Dishonesty and Neurosis

By
Harry Boyd, Ph.D.

[Note: this article begins with several Patient/Therapist dialog examples; the author discusses their implications in a section at the end of the article.]

Pt: (Looking down and back up) I don't know what's the matter with me...
Ther: (Thinks "I'm supposed to ask what's the matter with him, but he's pretty passive, so I'll wait")
Pt: (After a long pause) I guess I'm sorta... I don't know.... depressed. I guess.
Ther: But you're not sure?
Pt: Yeah, I'm...I guess... I'm depressed all right.
Ther: Did you know that when you came in, or did you just figure that out?
Pt: I guess I knew it when I came in... sorta, anyway.
Ther: But you said you didn't know. I'm puzzled.
Pt: Well, I guess I kinda knew, but... (long pause) My wife and I had this big argument last night, and...
Ther: (interrupting) Is this about your depression?
Pt: Yeah! See..
Ther: (interrupting) We can come back to that in a few minutes. I'm feeling unfinished about what we started with.
Pt: (looks puzzled) What....?
Ther: When you said you didn't know what was the matter with you, but then later you said you did know. I said I was puzzled by that.
Pt: I don't know what you mean (half-smile, looks down, then back up).
Ther: (Thinks "Now I have to make a choice, to stay with the earlier confusion or this second instance, because he certainly does know what I mean. The pattern is he professes to be confused when he really for some reason doesn't want to connect directly. I'll stay with the current instance because it's the same issue but maybe a little clearer...")
(smiling) Why do you say you don't know what I mean when in fact you do? Seems to be almost habitual.
Pt: It gives me time to think, I guess. Yeah, I guess that's it.
Ther: (Thinks "He never says things straight out, but always with the 'I guess' or 'soda'... I wonder if that's part of the same mechanism")
Does it seem to you that you're under time pressure to answer me? (before client can reply, therapist continues:) Take all the time you want (grins).

Pt: (looks uncomfortable) Yeah, I guess I...

Ther: (interrupts, says with emphasis:) No, take all the time you want.

Pt: What? Oh. I'm.. I guess I I don't know why I do that.

Ther: I don't agree with you. You do that so consistently, in such an organized way, that I'm convinced there is a specific purpose behind your behavior, even if it's not easy to put into words.

Pt: I guess I've always done that.

Ther: (Thinks "At least he acknowledges what he's doing. A step in the right direction)

(Half-way through a session. Pt is a nurse who is chronically suicidal and sometimes depressed)

Pt: I almost got fired again last night. I don't know why I did that! I was getting meds ready, and I... I just ..I got confused over the doctors' orders. I couldn't seem to get them right.., even though I knew I had them right. I went over and over and over them, but I couldn't... Finally I got another nurse to go over them with me, and I was right all the time. But I was so afraid I would make a mistake! I like to panicked!

Ther: (Thinks "This story feels very incomplete. She describes what SHE did as if it were someone else doing it to her. She's passive.., this confusion just 'happened'.) I don't understand. You said you knew you were correct in reading the orders but that at the same time you felt that you were about to make a mistake. Is that right?

Pt: Oh, Dr. B.! I kept looking and looking at the orders, and I was sure I was doing something wrong but I knew I was right!

Ther: Ok, I understand what you said. How do you understand what happened?

Pt: I don't know!

Ther: There's something about that that seems awfully familiar to me. I would like to go over it with you some more.

Pt: I got so mad at myself that I...

Ther: (after a pause) When you were standing there looking at the doctor's orders, what was going on in your mind?

Pt: I was.... I was thinking I might make a mistake and one of them die or something... and I would lose my job....

Ther: Why might you make a mistake?

Pt: Well, it's happened in the past.. I'd get so flustered that I really would screw up, and end up getting fired. Nobody's ever gotten hurt, though, at least there's that.

Ther: Was that what you were thinking at the time?

Pt: Yes. I was afraid I'd make a mistake... I kept rereading the orders....

