

INTRODUCTION

From its inception, psychotherapy has always been considered a place where hard truths can and should be disclosed. Clients are exhorted to tell the truth, therapists are trained to deal with inevitable resistances to client truth-telling, and the outcome of the work is often thought to be dependent on the joint efforts of both to make better sense of previously withheld or distorted information. Although over the years clinical and empirical investigations have indicated that psychotherapy clients keep secrets, conceal information, and lie to their therapists, these studies, although heuristically valuable, tended to be small-scale, qualitative efforts. We were interested in designing a large-scale, multimethod research project that would enable us to understand more fully the nature of the secrets and lies of psychotherapy clients. We wanted to know what kinds of information clients tended to conceal or lie about, why they resorted to dishonesty, and what they saw as

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Secrets and Lies in Psychotherapy, by B. A. Farber, M. Blanchard, and M. Love

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the consequences of their various attempts at keeping information away from the prying eyes and ears of their therapist.

We were interested in these phenomena as part of a long-standing focus of the senior author (BAF) on issues relating to disclosure in the psychotherapeutic process. Beginning in 1992 with a presentation by the senior author and a doctoral student (Desnee Hall) at a conference of the Society of Psychotherapy Research in Berkeley, California, entitled “Disclosure to Therapists: What Is and Is Not Discussed in Therapy,” research teams based in the clinical psychology program at Teachers College, Columbia University, have pursued a series of related questions: In this most confidential therapeutic space, what’s left out of the dialogue, and why? How can we best understand the nature of the dialectic between wanting to be known by one’s therapist and wanting to be seen by oneself and one’s therapist in a favorable light? What factors contribute to how this dialectic is played out? What does the therapist allow the client to know about him- or herself? And how does the tension between honesty and impression management manifest among other psychotherapeutic dyads, including the supervisor and supervisee? The answers, or at least preliminary answers, to these questions have been reported in books and articles and at professional presentations by the senior author and members of his research team over the past 25 years. But until work on this current project began, we had not yet tackled head-on the phenomena of client lies and secrets. We had not, for example, asked clients to report on the specific reasons they concealed or lied about specific topics.

A few other researchers, notably David Rennie, Clara Hill, Bill Stiles, and Anita Kelly, had made some inroads on understanding client concealment and secret-keeping before we undertook our studies. Rennie attributed client withholding to their attitude of “deference” to their therapists. Hill, who has studied multiple aspects of the therapeutic process, published a series of valuable studies with her students and colleagues (most notably, Sarah Knox) investigating such phenomena as client “hidden reactions,” “things left unsaid,” and secrets, finding these related processes to be more common and harder to detect than previously imagined. Stiles delineated the complications in attempting to determine the relationship between client disclosure and treatment outcome. Kelly suggested that withholding certain shameful information from one’s therapist could prove beneficial, serving to maintain the therapist’s positive feelings toward the client. In addition, a group of researchers, including John Archer, Jeffrey Kahn, Erica Shambaugh, and Robert Hessling, have done important work on measuring psychotherapy clients’ tendency to disclose distressing information. Still, for the most part, clients’ lies and secrets have been a neglected aspect of psychotherapy research—a peculiar omission and one perhaps motivated in part by the field’s not wanting to believe that clients lie and keep secrets and that,

therefore, therapists are quite imperfect in their ability to overcome resistance and invoke truth.

It was time, we felt, for a comprehensive examination of this phenomenon, one that would use both quantitative (survey research) and qualitative (in-depth interview) data. And so a research lab overseen by two doctoral students in the clinical psychology program, now the second and third authors of this book (MB and ML), began thinking about ways of collecting data. Several years later and after analyzing the responses of over 1,300 individuals who participated in our studies, we decided to write this book, reporting what we and others have discovered about the nature and importance of psychotherapy clients' secrets and lies. The narratives contained in this volume are taken directly from the written statements and interviews of research participants and, in a few cases, from clinical case material we have encountered as therapists. Quotations are generally verbatim with only minor alterations for the sake of grammatical correctness, with the exception of several passages of dialogue between client and therapist that have been recreated to the best of our ability. Names and other bits of identifying information are fictionalized to protect the anonymity of our respondents and clients.

