, and emotional control. Freud was concerned with the issue of emotionality and erotic transference, particularly in neophyte analysts (2). Although his recommendations for analyst behavior were never intended to be converted into "taboos against action" (3), many overly conservative analysts used his technical guidelines to designate non-interpretative behavior as violating analytic doctrine. Freud's own clinical behavior was always a mixture of interpretation, guidance, exhortation, and was even, at times, blatantly non-interpretative (4). Freud, it could be said, never became an orthodox psychoanalyst, at least not in the practice of his clinical functioning. There is an apparent contradiction between the Spartan quality in his theory regarding doctor-patient interaction in psychoanalytic therapy and his personal willingness

and capacity to be human, generous, and responsive. Freud's use of parameters in the analysis of the Wolf Man (5) clearly indicated his humanistic and active response to the changing needs of his analysand.

Freud, interestingly enough, must be credited with making a contribution to analyst self-disclosure, even though he did not believe in it. Ferenczi's analysis with Freud played a part in his departure from being the neutral analyst. On the one hand, Ferenczi experienced Freud's austerity of response and his unwillingness to enter into a mutual analytic dialogue, which Ferenczi so dramatically illustrated in his *Clinical Diary* (6). What is more, by experiencing and confronting the deficiencies of his analysis with Freud, Ferenczi was aware of the need for honesty, openness, and responsiveness in the psychoanalytic situation, by the analyst.

### Ferenczi's Humanism

We know from researching Ferenczi's life that he was never suited to the model of analyst as surgeon. His family background and personality functioning indicates a lively, revolutionary spirit in a personality filled with warmth, effusiveness, and a desire and capacity to respond to others (7–12). Lorin (13, 14) has researched Ferenczi's early clinical functioning, in his pre-Freudian period, and bolstered the argument that Ferenczi was a clinical innovator before he met Freud. For example, Ferenczi's "Case of Rosa K",

reported in 1902, (15), demonstrates his creativity and humanism in the treatment of a female homosexual transvestite no one else could help in those early, dark days at the turn of the century, when we lacked understanding and empathy for homosexuality (12:Chapter Two).

Of course we have much documentation of Ferenczi's humanistic clinical functioning once he became a psychoanalyst, from his own publications, the reports of his students Michael Bálint (16), Izette de Forest (8, 9), Sandor Lorand (17), Clara Thompson (18), and from his colleagues, including his mentor, Freud (19), and even his political enemy, Ernest Jones (20). We also have the assessment of modern Ferenczi scholars which indicates he was one of the warmest, most creative, and empathic of the original circle that surrounded Freud (4, 21–25).

Thompson, one of the founders of the American Interpersonal School of Psychoanalysis and one of Ferenczi's confidantes during his last years, has said that Ferenczi made two major contributions: The first was that "the analytic situation is a human situation in which two human beings attempt a sincere relationship"; the second was that "one must give the love the patient needs" (18). Two human beings who attempt a sincere relationship in the name of love is what characterized Ferenczi's technique of self-disclosing his feelings. To pursue honesty in human relationships without concern for personal gain, but for the sake of understanding and responding to the subjective experience of the other, can be a profound contribution towards healing. Of course, Ferenczi was clearly talking about *parental love*, not erotic love, a distinction one has to constantly make, since so much mythology has become institutionalized as fact where Ferenczi's functioning is concerned. I have reviewed Ferenczi's clinical behavior and concluded that did not "act out sexually" with his analysands, although there was an early "romantic involvement" (3).

### **Ferenczi and the Two-Person Experience: Honesty, Disclosure, Mutuality, Self-Analysis**

Ferenczi developed his method from the struggle to engage and respond emphatically to his "difficult cases", (37). Analysands like R.N. (Elizabeth Severn) pushed Ferenczi to confront his countertransference and reveal it to her. Apparently they began their analysis with each other in 1926, so the "Elasticity Paper" (26), which formally introduced

analyst self-disclosure, was based upon approximately two years of the analysis with Elizabeth Severn. There are several fundamental aspects to Ferenczi's two-person psychology, developed in the analysis of R.N. and other analysands (6), which eventuated in the development of analyst self-disclosure:

