

## Keeping Secrets in Couples' Sex Therapy: Clinical and Ethical Considerations: Secrets in Couples' Sex Therapy



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One of the most controversial, yet rarely discussed, issues in couples sex therapy is the management of patients' secrets. If handled poorly, the keeping or not keeping of secrets in couples sex therapy can be a clinical and ethical nightmare. I have been a practicing psychologist and sex therapist for almost 40 years, and while I have developed my own protocols regarding secrets in couples therapy, there is little agreement among sex therapists about the best way to manage this delicate, and potentially volatile, area of working with couples. The purpose of this essay is to outline and discuss the various structural elements of couples' sex therapy, to delineate the benefits and risks of each of those styles, and to propose an ethical construct designed to minimize poor therapeutic outcomes due to the mismanagement of the therapeutic process.

Navigating the holding of patients' secrets in sex therapy is a vital element of effective psychotherapy. Oftentimes, patients will reveal thoughts, feelings, interests, and behaviors to their sex therapist that they have never before spoken about aloud. A strong therapeutic relationship is often considered the most healing ingredient of the psychotherapy process. It is the holding of secrets, or what we typically refer to as confidentiality, that allows for this relationship to be potent and stout. While the practice of confidentiality is fairly straight-forward in individual sex therapy, the process of couples' sex therapy is more complex and nuanced. According to Shaw,<sup>1</sup> those doing couples therapy arguably face more ethical issues in practice than do individual therapists. For example, when conducting individual sex therapy, the "patient" is clear. However, in couples sex therapy the patient is now the *couple*, and the sex therapist must ensure that each person feels heard, respected, and validated.<sup>2</sup> In addition, it is the role of the sex therapist to skillfully assure that the therapy process is balanced and unbiased. In an effort to ensure the integrity of the process, the sex therapist must consider how to proceed if 1 partner shares something with the therapist that they are unwilling to share with their partner. The ethical and clinical management

of such an occurrence has the power to strengthen or destroy the therapeutic relationship, as well as to help to heal or devastate the bond between the couple.

### STRUCTURAL CONSIDERATIONS

Those who do couples' sex therapy will likely adhere to one of 3 basic couples' therapy models. The first are those who will only see couples together, never allowing for conversations with the therapist unless both partners are present. The second model will allow for individual sessions with each partner, but anything discussed in an individual session must be discussed in the couples' session. Still others will conduct individual sessions in which they promise the material shared will remain confidential and not shared with the partner unless there has been permission to do so. Each of these models has therapeutic benefits as well as certain therapeutic risks. While often not definitive, many professional organizations' codes of ethics may provide some guidance as to the management of secrets, and clinicians would be well advised to consult the code of ethics of their professional discipline. However, most organization's code of ethics lack nuance and likely provide minimal guidance on this issue. Let's examine each of these structural models and consider the risks/benefits of each therapeutic approach.

#### Couples' Sex Therapy With no Individual Sessions

Couples' therapists, particularly those working from a systems theory perspective, will only see couples as a unit.<sup>3</sup> The therapist will not engage in any private conversations with either member of the couple, believing that the couple is the patient, and all conversations should occur with both members of the couple present. This has the obvious advantage of not having to be concerned with the management of secrets since no conversations should take place outside of the presence of the partner. No secrets maintain the integrity of the couples therapy structure and minimize the likelihood of a collusive alliance between the therapist and either partner.

While this is a very "clean" structure, it has some significant limitations. Specifically, the therapist must assume that both members of the couple will provide the information the therapist needs to effectively address the needs of the couple. However, this

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often is not the case, particularly when the issue is related to sexuality and sexual behavior. Oftentimes, 1 or both members of the couple will have something of importance to say, but they are reluctant to bring it up in the presence of their partner. Secrets regarding infidelity are the ones that receive the most attention, but it is often a different kind of secret that may stay hidden. Concerns about financial mismanagement, parenting criticisms, and fears of the partner's anger and potential for violence or abuse if something is said that the partner finds disagreeable, are examples of issues often left unsaid. Oftentimes, and more specific to the sex therapist, are unrevealed issues regarding personal shame about sexual likes and dislikes that 1 partner fears their partner will find unappealing and will no longer desire to remain in the relationship. Clearly, there are many issues that could impact the couple that partners may be reluctant to reveal in front of 1 another until they have had an opportunity to work them through. Without knowledge of these issues, and the opportunity to work them through, the couples sex therapy will likely stall as important concerns will never be brought to the surface.

