Deconstructing Global and Indian Challenges related to Confidentiality in Marriage and Family Therapy

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Abstract
In a collectivistic society, interdependence and interpersonal dynamics greatly influence family dynamics, additionally they have also been shown to influence couples in their marriage. Despite changes in the urban family unit, there is a growing need for family therapy in India both practically and theoretically to improve clinical practice on a micro and macro level, in a rapidly changing society. In therapy, confidentiality is key to developing and maintaining a therapeutic relationship, however when a relationship extends beyond a single individual, it can pose significant challenges professionally for a therapist. This article comprises of reviews of empirical and academic articles related to current issues regarding confidentiality in marriage and family therapy, from an Indian standpoint. Furthermore, major findings pertaining to the issues and dilemmas that come up in marriage and family therapy will also be discussed along with the possible implications. In summary, this article consists of major findings pertaining to the issues and dilemmas that come up in marriage and family therapy and the resolution of the same. This article helps in providing an overview of ethical issues pertaining to confidentiality in marriage and family therapy and how addressing these gaps can benefit couples, families as well as clinical practitioners.

Keywords: Marriage and Family therapy, Psychotherapy, Ethical Issues, Ethical dilemmas

Introduction

Confidentiality is a multivariate and complex obligation yet an integral aspect of psychotherapy. This is because it carries the client's central right, which ensures disclosure and the protection of their therapy sessions (Corey et al., 2014), however, the therapist cannot promise the client that everything discussed will always remain confidential. Mostly, to ensure ethical practice, counsellors are bound by legal frameworks and ethical frameworks that provide guidelines on how a therapist can navigate tricky situations and ensure their client/s are not harmed in the process. Moreover, merely considering ethical and legal ramifications does

not warrant for safe decisions. Professional judgement plays an essential role in resolving cases and handling sensitive cases; at the same time, understanding the case that the therapist is handling and considering various factors related to the individual also plays an important role to ensure the best outcome for conflicting and complicated issues (Senter et al., 2018). There have been multiple issues recorded in the literature that highlight the various ethical dilemmas and complex situations that have significantly impacted the way psychologists and psychotherapists make sound decisions that ensure client safety, and their own, and ensure their therapeutic relationship is not negatively impacted.

More often than not, marriage and family therapy which uses a systemic lens to formulate problems and effectively help family and couple systems to work through distressing events, has reported a high number of ethical dilemmas and case studies wherein psychotherapists (also referred to as marriage and family therapist MFTs) have faced considerable difficulties in aspects related to confidentiality (Natwick, 2017). Various crucial issues impact confidentiality in family therapy, namely, privacy, family secrets, confidentiality and privileged communication. It has been noted that clinicians need to remain aware of how a confidentiality breach is considered high risk in clinical practice. Therapists need to adopt risk management techniques (Allan & Love, 2010). Moreover, questions and concerns about confidentiality that confront family therapists have no clear and straightforward answers, and an ethical and legal dilemma is almost always present. This article attempts to review the existing literature and highlight critical understandings regarding confidentiality issues in family therapy.

Origins of Marriage and Family Therapy

The origins of family therapy emerged in the early 1960s when therapists decided to use a family-centred approach to help individuals diagnosed with schizophrenia (Watkins, 1989). Over time, the progressive era of the late 19th and early 20th centuries led to practices such as group work, child guidance movements and marriage counselling. Through these practices, the need to understand units within the family came to the forefront, and family therapy, techniques, and practices were slowly developed using communication and systems theory (Collins & Tomm, 2010). These theories provided theoretical frameworks and an

in-depth understanding underlining the complexities of family interaction. These practices further challenged and changed psychoanalytical frameworks and addressed the issues of emotional suffering in families using clinical methods. Shifts in paradigms included conceptualising a relational self rather than an autonomous self, emphasising the narrative self. To further illustrate, the family was previously conceptualised as a group of individuals who support each other, supporting the theory of autonomous self. However, over time it was noted that humans were relational beings, thriving on communication, and the concept of the relational self was conceptualised (Natwick, 2017). For early family therapists, human suffering was formulated as disordered family relationships or communication patterns. Lastly, with the emergence of post-modernism and its influence on therapy, the narrative self was conceptualised. There was an emphasis on understanding how family members constructed their intrafamilial experiences through language and how language organises and structures life experiences.

