Honesty without Forced Disclosure - Clinician dialogue

Guide a collaborative conversation about honesty without forced disclosure while checking fit and participant choice.

Mental health professionals | 15 minutes

Fictional example: Noah wants to discuss a broken agreement without being pressured into exhaustive detail.

Invite and obtain permission

Offer: "Would it be useful to explore honesty without forced disclosure using an ordinary or fictional example? We can adapt it, observe, or stop." Ask what the person wants from the conversation.

Elicit before teaching

Ask: "How does this show up, if at all, in your own words?" Offer this idea tentatively: Disclosure decisions should consider safety, relevance, and professional support. Ask what fits and what does not.

Guide the task

Sort information needed for an informed relationship decision from explicit detail that may not help; do not require a confession or graphic account. Ask for permission before giving an example. Use this fictional illustration if useful: Noah wants to discuss a broken agreement without being pressured into exhaustive detail.

Reflect and check accuracy

Reflect only what was offered: "I heard you describe ___. What did I miss?" Ask: What information serves informed choice rather than punishment? Avoid assigning motives or interpreting silence as agreement.

Respond to a mismatch

If the person rejects the frame, say: "Thank you for correcting it. What would be more useful?" Return to their language or choose a different approach.

Close with agency

Ask which observation, question, or support request the person wants to keep. Confirm a manageable ending and appropriate follow-up; do not turn a tentative possibility into a homework obligation.

Reflection

What would tell me to adapt, stop, or seek supervision?

Scope and adaptation

Adult-only, non-explicit educational resources. The searchable phrase pornography addiction is not used here as an established diagnosis. Frequency, high desire, or moral distress alone does not establish a disorder; assess impaired control, functioning, distress, consent, and context with a qualified clinician. Respect consensual sexuality and chosen goals; no explicit media, aversion exercises, forced disclosure, or coercive monitoring.

Original AI-assisted educational draft; independent clinical review pending. Version 1.0. Background: AASECT Position on Sex Addiction. Full source links and scope: library.morethantherapy.org/recovery/resources/PPU-A13-3