Ther: So you got yourself flustered, and in the past that's resulted in your getting

reprimanded or fired?
Pt: (pause) Yes, I guess so.
Ther: Has it or hasn't it? (Thinks "If this were a trial I'd be asking the judge to treat her as a hostile witness").
Pt: Yes it has!
Ther: Why did you just "guess" it was so?
Pt: Because I didn't want to say that! (very angry)
Ther: What else did you think that you didn't want to say?
Pt: (pause) I was thinking that I hated this job.
Ther: What about it were you hating at the time?
Pt: (long pause)
Ther: If you don't want to answer, just tell me and we can talk about something else.
Pt: I was thinking that.... I really envy those patients, being taken care of, and nobody takes care of me....
Ther: Go on... all of it, please.
Pt: I guess I wished I could be a patient, not a nurse...
Ther: More. Tell me about the part where you *wanted* to make a mistake, so you could...
Pt: All right! (angry) I hated them, those patients... I wanted to make a mistake! That's why I worked so hard NOT to make a mistake!
Ther: Good. Now tell me about the part where you wanted to do a good job.
Pt: Well. I wanted to do a good job, be a good nurse. And.., and I wanted to make a mistake, maybe kill one of those crocks, then I could get fired and go back in the hospital!
Ther: Sounds like quite a conflict. What have you decided to do?
Pt: Well, I got somebody else to check my work, so nobody got hurt.
Ther: But they will know you had a problem, so with luck you could still get fired?
Pt: Maybe. (grins)
Ther: Tell me something.... you like the way you feel now when you've been honest and clear or do you prefer confusion?

Same patient, following week.

Pt: I had a fight with my room-mate...
Ther: (Interrupts) Before we start with new stuff I would like for you to summarize what we discussed last week, because I think it's very important.
Pt: (looks down) I had some problems with the medical orders... I got real anxious.
Ther: Anything else you remember?
Pt: Not really...
Ther: Your feelings about the job or about the patients?
Pt: (looks unhappy) No.

Ther: (Starts to get angry, then thinks better of it.) How do you manage to forget things like that, things that you seem to feel are important to you at the time?
Pt: Well, when I think later about how I feel, if it makes me uncomfortable, I tell myself that it was a lie.
Ther: Do you think perhaps you tell me things that are untrue or exaggerated because, maybe, you think it will please me or is what I want to hear?
Pt: No. I tell you the truth. I mean it when I say it.
Ther: So how do you convince yourself that you were telling a lie during the session?
Pt: I don't know (looks very uncomfortable).
Ther: Really.
Pt: I... blame it on you... I think, it was you said it, not me.
Ther: Doesn't that seem confusing, that you could think it was true at one time and then that later it was untrue and it wasn't even you that said it?
Pt: No.
Ther: How do you know whether something is true or untrue?
Pt: It's a gut feeling., the way I sense things.
Ther: Last week you talked about resenting patients who got care you wanted for yourself. Was that true?
Pt: Yeah, that's true.
Ther: Did you change that later?
Pt: (pause) Maybe. Yeah, probably. If my feelings change.
Ther: So if I'm understanding you, when your feelings change, you go back in time and change what you originally felt.., like if you got angry last week, and then got over
it, you'd go back to last week and decide you weren't angry in the first place. Is that right?
Pt: Yes, that's what I do.
Ther: I imagine that must me very confusing. That would make it hard to know what happened, what you think, what you feel, what you believe, how you even know who you are.
Pt: I don't know any of those things about myself!
Ther: How much of today will you change and block out? This conversation too?
Pt: Yeah, probably.
Ther: I appreciate your honesty, even though I understand you'll probably take it all back later.

Pt: You look like you lost some weight.
Ther: (pleased) I've been working out a little.
Pt: Good... I was worried that something might be wrong... your health.
Ther: Yeah?

Pt: I don't want you to get sick and die... I worry about your health at your age.

Ther: Somehow, when you say that, I don't feel that there's any personal concern (grins).

Pt: Sure there is!

Ther: What's your concern?

Pt: (long pause) Well, all the work we've done together... I don't (pause)

Ther: Out with it.

Pt: I don't know if I could start over with another therapist. So don't die! (laughs)

Ther: I understand now. I'll do my best to stay alive.., not on your account, of course! (laughs)

Pt: (laughs with relief)

Pt: I really want to stop smoking....

Ther: And?

Pt: What do you mean?

