

Self Disclosure in the Digital Age

Interview of Ofer Zur, Ph.D. by Barbara Alexander

Barbara Alexander: Welcome to OnGoodAuthority. I'm Barbara Alexander. You are listening to or reading an interview in an ethics program entitled Empathy, Boundaries and Technology. Therapists and clients share a peculiar relationship. It is paid and emotionally intimate, but the intimacy is pretty one-sided. When the therapist chooses to reveal personal information to the client, it could help the client's therapeuticals or it could backfire. In the past, strict rules existed for clinicians about self-disclosure.

Here's the main oldie: if a client asks you a personal question, turn it back by asking why he or she wants to know that information. But times have changed, both in the broader, more informal culture and in the changes in psychotherapeutic theories, which value a more collaborative and mutual relationship between therapist and client. Still, inappropriate self-disclosures done for the benefit of the therapist are considered boundary violations. These are difficult clinical and ethical choices and maybe it was simpler when things were more rigid and we could protect ourselves with the strict prohibition against self-disclosure.

Here to walk us through this minefield is Dr. Ofer Zur. Ofer Zur, PhD, is a licensed psychologist, Fellow of the American Psychological Association, instructor, lecturer, ethics consultant, and expert witness in private psychotherapy practice in Sonoma, California. He has been in practice for over 20 years and is Director of the Zur Institute, LLC, at www.ZurInstitute.com, which offers over 170 innovative and challenging online continuing education courses for psychologists, counselors, social workers, nurses, and other mental health practitioners. Dr. Zur is the author of dozens of articles and book chapters and of 4 books: *Dual Relationships and Psychotherapy*, *HIPPA Compliance Kit*, *The Complete Fee-for-Service Private Practice Handbook*, and *Boundaries in Psychotherapy*.

Dr. Zur has lectured worldwide on topics ranging from internet addiction, digital ethics, digital divide, cyber bullying, boundaries in psychotherapy and counseling, standard of care, effective therapy, psychology of gender, psychology of victims, psychology of war, and much more. Dr. Zur, why are therapists so drawn to self-disclosure as a therapeutic tool? I hear about it more and more. It used to be such a no-no and that's going back a few years and now the therapeutic relationship has changed and it's more of a two-way field, but I think that makes it more dangerous. At any rate, why are therapists so drawn to it? Why do we think that self-disclosure is a therapeutic tool? And is it?

Ofer Zur: We are in a different era of the world, online and internet culture, and you use the word "dangerous" and I beg to differ. I don't think it's dangerous. I think it's kind of bringing new complexity and richness, but not necessarily danger. We live in a culture that's very transparent. Therapists cannot just be found on the old Yellow

Pages. When people come to our website in order to check if we are the right therapist for them, they would like to see a very personal video on our website that reveal perhaps our marital status, sometimes perhaps our sexual orientation, our relationship to God, what gives us meaning, what makes us happy. They would like to get to know us before they even come to therapy.

This is, kind of in general, you're absolutely right. The old analytic model earlier in the century, of the only thing I'll tell you is my name and my degree. It's not the model anymore or not even within psychoanalysis. What we have discovered also in the last half century, that self-disclosure increase, of course, sense of familiarity and with that also increase sense of trust, our relationships are more warm. Therapists and clients are connected better, and we also discovered in multitude of studies that therapeutic alliance is best predictor of positive therapeutic outcome and therapeutic alliance is closely related to warm, gentle, trusting, familiar connection between therapist and client.

So you are right, the field have changed and people are drawn to self-disclosure because of the new state of the world, as well as we know from research that indeed self-disclosure is likely via the therapeutic alliance to increase quality of therapeutic outcome.

Barbara Alexander: I'd like to go into more of your thinking about it but I have to ask you this question, I wonder if it's not a sort of laziness on the part of the therapist rather than exploring— you hear my psychoanalytic bias really—that rather than exploring the meaning of something of a situation to a patient or client we say, "Well, yes, I do know that that can be true. That happened to me," or slightly different variation. "I have other patients who have experienced this," which is not self-disclosure, but it's somehow revealing, so I wonder if it's not laziness or self-indulgence?

