Lies and Medicine — Domeena C Renshaw

Prof Domeena Renshaw

Department of Psychiatry
Loyola University of Chicago
2160 South First Avenue
Maywood, Illinois 60153

Curriculum vitae

Since receiving her medical degree with honours in pharmacology in 1960 from the University of Cape Town, Dr Renshaw has pursued her career in medicine and psychiatry in South Africa and the United States. She did her rotating internship at Groote Schuur, a pediatric residency at Boston Children's Hospital, one year of surgical residency at Livingstone Hospital, Port Elizabeth, to be able to do mission hospital work (in Zululand, at Taungs and at St Mary's Mission Hospital.) After marriage to an American economist, she did a psychiatry residency at Loyola University and then became well known as a teacher, writer, and lecturer with a special interest in pediatric psychiatry and human sexuality. At present Dr Renshaw is Professor of Psychiatry and Assistant Chairman of the Department of Psychiatry at Loyola University. She has lectured widely in the United States, Canada and elsewhere, has been on radio and television programs, has made teaching videotapes and audio-cassettes, and has had many scientific exhibits. She has over 300 articles published and is the author of several books, eg. The Hyperactive Child (1974), Incest: Understanding and Treatment (1982), and Sex Talk for a Safe Child (1984).

Summary

Through the centuries physicians have come to expect honest, self disclosures from patients who seek help for their ailments. For the most part this is still true, but occasionally the physician will doubt a given history, find inconsistencies and struggle with personal discomfort that the story is suspicious and the patient is lying. Blatant motives for lying may be monetary compensation, work or school days off or sympathy at home. Each situation will be a judgement call on the physician's part: reassure medically and dismiss, nurturant confrontation, then question further to understand, or participate in the manipulation by signing a medical slip. These are practical options. Each family physician must treat according to his or her educated clinical assessment of the moment, rather than on a Supreme Court Judgement of the truth! Greater knowledge about truth and lies in general is useful in every aspect of life, our own and our patients'.

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"Thou shalt not bear false witness" (Exodus 20) - may be a long forgotten Divine Commandment memorized as a young child during religious education - synagogue, mosque, or Sunday school. Some were too young to understand the meaning of the words "witness", "false" or "lie". Morals, values, beliefs are learned developmentally for each person in every culture from infancy to the senium in the same way that vocabulary, language and concepts are learned. A young child can repeat a word like witnesss, say it in a sentence correctly but have no concept of its meaning. The question, "What does 'lie' mean?" will reveal whether the child understands. From very early years parents teach a child: "No - that's bad", or "Yes - this is good", regarding actions and words. Some parents and teachers use the tale of Pinocchio to get across the concept that a lie is wrong and has negative consequences.

Vignette:

A chocolate bar disappears, the torn wrapper is on the kitchen table. Billy, age 6, returns and screams, "You stole my candy." He hits little sister Brenda, 3, who cries "Not me. Mommy, Billy hit me," - Mother appears, sees the ring of chocolate around the little girl's mouth and on all fingers. "Did you eat Billy's candybar?" Brenda wails "No" again. Both mother and brother now yell at her that she is lying and all three are crying for different reasons: The baby, because of the disapproval and spank. Billy, for the loss of his treat. Mother, because of the upheaval, her own loss of control, the obvious lie (what will become of her?) and Billy's sudden change to an attacker from having been a guardian of his baby sister. What now?

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At 3, her cognition is rudimentary and all her impulses and drives as yet uncontrolled. The world is still: "I see, I want, I take." Magically all will be fine. Consequences are unknown. The property concept of "mine" appears long before "thine". Sharing and truthfulness are yet to be learned by both the 6 and the 3 year old.

Greater knowledge about truth and lies is useful in every aspect of life.

Billy might just as readily have eaten Brenda's candy and said no if he could have stayed out of trouble by lying. The value of speaking truth for the love of truth is slowly learned by encouragement, example and recognition from parents. Some teach and practice honesty at all times. Other parents may selectively lie. For the child: to tell the truth *avoids* punishment (by parents, authority or threatened Divine Wrath). All higher values have to be learned and modified by newer learning over and over for life.

