



Research Article

Self-disclosure of the therapist in the treatment of gifted children and adolescents¹

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Abstract

The issue of whether or not to reveal personal details about myself during treatment sessions of gifted children in order to help them solve various problems has first occurred to me after the publication of my book *There is another way: Girls and women – Achievements and challenges* (Zorman & David, 2000). As my co-author, Dr. Zorman, was living in the US after its publication, I was the only author who had to handle the radio, television and written press interviews, as well as answer the direct questions from the audience in the many lectures I had been invited to give or to participate in. The most frequent questions were “do you have a gifted daughter” or “are your daughters gifted”? I always answered: “I do not have daughters”. Since then the issue of self-disclosure of the therapist of the gifted has not much developed; today’s presentation intends to start a discussion about this important issue, and hopefully result in more qualitative and quantitative research, and some insights that will help counselors, therapists, gifted children and adolescents and their parents. Some personal details seem to be of enormous importance to many patients and some others are less important. For example: a female child therapist who is not a mother might encounter initial suspicion or distrust from the child’s parents. Furthermore: when the therapist is perceived by the parents as belonging to a certain religious group, ethnic origin, political party member or having non-traditional views regarding nationality, life-style, gender preference or any other area significant to the family in therapy, sometimes it seems almost impossible to continue the therapy without disclosing some details about the counselor’s life. Various details about the therapist are revealed during treatment, but they must be relevant to the advancement of the treatment. When the child in therapy is gifted, their chronological age does not matter that much. Any therapist of gifted children should be prepared to questions about their family situation, their beliefs, their educational choices, even their taste in the design of the clinic, their plastic surgeries or their love-experiences. Here are some such examples, and potential ways of answering them.

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Introduction

The issue of whether or not to reveal personal details about the therapist during treatment sessions has a long history and has been discussed widely in the literature (e.g. Ackerman & Hilsenroth, 2003; Alfi-Yogev et al., 2021; Aron, 1997; Audet, 2010, 2011; Barnett, 2011; Barret & Berman, 2001; Bloomgarden & Mennuti, 2009; Bray, 2019; Bridges 2001; Burke, 1992; Cohen, 2005; Cooper, 1998; Danzer, 2018a; Dindia, 1992; Dixon et al., 2001; Farber, 2006; Fox et al., 1984; Gelso & Palma, 2011; Ginot, 1997; Godfried et al., 2003; Henretty & Levitt, 2010; Henretty et al., 2014; Hill & Knox, 2002; Hill & Stull, 1987; Hill et al., 1989, 2018; Jackson, 2020; Kaufman, 2016; Knox et al., 1997, 2011; Knox

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& Hill, 2003; Levitt et al., 2016; Maroda, 1999; Mathews, 1988; McCarthy & Betz, 1978; McCormic et al., 2019; Pinto-Coelho et al., 2018; Pizer, 1995; Renik, 1995, 1999; Rosie, 1980; Somers et al., 2014; Waska, 1999).

Self-disclosure in child therapy, on the other hand, has been a neglected subject in literature until the second decade of the 21st century (e.g. Capobianco & Farber, 2005). Few studies had been dedicated to this issue (e.g. Gaines, 2003; Smith, 2010), some more have just mentioned it (e.g. Yermish, 2010); their results were mixed. In an earlier study of self-disclosure in child therapy (Braswell et al., 1985) a negative correlation was found between the number of therapist self-disclosures and the degree of patient improvement – as rated by the therapists. As it is very hard – maybe even impossible – to come to a general conclusion whether the pros of self-disclosure in treating children overcome the cons, we shall concentrate on some cases when such disclosure should be avoided if possible, and on others – when self-disclosure is unavoidable (e.g. Johnsen & Ding, 2021), we shall focus on ways of minimizing its potential damage.

Personal introduction: Self-disclosure in the treatment of gifted children

When I published my first "giftedness" book (Zorman & David, 2000), Dr. Zorman was living in the US. Thus, I had to conduct all radio, television and written press interviews on my own. I also had to answer direct questions from the audience in the many lectures I had been invited to deliver or participate in. The most frequently asked questions were: "Do you have a gifted daughter?" and "Are your daughters gifted"? I always answered: "I have no daughters".