Ofer Zur: I think that kind of view, psychoanalytic bias, kind of that you mentioned is really it is clear here. When I talk to my own therapist and he tells me, "I work with people who were in battle and experienced PTSD on a battlefield," that gives me incredible sense of confidence in my therapist that he can deal or she can deal with my own PTSD for my war experience. It's not laziness, it's increased the therapeutic alliance and trust in his or her competence. Let's remind ourselves, that less than 5% of the people are practicing psychoanalysis, and even less, so the dominant modalities right now in the field are cognitive behavioral and then we have the traditional humanistic and...psychoanalysis kind of reigned supreme at the first part of the century but it's become kind of minor and become kind of very fringe in some regards compared to where the field is at, so we cannot go—

If you practice psychoanalysis or psychoanalytic psychotherapy it's fine for you not to do self-disclosure because you have a different way of exploring issues, but if you're cognitive behavioral or you're a humanistic psychology or a feminist therapist or many other orientations that constitute 95% who are not analytic, you have a good reason to self-disclose because we know from research that it's helpful and it's effective. Again, we need perhaps to make sure that self-disclosure

is not just random; ethical or intentional self-disclosure has a clear clinical rationale and it's done for the client's welfare; so it's not just me telling you, "Oh, I've experienced it myself and just because I feel like telling you," it has to be strategic, it has to be intentional.

Barbara Alexander: That's an excellent point. From there let's go to your 4 types of self-disclosure, which I thought were really very interesting and very helpful.

Ofer Zur: Thank you. There are indeed a variety of ways of self-disclosure, some of them will be deliberate, which means like what you mentioned, "Yeah, I'm working with other clients who experienced abortion," or "I've worked with other people who experienced emptiness." Whatever it is that you would like to, or "I myself went through the emptiness a few years ago and this is how I had dealt with that" or whatever you want to do as a self-disclosure. It's a deliberate self-disclosure that's done for the welfare of the client. Another type of deliberate self-disclosure will be when I, kind of, reacting for a woman tell me about a man who is maltreating her and I say, "What?" This kind of "what?" is a personal strong reaction, which is really self-disclosure by my outrage about what she describe this man hit her or insulted her and this is again strategic self-disclosure.

This can be a deliberate self-disclosure. It can be verbal or it can be non-verbal. It can be just even a facial expression, can be a self-disclosure as well. Then we have unavoidable type of self-disclosure that people just come to our offices and in my case, they'll see my age, they'll hear my accent, they'll come and see what pictures I put on the walls in my office, how do I decorate the office, how close do I sit to them or not. A lot of unavoidable, just given things that people will see, am I pregnant or not, et cetera. Am I overweight, whatever. What kind of jewelry a woman therapist may wear or not. Then self-disclosure can be accidental.

Sometimes we just bump into clients outside the office or sometimes we even reveal ourselves unintentionally. Then the last part is the last form of self-disclosure and when clients take a deliberate action to find things about us, so they get information about us, not necessarily because we choose to self-disclose, just because they are after it, not necessarily accidentally. They can do it offline by observing the therapist in the community, by stalking, or even gossiping about the therapist in the community. Some of this is unavoidable in small communities, we can talk about it later, but the main thing that clients find information about us right now is really online. This is kind of the main way right now that clients find information about us, psychotherapists, whether you're a psychoanalyst or not, they're going to find out a lot of information.

They could find out whether you're married or not, whether you have children or not. They can find out whether you own a house, did you file divorce, what's the divorce paper, they can look at the divorce paper if they want to. They can find out your birthday and social security and your bank account. They can find whatever they want to find, depends on how hard they're working.

Barbara Alexander: It sounds like on the verge of identity theft.