### Allowing for Individual Sessions With no Promise of Confidentiality

Given the limitations of the model above, other couples' sex therapists have gravitated toward a model of combining couples sessions with some individual sessions. Typically, a couple will be seen together initially and then each will have an individual session(s) with the therapist. The understanding is that there may be some topics that are more easily broached privately first, but the agreement is that there will be no secrets, and anything discussed in an individual session will be discussed in a joint session. For emotionally sensitive topics, the sex therapist will help to facilitate a productive discussion, but the understanding and expectation is that the secret must be disclosed at some point.

This model addresses some of the concerns and limitations of the first model but has the potential to create a division in the couple if the secret is perceived as devastating to the partner. This is not to suggest that therapists and partners should collude in a harmful deception, but there are instances where 1 partner may need some time to work through a problematic issue. This is particularly true in situations where 1 partner may be reluctant to tell their partner about sexual interest or orientation conflicts that they are aching to discuss, but are timid, anxious, or ashamed of acknowledging. The therapist may also end up in a therapeutic bind if the partner with the secret refuses to allow the therapist to disclose the secret, despite the understanding that this was a necessary component of the therapy structure. Without the partner's permission, the therapist risks a violation if the partner's confidentiality and personal agency. If this agreement between the therapist and the couple is for no secrets and the partner with the secret refuses permission to then bring the secret into the couples' sex therapy, the sex therapist will be in a decidedly problematic therapeutic bind that often results in the termination of the couple's therapy.

### Allowing Individual Sessions With the Promise of Confidentiality

Perhaps the most complex and controversial model of couples' sex therapy is the allowing of individual sessions with the promise that information revealed during an individual session will remain confidential. While there are many potential pitfalls with this approach,<sup>4</sup> this has become my model of choice. I have found that this model allows for maximum information to be shared with the sex therapist, leading to the most directed and effective treatment. Certainly, there is the potential for a problematic collusive optic that could negatively impact the treatment, but I have rarely found this to be the case.

In a thought-provoking study of couples' therapist's attitudes toward secrets, at least regarding secrets around infidelities, Butler et al<sup>5</sup> found the majority of therapists lean toward disclosure of the secret. They recommend the process of a facilitated disclosure in which the couples therapist works with the individual to disclose the secret. I would certainly endorse this concept but believe that without the promise of confidentiality, the patient would be unlikely to reveal the secret to the therapist.

**Consider the Following Abbreviated Case Scenario.** A couple presents for sex therapy because they have an essentially sexless relationship. Partner A reports being willing and interested, but Partner B is never available, accessible, or agreeable. Both partners identify the problem as a problem of low sexual desire on the part of Partner B. When queried, Partner B offers no information other than "I don't know why I'm not more interested, I'm just not. I wish I was." In an individual session, Partner B revealed that while partnered sex was not appealing, solo masturbation was extremely enjoyable, satisfying, and occurred multiple times per week. As Partner B explained, partnered sex was active and pleasurable in the early stages of the relationship, but as intimacy, connection, and commitment increased the pulling back process began. Partner B lacked appreciable insight into why this was occurring, but it quickly became obvious that this was an issue that needed to be explored if the couple was to be able to restore a mutually satisfying sexual relationship. Partner B was reluctant to talk to Partner A about this for fear that Partner A would feel rejected, hurt, and/or angry that Partner B's sexuality was active but not shared. In addition, Partner B expressed shame and embarrassment about his masturbatory frequency and was exceedingly averse to admitting this activity to Partner A. Partner B maintained that Partner A was still very attractive and desirable but couldn't move toward re-engagement. Nevertheless, Partner B wanted very much to save the relationship and professed deep love for Partner A.