Ther: If that were all there were to it, you'd have already stopped.

Pt: (long pause) OK, I really want to stop smoking, but I guess I want to keep on smoking more.

Ther: You guess?

Pt: All right, dammit! I want to smoke more than I want to quit!

Ther: I understand that. So what did you have in mind when you began by telling me you wanted to stop smoking?

Pt: (long pause) I guess it's what I should say... I mean, it's what I ought to do.

Ther: You didn't want to admit out loud that you wanted to keep on smoking?

Pt: No.

Ther: Because...

Pt: Well, that makes it look like I don't care.. or that I don't want to try. And I do.

Ther: So... if you were going to say it all in one sentence, how would you say it?

Pt: I'd come in, and say... 'I want you to know I want to stop smoking, and I don't want to say that I really also want to keep on smoking, because I think you wouldn't like that.. that's not the sort of person I want …ought to be.'

Ther: Ok, that makes sense.

Pt: So now what?

Ther: 'Now what', what?

Pt: How is that supposed to help me?

Ther: I'm not sure. But I know that dishonesty hasn't and can't help you, and if you intend to change something it's gonna start with where and who you are, not where and who you 'ought' to be.

Pt: I just want to die... (sobs)
Ther: So why aren't you dead? (Thinks "I hope this gets her attention")
Pt: What? (stops crying)
Ther: You heard me. If you 'just wanted to be dead' you'd be dead.
Pt: I just don't have the nerve.
Ther: What does that mean?
Pt: I mean I'm afraid of the pain and the.. of dying.
Ther: Oh, I understand you now. You want to die but not all that much... at least, the pain and the dying seem worse than life at the moment, but not by much, huh?
Pt: That's right! (some relief in the voice)
Ther: Why did you only tell me part of it?
Pt: Well, that's the part I wanted you to know about, I mean, about how bad I feel.
Ther: You wanted me to take your unhappiness seriously..., not think it isn't as bad as it really is?
Pt: That's it.
Ther: I guess you must expect that people won't take your unhappiness seriously.
Pt: Nobody does, I think..., they just tell me that things will get better, and shit like that.
Ther: So if you had trusted me to listen better, what might you have said?
Pt: I guess.... I coulda said that I'm so unhappy that I want to die, but I'm still too afraid of death and pain, and that.... I'm afraid you won't believe how bad I feel, because... nobody else does.
Ther: Now do you think that I would believe you?
Pt: (some surprise in voice) Yeah,. .matter of fact, I think I do.

Pt: I really don't know why I tried to kill myself.... in fact, I don't remember it real well. I had been drinking, which is not something I usually do... and.... I don't know.
Ther: (Examining Beck Depression Index, which she had just brought in). Your score on this depression evaluation is low. It suggests that you are just barely depressed, at least according to your answers. That puzzles me.
Pt: What does?
Ther: That according to you and what you've told me, you aren't depressed clinically. But on the other hand I have the records of your suicide attempt, and it was a pretty serious one, How am I to make sense of this?
Pt: (laughs) I don't know!
Ther: Another puzzle. You seem to be quite comfortable with what seems like a very serious problem. How do you know that you won't do it again, when

you can't make sense out of it happening the first time? And you're laughing! What in the world is funny here?
I guess it's easier to laugh than to cry.
Does that mean you felt like crying and made yourself laugh instead? No,,. Then we have still another puzzle. What happened?
It just struck me as bizarre that I would try to kill myself and have no idea why I did that. And I'd rather laugh because it's more comfortable, Rather laugh than what?
Rather laugh than be scared.
I'm uncomfortable with you trying to hide your perfectly legitimate anxiety about killing yourself by laughing it off. I don't take near-death lightly, and I don't believe you normally do. So how am I to understand this? (Thinking of Freud's paper on gallows humor and TA theory about the same topic) I'm thinking that sometimes people laugh about horrible or unavoidable misery by making a joke about it, like when somebody about to be electrocuted makes a joke about electricity.
Yeah.. I can imagine doing that, So it's possible that you could laugh about your suicide attempt the same way? Sure, Does that mean it's unavoidable and so you might as well try to lighten it up? (Long pause). Well, the fact is... (long pause). Look, I'm 53 years old. My kids are moved out, my job really sucks now, at least for the last couple of years, I broke up with the guy I was in love with because it was clear to me that he wasn't gonna leave his wife, and I can't tolerate being the "other woman" like I thought I could. My mother has moved away, and she was my best friend. All this happened in the last couple of years. So I'm thinking, what's the point in going further with this? I'm really not depressed... but I am unhappy with my life. There's just nothing in it that I care about anymore, and I don't have any religious beliefs that would stop me from dying.