Ofer Zur: If we can just break down the issues of what clients can find about us, I call it the Google Factor, and there are several levels. The first level is just simple due diligence when clients just do a normal way that modern-day consumers, they're looking at Yelp, they're looking at your website, so kind of basic due diligence, and they just Google your name. Then they can go to the next level of curiosity where they may even search on LinkedIn, they may try to see what they can find on Facebook and this will already may take us to the next level of more intrusive search, depends on what your privacy setting on Facebook and of course Facebook can change it on you, they can do it a more intrusive, still legal, search and find out tons of information about us.

The last one is illegal search or a cyber stalking, where for \$40 or \$60 they can find a lot of information about you that many of us prefer our clients not to know, but is nevertheless available through kind of a digital private eyes who can find out all this information that I mentioned earlier and much more, all your legal action, your financial records, but short of the illegal search, the other ones are a legal but can be highly intrusive; so clients can find out about us and modern-day consumers search us. They go in Yelp and see what other people say about us, and therapists need to make sure that they know what's on them and create a Google Alert that will show them regularly what postings were made on them online.

Go to googlealert.com and create an alert for yourself. Once a week you get all the postings that anybody posted with your name online, so kind of you know what kind, and future, and potential clients know about you if they Google you.

Barbara Alexander: Can you undo that? Let's say somebody says something bad about your work on Yelp, is there some way to counter that?

Ofer Zur: Very good question. Whether somebody says something bad about you in Yelp or somebody trash you by posting on LinkedIn or on Facebook or created a whole website just to trash the therapist. It's very complex, the first advice I give when people consult with me on these issues regularly, I say, "Don't do anything." I've been involved with some cases around the country when therapist did a mistake and responded to Yelp reviews and reveal that the client indeed is our client and start arguing that they didn't do a mismanage the invoices or didn't insult the client, so engaging with a client online is often ineffective, because it escalates the situation and secondly if maybe you're in violation of both state law, ethics code, as well as HIPPA if you revealed confidentiality.

That doesn't mean that therapists do not have the right to defend themselves but you do not want to do it on a whim, you don't want to do it emotionally responding, so if you find that somebody trash you online, go to my website, search for my how to respond to Yelp article and I have 6, 7 steps to do that, and just the most important thing to remember from this interview, do not respond on the spot with your high emotion. Just don't that. You sit on it and start thinking

strategically, consult with experts.

Barbara Alexander: That is a great advice. There's a saying that you don't want to get into a pissing contest with a skunk.

Ofer Zur: Beautifully said, and in online the skunk stinks, and stinks in a big way. You can escalate the situation. Yelp is very complex. Some people say that Yelp may promote negative posting so you can buy advertisement and this is, kind of, in order for them to take the negative off and put the positive. Yelp denies doing it; or if you law suit, I do describe a lot of these in my article on my website at zurinstitute.com. I have a few articles about Yelp. It's a very, very complex issue and be very informed before you take on them.

Barbara Alexander: Thank you.

Ofer Zur: By the way, there are some research also show that some negative reviews combined with bunch of positive reviews increase the effectiveness of the positive reviews. Not always negative reviews are harmful.

Barbara Alexander: From there, let's go into the differences in self-disclosure in the various types of therapeutic orientations. We've talked a little bit about the psychoanalytic orientation and sort of the more traditional orientations and how they view self-disclosure, but is there more you'd like to say about that?

Ofer Zur: Yeah, absolutely. We need to remember really to be aware that the traditional psychoanalysis is changing really drastically and we have much more interpersonal focus in modern psychodynamic psychotherapy, where self-disclosure in relation to intersubjective perspective is highly valued, so when we talk about psychoanalysis, it has evolved to be much more interaction, and with much more what is called the intersubjective perspective and with the value of self-disclosure. Behavioral and cognitive therapists will emphasize the importance of modeling or reinforcement or normalizing and all of these can involve extensive self-disclosure; if I want to emphasize something to tell is the way I handled the situation is, or I have gone to this myself, which would be kind of normalizing. Whether it's modeling or reinforcing or normalizing, cognitive behavioral therapy will use self-disclosure.