For over a decade and a half I have been wondering what my answer would have been, had I had daughters. Should I have answered: "What does my daughter / do my daughters have to do with the book?", or simply "yes" or "no"? Revealing what I had considered a private detail about my life seemed to me "something that should not be done"; involving children in an act like that would have been considered unethical by me – though it is legal and done quite frequently. However: these incidents have been my trigger for studying self-exposure in treatment of gifted and talented children and adolescents. This subject should have received much more attention in the scientific literature than it had actually had had.

Though a few posts and vignettes mentioning self-disclosure of the therapist of the gifted (e.g. Harvey Sallin, 2018; Pfeiffer, 2012) have been published, as far as I know, this study is the first attempt to discuss in depth the subject of self-disclosure in the treatment of gifted children and youths.

Exposure of Personal Details About the Therapist

Some personal details about the therapist seem to be of great importance to many patients, while others are less important and rarely are asked about. For example: a female child therapist who is not a mother [or grandmother – depending on her age...] might encounter initial suspicion or distrust – especially from her patient's parents. Furthermore: when the therapist is perceived by the parents as belonging to a certain religious group (e.g. Chesner & Baumeister, 1985; Danzer, 2018b; Shim, 2015), ethnic origin (Shim, 2015), or political party, or when holding non-traditional views regarding nationality, life-style, gender preference (e.g. Hill & Stull, 1987) or any other area significant to the family in therapy, sometimes it seems almost impossible to continue the therapy without exposing some details about the therapist's life. Such details vary extensively, so while treating gifted children, the focus when exposing these details must be their relevance to the advancement of the treatment, rather than on the child's age. A gifted child might ask questions that do not seem appropriate for her or his age, or, as happens quite often, overhear conversations about "adult" issues and then ask the therapist about them (for example: Webb et al., 2007). Here are two such examples.

A 7-year-old child of non-Ashkenazi descent was accepted to grade 8 gifted class in Tel Aviv. She hears her parents speaking about their concerns because of the ethnic mixture in the gifted classes in Tel Aviv, namely, that most students come from the northern parts of the city, where the dominant origin is Ashkenazi, while "[only] 7% of the students in the Tel Aviv gifted classes live in the southern parts", which is a euphemism for non-Ashkenazim – Mizrahim or Sephardim (Kashti, 2014). Hearing from the therapist a sentence such as "You know, my skin color is very light but my own children are only half-Ashkenazim", might be very helpful, much more than any explanation – as long as it is true.

Israeli public discourse has been moving fast to the right wing since the end of the 20th century, and for some families it has become quite difficult to educate their children by their leftist ideas, socialist theories that seem to be “old fashioned” (Davies, 2010; Gordon, 2015; Kashti, 2011; Sales, 2016). An adolescent boy who was bothered because of the conflict between his parents’ opinions and those of his peers felt much better after the therapist told him that back in the early 70ies, she used to visit her friend from the university whenever he was arrested during the demonstrations of Matzpen,³ and summarized the lectures he had missed when he had been detained for investigation in the police station. Such examples show patients, children as well as adolescents, that the therapist understands the meaning of belonging to a minority, not giving up one’s own beliefs for the sake of “being like everybody else”. Such self-disclosure might help the patient realize that unlike many other grown-ups they meet at home, in school or on the Israeli street, the therapist is not fixated on issues such as “how a person should live” or “what the right way is to think about things that matter”. When the therapist is perceived as a person with wide horizons, the gifted patient finds it easier to open up to her.

What Should not be Exposed?

It is recommended to list the acts, deeds or statements that a therapist should avoid, if possible, when deciding to use self-exposure during therapeutic sessions. Setting explicit, preferably written borders will help the therapist concentrate on the “allowed” subjects, techniques and comparisons. The therapist might use them in order to empower the gifted patient and advance, even accelerate the therapy process. Here are sample items of the “not to” in the list.