Ther: So it seems likely that sometime in the next weeks or months I'm gonna read in the paper about you dying...

Pt: God damn it, you just want to cut to the bottom line! (grudging admiration)

Ther: Well, you're not psychotic, so I can't hospitalize you. Clearly you have a right to make the decision to die, and as long as it's not by reason of mental illness I don't have a legal right to stop you. I understand now what you are talking about.

Pt: My life has just gotten emptier and emptier, and it doesn't look better down the road, what with ill health and old age and all the rest of what's coming. So, I think, why should I hang around until I get miserable, helpless, drooly, incontinent.,,, all that stuff.

Ther: What bothers me about what you're saying is that while all that "stuff" is true, it's only half true, so I think there is something more here....

Pt: Why do you say "half true"?

Ther: Well, you paint a pretty bleak picture. How come your life is so bleak? Or

do you think all of us oldsters should just pack it in before the going gets any rougher?

Pt: A lot of shit has happened to me

Ther: Oh, I see. Just you then.

Pt: I guess you could say that.

Ther: And your belief that life is bleak and bleaker is predicated on your belief that nothing can change and make it better, is that right? Making a joke about electrical services?

Pt: (laughs) Yeah, I guess so.

Ther: I have a thought experiment I'd like to suggest, if you're interested,

Pt: Sure.

Ther: You're capable of keeping a decision you've made, aren't you? I mean, if you really meant it you'd keep your word, right? I think I know you that well.

Pt: Yes. I would never break my word,

Ther: Once I had a patient who was locked into a miserable marriage of many years duration. She told me the "only thing that kept her going was her knowledge that she could always kill herself". I guess that seemed like a better solution than divorce or moving away and changing your name. So I suggested to her that she make a permanent, life-long no-suicide decision. Eventually she did, and a couple years later she filed for divorce. She told me "I could stand anything if I thought I was going to check out any time. But when you look at your spouse and think 'I'm gonna be around maybe another 30 or 40 years, you think, 'Not like this!' So I had to get a divorce."

Pt: You bastard,

Ther: (innocently) Hmmmm?

Pt: I know what you're saying!

Ther: Making a decision like that is a really major undertaking. It has the power to change your life. So I certainly wouldn't suggest you rush into anything like that. The homework assignment, should you choose to accept it, is to imagine that you had made such a permanent decision. And for the next week to consider what you'd have to change if you were stuck in being alive for another 40 years.

The following is a patient who is dedicated to the proposition that she is a worthless and bad person, an outgrowth of her family position as the "bad guy"

Pt: I went to the fair, we went to the fair, and I had some extra money because I got my check. Two days of it was already paid... and C. mentioned she hadn't gone because she didn't have the money to spend on it. I asked her if she wanted to borrow *$10* and could pay me back whenever, it didn't make any

difference to me. And you know what I said? I said "I have all the money I need," Now why did I say that?

Ther: Why do you think?

Pt: I guess to impress. A stupid thing! I never did that before in my life, and I thought, 'Why am I trying to impress her? I guess.

Ther: You wanted to impress her?

Pt: I guess. I don't know why I said that. I couldn't believe I said that afterwards, I never, it never dawned on me what I said right then.

Ther: Did you want her to be able to take the money and feel okay about it?

Pt: Probably, part of it. Because I did want her to take it. I mean, I'm not rich, but I do have enough money to give her $10.

Ther: So why was it so "stupid" to try and make her more comfortable? Is there something else to what you said that I'm missing?

Pt: No, but I shouldn't have said that! I don't have all the money in the world!

Ther: But the lie was intended to do what? To impress her that you were rich?

Pt: No! I knew she knew I didn't have a lot of money.

Ther: To impress her with what a giving and nice person you are?

