

Recognizing and Managing Deception in the
Therapeutic Relationship

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I had been working with Alex, an 8-year-old boy diagnosed with ADHD, for over six months. His hyperactivity had become a major problem at school and much of our clinical focus had been on managing behavior in the school environment. Each week Mrs. T, his mother, who drove almost three hours to bring Alex to see me, confirmed that our interventions were working. Then, one cold December afternoon, she appeared for our appointment without Alex.

"I'm sorry," she said, "but I haven't been honest with you. His behaviors haven't improved at home or at school. I've lied about it all along and I don't know why. We are withdrawing from therapy, but I wanted to tell you to your face."

She thanked me and left. I was devastated. I had been in the field for more than twenty years and I'd never had anyone be so overtly dishonest with me in that way. She had paid me a lot of money and invested a lot of time driving to and from therapy and I couldn't understand why she wouldn't have simply told me the truth all along.

There is no doubt that some clients will lie to us, but sometimes we can predict when and who will be the most likely offender. From this experience I learned the valuable lesson that I can't always take a client at her word. How can we know when clients like Mrs. T are not being truthful and who are the most likely ones to deceive? The answer isn't a simple one.

Problems With Research

Research on indicators of lying is so full of conflicting ideas that little sense can be made of all of it. Even some of the best studies have serious problems. For example, some studies have argued that agents from the US Customs Service are no better at detecting lies than the average person. But these laboratory studies often have subjects lie about little things such as "I have the ace of spades in my pocket" when in fact they don't. These are called "low stakes" lies. Nobody goes to jail for lying about having a playing card in his pocket. But when it comes to "high stakes" lies, lies that are meaningful,

Customs agents are much better at detecting lies than most of us. It is easy for people to lie about little things. We do it all the time in daily life. “Do you like my sweater?” “Um, yeah....” These little white lies are meaningless in the big picture of life. But the physiological response to lying about big things (“No sir, there are no illegal drugs in my bag.”) are much harder to suppress.

Among the beliefs that have been held in the past are that liars fidget more, don’t make eye contact, and stutter more frequently. While sometimes these things are true, sometimes they aren’t. These oversimplifications were based on problematic research methodology. Today we know much more about deception.

Who Lies?

All of us lie. We just lie about different things. The purpose behind all lies is that the liar evaluates the cost of the truth and the likelihood of avoiding or delaying that cost with deception. If someone made a meal for you and asked you if you liked it, you would probably lie to protect the person’s feelings if you didn’t really enjoy it. The cost of the truth – hurt feelings – is much higher than the cost of a little white lie. The cost of an abused child telling me the truth about his abuse is embarrassment and humiliation.

For that reason, over several decades of experience with children who have been sexually and physically abused, I have found that almost all children in my initial interviews attempt to deceive me at some level. “Has anyone ever touched you in a way that hurt you or made you feel uncomfortable?” nearly always is met with “No,” even when I know the child has been sexually or physically abused. They don’t trust me enough to tell me that secret yet. The cost of humiliation is avoided simply by denying that the abuse occurred. We can predict the likelihood of lying by recognizing those clients who are motivated to lie by what the truth will cost them.

Subjects lie in one of two ways. They either lie by saying something that isn't true (something called "falsification") or denying something that is true (called "concealment"). There are several populations that are at high risk for lying one or both of these forms: incarcerated individuals, children in foster care, addicted clients, people involved in sexual assault/rape, and suicidal clients just to name a few.

Prisoners and juvenile detention: Kenneth Bianchi, also known as the Hillside Strangler in the 1970's, came very close to successfully duping several of the country's most renowned experts on multiple personality disorder by faking MPD while supposedly under hypnosis. These professionals made a critical mistake. They believed that all clients were motivated to tell the truth when, in fact, they are not. Any client/patient familiar with the "system" is at risk for manipulating it. One of the lead psychologists in the Bianchi case later served as a clinical director in a prison. He stated that the experience of working with prisoners confirmed that he had been naïve in the Bianchi case. Most therapists have the luxury of believing their clients will tell the truth, or at least near truths, most of the time.

But when working with those who are incarcerated – either those in the juvenile justice system or adults in the prison system – one must verify all information by at least a second source because the motivation to lie is very high. We have done this in the profession for years with A&D patients.

"I didn't smoke anything this week."

"OK, I believe you. Please pee in the cup."

"But I haven't smoked anything...."

"Fine. Please pee in the cup."

The addicted client could be telling the truth, but the information must be verified. Manipulating people for one's own gain is inherent in the prison system where inmates have very little power and where they must always look out for themselves. Nobody trusts anybody. Inside the prison

block or juvenile hall, deception is an everyday part of life, giving people motive to lie and providing ample opportunity to practice.

Accusations of Sexual Abuse: Generally, young children do not falsely accuse sexual or physical abuse. They have too much to lose. As noted above, the opposite is far more likely. I've seen hundreds of children who have been physically and sexually abused by caregivers and, by far, most of them want to go home. They want the abuse to stop, but they don't want to be elsewhere even if it means returning to the homes of their abusers. Therefore, they are not motivated to make up abuse allegations, but rather motivated to lie that it *did not* occur. The exception to this general rule involves teens who know how to manipulate their parents/guardians with threats of child protective services intervention and children who have been exposed to the "system." (See the above section on prisoners and juvenile detention.)

