

Disclosure of Infidelity Secrets in a Therapeutic Setting

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Abstract

This paper explores the ethical obligations of a therapist as it relates to the disclosure of an infidelity secret within the therapeutic setting. The ethical obligations of a therapist involving confidentiality and equal advocacy complicate the decision surrounding disclosure of infidelity secrets to the offended partner. The literature investigates the consequences to the pair bond relationship, individual partners, and therapeutic relationship in the event of both disclosure and nondisclosure to the offended partner. The paper identifies a recommended solution for therapists in this situation based on the presented findings in the reviewed literature.

One of the more common reasons couples enter marriage and family therapy is infidelity by one partner. According to Butler, Harper, and Seedall (2009), infidelity is seen by many therapists to be the second most destructive event to a marriage behind violence. Although it may be assumed that both partners are aware of the infidelity at the time therapy is initiated, literature has shown the presence of an infidelity secret within a relationship is prevalent (Butler et al., 2010). Occasionally, the disclosure of infidelity by the offending partner to the offended partner is presented in

the midst of the therapeutic journey. In some instances, however, the offending partner discloses an infidelity secret to the therapist with an attached request for confidentiality. This circumstance creates a significant ethical dilemma for the therapist.

The Role of the Therapist in Couples Therapy

Confidentiality is an ethical obligation of a therapist. Butler et al. (2009) describes confidentiality within the therapeutic relationship as one of the most important therapeutic factors to creating a working therapeutic environment. Furthermore, the American Association of Marriage and Family Therapy Code of Ethics governs that confidentiality must be preserved between the counselor and each member of the relationship dyad (Butler, Feinauer, Rodriguez, & Roper, 2010). In addition, therapists are ethically obligated to provide equal advocacy among the partners (Butler et al., 2010). Equal advocacy warrants both partners have access to all pertinent relationship information (Butler et al., 2010). Butler and colleagues (2009) suggest that equal advocacy also involves relationship choice, which can only be attained through full disclosure. Thus, both parties should be privy to any information regarding their relationship, so the choice to be in the relationship is made freely (Butler et al., 2010). If one partner withholds information, this puts the spouse in an inferior position and challenges the therapist's ability to maintain equal advocacy. The actively withheld pertinent relationship information may cause inferior partners to lack full

awareness of the current dynamics of their relationships. As a result, the freedom to make an educated relationship choice is hindered. In the presence of an infidelity secret, a therapist's ethical obligations of confidentiality and equal advocacy collide.

Therapists' Decision-Making and Disclosure: A Power Shift

Disclosure of an infidelity secret to a therapist alters the therapeutic relationship and creates concern for ethical obligations. The therapeutic relationship is affected by the revelation of an infidelity secret by the offending partner to the therapist, because the therapeutic alliance becomes distorted, the relationship is triangulated, and equal advocacy is excluded (Butler et al., 2010). The therapist's power over the relationship dynamics increases upon receipt of the infidelity secret. Thus, a therapist's response to the disclosed infidelity secret is a key determinant for the future course of the couple's treatment (Butler et al., 2009). Butler and colleagues believe it is essential that the therapist's response be ethically defensible and based in a theoretical understanding of relationship dynamics. A therapist should use clinical judgment to anticipate possible outcomes of any decision. Once the therapist has decided upon a course of action, it is essential to develop and document a clear clinical protocol (Butler et al., 2009).

Choosing to Disclose an Infidelity Secret

By harboring an infidelity secret, the therapist and offending partner

make the relationship decision for the offended partner (Butler et al., 2010). Without full disclosure of relevant relationship information, the offended partner is in a disadvantaged position and lacks the freedom to make relationship choices. A therapist can choose to destruct this power shift by disclosing the infidelity secret or requiring the offending partner to disclose it. This would protect the equal advocacy within the relationship.

Whether infidelity is disclosed or not, "free floating" (p. 135) repercussions will reveal themselves (Butler et al., 2009). Butler and colleagues (2009) explain that the offending and offended spouse may not understand where the formation of stressors like emotional distance and physical withdrawal stem from; however, the effects will be felt. Without addressing the infidelity secret, it is difficult for the parties involved to identify the infidelity as the root cause. Disclosure allows the root of the negative feelings to be identified so that healing may begin to take place.