Humanistic and existential psychotherapists always emphasize the importance of self-disclosure as a way to enhance the therapeutic alliance. This has been part of a traditional humanistic, existential. Family therapy or Ericksonian therapy, Adlerian therapy, also talk about modeling and the importance of therapeutic alliance. In group psychotherapy, it's another orientation that stress the importance of self-disclosure also, the participants including the leaders to share as a way to create a group dynamic. Feminist therapist, they value therapist disclosure because it foster egalitarian relationship and solidarity between therapist and client and also promoting clients' empowerment, because they are on more equal footing, which is important for the feminist therapist as well as for

the humanistic psychology.

Needless to say that self-help-based therapies are high on self-disclosure, and also narrative therapy is a way to model to the clients, there's a lot of therapy transparency, so we see kind of the whole field, including the psychodynamic and psychoanalytic field, kind of valuing self-disclosure, and the internet culture with high self disclosure. In order to have clients coming into your office, you better have a video, audio, that tells the client who you are. If not, they're just going to go to the next site and will not come to see you in therapy.

Barbara Alexander: I have a couple of questions to ask you, what is wrong with saying to the patient or client why do you want to know this, or how would it help you to know this about me? What's wrong with that?

Ofer Zur: Nothing wrong with that but if you do it rigidly, if a client asks me, "Do you believe in God?" If a client asks me, "What's your sexual orientation?" because they've been harassed all their life. For being gay or bisexual. Nothing wrong with that, it's just a modality and you don't use it rigidly all the time. I think this day and age when clients demand a lot of self-disclosure from us, you can say that, you are likely to lose a client, which just give you a look and walk out. It used to be the model earlier in the century and definitely in the 50s and then start changing in the 60s and 70s with the humanistic psychology and feminist therapy, so nothing wrong with that. Even humanistic psychologist not always will answer all questions of the client.

Sometimes it's important to explore why do you ask, but if you are rigidly wedded to that, which I don't know anybody who does anymore, including the psychodynamic psychotherapists are not wedded to that anymore. Modern-day consumers are going to demand a lot of transparency, so nothing wrong with that, you're just going to be without clients. The idea is not to be wedded to that rigidly. It's not the model of the 21st century.

Barbara Alexander: You could say for instance, "I'm going to answer your question but before I do that, I'd really like to understand why you need to know that or how it would help you," would that be okay to say?

Ofer Zur: I think it's really okay in the context. Again, but sometimes you can use exactly the verbiage that you used right now and sometimes they ask you a question and you need to answer. For example, clients will ask your therapist about the sexual orientation on the phone or in e-mail before they even came to the office. Not because they care what the sexual orientation is, they want to know can the therapist talk about sexual orientation without getting all kind of funny about it. This is people who suffer from discrimination or from sexual harassment for being gay or bisexual, so sometimes the client is on agenda when they ask us things. They're testing us and doing what you did on the phone in the first session or before the first session, you're going to lose this client; but there's a place for that in the rhythm of therapy, but not to be wedded to a full self-disclosure.

Again, the old psychoanalytic model doesn't work in 21st century for clients and they can find out things about us, don't need even to ask us. Modern-day consumer will Google us and find things that we don't want them to know even; so there's not much place to hide; but again that you need to answer questions of clients strategically in order to help them, not because we are defensive, not because—And it's okay to have some sense of privacy. Sometimes I say, "This is private. I choose not to share it with you." That's okay too but you need to be thoughtful about it and calculate kind of the risk and benefit and what is your stand about it, if it's helpful for the client; but we can take a stand of what we want to share or not, we're entitled to that.