1. The creation of a heightened emotional atmosphere as a condition for conducting an analysis, so that the childhood trauma is re-experienced in a enlivened dramatic fashion
2. Countertransference analysis as central to the analytic process. The analyst's emotional reaction informs and aids the treatment process
3. Mutual participation of the analyst in the psychoanalytic situation is essential, so that he/she is a responsible and democratic partner in the two-person experience
4. Empathy as a fundamental rule of psychoanalysis (28), so that the understanding of the analysand's subjective experience is the focus and therapeutic responsiveness rather than optimal frustration predominates
5. A value on clinical experimentation rather than doctrinaire functioning
6. "The elasticity of the psychoanalytic situation" where "relaxation measures" are introduced to maintain an empathic ambience and help repair the basic fault (16);
7. The attitude of a "healer"; a dedication to curing psychological disorder through tender, responsive parenting;
8. Five components which comprise the "analysis of the analyst"
  - a) A formal, non-didactic training analysis (which Ferenczi was the first to suggest). The analytic candidate would have an emotional experience where childhood trauma is identified, re-experienced, and worked through to "rock bottom";
  - b) "The analysis of the analyst by the analysand", which is the mutual analytic experience;
  - c) Self-analysis, the never-ending scrutiny of one's emotional reactions as they contribute to the analytic process;
  - d) Mutual analysis with a peer (his mutual analytic experience with Groddeck and with his students, such as Balint, Thompson, and De Forest, revealed the potential of personal and professional growth through genuine openness and honesty with an "analytic peer");
  - e) His dream of the establishment of an "analytic

community'' of shared experience, where psychoanalysts could act in a genuine and sincere way with one another, so that there would not be the Confusion of Tongues he experienced, either with Freud or Jones or the analytic community.

### Analyst Self-Disclosure

Ferenczi formally introduced analyst self-disclosure in the same 1928 paper previously mentioned, namely, ''The Elasticity of Psycho-Analytic Technique'', where he also introduced ''the rule of empathy''. He began with a statement, which would change the function of the analyst:

Nothing is more harmful to the analysis than a school-masterish, or even an authoritative, attitude on the physician's part. Anything we say to the patient should be put to him in the form of a tentative suggestion and not of a confidently held opinion, not only to avoid irritating him, but because *there is always the possibility that we may be mistaken* (26:94) (italics added).

Ferenczi was changing the role of the analyst from an interpreter of resistance and transference by adding the empathic stance. He also introduced a democratic ambience, changing it to a non-linear attitude. He talked about the ''elasticity'' of the analytic situation:

A patient of mine spoke of the ''elasticity of analytic technique'', a phrase which I fully accept. *The analyst, like an elastic band, must yield to the patient's pull...* (26:95) (italics added).

Once Ferenczi established the creation of an empathic ambience in the psychoanalytic situation, he formulated the technique of self-disclosure as a significant measure to ensure the maintenance of empathy:

One must never be ashamed unreservedly to confess one's own mistakes. It must never be forgotten that analysis is no suggestive process, primarily dependent on the physician's reputation and infallibility. All that it calls for *is confidence in the physician's frankness and honesty, which does not suffer from the frank confession of mistakes* (26:95) (italics added).

Ferenczi's empathic method was developed to the fullest when he recognized that genuine sincerity and empathic attunement were the essential ingredients to reach a traumatized individual at the level of the basic fault. In his last and famous presentation, ''The Confusion of Tongues'' (27), he elaborated

analyst self-disclosure in the form of the concept of ''professional hypocrisy'':

I may remind you that patients do not react to theatrical phrases, but only to real sincere sympathy. Whether they recognize the truth by the intonation or colour of our voice or by the words we use or in some other way, I cannot tell. In any case, they show a remarkable, almost clairvoyant knowledge about the thoughts and emotions that go on in their analyst's mind. To deceive a patient in this respect seems to be hardly possible and if one tries to do so, it leads only to bad consequences (27:161).

Honest emotional communication and expression are the means by which empathic contact is maintained:

... perhaps we feel unpleasantly disturbed in some professional or personal affair by the analytic session. Here, too, I cannot see any other way out than to make the source of the disturbance in us fully conscious and to discuss it with the patient, admitting it perhaps not only as a possibility but as a fact (27:158-9).

Ferenczi believed that therapist's self-disclosure feelings would not harm the analytic process. In fact, he suggested that it would improve matters:

It is remarkable that such renunciation of the ''professional hypocrisy''—a hypocrisy hitherto regarded as unavoidable—instead of hurting the patient, led to a marked easing off in his condition (27:159).