Can parents teach a child to lie or steal? Yes, directly in so many words; or indirectly by modeling. The candy bar eaten by little Brenda can become bank frauds or stolen objects of high value. Lies may reach into Congressional Hearings or Presidential Campaigns. To tell the truth and to be honest is part of a long, lonely and difficult life pathway when to lie seems speedy, breezy, popular and so very commonplace.[1]

There are dozens of cover words for lying. A few are: fib, fantasy, falsify, pretend, mislead, misinform, deceive, trick, conceal, evade the truth. "Little lies" have become synonymous with "normal lies". More modern terms include duplicity, mendacity, malingering, distortion of recall, prevarication and "doublespeak" and elaborate embellishment to "say without telling" eg instead of the poor, doublespeak writes of the "non-goal oriented members of society." An accident is a "safety related occurrence", while "an unauthorized withdrawal" means a bank robbery. This new word, doublespeak, is a hybrid from George Orwell's *1984* "double-think" and "new speak" meaning "coded" language used in government or military communiques. The many levels of lying range from little Brenda's chocolate bar to International War Reports.

Lies have also been classified into "little lies" or *"white lies"* excuses made deliberately but not maliciously to avoid social embarrassment or to keep out of trouble.[4] *Authorized lies*

Telling the truth is learned behaviour, as is lying.

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are when parents instruct a child to lie to a teacher/neighbour etc when a boss tells an employee to lie to a health inspector, a cult leader instructs members to use false claims, or a physician tells other professionals to conceal a patient's diagnosis even when asked directly. It may allegedly be done paternalistically or altruistically so as not to upset.

Patriotic lies for king and country have long been expected of civil servants, Army, Navy, Airforce, spies, and considered to be for the protection of the community.

Malicious, outrageous lies are considered to be wilfully destructive of another's good. Sometimes these lies may be lethal to a marriage or to

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The property concept of "mine" appears long before "thine".

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life. Bearing false witness in some situations can be quite literally evil.

Did little Brenda in the vignette tell a white lie? No. It was an impulsive, protective, primitive reflex denial of the obvious. Her cognition at 3 years has not developed the capacity to recognize consequences of leftover chocolate telltale face and finger evidence. A mentally retarded 17 year old or a cognitively impaired 79 year old might have been as disinhibited, impulsive a chocolate taker as Brenda and have denied it as unknowingly. Deliberate intent is the main ingredient of a lie. Mental capacity is important in learning socially and morally correct behaviour.

With cognitive deterioration – learned controls are disinhibited then unacceptable behaviour occurs.

In a clinical evaluation the patient's age and intellect are essential elements in order to understand lying, and whether there was malicious intent. For 3 year old Brenda, to be tempted and to take

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the candy, was impulsive and condonable. If Billy had said: "This is mine, do not touch it," at age 3, was she able to understand the consequence of eating it? Mother has to teach Brenda repeatedly what the truth means. You ate the chocolate bar. I see the marks. Say "Yes". Then say sorry to Billy because it was his and he wanted it. Next time, ask him: "Is this yours? May I have some?" It is possible to include a payback: "When you get your candy tomorrow, you owe one to Billy." This is teaching both children trading laws, plus sharing, and caring about hurt feelings and how to restore or replace. In this way a child learns control of early impulses in a more enduring way than by beating, yelling or humiliation.

Proust struggled philosophically with defining truth – an elusive complex concept. He ended with: "Truth is a point of view." This profound but brief definition tells that there are many pathways to the same idea. In religion truth is considered to come from Divine revelation. At Taungs, the Africans, with whom I worked,

Even some parents may lie selectively.

had a strong belief that facts are a possession of one's own mind not to be revealed to another, whose job it is to gather details for himself or herself. The nurses cheerfully taught me that misinformation was routinely given when asked, which made history-taking a challenge for either the traditional healer or a missionary doctor in the region.

Truth may usually be reached cognitively by efforts of reason, as in a criminal investigation, a crossword puzzle or clinical medicine. Six eye witnesses of a murder may give six different observations, each point of view may be accurate and perhaps additive to complete the picture.

To be honest may seem part of a long, lonely and difficult life pathway, when to lie seems speedy, breezy popular and so very commonplace.

Every day in medical history taking, a family member may give quite different or vital information "forgotten" by a patient.

Truth in science, theology, law, politics, may be sought by testing a body of propositions or hypotheses. These are studied, tested and proven not only once but by being duplicated elsewhere and so the results are validated and become accepted in the specialty or discipline. Chaos can result when deliberate lying has flawed the method or results of an academic study, or of the financial figures of a hospital, University or Savings and Loan Company. Professional ethics expect and US laws require impeccable honesty. However, scandals about lies make headline news daily.