Barbara Alexander: Good. I'm glad to hear you say that. You mentioned something else, which has to do with self-disclosure as a means of modeling, and I'd like to ask you what you mean by that or if you could give us an example.

Ofer Zur: I'm talking about somebody who talk about a 2-year-old throwing a temper tantrum and I'll say, you know, when my son or my daughter were 2-year-old and threw a tantrum, each one of them I dealt with differently. One of them I picked up from the floor and hold to my chest and hold it kind of firmly, not too tight, but until kind of the tantrums would pass and she just fall asleep on my shoulder; so I describe to them what I did. Another one kind of needed just to stay on the floor and to go through the tantrum, picking him up on the floor didn't help him one bit, make it worse. So I'll tell stories about how did I deal with my own 3 children, 3 different styles, 3 different personalities, to try to be effective and then the client can think, "Which one is apply potentially for me?"

We can use zillions of examples of how we went through existential crisis and the clients now being 60 years old and life doesn't have much meaning, so I tell them, "I went through this kind of dark night of the soul myself and it took me a couple of years to really find new meaning in my life." Telling one story to a client will be a form of modeling. A therapist can tell a client, the way I handle my fear of life was I did 1, 2, 3, and 4, and then the clients write it down and the clients use this modeling for him or her to overcome their fear of life.

Barbara Alexander: Let's move into self-disclosure with different client populations and then rationales for self-disclosure. This is kind of worrying to me because I think sometimes people can get very loose about it and not think, who am I telling this information to? And there are plenty of borderline clients out there, and I've said this many times, who will look for a way to exploit something that you've said to them and run to the licensing boards.

Ofer Zur: Beautifully said, it's very important that we do self-disclosure in context. Context includes who's the client, who's the therapist, what setting your working with, and then you're right, when we work with borderline clients we need to make sure that the boundaries are pretty clear and consistent; and they are likely to push against these boundaries and our job will be to stay consistent and not necessarily

to answer all questions. But if a child, 8 years old or a 10 years old or a 12 years old, ask you a question, "Do you have children?" And you ask them, why do you want to know that, that'd be kind of weird. I mean, the child just want to know do you have children or not, or do you have brothers or sister.

We answer children's questions like that. Adolescents do a lot of resistance before they learn to trust you, so you need to kind of, you represent for them a kind of authority figure; sometimes self-disclosure and talk about your struggles sometimes would be helpful. The ritual-based therapies or religious clients sometimes do want to know what's your relationship to God, or to the life of the spirit, and it's a legitimate question. They ultimately would like to know and to see whether they can feel the affinity to work with you about their spiritual beliefs or specific religious orientation. Research shows that working with abused women and the minorities and veterans, often self-disclosure is highly effective with these groups.

I mentioned earlier that gay and lesbian or bisexual clients often they do want to know whether you can talk about these issues openly or not. They don't care necessarily what's your orientation, they would like to know your attitude, because they suffer so much discrimination. And then there are people that we don't want, with psychopathic lives, which perhaps puts clients with diagnosis borderline, and you need to be more careful. Some settings like forensic setting, when you work with inmate in a jail, you do not want to reveal your not only your orientation, you don't want to reveal much at all. The same thing that you won't necessarily use physical touch with clients in forensic setting or jails or prisons or stuff like that.

It's absolutely right what you said, you need to know what client, what their need, also what setting. Are you in a clinic downtown New York or are you in a prison setting, what kind of clients you are working with, and also what's your own comfort with self-disclosure, so all these factors are there. Nobody runs to the board because therapists will feel too much of themselves. Usually they run to the board because there's ... and I deal with defending therapists a lot with, in board hearings. It's much more complex than that, but you are right with the borderline, you need to be more cautious about what you are disclosing. This is the client factor.

Barbara Alexander: What about with various minority groups, Asian let's say, or Hispanic population, are they more comfortable with self-disclosure?