Ferenczi said the result of therapist honesty is a positive change in patient functioning. It reduces retraumatizing the individual in the psychoanalytic situation:

The traumatic-hysterical attack, even if it recurred, became considerably milder, tragic events of the past could be reproduced in *thoughts* without creating again a loss of mental balance; in fact the level of the patient's personality seemed to have been considerably raised (27:159).

Seven years after Ferenczi's Confusion of Tongues paper, Michael and Alice Bálint helped keep his idea of analyst self-disclosure alive in mainstream psychoanalysis by discussing the limitations of the concept of the analyst as a neutral, non-participant observer (28). They agreed that all analysts disclose their person by virtue of the kind of ambience that is created in one's office (e.g., furniture, lighting, pictures on the wall, even the kind of pillow used for the headrest on the analytic couch). (Lest we think the Bálints were being obsessively concerned about minor details, there is a story, perhaps apocryphal, regarding the ''analytic pillow'' on Theodore Reik's couch. Apparently a patient lifted up the ''analytic

pillow” one session while Reik had stepped out of the consultation room for a moment and found a neatly folded pair of pajamas underneath. I cannot report to you whether Reik practiced analyst self-disclosure and told his analysand anything about his sleeping habits. Reik’s pajamas were a form of self-disclosure, perhaps conspicuous that revealed a personal detail that could provoke a “crisis” in the relationship. As such, some meaningful discussion of this issue, which did not focus solely on the patient’s resistance or transference, should have occurred).

### Judicious Self-Disclosure

I would like to propose that the issue of analyst’s self-disclosure move to the level of discourse which attempts to differentiate the conditions under which such interventions would aid the therapeutic process. To this aim, *I would suggest that we differentiate between judicious self-disclosure and conspicuous self-disclosure* (29). The distinguishing mark is that judicious self-disclosure by the analyst is specifically aimed at maintaining an empathic interaction with an analysand who, by virtue of his/her traumatic past, had failed experiences in object relations, characterized by parental insincerity. Such consistent experiences of empathic failure result in distinct feelings of confusion, inability to trust one’s emotional reactions in interpersonal encounters, blaming oneself for disturbances in emotional relations, marked sensitivity to the reaction of others, preoccupation with shame and guilt, and a certain intense yearning for honest, sincere experiences with people. What is more, the individual is “tongue-tied” (27), he/she cannot speak about the feelings of disturbance to the significant other. In short, a constellation of symptoms and feelings which suggest emotional abuse in relationships with significant others has occurred, (often these are individuals suffering from sexual and physical abuse).

Judicious analyst self-disclosure has several basic characteristics:

1. The disclosure is geared to responding to the analysand’s need for authentic communication;
2. The disclosure is part of a matrix of empathic responsiveness, before, during, and after the intervention;
3. Only that material that will aid the therapeutic process is revealed;

4. The sharing of information should not represent an acting out;
5. The most appropriate sharing of personal functioning should come from a conflict-free area of the analyst’s personality. Secondly, one could judiciously share material from areas where the analyst is in the process of resolving an issue;
6. The content of what is revealed should meet the expressed needs of the analysand. It is not necessary to go beyond the request. All the intimate details of the issue in question need not be revealed;
7. Discretion should be exercised in the wording and emotional intensity of the self-disclosure. Particularly vivid language, dramatic exclamations, and emotionally laden behavior should emphatically relate to the analysand’s need for authenticity;
8. Self-disclosure is best practiced during a period of positive relationship or transference to the analyst;
9. An analysis of the impact of the self-disclosure should occur afterwards. The analyst needs to be sensitive to individual differences in experiencing the disclosure;
10. The analyst can decline to reveal him or herself, but, in so doing, the response must be embedded in an emphatic stance, taking care not to convey a sense of rejection, annoyance, or indignation toward the request. The analyst should be emotionally and interpersonally comfortable with what is revealed, and this can vary from clinician to clinician.

### Conspicuous Self-Disclosure

As judicious self-disclosure is therapeutic and growth enhancing, conspicuous self-disclosure is antitherapeutic and emotionally injurious to the individual. Rather than meeting the needs of the analysand, it serves the narcissistic needs of the analyst. Some of the characteristics of conspicuous self-disclosure are:

1. The analyst is acting out in the transference;
2. A countertransference reaction is operative;
3. The disclosure goes beyond what is needed to meet the analysand’s needs;
4. The content and style of presentation traumatize the analysand, rather than soothe, the response produces further emotional and interpersonal

- disturbance contributing to a malignant regression (16);
5. Analyst and analysand are not in genuine emotional contact;
  6. The disclosure is an indication of manipulation, control, or intrusiveness;
  7. An unresolved need of the analyst is expressed in the disclosure;
  8. The analyst uses the experience to work on personal problems;
  9. The disclosure is an attack or assault, rather than an invitation to engage in an authentic interchange;
  10. The disclosure reflects a lack of respect for the individual's sense of self.