- When the patient asks the therapist a personal question, *she should not ask*, “Why is it important?”. She must assume that every question asked is important. One of the main characteristics of a gifted child is asking questions (see, for example, Davis et al., 2010; Dean, 2011; Lovecky, 1994; Silverman, 1992). It is quite likely that the gifted patient has already been ignored in the past when asking questions, and/or had received partial, evasive answers. Thus it is of special importance to act differently in order to gain the patient’s trust.
- When the therapist does not wish to answer the question asked *she should not ignore it*, but rather explain why she is not going to answer it. Ignoring a question that the therapist perceives as “unimportant” or “irrelevant” might be perceived as showing disrespect to the patient, her or his thoughts, emotions, feelings or preferences.
- The therapist should try to *discover the reason for asking a personal question, without sharing this knowledge with the patient*. Even if the reason for asking such a question is not revealed in treatment, it should rather remain in a state of vagueness. Gifted children tend to be introvert, sensitive, sometimes shy, and they should not feel pushed to “supply” explanations but rather take their time and share their inner life with the therapist at their own pace.
- Many gifted children and adolescents tend to *perceive things as “black or white”* (Lovecky, 1994; Silverman, 1994), and if a therapist hides facts without an explanation, the gifted patient might jump to the conclusion that the therapist is “fake”, even a hypocrite. The result might be a backlash or even as critical as blockage of the therapeutic process.
- The therapist must *not reveal more than what can be estimated as the “necessary minimum”* in order to answer the patient’s question. For example, when asked: “do you have children” the answer should be either “yes” or “no”. Any other answer might lead to further questions, and the therapist will have to choose between ignoring or answering a question he or she feels or even believes should not get an answer. An answer of “yes” or “no” has good prospects of ending the conversation.

³ Matzpen (Hebrew: **מַצְפֵּן**, lit. ‘Compass’) is the name of a revolutionary socialist and anti-Zionist organization, founded in Israel in 1962 which was active until the 1980s. It was founded by former members of the Israeli Communist Party – Maki who opposed that party’s unquestioned support for the international policies of the Soviet Union. Its official name was the Israeli Socialist Organization, but it became better known as Matzpen after its monthly publication.

Questions Most Frequently Asked by Gifted Children and Adolescents

As the literature about self-disclosure in treatment of the gifted is so scarce, this section relies mainly on my own experience in working with gifted children and their parents. Here is a list of questions I have been asked most frequently in the last 30 years – “the facts”:

- Do you have children? How many? Boys or girls?
- Are your children gifted?
- Are you gifted?
- How old are you?
- Are you married?

In the last decade I was asked many times whether I was a grandmother, and when I answered in the affirmative – the patient wanted to know if I had grandsons, granddaughters or both, and whether they were gifted.

Of all these questions, the one about my age is the easiest: I always answer it with no hesitation. I believe that hiding such an important detail from a patient – especially when it is very easy for her or him to discover the answer on many public sites – is unwise. Furthermore: in the treatment of gifted children there is an important role for grandparents (e.g. Webb et al., 2004). Thus, in my case, being old might be an advantage both for the patients, who tend to trust a professional who is about their grandmother’s age, and for their parents, who appreciate my experience and my availability, as I am no longer preoccupied with my own young children and their problems... Thus, a few years ago, when I was celebrating the beginning of the second half of my life, I started my own tradition of including my patients in the celebration of my birthday! (David, 2012).

The questions about my children – or grandchildren – were asked, in most cases, by children. Questions about my marital status were asked either by adolescents or the patients’ parents. Questions about the gender of my children were asked only by girls or girls’ parents; questions about my grandchildren’s gender were asked by children who already knew all my children were male. But many more personal questions have been asked; some of them were fully answered; to some I gave partial answers and to some I said: “you are not going to get an answer”. But I never ignored any question, neither got angry because of invading my privacy. Hearing personal details found in the dark net (from two patients!) made me say: “I am glad to know I am so important. I did not realize I was so famous!”

Clarifications and Some Connections to COVID-19 Time

It is quite understandable why younger children wish to know that much about their therapist’s life, experience, family, etc. But in the years 2020-2022, especially during the first corona-year – most children were worried about their families, in particular – their grandparents. Seeing me, even online for long weeks – gave them some assurance that life was going on, that though being afraid was a realistic concern, a fear well-based, hope overcame their concerns, their worries. I am sure that a therapist belonging to a “risk group” had been an advantage, and thus revealing my age was necessary during that time.