Government, lawyers, journalists, bankers, business persons, the clergy and the social sciences have all by rules and under the law been expected to be honest and truthful. Each witness in a court of law is sworn in by oath, to speak the truth. Due process has a burden to seek the truth, each contestant is looking (as lie catchers) for lies and liars. Deliberate lying under oath is perjury. It is a criminal offence with severe penalties.

Since US jurisprudence penalizes lying, truth telling for centuries has been the pedestal or basis of the established cultural values. On a personal or individual level the internalized value of not telling the truth results in anxiety, concern about being caught and tension when a lie is told. It also becomes rapidly clear that a lie begets other lies to continue the cover-up.

A superb memory is needed for successful lying particularly when several different persons are lied to. Some continue to lie if there is reinforcement such as gain or self enhancement. An individual can rationalize or make internal excuses for almost any otherwise unacceptable behaviour (suspension of the conscience or superego): "I deserve this drink/stolen money/ illicit sex . . . " Little is known of the

Truth is a point of view . . . with many pathways to the same idea . . .

mechanism of doing so, particularly in otherwise law-abiding individuals. What is indisputable, is that the more lies, thefts, sexual misconduct, murders – the greater the erosion of an internal sense of wrongdoing, and the more "I am entitled to have my way . . . " (total narcissism) takes hold.

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Getting caught in the first lie, like in the first little act of childhood stealing, and taking the full consequences of confrontation, shame and guilt (internal feeling of wrongdoing) and restitution (returning to the store to pay for the candy and apologize) is still considered the best treatment for early lying and stealing to prevent recurrence and literally model the parents' respect for honesty, truth and the law. This, of course, is time consuming and may have to be repeated, as in all learning, but there is no short cut.

Medical history taking becomes a challenge for either traditional healer or missionary doctor.

In medicine, as mentioned, health professionals "expect" that patients will tell "the whole truth and nothing but the truth" in their own interest of seeking healing. Vice versa, the patients for centuries have come to place the highest value upon the honesty of their physicians and health professionals who are bound to truth by oath and by a code of ethics. Therefore, unless there was prior learning or experience of being lied to, both are usually unprepared for lack of truth.

Coping with lying

In forensic medicine it may take about 3 months for the jail doctor to realize that a prisoner patient may have a strong incentive to lie, to get out. Parole Boards consist of occasional citizen volunteers, who are unaware that prisoners may quickly conform to rules, become models of good behaviour, convincingly say they have regret and remorse for past offences, swear that they are born again to the Lord, pledge "never again." They are released from the overcrowded prison, many to be rearrested within a month. This pattern will rapidly educate an inexperienced forensic physician to anticipate future lies in that specific setting.

In general medicine, surgery or psychiatry, the first step is a subliminal awareness that some people lie. Usually there may be an "intuitive" or gut reaction such as inconsistency of facts in the patient's history or something about the patient's lack of direct eye contact when answering some of the questions that may raise suspicion of something being hidden or inaccurate. From freshman behavioural science classes, physicians learn that it is diagnostic of addictive substance abusers to lie about their alcohol and/or drug intake. Other high risks for lying: Mothers of malnourished babies will over report intake or hyperobese persons will under report food intake; gamblers or hyper-spenders or unfaithful spouses often lie about their spending or sexual activities. The lie may be to cover embarrassment, prevent exposure, protect the honour of a caretaking grandmother etc. Clinicians who expect lies are more alert for it, so that optimum care can be given despite the cover-up. The next step, after recognition, is understanding; human nature may want to berate or blame. Stopping to ask the self: why the lies? may develop a more effective clinical strategy eg: to contact a sex partner if there is herpes or pregnancy. Also, each physician must accept limited, not total responsibility for optimum healing. We do our best and the patient theirs. The equation does not always = 100.

Facts are possession of one's own mind, not to be revealed to another whose job it is to gather details for himself (an African belief).

A family member may give vital information which the patient has "forgotten".