Ofer Zur: It really varies. It varies whether what's your culture and what's their culture and sometimes within the culture it'd be different than across the culture and sometimes minorities, with African-American or Hispanic, in this culture will be a little bit less trusting so you need to show more of yourself. Asian population kind of have bigger privacy zone. My background from Israel, where there's a high self-disclosure culture, so there'll be little tolerance for you playing psychoanalytic kind of approach with Israelis, for example, so it's really the culture is very important.

The other things that kind of what you mentioned earlier that I would like to go back.

There are settings, like home office. If you have a home office you already high on self-disclosure. If you do a home visit you often get high self-disclosure, because if they offer you wine or they offer you food, you shall see a response. In a military setting, when you are very close proximity on a base or on an aircraft carrier, there's a lot of self-disclosure. Small town, small communities like—I lived in a relatively small town and my clients saw me playing basketball and riding with my children on the bicycle, playing or coaching my children in sports. In a small town you have huge exposure. All these things are factors in determining the level of self-disclosure.

Barbara Alexander: What would be too much self-disclosure, or does it depend?

Ofer Zur: Yeah, it depends, but the principle is when you do a self-disclosure that it's not geared for the welfare and for the wellness of the client, you can say it's wrong or you can say it's too much, or you can say it's even unethical. Self-disclosure will be too much, or I'll say unethical or inappropriate, if it's done to fulfill the therapist's needs rather than the client's needs. So self-disclosure is a strategy. It's not just because the therapist likes to talk about himself or herself. Too much will be when it's not done for the client's welfare.

Barbara Alexander: That is absolutely right. You're absolutely right, that when it's just done because the therapist is lonely, let's say, or hasn't ...

Ofer Zur: Exactly.

Barbara Alexander: That's good. That's good.

Ofer Zur: Again, we need really to emphasize the new cultural context, so we have a new generation of what you call digital natives who are so high on self-disclosure. You see what they put on their Facebook and to see the sexting that they do and the selfie, endless pictures that they do in Snapchat, so we have a whole new world with self-disclosure. It's such a no-brainer, including nudity and all, et cetera. It's like drunkenness, they document everything and some of it is really obscene and some of it is highly inappropriate, but it's also what's appropriate and inappropriate has shifted in the generation and they have much more openness than our generation, you and I, which both kind of digital immigrant, an older generation.

They have a different comfort zone and if you want to attract some of these young patients, our website should, better be with high self-disclosure. The young ones will just spend just a few seconds but they get the sense that I'm not hiding behind anything, they get the sense that they can know me, and it means a lot for the younger generation, and this is a new generation of our patient and we better be in tune with that, with what we put online.

Barbara Alexander: What are some of the biggest ethical issues that you've run up against or that people who you've consulted with, what have they come up against?

Ofer Zur: Sometimes clients would like, clients who have diagnosis borderline, would like to know more and more about you, and will insist about it and will kind of almost harass the therapist, and therapist giving up and yielding this information all the way to areas that are inappropriate. I see kind of, and perhaps clients with borderline personality will do it kind of in small steps, so it's kind of the erosion of privacy, and therapists who are not on top of the game, that can be problematic, and it may end up with a complaint to the board because nothing will be enough for some clients.

The other part that I see more right now with texting and e-mail, when women clients and women therapists getting to kind of a relationship via text and via e-mail, and sometimes I get old reviews and literally I have it right here in front of me, there are 3,000 e-mails in a span of 6 months between the therapist and the client. Women get into this kind of relationship where texting flying back and forth, so e-mail flying back and forth. Right now it's more texting and there's a lot of self-disclosure that's happened in these exchanges and many of them are inappropriate and definitely they extend of thousands of texts or hundred of texts. I see self-disclosure that's happened via text or e-mail, which is substandard care in many ways, so we need to watch out for that.

