

## The Impact of Therapist Self-Disclosure in Eating Disorder Treatment

To self-disclose or not to self-disclose, that is the controversial question. The stance on therapists' self-disclosure varies widely based on theoretical orientation; classically trained psychoanalysts often avoid personal self-disclosure in an attempt to be a "blank slate" while it is not uncommon for counselors working in the substance abuse field to share their own recovery status with their patients. Some think that therapist self-disclosure shifts the focus of treatment away from the patient; others believe that therapist self-disclosure could help demystify the therapeutic alliance, model disclosure for the patient, normalize their experience, and challenge negative beliefs the patient might hold about their impact on others. There is little research examining whether therapist self-disclosure of different types may have a positive impact on patients' non-disclosure and shame in patients with eating problems.

Simonds & Spokes (2017) conducted a research study to model relationships between different types of therapist self-disclosure, therapeutic alliance, patient self-disclosure, shame, and severity of eating problems. They examined 2 types of therapist self-disclosures: personal disclosures (ie. the therapist's own values, sexuality, personal experiences, etc...) or immediacy disclosures (information based on the therapeutic exchange such as countertransference or mistakes that the therapist made). They hypothesized that the perceived helpfulness of therapist self-disclosure would enhance the therapeutic relationship, which in turn would promote patient self-disclosure, which would reduce shame, which would be associated with an improvement in eating disorder symptoms.

The researchers examined 120 participants recruited online from a UK eating disorder charity database. Participants were at least 16 years old and had received at least 2 sessions of psychotherapy (not including assessment sessions) for eating problems. They were not required to have a current or prior eating disorder diagnosis. Participants were assessed on measures of patient non-disclosure (the patient not sharing information with the therapist), shame, therapeutic alliance, therapist self-disclosure, and eating problems.

Results of the study indicate that the most common type of therapist self-disclosure was positive feelings towards the patient (reported by 84% of participants) and the least common was sexuality (only reported by 14% of participants). Most therapist self-disclosures were rated between neutral and helpful. The researchers did not find differences between therapists' personal self-disclosures and disclosures of intimacy. For both types of therapist self-disclosures, results indicated that the greater the perceived helpfulness of the therapist self-disclosure, the stronger the therapeutic alliance; the stronger the therapeutic alliance, the greater the patient self-disclosure; the greater the patient self-disclosure, the lower the shame; and the lower the shame, the lower the eating problems. There was no evidence that helpfulness of therapist disclosures (either personal or immediacy) were related to eating problems independent of therapeutic alliance, patient self-disclosure, or

shame. The most common reason for patient non-disclosure was self-consciousness (ie. shame, guilt, or fear of negative judgment). Therapist qualities and the therapeutic intervention were applicable to patient's non-disclosure but played a less significant role.

This study suggests that therapist self-disclosure—if perceived as helpful-- might have a potentially beneficial indirect effect on eating problems, through the impact on therapeutic alliance, patient self-disclosure, and shame. Whether or not the patient found the therapist's self-disclosure helpful was a key finding in this study; it was perceived helpfulness that influenced the relationship between therapist self-disclosure and eating problems, more so than the content of the disclosure. Prior research has suggested that therapist disclosure of personal information could be considered inappropriate (and, in turn, likely not perceived as helpful). My take? Self-disclosures should be well thought-out in context of each unique therapist-patient relationship. Prior to self-disclosing, it may be useful to ask yourself: for what purpose am I self-disclosing? Will this self-disclosure aid in the patient's treatment? Is it likely that the patient will perceive this disclosure as helpful versus inappropriate?

Reference: Simonds L & Spokes N (2017) Therapist Self-Disclosure and the Therapeutic Alliance in the Treatment of Eating Problems, *Eating Disorders*, 25:2, 151-164.