

Expressing Feelings: Aid or Error?

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Everything we therapists do in sessions is directed toward the goal of helping our clients/patients to value themselves more and to lead more satisfying lives. We are trained to think and operate from a professional mindset, thinking objectively, without letting any prejudices or past personal experiences distract us from our work. Of course we also experience plenty of emotions during a session, but we either conceal them or we have learned how to use them and even show them, selectively and carefully, to aid us in working with our patient/client.

Some self-revelation can be appropriate: to put the person at ease, to model briefly how to speak to a difficult situation, or to humanize our interaction during the termination phase. It is often OK to laugh with the person. In addition, some therapeutic approaches deliberately try to elicit feelings in direct ways, including the therapist displaying some emotion. But sometimes our feelings can surprise us, bypassing our usual professional self-awareness, and we end up expressing things that are too personal and do not help the therapeutic process.

Some self-disclosures are inevitable, and may stimulate questions or other reactions, such as when the therapist makes changes in the office, becomes visibly pregnant, grows a beard, loses weight, comes in tanned from a vacation, or has been out sick. Some sort of response is usually needed, but generally the briefer the better, to keep the focus on what's good for the patient/client.

Then there are those awful moments we are really embarrassed about. We said too much, we went too far. Or we allowed ourselves, perhaps out of prolonged frustration in a difficult session, or in reaction to some unexpected provocation, to express *nonverbally*, through a shrug or rolling our eyes or a grimace, some fleeting but too-personal and non-helpful emotion. In a momentary lapse, we have focused on our own discomfort and not the client/patient's. This has happened to many of us.

Expressing positive feelings can be as problematic as expressing negative ones. If you are struck one day by the attractive appearance of your client/patient, do you mention this? (Objectively: "You look great today," or subjectively: "I like the way you look today.") Your therapeutic purpose may be to reinforce the person's just-emerging positive self-image; you may also feel warmly toward the person in a simply human way; you might also *desire* a greater closeness with the person, and your compliment will gratify that desire. When does your response shift from being therapeutic to being self-indulgent? Or you may have increased the person's performance anxiety: a higher appearance standard to meet for the next session. Being friendly can bring complications.

For some patients/clients, emotional disclosure by their therapist will have little or no effect. They take it in stride, and don't take it personally; they may even think better of you. For others, however, being shown their therapist's personal feelings may be disturbing, and can stimulate anxiety about your

competence, or anger that they have to put up with your seemingly unprofessional behavior. This can lead to a stretch of unproductive sessions while the person retreats into resentment or greater defensiveness, or even to sudden or premature termination.

We therapists do reveal ourselves, willy-nilly, anyway. The way we dress, the way our office is set up, what we keep on our desks, how we record ourselves on our phone answering system, even the magazines in our waiting room – all reveal something about who we are and what we value. Usually these hints about us are benign and do not affect the therapeutic process. Occasionally they may even reveal something about the client/patient, for example, if the person comments about seeing a “new” picture on your wall, when it has been there for a long time.

Probably the worst emotional blunder of therapist self-revelation (except for sexualizing the session -- a separate issue) is to get openly angry at the person you are working with. Anger usually conveys condemnation and dislike, and delivers negative impacts on the person’s sense of self-worth, and on the therapy relationship. Now, anger is a normal part of the human response repertoire, but we try to control its expression, even as we acknowledge that it is a valid feeling. But occasionally we have to put up with hearing a client/patient being disparaging of therapy in general, or critical of something about us in particular, or dismissive of our intervention, or ignore what we have said, or condemn someone or something we admire. Such comments naturally hurt and upset us, and a natural response is anger. We have been provoked, and we feel a sudden need to restore a proper balance to things, and defend our injured ego. So our mouth opens and out come angry words . . . to help us feel better.

Usually a brief apology is appropriate, along with additional words to restore the therapeutic process and convey one’s overall respect for the person. Eventually we have to ask ourselves, perhaps with supervisory assistance, what was that vulnerable spot in our psyche that suddenly got triggered and pushed us momentarily out of control? We have to be brave and curious: what was so upsetting, so enraging to us, when our patient/client “misbehaved”? What made us lose our cool?

There are other emotionally revealing situations. If you, the therapist, one day at work are almost overwhelmed with happiness (perhaps you have just learned that you or your partner is pregnant), or are terribly distressed (perhaps you’re dealing with bad news from a doctor or vet), you may decide to acknowledge it, briefly. Sometimes this disclosure may actually make it easier for you to return to a proper professional focus. (Of course, if it is a real emergency, you might need to cancel the session.) If your emotional disclosure is kept short and doesn’t try to solicit, indirectly, some pleasant response from your patient/client, then you can use this unusual opportunity to study the reaction to your disclosure. Is it consistent with what you already understand about the person’s personality, or are you surprised by the response?

“Life happens,” and occasionally we can’t help but bring some part of our feelings and personal life into the therapy relationship. Depending on how we handle these moments, the therapy can be enhanced or hampered. If we have revealed a personal feeling accidentally or impulsively, we are in good company—it has happened with many of our colleagues at some point. But the sooner we can regain

our professional composure, and resume our therapeutic attitude, and refocus our attention on the *other* person in the room, the better our conscience will be, and the quicker the helpfulness of the relationship can be reaffirmed.

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