One reason for a patient lie may be repression, blocking or massive denial (to self and to others eg that the problem of addiction really exists – a primitive dissociative head-in-the-sand dynamic (not conscious) to avoid a problem.[4] Reasons for lying are many, such as: to avoid the consequences/responsibility/exposure/loss of status or to gain rewards as in manipulation of sick slips or in a robbery.[2] Sometimes a humane physician may recognize a desperate or impossible situation of a patient and indeed *prescribe* some days off for healing of the soul. Conservative compassionate medicine has a place.

The third clinical step when assessing a lie is to stop and review the patient's responses, verbal and non-

verbal. This experience can help recognize lying for next time. Ekman, a behavioural psychologist, spent a lifetime using sound film and video to study lying in slow motion.[2] He became a respected consultant to the US Federal Bureau of Investigation (FBI) and an instructor to its special agents on the fine art of not being recognized as lying and how to detect liars. His movies and writings are widely used in college courses on human behaviour.[3]

We can rationalise or make internal excuses for almost any, otherwise unacceptable behaviour.

Ekman's studies found that under stress or anxiety (as during telling a lie with fear of detection) microexpressions, such as eye movements, facial muscle contractions, a fleeting wink or frown, or cover smiles, seemed universal across sex, age or ethnic groups. Then there were microgestures such as a fleeting hand movement, shoulder shrug or eyebrow lifting, that were culture specific. Additionally he noted that during stress (fear, shame, or guilt) there were voice changes in subjects who lied: a flat monotone or a higher pitch and sometimes a strained "break" or cough. This very important exception was found: the con man (professional liar) or pathological liar or rehearsed actor would be emotionally unaroused (perhaps by deliberate distraction) and not show changed expressions or gestures of stress or voice changes. Such persons easily deceive lie detectors or polygraphs, (despite the claims and high fees demanded by "consultants" selling their guaranteed detection of liars.) Two difficult possibilities have discredited the use of lie detectors in the US judicial system:

a) disbelieving a truthful person who is anxious
b) believing a skilled liar who remains calm.[2]

Therefore, much as it may be in the national interest of a country to send out spies as lie catchers and seek the truth beneath public lies, it remains an exceedingly difficult task despite new technologies. Double crossing, counter spies, selling information and misinformation complicate the sorting out of lie and truth: a nightmare for world leaders.

Clinicians are immediately concerned, not with World War III, but with the diagnosis and treatment of the patient who presents. If there is a gross discrepancy between the history and the physical condition then subjective perplexity must be questioned. Intuition may signal 'Is there lying? If so, why? What purpose will it serve for the patient? What will be gained or lost by lying?' When these internal doubts arise, it is important before a battery of expensive lab tests, X-rays or medications etc are ordered, return first to the patient.

The more lies or thefts, the greater erosion of an internal sense of wrong doing.

The approach of recapitulation of the given details can be done in this way: "Let me go over the details once more to see if I understand you correctly . . . " Watch the patient's eyes, face and body more carefully now that you suspect lying. Check time, duration, chronology again so inconsistences may be noted. "Did I leave anything out? Is there anything else you may want to tell me?" The inexperienced liar may open up more honestly at this junction and say the spouse has threatened divorce causing upset and they came to "check out" a heart attack. While it may be a ploy (blatant use of severe illness to manipulate the partner) the baseline workup may still be done, but now patient and physician are therapeutic allies, with calling in of a social worker to arrange for some counselling later.

Constant awareness that some patients do lie . . .

At the same time, if the informed physician has Table I in mind, the outline allows the differential diagnosis to be considered. While a spy may also become ill at any time in any part of the world, they are likely to obtain appropriate and immediate care unless they need a convenient hiding place in a hospital. The physician with a good imagination and writing skills should keep good notes for a later best seller.

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Table I. Differential Diagnosis When Lying Is Suspected Clinically