While not one of the more dramatic examples of a secret (ie, infidelity, kink interests), this is an extremely common secret that is often overlooked and underappreciated. Many patients feel shame and embarrassment regarding their masturbatory habits, especially if it occurs within the context of an otherwise sexless relationship. They fear hurting their partner, being judged

by their partner, or facing the wrath of their partner who has been misled. In addition, many partners in sexless relationships feel cheated, insulted, manipulated, foolish, and betrayed to discover that their partner has been experiencing frequent sexual outlets when they had assumed (and their partner allowed them to continue to assume) that their partner's desire was absent. It is likely that this information would not have come out in models A or B, or least not for quite some time. The promise of confidentiality allowed Partner B to feel safe enough to disclose to the sex therapist the actuality of the situation and they were then able to plan for how to best address the issue. As a result, couples sex therapy, paired with individual sex therapy for Partner B allowed for successful resolution. Had Partner B not been afforded the opportunity to reveal the reality of experience, this case could have easily proceeded as a low desire case with the standard sex therapy interventions which would most likely have been frustrating, unproductive, and ineffective. Those not favoring this approach consider the potential for collusion between the therapist and one of the members of the couple to be highly risky and potentially destructive therapeutic equilibrium and neutrality. This is a concern that certainly must not be cavalierly dismissed, and it requires a highly skilled and experienced therapist to manage the substantial nuances and complexities of this process. However, it has been my experience that when handled capably, this approach has a high potential for successful couples' sex therapy.

### Ethical and Clinical Management of Secrets in Couples' Sex Therapy

While there is much to debate regarding the potential clinical and ethical implications for each of the above models, most experts would agree that the process of informed consent provides the most efficacious path to effective management of secrets in couples sex therapy.<sup>2,6–8,5</sup> A clearly discussed informed consent is the most effectual means of respecting patients' confidentiality as well as protecting the integrity of the therapy process. When working with couples, I have made it a standard practice to fully explain my process of dealing with secrets in couples' sex therapy, as well as provide an overview of the alternative models. I then let the couple know that if a model other than mine is more comfortable and appealing to them, I will offer a referral to a competent sex therapist who practices in such a manner. This, of course, does not guarantee a good therapeutic outcome if I hold a secret, but my experience has been that given the understanding of my process, couples have felt comfortable and respected as the therapy unfolds.

Another example of the discussion of secrets as part of the informed consent process comes from Sahin & Ramisch.<sup>6</sup> They provide the following written statement to the couples they treat:

If individual family members choose to share secrets with the therapist, the therapist may ask the individual to share this information if it is important for therapy to progress. The therapist will discuss with the individual this information and

how it is important for therapy first before it is brought up in family sessions (p.240).

While a different approach than mine, Sahin & Ramisch display a similar respect for patient autonomy in decision-making and clearly describe their process for handling secrets. Therapists who fail to provide an unambiguous, understandable, and comprehensive explanation for the management of secrets open themselves to a serious and profound ethical misstep, a potentially devastating clinical blunder, an assault on the partner's personal agency, and a devastating breach of the integrity of the therapy.

### CULTURAL CONSIDERATIONS

In their book on sexuality and the context of culture, Hall and Graham<sup>9</sup> note that due to the dearth of research on sexual problems in non-Western cultures, we have little knowledge or understanding of what issues may be most important for those of differing cultural backgrounds. The same may be said about how the issue of secrets in couples therapy may be seen by those practicing in diverse cultures. My experiences have been limited to practice in the West, and while I have worked with patients from a variety of cultures and ethnicities, all have lived in the West and are familiar with Western customs. Clinicians in non-Western cultures may have varying experiences and suggestions. Clearly, this is one area deserving of further inquiry and investigation.

### CONCLUSIONS

In this essay, we have examined the 3 primary models of couples' sex therapy and their implications for the clinical and ethical management of secrets revealed during the therapy process. While some may find limited guidance in the ethics code of their professional organization, the key to effective management of secrets in couples' sex therapy lies squarely in the realm of an efficacious informed consent. Each of the models presented above have their benefits and risks. However, the process of protecting the integrity of the therapy, as well as the dignity and agency of the couple, demands a thorough and comprehensible informed consent regarding the management of secrets.

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### STATEMENT OF AUTHORSHIP

I am the sole author of this manuscript, I contributed solely to its writing and editing.

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