One must also consider the nature of secrets when deciding whether to disclose the infidelity. A secret has no expiration date. In order to ensure it never affects the relationship, the offending spouse must perfectly and permanently conceal the secret (Butler et al., 2009). If the offender does not, the deceit tied to hiding the infidelity has shown to be more harmful to a relationship than the infidelity itself (Butler et al., 2009). Couples can heal from infidelity; however, deceit has been shown to cause a more intense trauma to the relationship (Butler et al., 2010). Furthermore, the risk of

harm caused by free floating repercussions remains as long as the secret is in place.

Nondisclosure of an Infidelity Secret

Nondisclosure is believed to protect the marriage from unnecessary distress that significantly increases the likelihood of divorce (Butler et al., 2009). A therapist and offending partner who choose nondisclosure may feel that disclosing the infidelity will serve no benefit to the overall good of the relationship. The therapist may justify this choice based on an ethical obligation of confidentiality to the offending partner. Therapists may see accommodating the infidelity secret as a routine adherence to their ethical codes (Butler et al., 2010).

Butler and colleagues (2010) found that 95% of surveyed therapists would rarely or never disclose an infidelity secret to the offended spouse. This statistic is surprising considering the “negative perceptions of infidelity and other relationship-relevant secrets in couple therapy,” (Butler et al., 2010, p. 83). However, considering the majority of couples remain in marriages after disclosure, this statistic is closely aligned with views supporting the therapist and offending partner’s choices not to disclose an infidelity secret (Butler et al., 2009). Some believe disclosing the infidelity secret to one’s spouse causes more harm than benefit (Butler et al., 2010). The sole reason offenders would confess to infidelity is to relieve their conscience (Butler et al., 2009). Admitting wrongdoing removes the guilt tied to indiscretion. However, the relationship does not benefit from the confession. In fact, admission of

infidelity to the offended spouse will be only further traumatizing.

Butler and colleagues (2009) discuss various viewpoints supporting nondisclosure of infidelity secrets because of the likelihood of retraumatizing the offended partner. This school of thought stems from the belief that a relationship can heal and move forward without the disclosure of the infidelity. Furthermore, the focus of the therapeutic process can shift to blaming and shaming the offending partner (Butler et al., 2009). This shift in focus contributes to retraumatization of the offended partner. Rather than focusing on healing the relationship and moving past the infidelity, therapeutic time is spent dwelling on the betrayal.

Informed Consent: A Possible Solution

Infidelity secrets put the offending spouse, offended spouse, and therapist in a difficult situation balancing morals, ethics, and freedoms. It is a balancing act between betrayals of people and values. The final decision on disclosure, though, rests on the therapist. Butler and colleagues (2010) claim the surest way to form a therapeutic relationship built on trust, where the therapist can act as an equal advocate, is by obtaining informed consent at the beginning of therapy. Preferably, the consent should establish an expectation that the relationship will be open and without individual privileged communication (Butler et al., 2010). Butler and colleagues also posit that although full disclosure is favored, alternatively, therapists could include in their informed consent that privately shared

information will not be disclosed.

Ideally, therapists choose to inform participating couples of the benefits of creating an open and honest environment free from secrets at the onset of their therapeutic relationship. However, informing both clients of decided limitations on confidentiality at the start of the therapeutic relationship is the most important component.

Exceptions to Disclosure

Special attention should be given to specific situations that may merit nondisclosure. Although disclosure is preferred, under special circumstances nondisclosure may be a better option. Additional consideration should be given in situations where the offended person is suffering from a terminal illness, divorce is definite, abuse may result from disclosure, or one of the partners suffers from a form of psychopathology that puts the offended spouse at risk for harm (Butler et al., 2010). In these instances, the therapist may decide that revealing the infidelity in no way benefits the future of the relationship. In fact, disclosure could cause unnecessary harm to the relationship or persons involved. These circumstances require the therapist to rely on clinical experience and expertise to decide if disclosure or nondisclosure is best for the clients.

Conclusion

An infidelity secret permeates the therapeutic environment and perversely impacts the therapeutic relationship. At the disclosure of an infidelity secret, a therapist must weigh the ethical obligations of confidentiality against the need for equal advocacy among all parties. Although many couples repair bonds destroyed by infidelity, the trauma caused at the hand of deceit is more difficult to mend. Addressing infidelity secrets at the onset of a therapeutic relationship by outlining a consent policy that does not tolerate individual privileged communication is the most certain manner to form an effective therapeutic environment that preserves confidentiality and allows the therapist to serve as an equal advocate.

References

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