A global overview of Issues in Marriage and Family Therapy

In clinical work, predominantly, therapists work with individual clients, and confidentiality and communication are simpler issues when only one client is involved in treatment. Alternatively, issues can multiply in nature when two or more clients are seen together. When a family seeks therapy, the family as a whole is considered to be the client (Brooks et al., 2013). Some critical questions that arise in family therapy include how a psychotherapist should respond to a request when one family member requires to testify against another family member when the therapist sees them both in family therapy. Can one member permit information obtain in family therapy to be released to others without the permission of all family members? Moreover, what if permissions involve children? How much does it matter to involve them? What about minors in therapy and the issues that may arise with respect to self-harm or substance abuse? How much can the therapist disclose? Family therapists discuss confidentiality and privileged communication (is a legal term that deals with the admission of evidence into court) and the importance of how general legal and professional guidelines focus more on individual therapy and do not address systemic concerns.

Therapy is all about relationships; one of the issues includes the ability to remain objective during sessions; each family member's experiences may resonate with the therapist differently and may lead the therapist to have their own biases when working with the family. Suppose therapists realise through supervision and reflection that they cannot remain objective in treating the family as a unit. In that case, they can refer to the American Psychological Association Code of Ethics (APA, 2017). Another issue noticed in literature is drawing boundaries, research reviews have suggested how family therapists attribute various roles within family members, such as scapegoat, hero, rescuer etc. (Armenti & Babcock, 2016), and these labels have shown therapists to move around their boundaries a little more flexibly, for instance, therapists develop looser boundaries with mediators or heroes of the family and develop rigid ones with scapegoats or the "clowns." Moreover, differences in setting boundaries have also been observed between rural communities and urban ones. These results suggest how therapists should consider their role and ensure that family members are not regarded as separate clients individually.

Members within the family should know what the therapist can share and what family members can, in most cases, there are a set of rules laid down regarding privacy and respect that family members are expected to abide by in sessions. Moreover, special considerations apply to minors. A case study of a 15-year-old child (Brooks et al., 2013) exploring her sexuality and agreeing to family therapy sessions faced strong resistance from her parents, who expressed that exploring this was against their religious and moral values. The parents requested the therapist to report to them any mention of sexual exploration by their daughter; the therapist in this situation utilises a decision-making model designed by Corey et al. (2014). Throughout the paper, it was noted that less than 25% of therapists would breach confidentiality if a minor stated sexual exploration that included sexual intercourse, leading to the inference that therapists considered the level of harm they would cause the family by withholding crucial information.

Current Issues Related to Confidentiality

Prominent issues regarding confidentiality in family therapy include the therapist disclosing exceptions of confidentiality at the beginning of therapy sessions.

It has been noted that this can cause individuals to withhold crucial aspects of their personalities or experiences due to the fear of judgement (Doss et al., 2016). Consequently, related issues include withholding information regarding addictions, self-harm or suicidality due to fear of judgement or family reactions. Issues of breaking confidentiality regarding suicidal or self-harm-related thoughts have always been an ethical concern in therapy; however, in the family context, it becomes a multi-layered issue depending on which family member is experiencing these thoughts or addictions. Unfortunately, there is a dearth of information in the literature addressing family secrets revealed by minors or family members (McCurdy & Murray, 2003). Moreover, it has been noted that sometimes minors list their safety contacts outside the family, such as a cousin or a teacher, and addressing that within family therapy can also be challenging (Mignone et al., 2017). While several authors agree that parents have the legal right to know about addiction or suicidality amongst minors, many other authors argue that minors should be afforded confidentiality. Some therapists attempt to highlight the advantages of adopting a middle-ground wherein a policy of limited confidentiality is maintained and whilst parents may know important themes of discussion, not everything is disclosed, this helps in strengthening the therapeutic relationship, which can then be used to support the minor communicate addiction or self-harm behaviours more easily with family.

Additionally, no family is the same; various values and multicultural considerations emerge when providing therapy for families. Each family has been observed by their own set of "rules, customs and traditions" that help them function as a unit. It is essential for a counsellor to respect all parties' spiritual and moral values (Christensen, 2016). It is also possible that family members have generational gaps that can contribute to unhealthy communication, leading to members feeling invalidated and misunderstood. Existing and emerging issues revolving around family rules involve minors or one family member sharing "family secrets" in an individual therapy session (Stratton, 2016; Carr, 2019). Discovering family secrets when other members are in denial can cause a significant rupture in the therapeutic relationship between the family as a unit and the therapist (Carr, 2019; Kalai & Eldridge, 2021). One of the plausible interventions used by the therapist would be, rather than engaging in an action that breaks confidentiality, encouraging members to talk about existing obstacles, confront them about

how they may handle familial and societal obstacles through role-plays and help in developing alternative perspectives to enable and motivate members to explore their dynamics with each other through healthy communication (Kalai & Eldridge, 2021).