	"White" Lies	Pathological Liars	Con-artists	Spies	Psychotics/ Organic Brain changes
Reward/s	- Avoid punishment - promote self - save embarrassment - protect others (altruism)	- want to be liked - get attention or admiration - often seem charming - to get drugs (simulate illness or pain) - get loans/money	- get money; job (imposters); win - get glory - enjoy challenge/risk - impress/deceive others	- paid to lie/fake in the job - information gathering - Patriotism - thrill of risk taking	- escape from fearful, painful reality - Korsakoffs or other confabulation; cover-up - memory deficits - Alzheimers
Risk/s	- being caught; - loss of trust - loss of relationship/s	- being caught - losing job/money - being rejected/jailed	- jail (criminal impersonation, theft etc.)	- being caught - execution	- lose contact between delusion and reality - getting lost - unaware of mistakes or inconsistencies
Deliberate False Identity	No	Sometimes	Often	Yes	No/Memory deficits
Subjects Reactions During Lying	blink, stumble, voice changes, anxious, tense, upset	usually enjoy own fabulous story; dramatic smiles/shrugs	- well rehearsed pitch - good bluffers - flatter listeners	controlled and superficially calm	agitated by inner delusions/hallucinations/ amnesia
Arrest Record	not usual	1:4 have criminal record; forgery, plagiarism, theft etc.	frequent criminal record/name changes	occasional with political charges	very rare; recognized as psychotic/sick & brought to Emergency Room
I.Q.	wide and full range (retarded to high)	Average to high	Average to high	Average to High	wide and full range (retarded to high)
Family	- ± shared lies - problems if parent/spouse honest	- 30% are alcoholic/drug abusers - Pretend a perfect family	Full-range from intact to fragmented	Full-range, usually stable and unaware of being a spy	May have psychopathology
Onset	Childhood	Childhood	- Adolescence - May be trained (Fagan in Dickens)	Adulthood	Any age
Does Subject Believe The Lie?	No	May half-way believe ± due to repetition; live the lie	- No - Live the lie for direct gain	No, but live the role assigned	Usually yes; delusions seem real
Psychodynamics	deliberately change story to brag or get out of a corner	- Unnecessarily falsify both self & reality - pretence seems real	Deliberate change or events for direct gain	Challenged by danger, deceiving & winnings make self a good performer	Biological basis under intense brain research
Psychotherapy	- lies randomly disclosed during therapy - usually admit to lies when questioned/confronted or caught by family	very rarely seek Rx (may be brought in by family)	- Sometimes fake mental condition for direct gain (drugs) injury/compensation - time off work	- Avoided - May be sent for evaluation if amnesia or deafmutism claimed on apprehension	Supportive with antipsychotic medications and family therapy
Longterm Outcome of Lying	may persist usually randomly or under pressure may stop with maturity	persistent and recurrent (lifelong)	continues as preferred way of life	may retire; become double-agent	delusions remain but manageable and less troubling with meds and support

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Pathological liars, male or female, are prone to stir all persons in the environment due to unnecessary dramatic and endless lies. Usually some family member will gladly volunteer: "Don't believe a word . . ." Suspect problems with the law, chemical abuse, difficulty with finances. Con-artists may be more restrained, cover their lies better, rehearse their story better, perhaps have fraudulent credit coverage. Only a careful history from family members may sort them out. If a con-artist has a partner in crime, there may be back-up lies only to be discovered much later. For the physician, lying due to psychosis, frontal lobe or Korsakoff's syndromes, Alzeimers' disease, are more easily recognizable. The expansive, loud, hyperverbal pressure of speech of a patient in the manic phase of bipolar depression or the fear, delusions and panic of someone with paranoid psychosis, will be declared even by the cab driver, ambulance technicians or security attendants of any emergency room.

Each physician must accept limited, not total responsibility for optimum healing.

The clinical challenge will be: What is the underlying etiology? Acute inflammatory dementia? Brain tumor? Toxic psychosis? Drugs or other toxins? Korsakoffs? Alzeimers with superimposed pathology? Are these merely ramblings or confabulations rather than lies? Asking a totally different question that elicits the same strange response, rapidly answers that question. The continued agitation of the patient in the relative safety of a hospital, makes these psychiatric conditions stand out from the other groups or deliberate liars on Table I. Can a clever con-artist mimic psychosis well enough to deceive professionals? It has occurred. Why would anyone want to be admitted to a psychiatric unit? Fear of being shot (a spy or criminal) or of being discovered or recognized (imposters). It may not be admirable to fake mental illness, but when the reason becomes apparent, it may be found to be adaptive at the time.

In conclusion, telling the truth is learned behaviour as is lying from the earliest years. It has been argued that the onset of autonomy is when a child lies and is undetected by the powerful all-knowing parent, creating a sense of power in the child because of keeping the secret. However, there are many children who emancipate successfully with no lies. Much more is to be understood about truth. Loving truth for its own moral good as the legendary archer, William Tell and young George Washington, is an ideal that must remain for each to attain personally and professionally.

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