As for questions about the gender of my children: such questions were asked by girls or adolescent females, as well as by parents of girls. Looking back, I think that it was difficult for me to admit that I had no daughters because at the beginning of my professional way I had to prove that I had no “personal” connections to gifted girls – the subject of my first giftedness book (Zorman & David, 2000). In the late 80ies of the 20th century the field of giftedness was already studied in many developed countries, as well as in some Middle Eastern countries, especially in Israel (David, 2018). Many “giftedness” books opened with the author’s “confession” of being identified as gifted or having one or more gifted children. One of the most famous experts on giftedness, Prof. Robert J. Sternberg, “the author of over 1500 articles, book chapters, and books” (ICOT2015, 2015), based a crucial part of his career on his own life-story as NOT being identified as gifted by conventional, widely accepted criteria (e.g. Kean et al., 2002; Sternberg & Grigorenko, 2000). Since the beginning of the 21st century many experts on gifted education and psychology of giftedness shared the experience of being a grandparent of gifted children with their audience (e.g. Shaughnessy, 2012; Webb et al., 2004). In

addition, there are English-language blogs for grandparents who think that their grandchild is gifted (e.g. Weingarden Dubin, 2014).

However, in Israel, in spite of it being the only country with a gifted education department at the Ministry of education (Freeman et al., 2010) and the only one with a complete and free giftedness identification system (ibid), the attitude towards giftedness – both among the wide public (e.g. David, 2014) and professionals in the education field – has not been very positive (e.g. David, 2011; David & Wu, 2009). In addition, most families with gifted children still do not perceive expertise in psychology of the gifted and didactics of the gifted as a special field, but rather as a subject everybody is entitled to have their own opinion about (David, 2017). Thus, in order to preserve my “professionalism” I maintained some vagueness regarding my personal details.

Another interesting fact regarding my own self-disclosure had to do with my first published paper about gifted children: “Five gifted children in one classroom: case study” (David, 1999). When I first published it in English (David, 2005), I changed it substantially. In the Hebrew version I did not reveal that one of the five described boys was my son; in the English one I did, which explained my having full access to all the educational and family details the article included. In the Hebrew version I introduced myself as a counsellor of gifted children, which was true; in the English one I revealed additional details, which made it better.

As to the question: “Are you gifted”? I have always given the same answer: “According to Ziv (1990), giftedness is potential for excellence. As I am a grown up person, the issue of whether the ministry of education defined a 7-year old as “gifted” does not matter. I believe that the counsellor should prevent any attempt to draw conclusions about anybody or their family based on private details.

However, there are several cases when self-disclosure seems inevitable. For example: when the therapist has to cancel an appointment due to health problems or death in the family. It is possible to cancel the appointment without revealing the reason to the patient, but a therapist of gifted children must take into consideration that usually their level of understanding is much higher than should be expected according to their chronological age. Thus a 10-year old child might understand, in some cases, situations that “regular” or non-gifted adolescents of 14 do not always understand. The concept of death, for example, is one of them (e.g. David, 2015). In addition, hiding facts that the therapist considers “difficult” might hinder the treatment, even result in its end because of the high level of sensitivity, typical to gifted children (Manning, 2006; Mendaglio, 2002, 2012; Peterson, 2006), as high level of sensitivity might make gifted children feel insulted by people they perceive as behaving disrespectfully.

Let us discuss some of the cases when the treatment of gifted children might benefit from self-disclosure of the therapist.

When Having to Cancel an Appointment: Should the reason be given?

Cancelling because of an unexpected event

Cancellation of an appointment by the therapist should be prevented, if possible, as the therapeutic contract between the patient and the therapist includes, since Freud, the hour which “belongs” to the patient. But as therapists are human, they sometimes must cancel appointments because of calamities or accidents. Here is a list of some of the reasons.

Death-related reasons

The Funeral

In Israel a funeral is always an unexpected event, as Jewish tradition requires the deceased should be buried on the day of her or his death. Indeed, non-Orthodox Jews are somewhat more flexible and delay the burial by one day or even two, but even when this is the case – unless the funeral is of first-degree relative, the psychologist does not always get to notify all patients about her or his absence 24 hours before the scheduled appointment. I have had to cancel very few appointments because of funerals in the last 30 years; two of them with the same child one year after the other. The first funeral was of Dr. Erika Landau, a public personality who was known to all Israeli families with gifted children (David, 2013). I told the child why I had to cancel his appointment, and he was very understanding. The other funeral was on a

Tuesday afternoon again, of my children's grandfather. This time I did not reveal the identity of the deceased, as this revelation could have triggered many questions, such as about my marital status.

But canceling an appointment because of a funeral can cause a negative reaction, as informed by Sharon Ziv-Beiman (Strull-Kaufman, 2015). Ziv-Beiman's patient said: "Why do you think I should be interested at all?", which made the therapist realize that at such an early state of the intervention the patient was by no means ready to get involved in her therapist's life.

