Let's Dare to Be Vulnerable: Crossing the Self-Disclosure Rubicon

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ABSTRACT

Physician self-disclosure is frequently employed intentionally to establish rapport, cultivate trust and reciprocity, convey empathy, offer hope and reassurance, or strengthen the credibility of clinical recommendations. Self-disclosure of mental health issues is very personal and is considered to be outside the scope of the patient-physician relationship. This narrative tells my story as a primary care physician trying to help a patient having anxiety and depression. As part of our ongoing motivational discussions, I shared my personal history of mental health issues. Does self-disclosure enhance client-patient rapport and treatment success, or does it hinder such processes?

In this case, my self-disclosure successfully overcame impasses in the patient's treatment. Relevant self-revelation accelerated therapy and encouraged my patient to comply with his medication treatment.

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Alfred had been my patient for nearly 20 years. Now in his mid-60s, he was a strong, tall, amicable man. Over the years, he had been diagnosed with heart disease, undergone catheterization, and developed diabetes. He dramatically altered his lifestyle and engaged in sports daily, effectively managing his diabetes and putting his heart disease behind him. In recent years, he experienced several significant life events: early retirement due to his workplace closing, caring for his father until his death, and supporting his mother, who was having dementia. A year ago, he began visiting my clinic with a series of unexplained physical symptoms. Medical examinations revealed no definite cause.

It was clear to me he was developing an anxiety disorder, perhaps accompanied by depression. Our conversations quickly shifted from discussing his physical symptoms to a more supportive dialog in which I encouraged his remarkably active lifestyle. Despite this, he continued to visit my office quite frequently. I suggested he begin psychotherapy, but he adamantly refused. I primarily listened compassionately and provided support weekly for several months. At one point, he began discussing his insomnia. I viewed this as a breakthrough in his self-awareness that might allow me to suggest medication for his anxiety. I employed motivational interviewing techniques to encourage him to seek help, but he remained steadfast in his belief that he could manage on his own. I felt helpless and frustrated as he continued to present various somatic complaints, making our meetings increasingly unproductive as his mental health worsened. He made every effort to address his physical ailments but stubbornly refused assistance with his worsening mental condition despite my fears that he would become dysfunctional.

At this point, I decided to self-disclose some of my mental health history, believing our similar backgrounds could foster an affinity that might help him. Having experienced a mental health crisis myself, I understood the difficult physical sensations accompanying anxiety and the futility of medical exams. Like Alfred, I made significant efforts to avoid medication, but after a long inner struggle, I chose to try it, which has greatly improved my quality of life. Perhaps, I thought, this is a case where I should break the rules and share my mental health history, hoping my self-disclosure would have a positive impact.

Before I shared my experience with Alfred, I was anxious, but I remember his reassuring smile. "I don't typically share this with patients," I explained, "but I

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thought it might help convince you to consider medication. I went through a significant crisis: severe anxiety, insomnia, and like you, I was highly ambivalent about taking medication. Ultimately, I decided to try both anti-depressant and anti-anxiety medication." I cautiously lifted my gaze, uncertain of his reaction, and was relieved to see his smile remained unchanged.

"Thank you for telling me. Did it help you?" His tone and direct inquiry suggested we might be on the threshold of change.

"It took time, and there were side effects, but after a few weeks, I woke up one morning feeling an immense relief from my anxiety. It was a wonderful feeling." I watched as he reflected on my response. I expected questions and wondered what and how much was appropriate to share, but to my surprise, he remained silent, deep in thought.

"Thank you," he replied. "I will think about it again." He promptly got up, smiled again, and left my office.

A few days later, he scheduled another appointment. He told me he decided to try an antidepressant I recommended, as it is also used to treat anxiety. Thankfully, Alfred responded well to the treatment and reported significant improvements in both his anxiety and insomnia.