Issues related to social media have also been noticed recently, as an ethical dilemma that is difficult to navigate, confessions associated with using social media apps, and finding family members (particularly parents) on dating apps has led to increased compromise on privacy amongst family members, leading to unintentional disclosure this dynamic may also extend to the therapist making it difficult and complex to gather information and encourage reflections (Shaw, 2015). Wulff and his colleagues (2011) suggest that therapists discuss the use of online social networking and its effects on the therapeutic relationship among family members. Moreover, it can also play out alternatively, where the therapist's personal information may get disclosed unintentionally, which can lead to different family members reacting differently, making it difficult to navigate within the therapy session. Consequences of the disclosure can lead to disruption of foreclosure and can create cultural, religious and legal implications (Carr, 2019). Discrimination psychologically or physically also may emerge as a significant problem. Likewise, consequences of non-disclosure can lead to individual wishes or expectations of family members to not be honoured. The therapeutic relationship may feel safe but can remind members very strongly of boundaries, preventing meaningful and reflective conversations.

Next, it is possible for a family therapist to encounter marital issues and problems between couples. According to (Hines & Hare-Mustin, 1978), it has been noted that many therapists conceptualise a family unit into the child/ren unit and couple unit. Marital issues such as incompatible, and possibilities of separation or divorce form one aspect of an ethical dilemma; another could be infidelity. Such issues are complex in nature and cannot be discussed in front of children in the context of a family therapy session and are supposedly easier to deconstruct in a couple's therapy session. However, it is plausible that unintentional disclosure by a parent/spouse can lead to issues in therapy (Sexton, 2015). However, it has been noted that discussing and having difficult conversations related to marital issues led couples to engage in better parenting practices. Metanalyses show

that although children in family therapy have parents struggling with marital issues, they still engage better academically and have improved psychological adjustment (Stratton, 2016; Senter et al., 2018; Carr, 2019). However, matters get complicated when discussions or disclosures are pertained to intimate partner violence (IPV), while it is shown that couple-based interventions are most effective, such interventions often need a systemic lens and including children or any other family member can prevent severe violence (Seth & Srivastava, 2017).

Consequently, alcoholism or substance abuse addictions are a leading factor for family dysfunction, in cases where such aspects are hidden from family members, or particularly the children, it becomes imperative to address how it contributes to dysfunctionality (Pitta, 2015). Controlled trials have shown the importance of addressing these issues through a systemic lens, primarily through family therapy (Doss et al., 2016). This approach helps in helping individuals to address shared goals, develop healthy communication and skills for recognising triggers of substance use, and develop coping strategies collectively. In this context, the psychotherapist must decide on confronting the individual who is hiding their addiction and attempt to encourage them to communicate their issues with their own family members, wherein the therapist does not have to break confidentiality (Wachtel, 2016). However, if that is not possible and the situation demands disclosure, the therapist must assess risks, including increased violence, emotional manipulation, or therapeutic rupture. Despite its importance, disclosure related to abuse, violence, and addiction remains relatively unresearched in literature due to its complexities (Doss et al., 2016).

Another possible issue is the disclosure of a mental health diagnosis of a family member to a family. While some families are supportive, others may not be receptive and can perpetuate stigma and increase emotional distress for the member who is diagnosed. Therefore, it may be challenging to break confidentiality in this context if a family member decides to hide their diagnosis, however, if the diagnosis consists of severe symptoms that include psychosis, it may become imperative for the therapist to break confidentiality (Negash & Hecker, 2012). Several research reviews and meta-analytic reviews have addressed the importance of including family members to help individuals diagnosed, suggesting therapists consider breaking confidentiality, however,

these reviews are not systematic in nature and generally are narrative in nature, given the complexities of ethical issues (Carr, 2019). Therefore, these papers are subjected to biases from authors, and consequently, it is difficult to definitely understand the extent to which family therapy interventions are effective.

The resolution of these ethical dilemmas is generally made through an ethical decision-making model. Lebow (2019) reviews the current issues in family therapy practice and highlights how using a transdiagnostic and integrative approach can effectively resolve ethical dilemmas. For instance, reviewing therapeutic contracts, assuring the safety, enabling acts of witnessing, providing psychoeducation regarding confidentiality in family therapy (Wachtel, 2016), maintaining a problem-focused solution yet employing effective systemic strategies, establishing healthy communication and exploring individual psychodynamics along with influences of a family of origin and other external factors and consequences associated with that can lead to effective resolution of ethical dilemmas (Sexton, 2015; Pitta, 2015).