The Shivah

According to Jewish law, Shiva (Hebrew: שבועה, literally "seven") is the week-long mourning period for first-degree relatives: father, mother, son, daughter, brother, sister, and spouse. Immediately after burial, these relatives have the status of "avel" (Hebrew: אבל; "mourner"). During the 7 days following the burial, family members traditionally gather in one home (preferably the home of the deceased) and receive visitors. Mourners traditionally wear an outer garment that was torn at the funeral; this garment is worn throughout the Shiva. Thus, when a religious or observant of tradition therapist is mourning after the death of a first-degree relative, it is practically impossible for her or him to see patients for a whole week. Self-disclosure of the situation must be done very carefully. For example: there are different opinions about the earliest age children are "mature enough" to understand the concept of death (for a summary see David, 2015). However, for about half a century it has already been known that chronological age predicted the understanding of the death concept among children less accurately than their cognitive developmental age (Koocher, 1973). In the case of gifted children, the fourth stage, when, according to Piaget, children understand the concept of death, might appear even at ages 5-6. Thus gifted children sometimes perceive the concept of death even when in kindergarten. In such cases the therapist should be very careful when speaking about the death of a relative, especially when the deceased is not very old.

The Sheloshim [=30]

According to My Jewish Learning (2017):

Although sheloshim [...] is a period of mourning, it is far less intense than shiva. The mourners resume normal social and professional duties but are still restricted in certain ways. One does not cut one's hair during this time, a custom dating back to the Bible of letting one's hair grow wild when in mourning (Leviticus, 10:6); this rule applies to both men and women. In addition, men are not to shave for the duration of sheloshim (Shulhan Arukh, Yoreh Deah, 390:1).

Religious or Orthodox therapists usually are most strict with the laws of the Sheloshim, so that a male traditional counselor might have difficulties when deciding not to reveal the reason for not shaving during a whole month. But many less religious professionals' who under regular circumstances do not observe all rituals, might also obey Jewish laws connected to their deceased parent. Such an example is shown in the American TV drama *In Treatment* (2008-2009), based on the Israeli 2-season 45-part series *Be Tipul* (2007), created by Hagai Levi, Ori Sivan and Nir Bergman. Reuven, the psychologist and main character, who is played in the American version by Gabriel James Byrne, is not a religious Jew, but after his father's death he does not shave for quite a while, and thus "forces" his patients to be aware of his state of mourning.

Cancelling because of an expected event

Expected events are – in many cases – positive experiences in the life of the therapist. They might be family occasions such as a wedding, Bar Mitzvah, Brit [= the party following the Jewish ritual of the circumcision of a male newborn] or the like. They may also be related to the summer vacation, winter vacation, or just a vacation the therapist takes. Before each of such events the therapist has enough time for preparing the patient. Even when the patient is very young, the therapist must take into consideration that a gifted 5-year-old might have a time-perspective of an 8-year-old "regular" child, and thus prepare her or him for the cancelled appointment two or even three weeks ahead of time.

When asked about a personal issue, some answer must always be given. However, the therapist should be very careful before revealing any details beyond the most basic ones. Any “extra” details might cause a variety of reactions, some quite unexpected. I can still recall a 10-year-old patient who, after hearing that I was to take a trip to Galapagos, which he knew to be very expensive, thought I might be interested in earning money without working. So he suggested that I gave him half of the money I charge for each meeting with him, and in return he would just sit quietly in my clinic during the whole session, while I would use the time for my writing or reading!

Summary

As the first attempt to enlighten the issue of self-disclosure in the treatment of gifted children I hope I have succeeded, at least, to raise it into consciousness, if not come to any straight forward conclusions regarding the main questions: “When should I self-disclose and when should I not? What is the potential harm – if at all – by self-disclosure with gifted children?” and the like. However, some conclusions can be drawn from this preliminary work:

- In the treatment of gifted children, the chronological age matters much less than the cognitive age
- Gifted children are usually more vulnerable to lies, hidden facts, or saying such as: “you will know when you grow up”. Thus it should be better to self-disclose than to hide inconvenient facts, especially facts that might be revealed by the child.
- Because of the high level of sensitivity of the gifted child, the therapist should be very careful and never reveal any personal fact that has the slightest prospect of being insulting, improper, or inducing feelings such as envy or hatred.

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