Pt: Not that either..,. I hardly know her, and I don't even much like her.

Ther: So the lie was for what purpose?

Pt: To make her feel OK about it.

Ther: So what's the matter with that motive? Is that a bad thing to do?

Pt: No, I'm just saying it was a stupid thing to do.

Ther: How, "stupid"?

Pt: Well, maybe clumsy is a better word.

Ther: So it was awkward. But it was well meant, an attempt to make someone else feel better. You don't want people to feel bad.

Pt: No, I don't want them to feel bad. That hurts.

Ther: So you embarrassed yourself to make someone else feel better. Your intentions were good.

Pt: Intentions, you know, you can't go by intentions.

Ther: Not entirely, but they do count too, you know. Maybe you were awkward and exaggerated in order to make her feel more comfortable. What's the worst part about it?

Pt: That I lied, and that I did it so easily.

Ther: So you've found a way to think of something that you did that was nice, and to change it around so that you can think badly of yourself.

Pt: No!

Ther: Yes! Are you going to tell me there was nothing good about what you did?

Pt: (long pause) No, I guess....

Ther: Why is it so important to you that you think badly of you?

Pt: It's safer that way. If I'm no good, then... it scares me to feel good. It scares me to think that someone would like me. So I have to drive them away.

Ther: Loneliness is better than..., what?
Pt: Being hurt.
Ther: You believe that?
Pt: Absolutely!
Ther: Another half-truth.
Pt: What do you mean?
Ther: Well, let's look at what you said you believe, Your only choices in relationships are what?
Pt: Being safe, by myself and lonely, and on the other hand, caring and getting hurt and rejected.
Ther: That's the downside of both. What's the up side?
Pt: Well, being with someone, feeling loved, caring about someone, having a friend. And on the other side of that is if you care about them and they leave you, the hurt is unbearable.
Ther: So you balance on one side feeling loved and lovable, companionship, closeness PLUS the certainty of getting hurt eventually, sooner or later; on the other side is safety, assurance of not being rejected, PLUS the steady ache of loneliness.
Pt: That's it.
Ther: Just don't lose sight of the pluses as well as the minuses,

What the therapist does in these vignettes that is effective is to respond to the patient in a way that moves past the social level to a dialogue in which genuine contact can occur. The essential element is the unwillingness of the therapist to accept a "social" dishonesty or partial truth, and by doing this to give the patient the opportunity to express themselves in a more real and considerably less superficial way.

One should bear in mind that the patient generally has little idea what to expect in talking about personal matters with a comparative stranger. That kind of openness is generally restricted to fairly intimate relationships, close friendships, family and the like. The therapist has the initial task of providing structure and guidance to the interview so that the patient can learn what information the therapist needs.

In the first example, the patient begins by saying "I don't know what's the matter with me." In fact, he probably does have at least a fairly good idea, but he doesn't know what the therapist wants to hear. The model in his head is that of a child with a parent or a patient with a physician; they are the experts, they can "figure this out". So he's looking for a clue. In a normal social situation, the response might be expected to be sympathetic or some form of commiseration. The therapist's silence tells the client that more needs to be said by the client. The client then responds in a tentative way that gives him "a way out" in case he has misread the signals. The therapist responds on the metal-level, that is, to the tentaitive manner in which the patient responds: "But you're not sure?" Now the patient is more clear about what the therapist wants, i.e. a straightforward description without ambiguity. But the patient is not able to provide that because of his own anxiety and defensive structure. The therapist now focusses on this deliberately ambivalent manner, and by doing so structures the session in a non-social way.

In the next example, the nurse describes a stressful situation in a way that invites the social listener to sympathize with her anxiety and her desire to do things right. The therapist chooses to respond not with something like "That sounds very uncomfortable", or "How frightened were you?" but with his puzzlement as to the nature of the problem. The social focus would not likely have lead to any more intensive communication. The patient is leaving out most of the important elements in the event. In the next session, the therapist begins by refusing to listen to the current disaster, and by doing so imposes some structure on the interview. The "social" response would have been to allow or even encourage the patient to recount the soap-opera events of her recent experience, and to provide appropriate soothing/containing/sympathy. Predictably such a series of transactions would not have lead to any deeper

understanding of the patient.