Clinical interactions sometimes remind me that I am both a health care clinician and a patient. I waver between both identities when treating patients with familiar ailments. I thought of Jung's wounded healer archetype, whereby "only the wounded physician heals."[1] This was certainly how I felt with Alfred. I believe without my similar experience, I could not have helped him overcome his resistance to medication.

The issue of self-disclosure is complex. Does it strengthen patient-physician rapport and improve treatment outcomes or hinder these processes? Research shows that physicians use self-disclosure to establish rapport, foster trust, express empathy, provide hope, and strengthen the credibility of their recommendations. Self-disclosure can also have drawbacks, however, including taking time away from the patient's visit, shifting the focus of the visit, burdening the patient, or even causing a role reversal.[2] I believe there are risks in blurring the boundaries that are meant to exist between physician and patient. These include over-identifying with patients, issues of transference and counter-transference, and projecting one's own approach onto a patient, which can imply that the treatment beneficial to the physician will be equally effective for the patient.[3]

A qualitative study examining the dual role of health care clinicians as patients found that those who self-disclosed their personal experiences within the health care system felt they were able to offer more compassionate care in their provider roles.[4] Yalom endorses a permissive approach, using self-disclosure to overcome impasses in treatment.[5] He believes relevant self-revelation catalyzes patient revelation and accelerates therapy. Similarly, patients perceive self-disclosing physicians as more empathic than those who do not.[6] Self-disclosure of mental health issues can be even more complex for health care clinicians. Younger doctors and those in training are less likely to disclose their mental health challenges.[7]

With experience, I have become more flexible regarding my boundaries. Generally, I do not maintain a distant or anonymous demeanor; my office is adorned with my daughter's drawings, and many patients address me by my first name. With some patients, like Alfred, I share more personal aspects of my life.

Reflecting on my treatment of Alfred, I tried to conceptualize the conditions under which physician self-disclosure of mental illness may be beneficial. First and foremost, the disclosure must prioritize the patient's well-being in the decision-making process. Will this disclosure benefit the patient?

Few studies have examined the impact of self-disclosure on patients, and even fewer have explored the individual patient's perspective or the specific content that leads to either benefit or harm.[2,8] In my view, however, self-disclosure can be beneficial when certain conditions are met or avoided. For example, congruence between the gender of the physician and patient, particularly for female patients, may enhance its effectiveness.[6] Additionally, primary care physicians—especially family practitioners and pediatricians with longstanding relationships with their patients—may be better positioned to use self-disclosure effectively.[8,9] On the other hand, self-disclosure can be disruptive if it occurs in the context of an inadequate physician-patient relationship, and repeated self-disclosure is often perceived negatively.[10] While physician vulnerability may benefit patients, self-disclosure should be used cautiously, particularly with dependent or highly curious patients.[10,11]

I searched the literature on therapist self-disclosure of mental health issues, hoping to glean insights despite the difference in the roles between physicians and therapists. Studies indicate that clients prefer therapists who self-disclose a history of mental illness.[12,13] Additionally, psychotherapists who self-disclose their mental health issues are rated more positively, leading to higher patient expectations of therapy success and improved working relationships.[13-15]

A more refined study assessed the extent of therapist disclosure. Client perceptions were most favorable when therapists moderately disclosed their personal experience with the same psychological problem compared with no, mild, or extreme disclosure.[16] This finding was consistent with my experience with Alfred, who, despite my concerns, did not press for more details about my personal story, allowing me to maintain a level of moderate disclosure.

As physicians, let's dare to be personal and vulnerable when reaching out to our patients, serving as role models and reaffirming our shared humanity. By doing so, we not only foster deeper connections but also empower our patients to trust us with their most personal struggles. Our willingness to share our own experiences—within appropriate boundaries—can break down the walls of isolation that patients often feel, allowing them to see that they are not alone in their journey toward healing. Ultimately, it is through these authentic

relationships that we can most effectively support both their mental and physical well-being.

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Key words: mental health: anxiety; primary care issues: clinician-patient communication/relationship; self disclosure

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