An important point must be emphasized regarding analyst self-disclosure and the method of psychoanalysis. The use of this type of intervention is only meaningful in a method which places a central emphasis on the role of empathy (6, 12, 26, 27, 33–40); An analysis which emphasizes the empathic method should precede the analyst's self-disclosure. When the analyst decides to self-disclose, it should not be experienced as a trauma. Rather, it is a special incidence of empathic responsiveness, which has been preceded by other attempts to understand and respond to the subjective experience of the analysand (45). If analyst self-disclosure is experienced as a trauma, it may indicate it was an inappropriate way of responding, such as conspicuous self-disclosure.

### Ferenczi's "Small Penis Complex" Disclosure

One of the most famous self-disclosures made by Ferenczi is his "small penis" disclosure. It is a remarkable example of analyst self-disclosure that can be used to understand the clinical and theoretical boundaries of disclosure. The disclosure is found in the English edition of the *Clinical Diary*, in the July 21, 1932 entry entitled "On the Feeling of Shame" (6:163–5). This disclosure has also been mentioned briefly in Masson's *The Assault on Truth* (30), by Hoffer (31), in his review of *The Clinical Diary* in the *International*, and by myself, in a review of Ferenczi's ideas on sexuality (3). The full disclosure is as follows:

Her next dream concerns a fairly robust man with a minute penis. Details pointed to my person. *I was able to satisfy her curiosity and tell her something about my own*

*anxiousness and bashfulness, small-penis complex, etc.* As she noted that I did not conceal any of my weaknesses, so that she cannot hurt me any more by alluding to these weaknesses, she ceased to rub my nose in my ineptitude, analytical and otherwise, and began to wonder whether... the "trauma" in her case was not created by the withdrawal of love rather than by rape (6:164) (italics added).

When I first read this entry, I felt it could be used as an example of conspicuous self-disclosure, since it seemed to reveal "too much" about the analyst in a very personal area. I felt it went far beyond the boundary of what an individual wanted to know about his/her analyst. As I have indicated, such an intimate detail could be more traumatic than reparative. Using myself as a measure, I don't think I ever wanted my analyst to disclose any intimate details of her anatomy or sexual life (which she never did). At first glance, one could say that such a disclosure was a violation of the psychological boundary that is created in an analysis, or in a parental relationship, which allows the individual to entertain archaic fantasies without their becoming reality. It is similar to a child being allowed its oedipal fantasies without the parent verifying them by overt seduction (either sexual or psychological) (32). The "small penis complex" disclosure seems to blur the boundary between fantasy and real experience, which Ferenczi himself suggested can be seductive, and re-traumatize the analysand (27). Freud also seemed to have difficulty in this area. In my review of the Seduction Theory, I suggested that Freud's analysis of his daughter Anna indicated a psychological seduction, placing her in a position to reveal her oedipal fantasies about her father to her analyst, who was her father (32, 41, 42).

If one examines the case material and the description of the interaction in "The Case of B.", the individual to whom Ferenczi disclosed his feelings, another assessment of his intervention can be entertained (6:163–4). He described this individual as being "regarded by her family as a 'difficult child, problem child'" (6:164), who had developed an intense sense of shame and guilt about sexual matters, particularly the genitals, by the disturbed interaction with her puritanical and snobbish mother and "the impotent cowardice and dependency of her father" (6:163). She perceived all "civilized men", including Ferenczi, as "impotent and a weakling" (6:163). ("Civilized" apparently refers to a "prudish upbringing"). She had childhood dreams of an "elephant

penis”, and “hungers..[for what] is unattainable” (6:164). Ferenczi reported that as a result of his “small penis complex” disclosure as well as a series of interpretations regarding her issues about men, genitals, and their potency, B. was “beginning to regard the ‘small penis’ of the ‘civilized man’ as a possible instrument of love”(6:164). Ferenczi also felt that as a result of the analysis, “there is every prospect that she will give up mocking men by means of female homosexuality” (6:164).