In the next example, the patient expresses concern about the health of the therapist. In a social interaction, the therapist would/should respond with polite and shallow platitudes, which he did initially with the comment about “working out”. But his response later doubting any personal concern for him on the part of the patient is definitely outside the social rules, and leads to a more direct interaction with the client.

In the fifth example, the client begins by stating “I really want to stop smoking...” to which the therapist in a social situation might respond with a statement expressing commiseration or “sharing” how hard it is, and so on. By his first comment, “And?” the therapist expresses clearly that he expects considerably more honesty and directness than the social rules allow. The patient is surprised by this and doesn’t know what the new rules are; he requests more clarification, The therapist provides this by pointing out that the patient is leaving out the most important part, i.e. his greater desire to continue smoking. Next, the therapist begins to inquire as to the patient’s motivation in presenting such an incomplete and misleading picture, i.e. the patient as a well-meaning, right-thinking would-be non-smoker who unfortunately, for reasons he doesn’t understand, cannot seem to quit. In fact, this image of himself is itself palliative and allows the patient to keep a better image of himself than in fact he deserves. By accepting that image, the behavior is reinforced. In fact, the therapist is being asked to collude with a dishonest picture of the patient. By responding in the socially expected way, the smoking behavior is reinforced; by refusing to stroke the patient for good intentions, the therapist refuses to collude with the patient’s self-damaging behavior.

In the sixth example, the patient begins with the usual social bid for understanding/acceptance. The therapist might be expected to respond with sympathy or with a statement of understanding. To do so would keep the conversation on a safe, conventional plane. The therapist’s response is somewhat abrasive and abrupt, which under certain circumstances might be appropriate, i.e. if the patient if fairly heavily self-involved or self-dramatizing. Alternatively, the therapist could have stated more gently “There must be more to it than that, because here you are, after all.” Another appropriate (non-social) response might be “But I see that you are not dead, so you must want to stay alive too”. If the therapist gives a more conventional response, i.e. “Tell me more about how you feel.”, he/she is not going to get past the level of misery and is certainly not going to access the patient’s strengths, which her opening statement invites you to discount. In fact, the therapist might speculate as to why the patient finds it necessary to present only the unhappy and helpless side of her personality while concealing the rest.

In the seventh example, the patient responds to the therapist's inability to make sense of the patient's predicament with a laugh, inviting the therapist to join with the patient in laughing at the absurdity of the situation, The therapist, by refusing to laugh at this problem and by further refusing to accept the platitude ("It's better to laugh than to cry") presses beyond the social chit-chat level and demands that the patient be more honest. By taking the patient's pain seriously, by refusing to discount her pain by joining her in laughter, the therapist states very clearly that he does not support the patient in believing that suicide for her is a reasonable and valid solution to her problems. As a result, the patient quickly gets much more honest and the session develops real impact.

Even in very brief therapy, as early as the opening minutes of the first session, the therapist can set a different standard for interaction, The therapist can refuse to pretend to understand, sympathize, commiserate and demonstrate the value of honesty. Breaking these rules can be very difficult, and it certainly takes energy and thought. Breaking social rules also means the therapist is moving into new ground with the patient and by definition one cannot know what the outcome will be. This produces anxiety; the therapist is aware of being socially "inappropriate" and may experience some discomfort at that. For instance, when a patient I have never seen before expresses great misery and "wants to die", it would be dishonest for me to claim great personal concern, sympathy and personal involvement. And if I try that, the patient will immediately be aware of my dishonesty and the predictability of the outcome, But if I'm honest, I might say something quite different, such as "Why are you telling me about that now?" And whatever happens next will at least have the possibility of a genuine and poignant interchange.

In writing this material, I have become increasingly aware of how much we depend on dishonesty or at best partial, incomplete and misleading truths in most social situations. It seems to me that "social" interchanges are based on the desire to control and predict social situations rather than to allow for something new and unpredictable to occur. Perhaps the social interchange, as I have described it, serves the purpose of structuring relationships while watching and waiting to see if the "other" is someone with whom a more direct and powerful relationship is safe or possible. But of course "watching and waiting" is not often useful in the initial therapy situations.