

Do You Lie to Your Therapist?

Many clients lie about alcohol, drug use and sexual behavior.

By [Ruben Castaneda](#), Staff Writer Nov. 29, 2018, at 11:24 a.m.



Building trust between patient and therapist takes time, which is why many clients don't tell the whole truth initially.

HAVE YOU EVER LIED TO A therapist? Some clients dissemble to their therapists by omission, failing to disclose pertinent information. For instance, a patient may talk to his therapist about having trouble sleeping, but leave out that it's happening because he's feeling tremendous guilt about an extramarital affair, says Dr. Charles Sophy, an osteopathic psychiatrist in private practice and medical director for Los Angeles County Department of Children and Family Services. Some patients, meanwhile, affirmatively lie to their therapist, Sophy says. For example, a woman might tell [her therapist](#) she's adhering to a recovery program and not drinking alcohol or abusing drugs, when in fact she's still mired in substance use disorder and is trying to cover up her behavior.

In fact, it's common for patients to lie to their therapists, research suggests. Of 547 adult psychotherapy clients, 93 percent reported lying to their therapist, and 72 percent acknowledged lying about a therapy-related topic, according to a study published in

2016 in *Counseling Psychology Quarterly*. "Common therapy-related lies included clients pretending to like their therapist's comments, dissembling about why they were late or missed sessions and pretending to find therapy effective," researchers wrote. Many clients weren't candid about whether they were [attracted to their therapist](#). "The people who were having romantic or sexual feelings toward (their) therapist were concealing (those feelings), often because they assumed their therapist would unilaterally end treatment, which is rarely the case," says Matt Blanchard, a co-author of the study. Blanchard, a staff psychologist at New York University, is also a co-author of the book "Secrets and Lies in Psychotherapy," scheduled to be published in February 2019. Study participants who acknowledged lying to their therapist cited a number of reasons for their dishonesty. Some clients reported lying about therapy-related issues because they wanted to be polite and avoid upsetting their therapist or because they felt uncomfortable discussing the topic, researchers wrote.

"Dishonesty in psychotherapy is more the rule than the exception," Blanchard says. This lack of candor in therapy isn't necessarily injurious to the [therapeutic process](#), which is complex and often occurs over the course of months or years. "Not only do the vast majority of clients readily admit being dishonest with their therapist, a clear-eyed look at therapeutic communication suggests that truth is almost always partial, the result of a negotiation between a client and his or her therapist that is always ongoing," he says. "Dishonesty may be ubiquitous, but that doesn't put the truth out of reach."

In fact, building [a sense of connection](#) to get to the point where a client is able to be completely honest, or close to that ideal, is essential to the therapeutic process, says Anita Gadhia-Smith, a psychotherapist who practices in the District of Columbia and suburban Maryland. "The building of trust is gradual, and it generally happens in small increments," Gadhia-Smith says. "A small risk is taken, a confidence shared, and the therapist's reaction is assessed by the patient. If he or she feels that they have been accepted by the therapist, a building block in the formation of the relationship is in place. At some point, the next step will occur, when the patient decides to disclose more."

This gradual trust-building process is common in therapy, Gadhia-Smith says. Some clients may feel prepared to be thoroughly honest from the beginning of therapy because they're ready to dig deep into their issues and feel confident the therapist can help them. But [many therapy clients don't tell the whole truth initially](#), she says. "Perhaps a majority take their time getting to know you and gradually opening up," Gadhia-Smith says. This progression is standard in therapy and in most human relationships, she says. It typically takes time and multiple therapy sessions for a client to feel comfortable enough to reveal sensitive and potentially embarrassing information. "The patient needs to feel safe and comfortable with the therapist, and know that they will not be judged," Gadhia-Smith says. "If this rapport is established, then honesty flows."

It's important to keep in mind that most people who voluntarily enter therapy don't intend to lie to their therapist, either by commission or omission, says Susan Kolod, a

psychotherapist in New York City and chairperson of the American Psychoanalytic Association's committee on public information.

Some clients may not be completely truthful with their therapist not because they want to be misleading or deceitful, but because they may not have processed how past [traumas they've experienced are affecting their behavior](#), Kolod says. For example, a client who has trust issues may not disclose that her mother [suffered from alcoholism](#) and was unreliable and emotionally unavailable – but not because she wants to be deceitful. Rather, the client may not have yet made the connection between her mother's behavior and her own trust issues, Kolod says. "(Clients) sometimes describe what happened, but don't connect the dots," she says. "It's not lying, but an inability to get to the truth."

On the other hand, [people who are ordered into therapy by a judge](#) or who go under pressure from a parent or significant other are more likely to be less candid with their therapist, Sophy says. Similarly, parents who are worried about a child, often an adolescent, who's misusing drugs or alcohol sometimes make their son or daughter go into therapy as part of a [drug and alcohol treatment](#) regimen. People who are in therapy not of their own volition "often feel defensive, ashamed or mad that they're (in therapy)," Sophy says.

If the client is [struggling with alcoholism or drug addiction](#), he or she may still be in denial about his or her substance use disorder, Sophy says. Denial, even in the face of overwhelming evidence, is a hallmark of substance use disorder.

Michael T., who lives in Indiana and has been sober for 13 years, can attest to this. Michael (who asked that his full name not be published to protect the privacy of his children) says he saw therapists in the 1990s as part of his [treatment for depression](#). During that time, Michael says he lied about his consumption of alcohol, [marijuana](#) and methamphetamines to two or three therapists because he didn't believe he was an alcoholic or addicted and wanted to continue to drink and use drugs.

Even after a physician diagnosed him with hepatitis C, Michael says, he continued to drink. ([Hepatitis C](#), which can lay dormant for decades, can cause potentially fatal liver damage, and research suggests drinking alcohol exacerbates such damage, according to the Mayo Clinic.)

Despite the hepatitis C diagnosis, Michael says he continued to drink until he got sober in 2005. When his liver doctor warned him that if he continued to consume alcohol he could die, Michael says his first thought was, "I guess I'll have to hide my drinking from now on." So, he did, by drinking nonalcoholic beer in front of his wife and chugging vodka in a closet. He was unable to admit to himself, let alone a therapist, that he had drinking problem. "I was indeed ashamed and afraid that I would have to quit," Michael says. "I was ashamed of my use and then ashamed of lying about it."