The lack of literature suggests how the methodology used may also play a role in empirically understanding complex ethical issues. It is necessary to develop methods that attempt to represent the nuances of ethical conundrums existing in marriage and family therapy. Methodological criteria used to review papers and report systemic reviews have used stringent inclusion and exclusion criteria, limiting generalisability across different studies. In conclusion, significant issues in confidentiality revolve around boundaries, breaking confidentiality when working with children and minorities (adolescents), family secrets, family members who are diagnosed with mental illnesses, self-harm or suicide, couples contemplating divorce/ separation, substance abuse, intimate partner violence or going through marital conflict and addressing confidentiality in the context of social media. Most of the recommendations related to these ethical challenges revolve around ensuring sound professional judgement as well as professional ethics that helps in guiding marriage and family therapists on deciding to breach confidentiality across various contexts.

Relevance in the Indian Context

However, it is to be noted that a majority of the literature reporting mainstream issues and interventions by therapists lie predominantly in the West, within an individualistic cultural context. South-Asian perspectives and particularly understanding these issues in the Indian context is overlooked (Chadda & Deb, 2013). Limited research in the Indian context has focused on how dishonesty or the lack of disclosure from psychotherapists can be recognised by clients, particularly since a systemic model may encourage communication amongst family members even if they are confrontational in nature (Lodha & De Sousa, 2018). Moreover, a power dynamic has been observed to exist between therapists and clients in India (Ahluwalia et al., 2018); this may encourage the therapist to unwittingly encourage clients in certain behaviours, especially in issues pertaining to marital conflicts and parenting. It is also noticed that therapists engage in interventions that focus on "confessing" matters hidden by one family member in a family session.

When it comes to the family therapy aspect, the cultural context of Indian families strongly influences the disclosure of information within and outside therapy. In therapy, family members may be reluctant to share certain details or conflicts openly due to concerns about preserving family reputation, maintaining the hierarchy, or protecting the privacy of family matters (Mullaiti, 1995). Family members may also be hesitant to express dissenting opinions or challenge the decisions of elders in therapy sessions, as it goes against the established power dynamics. The concept of privacy or confidentiality in Indian family communication or relational systems may differ from Western individualistic perspectives. While therapists are bound by ethical guidelines to maintain confidentiality, it is essential for them to understand and address the cultural nuances of privacy within the Indian context (Parikh, 2013). Therapists need to navigate the delicate balance between respecting the client's need for confidentiality and privacy while also encouraging open communication and addressing the therapeutic goals.

Confidentiality as a fundamental concept also is perceived as a challenge in the Indian context (Kuo, 2009). This is because, in Indian culture, families are

often seen as a unit, and there is a strong expectation of loyalty and secrecy within the family. This can make it difficult for clients to feel comfortable disclosing personal information to a therapist, for fear that it will be shared with other family members. Subsequently, given that in the Indian context, there is a strong emphasis on family and community ties. This can lead to family members pressuring clients to disclose information to them, even if the client has not given consent to do so. Additionally, the Indian legal system does not have strong protections for confidentiality, which can make therapists more hesitant to share information with clients (Sharma, 2016). To better understand and work within the Indian cultural context, therapists may further need to adapt their therapeutic approaches by incorporating cultural sensitivity, empathy, and awareness of power dynamics. Additionally, collaborative efforts with the family, emphasizing the importance of trust and confidentiality in the therapeutic process, can help create a safe space for disclosure and communication.

Whilst contrasting global trends, some concerns in the Indian context, also revolve around there are traditional roles that are expected of each family member. For example, the eldest son may be expected to take care of his parents in their old age. If a client is struggling with these roles, they may be reluctant to discuss this with their therapist, for fear of being judged or criticised. Likewise, In India, there is still a stigma associated with mental illness. This can make it difficult for MFTs to discuss a family member's mental health diagnosis with the client. For example, a client may be reluctant to talk about their child's ADHD diagnosis, for fear of being judged by their family and community. Indian families often have clearly defined and hierarchical roles for each family member. The disclosure of personal struggles or conflicts in therapy may challenge these established roles and disrupt the power dynamics within the family (Parekh, 2013).

Therefore, there is no clear structure as to if therapists can see the family as a unit and see them individually. If they refer them separately for individual therapy, this can lead to an ethical dilemma of dual roles (Corey et al., 2014). The lack of an ethical board further complicates matters regarding confidentiality since there are no state legislatures that address confidentiality in family therapy. Whilst in the West, there is a region-wise publication on ethical guidelines for marriage and family therapists (Piercy et al., 2014; Ahluwalia et al., 2018), helping them

uphold client's rights to privacy, there is none in India, this can lead to unregulated practice that may harm clients and families. Therefore, many therapists do not provide the minimum disclosure regarding informed consent, ground rules of family therapy sessions and limits of confidentiality to family members. The lack of an ethical board or a supervisory body to regulate the practice can further lead to higher rates of therapists violating confidentiality, particularly regarding minors, unintentional disclosures regarding social media or even martial issues.