We need to watch out with clients who are psychopathic or sometimes when you work in prison, some jail, self-disclosure can be dangerous or can be used against you; so you really need to do self-disclosure with thoughtfulness and strategy. Strategy to who are you talking to, what's the setting, so it's not just because somebody ask a question. This is kind of where the main problem that I see right now, the e-mail sent at 2:00 in the morning, texting at midnight, and it's so easy to do, but it also can go out of hand. It's not really very defensible.

Barbara Alexander: In these cases, where is the therapist's own personal life, if they are texting and e-mailing late at night or 3,000 ...

Ofer Zur: Exactly.

Barbara Alexander: You have to have your own life.

Ofer Zur: Therapists who do that can engage with the clients at that level and the clients become their life. The texting can run really fast and hard and again sometimes a sexual relationship with clients developing slowly through texting and e-mail, so you are right, where is the personal life, and this is when self-disclosure is done again not for the welfare of the client, or communication does not happen as part of therapy, and this is a slippery slope that we need to watch for.

Barbara Alexander: You have, I hate to say the word older, but you have somebody who's an older

therapist like myself, self-disclosure is very anxiety-provoking for me, and then you have ...

Ofer Zur: It's not just your age, it's your age plus orientation, because I have a friend who is 85 and he's a humanistic psychologist right here in the area and believe me, he's going to self-disclose as part of his theoretical orientation. It's age and orientation together.

Barbara Alexander: All right, so given that, on one hand, and then on the other hand, a young person who's absolutely comfortable about posting all kind of pictures on Facebook about her vacations and his adventures, and it seems like an either/or, but how do you approach it so that you can have a both/and framework?

Ofer Zur: It's a really good question. I think the therapist has the right to do whatever they want on Facebook. A client should not be friends on Facebook, most cases, not always, but if the Facebook is highly personal, clients do not belong there. You can have a Facebook page for your practice and clients can follow it, and you don't have control over that, clients can follow it. Therapist has the right to do whatever they want on Facebook, and they can hopefully control what clients see on Facebook but we are not here to regulate what therapists do in their private lives. They can do whatever they want on Facebook, whatever disclosure they want to do, and we caution therapists not to have clients, if you have a Facebook profile that is highly personal, clients do not belong there. Do not accept clients' friend requests for your personal Facebook. You can have a Facebook page for your practice and clients can follow that.

It's 2 kinds of disclosure, but we do not want to regulate what therapists do outside the office, just sometimes we can protect it from clients' viewing by not accepting them as friends on our Facebook profile, but we also need to know that Facebook privacy regulations kind of changing a lot and sometimes clients will be able to see it. This is part of modern life, we cannot rely on the privacy setting on Facebook, but we're entitled to put there whatever we want to put and the only thing we can do is not to accept clients as friends on Facebook. That's something that we can advise people, to have a Facebook page for your practice.

Barbara Alexander: What are some of the biggest questions that you receive, or let's say, objections or criticisms that you come up against in terms of your point of view, which is a pretty open point of view?

Ofer Zur: I'm not advocating for or against, I say just do it in context when the context is right, and do it according to who is the client and what's the setting and what's your comfort zone and what's your theoretical orientation and is it a home visit or home office. I'm not advocating for or against. It's like I say just do things in context and do it for the welfare of the client. What you need to take into consideration when you do self-disclosure, you are thoughtful and you use critical thinking and you are ethical when you do it.

Barbara Alexander: This has been a terrific interview. Dr. Zur.

Ofer Zur: Thank you so much. You ask good questions and you acknowledge, kind of, your own bias, which we all need to do because this is so important.

Barbara Alexander: Thank you, Dr. Zur. This concludes our interview with Dr. Ofer Zur. We hope you learn from this interview and that you enjoyed it. You may reach Dr. Zur by phone at 707-922-6422. His books are available through all major book distributors and his website, www.zurinstitute.com, is filled with information on many aspects of boundaries and countertransference issues. I must say here that the opinions expressed by our speakers are theirs alone and do not necessarily reflect the opinion of OnGoodAuthority. Until next time, this is Barbara Alexander. Thank you for listening.