We regard this book as a logical sequel to the senior author's (2006) book, *Self-Disclosure in Psychotherapy*, which drew on both clinical and research perspectives, focusing on the topics that patients tended to discuss in therapy and those they tended to avoid; it also considered the factors, including demographic and cultural variables, that facilitated or impeded disclosure. Furthermore, it addressed disclosure and nondisclosure among other participants in the therapeutic process, including therapists, supervisors, and supervisees. That book did not, however, delve deeply into the related phenomena of secrets and lies. Although instances of nondisclosure, or more commonly, minimal disclosure, are attributable to many of the same factors and result in similar consequences as client lies and secrets, these latter phenomena are also in many important ways distinct in their presentation and clinical implications.

Although our topic is relatively narrow—truth and untruth in the special context of psychotherapy—the scope of this book is quite broad. We begin in Chapter 1 with an overview of this general issue—the ways in which clients are typically deceptive in therapy, the difficulties therapists have in detecting secrets and lies, and the reasons why patient deception matters. The second chapter takes us outside the consulting room and into everyday life, exploring the various attempts made from multiple social science and philosophical traditions to define and categorize the lies, secrets, and deceptions used by the human animal in the eternal struggle for love, status, safety, and self-esteem. The third chapter returns to the world of psychotherapy, reviewing the clinical and empirical literature that tries to answer questions such as,

Why do clients lie? What are the ways in which client deception can be categorized? What topics tend to be concealed, minimized, or lied about? The fourth chapter focuses on factors that affect clients' tendency to disclose versus keep secrets or lie in therapy, including their perceptions of the benefits and costs of disclosure. This chapter also addresses three other aspects of the disclosure–deceit relationship: What is the process by which clients decide to disclose honestly rather than deceive? What is the relationship between disclosure and various forms of deception? And what are the consequences of keeping secrets and/or telling lies in therapy? Chapter 5 shifts the focus from client to therapist, reviewing the literature on therapist secrets and lies, a fascinating topic in its own right, and one with implications for clients' tendencies to conceal and deceive.

Chapters 6 through 11 focus extensively on the results of our ongoing studies of client secrets and lies. The first of these chapters reviews our basic findings: the most common lies told, personal and clinical factors affecting their occurrence, and the perceived reasons for and consequences of these lies. The next six of these chapters contain multiple clinical examples and delve into the nature of specific, common client lies and secrets: self-harm and suicidal thoughts, sexual issues, substance abuse, trauma, and clinical progress and feelings about one's therapist. The concluding chapter of this book deals with the training, research, and clinical implications of client lies and secrets, focused primarily on the question "What's a therapist to do?"

The primary audience for this book includes practitioners, academics, and students in the mental health fields. We imagine too that many psychotherapy clients, including those who have already terminated therapy and those for whom this extraordinary activity is still ongoing, will find much to identify with in these pages. For these readers, we offer a view of therapy at precisely those critical points where it may be going awry. We sift through client stories seeking the cracks and seams, tensions, and pressures that might bring a treatment down or significantly limit its effectiveness. The simple question "What can't you tell your therapist?" is our way of examining the core supports of psychotherapy: disclosure, trust, and the therapeutic alliance. We also hope this book will attract curious lay readers, perhaps those considering therapy and/or those who know something about (and are intrigued by) the therapies of friends and family members. But even those with no personal experience with or vicarious knowledge of therapy are likely to have felt some of the pulls toward not-quite-honesty that we discuss in the chapters ahead. For all these potential readers, we offer a judgment-free zone and the shared experiences of others who have struggled to disclose in therapy. Importantly, we believe all patients have a right to their secrets and elisions. We seek only to help with that subset of secrets that patients wish—or mostly wish—they did not have to keep.

Although this book was not influenced by contemporary media scrutiny of truth-telling among politicians and other famous people, its focus nevertheless is remarkably consistent with this cultural moment. Our emphasis on the many ways that truth can be defined and distorted, and the ways that individuals can and do rationalize their decision to avoid honest engagement with others, is certainly consonant with current reports on the statements and actions of prominent figures in our midst. There is, we think, an intriguing aspect to the tendency of many people to lie and conceal information in situations where we do not expect them to do so—including, as this book reveals, the psychotherapeutic setting. Perhaps in contrast to many political figures, what we found was that most psychotherapy clients want to be honest, though they struggle to do so consistently. The details of both sides of this issue are contained in the pages of this book.