Moreover, in India, there is still a prevailing stigma regarding mental health concerns, and there is also stigma and dominant discourses that emphasise how couples therapy only leads to divorce. Limited laws regarding planned violence towards others, child abuse and reporting child abuse remain under researched (Sudhinaraset et al., 2018). These systemic challenges have been shown to negatively impact help-seeking behaviour, increase drop-out rates and lead to decreased research on ethical dilemmas in a family therapy setting. Moreover, while therapists in India are trained in providing systemic interventions, they are particularly not trained in marriage and family therapy. This can lead to therapists merely utilising therapeutic interventions that may not be socio-culturally relevant, and therapists may not be qualified for a minimum number of hours, making their training insufficient for practice (Jain et al., 2017). While the issues mentioned earlier are technical challenges, there are also cultural and regional challenges regarding ethical issues in family therapy within the Indian context.

Moreover, ethical issues in family therapy from a collectivistic perspective involving family secrets or minority rights can blur the ethical guidelines since it depends on the context in which a family presents itself. Using a systemic lens that borrows its foundations from post-modernism, it is essential to understand how secrets are perceived to threaten a family and issues related to marital infidelity, psychosexual problems, intimate partner violence, or addiction to substances may be hidden in therapy (Varghese et al., 2020). Likewise, couples/parents may want to know everything their child/ren may disclose in therapy due to the cultural notion that reinforces the belief that parents are entitled to know everything about their child/ren. While creating shared goals for a family includes improving responsibility and communication, decreasing dysfunctional behaviours, and

decreasing anxiety amongst family members, the therapist may find it relatively easy. However, when faced with ethical dilemmas, it is necessary for a therapist to consider steps of ethical decision-making and consult supervisors and their own therapists if necessary. It also requires them to go through the limited laws which address mental health in a familial or group context.

Instances that warrant legal action, in the case of intimate partner violence or child sexual abuse, whilst to an extent can be regulated with the help of the Protection of Children from sexual offences act (POCSO) (2012) and Protection of Women from Domestic Violence act (2005) in family courts (Bhatia, 2012; Seth & Srivastava, 2017), the role of a family therapist is still not clearly defined, and the extent to which confidentiality can be broken remains subjective without any ethical regulatory guidelines. Similarly, in recent times, it has been noted that many Indian families from the West have availed therapy services from therapists in India; however, with regards to the laws in different countries and the limited laws in India, the act of engaging in disclosure solely depends on the therapist even if the therapist is summoned by courts in other countries to provide any evidence (Jain et al., 2017). While this ensures the right to privacy, it places a great deal of responsibility on the therapist to ensure an ethical and safe decision is made, which ultimately does not harm the client.

Conclusion & Recommendation

There has been limited research addressing issues where proper consent is not obtained before disclosing the limitations that prevent a therapist from responding ethically to legal requests for disclosure (Mignone et al., 2017). Recommendations from papers that explored confidentiality in marriage and family therapy cross-culturally addressed the necessity to examine the decision-making process with more diverse and more extensive samples (Shaw, 2015). Additionally, since confidentiality is considered the cornerstone of the therapeutic process, it is necessary for clinicians to develop strategies and interventions that help family members feel safe when trying to reveal secretive, embarrassing or sensitive information (Wulff et al., 2011; Mignone et al., 2017). Research on understanding Indian therapists' stance on ethical dilemmas related to family therapy and understanding their beliefs on what actions or steps ethical therapists engage

in, their intentions and values that permeate therapeutic efforts objectively can encourage clinicians to engage in ethical practice.

In summary, a review of India's literature indicates relatively little attention to ethical issues in family psychotherapy. This is, in fact, congruent with the lack of systemic ethics training in graduate problems and the lack of an ethical board, given the growing involvement of courts in attempting to resolve marital conflicts as well as conflicts between family members in therapy. This indicates family therapists' increased awareness of how their actions may influence harm on clients and their rights. Future recommendations or guidelines can ensure ethical training is included, workshops and seminars and in-training service may be employed within organisations and hospitals, ethical principles from the lens of family therapy needs to be specified and should be periodically updated based on legislations and amendments, and last, engaging in supervision wherein therapists reflect on their honesty, biases, stereotypes and competency can help in establishing an ethical practice.

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