Parents also have motivation to lie about abuse. I have worked with dozens of parents who are divorcing where one or the other has either accused the estranged spouse of abuse or proposed his/her "concern" about potential abuse simply to improve one's own position in the custody hearing. People know that the mere accusation of abuse can have an effect on a judge's decision for custody.

Rape allegations: Unfortunately, I have been in the position several times of having to evaluate the truthfulness of a victim and her alleged rapist. This is a very sensitive process because a mistake in either direction has tragic consequences. If I errantly suppose an accused rapist is telling the truth and he really didn't commit the rape, I have provided data that might let him avoid charges. But even more serious, I have contributed to one of a victim's greatest fears – that she won't be believed. On the other hand, if I errantly believe an accuser, an innocent man may end up labeled a sexual offender for the rest of his life. Generally, the accuser is least motivated to lie, but both parties can have motives to lie. The accused, obviously, is motivated to lie to avoid prosecution. But in *false* allegations of rape, the accuser is motivated also. In two of my cases, it was discovered that the accusers had engaged in consensual sex

and then, fearing pregnancy or disease, realized their indiscretion would eventually come to light. An accusation of rape moved both of them from the position of being guilty of a sexual indiscretion to the position of victim. Please note, however, that the data is quite clear. Most victims of rape never even call the police. Therefore, the accused is far more likely to lie than the victim.

Suicide: Perhaps the most common place where clinicians will encounter deception is with suicidal risk assessment. Early in my career I was working with a 19-year-old female who was exhibiting suicidal tendencies. We had been working together for several weeks and our rapport was very high. In one session, she verbally consented to a safety contract, agreeing to contact me if she felt suicidal before the next session. She left my office and within two hours I got a call from her mother that my client had taken an overdose of medication. Fortunately she survived, but there is no doubt that I missed something and that my client had lied to me. It was my responsibility to take into account all risk factors and I failed. Part of my suicide risk assessment now involves evaluating what stressors a client might have after leaving my office even if I do believe she is telling me the truth. She has to convince me that she is not simply saying what she thinks I want to hear.

Conclusion:

So how can we detect lying? This is a process that has many variables, but here are some of the basics.

1. The first issue is to ask oneself if the client has a motive to lie. If so, be on guard.
2. When telling a lie, people often provide unnecessary detail and their stories are often presented verbatim over several tellings. When someone is describing an event, the gist of the event is what matters and sometimes small details vary because they are unimportant. The liar, however, feels the need to “prove” his/her story is genuine by providing this detail and it is memorized so it doesn’t change much from one telling to another.

3. The liar's story won't match the known facts. In a complicated story, cross-referencing facts can often lead to a liar's downfall because there are just too many details to keep in working memory while the lie is being constructed. Lying requires an immense amount of mental energy.
4. Liars may not look you in the eye. But they might also stare. They are trying to concentrate on being believable. Staring is an example of a "countermeasure." These are behaviors construed in an attempt to prevent the hearer from recognizing the lie (Fitch, 2014). The liar may believe that "people who lie don't look you in the eye" so they counterbalance that by staring. When telling the truth, a client is more natural in either situation, looking off into space at times where one might ordinarily do so and making occasional eye contact in the same way.
5. When people lie, they often ramble on and on. When I'm interrogating a suspect in a legal situation, I sit quietly and let them talk. The person telling the truth will tell the story and then wait for instructions or a response from me. Uncomfortable with silence, the liar will continue to talk, adding flower and detail to the story.
6. Liars are more physically stiff, using fewer hand motions, they are more negative, and they use fewer first-person pronouns (Frank & Ekman, 1997).
7. Liars exhibit microexpressions. These are behaviors that communicate a feeling such as contempt or disgust (Matsumoto, Hwang, Skinner, & Frank, 2011). Microexpressions that provide an emotion inconsistent with the words being said are important clues. For example, a client who should be feeling relief at the telling of a story, but is exhibiting contempt, should be considered potentially untruthful.

With the exceptions noted above, at some point we have to trust our clients. Mrs. T betrayed my trust in her and this came at the expense of her son. But looking back, she gave me hints that she wasn't being honest. Therapy went too easily. She confirmed things were better each week

almost before I asked. Her confirmation that things were going well were inconsistent with some of the behaviors I saw in therapy and in the child's sand tray – so much so that at one point I consulted with a colleague on these inconsistencies. She provided multiple energetic and animated stories to prove to me it was working. She was anxious and nervous when I asked about his progress at school and often jumped ahead in the conversation at a pause or lull in our discussions. In hindsight, the most notable clue was that she looked me straight in the eye, almost staring at me, each week when she lied to me. I still don't know why she was motivated to lie to me, but perhaps the most important lesson I learned from Mrs. T is that clients will, indeed, deceive me if I'm not careful. Paying attention to these cues can make it harder for our clients to deceive us in a variety of contexts.

References

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