What then becomes clear from a reading and re-reading of the clinical entries on the “Case of B.” is that Ferenczi had, in some remarkable way (probably through the devices of self-analysis and mutual analysis) freed himself of the conventional needs of status, power, and control, both as a person and as a psychoanalyst, so that he could reveal intimate details about himself, not to be conspicuously, neurotically self-disclosing, but to offer, in an empathic and loving way, an experience intended to heal “the trauma of shame” in a severely disturbed individual.

### The Process of Analyst Self-Disclosure

I would like to propose a scheme to describe the process of analyst self-disclosure in a judicious, therapeutic manner.

1. If an analysand observes a feeling, attitude, or behavior in the analyst that is causing a disturbance in the relationship, it is recommended that all previous exploration cease at this point.
2. A new focus is then created where the analyst searches his/her functioning in a mutual analytic fashion, to verify the subjective experience of the analysand, that some “unstated” feeling is present in the here-and-now of the interpersonal experience which is causing difficulty.
3. Ferenczi’s original words still have meaning. The analyst could say, to paraphrase Ferenczi: “I see you have observed something in my behavior of which I was unaware. Let me examine what you have observed”. The exploration can occur silently or in a mutual experience with the analysand.
4. The analyst verifies that the perception and experience of the therapeutic partner, the analysand, has validity and bears investigation. The analyst takes responsibility for making a contribution to the “crisis” in the relationship. Without necessarily knowing what the feeling,

attitude, or behavior may be that is at issue, there is an acceptance of the subjective experience of the analysand. (A contrast is being drawn between assuming a resistance and offering an interpretation vs. employing a phenomenological attitude, e.g., “not assuming the meaning” and conducting a search for subjective meaning.

5. If the analyst is aware of the unstated issue that is causing the difficulty, he/she should reveal it in a judicious way. Such judicious self-disclosure could be: “You are right, I am feeling angry”; “You did correctly perceive that I was distracted when you were just talking”; “I was not aware of it, but now that you mention it, I have been tired during the session”.
6. Now the test of judicious self-disclosure comes to the fore in the task of what to reveal about the analyst’s reaction (43–45). Judicious aspect of the analyst’s functioning is revealed, so that the analysand will not experience a “Confusion of Tongues”. The analyst differentiates his/her own personal issues from those of the analysand, so that the individual will not re-experience the childhood trauma of “blaming the child”. Such revelations could be: “I tend to get angry when you attack me. Then I feel I have to defend myself. I need, at those times, to talk to you about how you are coming across to me, so we can work out the difficulty, rather than get angry at you” (29, 37).

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## Summaries in German and Spanish

Rachman A. Die bedachte Selbstenthüllung des Psychoanalytikers

Einer der grössten Beiträge von Ferenczi zur klinischen Theorie und Methodik ist sein bahnbrechendes Konzept der Selbstenthüllung, das er in der berühmten Arbeit über die Elastizität der Technik einführt. Es wandelte die Behandlungsinteraktion von der Chirurgenhaltung Freuds zur antwortenden Haltung mütterlicher Empathie. Seine Erfahrungen mit "schweren" Fällen brachten ihn dazu, einen Ethos der Aktivität im Rahmen der empathischen Vorgehensweise zu erkennen. Die Methode der Selbstenthüllung stellte vor allem die Kommunikations- und Beziehungsstörungen bei Traumatisierten in Rechnung. Ein Beispiel dafür ist die "Sprachverwirrung", die als Modell gilt, aus dem heraus die Selbstenthüllung entwickelt wurde.

Rachman AW. La prudente revelación del self por el psicoanalista

Una de las más grandes contribuciones de Sandor Ferenczi a la metodología y a la teoría clínica es su concepto, pionero, de "analista revelador del self" (analyst self-disclosure). Primeramente introducido en su famoso trabajo, "La elasticidad de la técnica psicoanalítica" (1928), el "analista revelador del self" cambió la naturaleza de la interacción clínica entre analista y analizado, desde el modelo freudiano del cirujano a la sensibilidad de una madre empática. El trabajo clínico de Ferenczi con los llamados "casos difíciles" (narcisistas, borderline y desordenes psicóticos) le llevaron a descubrir el carácter de la actividad del método empático. El "analista revelador del self" muestra la sensibilidad que el desarrolló con los déficit de comunicación y en el funcionamiento interpersonal de los supervivientes traumatizados. Se presenta un esbozo de su trabajo "La confusión de lenguas..." del cual surgió el concepto de "revelación del self"... Se presenta una ampliación de esta idea en la distinción clínica y teórica entre lo prudente vs. llamativa "revelación del self".

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