A known but unexplored continent in psychology: Substance use disorders and lying

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Dear Editor,

With the introduction of the DSM-III, substance dependence was, for the first time, classified by the American Psychiatric Association as an independent disorder. This marked a departure from previous DSM editions, in which substance use was assessed within the framework of antisocial personality disorder—characterized by features such as "lying easily and deceiving others" (1). On the other hand, both societal perceptions and clinical experience suggest that individuals with substance use disorders (SUDs) tend to lie with varying frequency. Nevertheless, in the field of psychiatry, deceptive behavior cannot be attributed solely to individuals with SUDs.

Many studies have shown that clients in psychotherapy often struggle to tell the truth about matters that are important to them (2–4). Clients may completely avoid discussing certain topics, disclose only parts of the truth, or sometimes even tell outright lies. Even those who claim that "it's always better to tell the truth" admit to keeping certain secrets (5). It is difficult to accurately measure how often or to what extent clients are dishonest about issues such as substance use or other sensitive matters. One major reason for this is the lack of a clear consensus on how to define dishonest behavior in psychotherapy. As Weinshel puts it: "Not telling the truth is a complex and heterogeneous issue that ranges from organic conditions to consciously and deliberately saying something false" (5).

Many authors have emphasized that lying plays a significant role in psychological development. The process of separation from the mother is a critical stage of development (6). For a child, lying can sometimes be a necessary and effective method to explore ego boundaries. If a child tells a lie and the mother accepts it as true, the child realizes that the mother cannot perceive their thoughts. In this way, lying serves the process of separation and the formation of the ego. On the other hand, when the child realizes that their lie goes unnoticed, they lose the omniscient parent in their mind. In this situation, the child is faced with the reality that they must regulate themselves through their own all-seeing ego/superego. In this context, it can be said that lying also plays a role in the development of the superego (6).

The place of SUDs among the topics on which clients behave deceptively has been investigated in various studies. These studies generally show that sexual issues are the most frequently concealed topics, while SUDs is also among the most commonly lied about or withheld topics, with approximately 10–15% of clients engaging in such behavior (2, 3, 5). On the other hand, the lack of information regarding clients' addiction histories may not solely stem from the clients themselves but also from the therapists.

During the therapy process, therapists may inadvertently facilitate client deception. Some therapists, due to inexperience or certain personality traits, may fully trust their clients and avoid adopting a skeptical attitude. In such cases, clients may

DOI: 10.5505/kpd.2025.20586

Cite this article as: Sezer Katar K, Ucar Hasanli Z. A known but unexplored continent in psychology: Substance use disorders and lyings. Turkish J Clin Psych 2025; 28:175-177

The arrival date of article: 04.04.2025, **Acceptance date publication:** 06.05.2025

Turkish J Clinical Psychiatry 2025;28:175-177

hide their substance use or lie because of feelings of shame. Even experienced therapists may sometimes refrain from questioning a client's substance use history, fearing it might increase the client's anxiety and lead to premature termination of treatment (5). In short, therapists may not want to know.

Kernberg and Kohut have offered different interpretations of lying behavior in therapy. Kernberg suggests that lying reflects a sense of deficiency and hopelessness in forming healthy relationships, while Kohut, with a more empathic perspective, views lying as an attempt to develop an independent self (6). In the limited number of studies conducted, the primary reasons clients hide or lie about their substance use to therapists include fear of being judged or labeled by the therapist, concern about being referred to a treatment facility, a desire to avoid feelings of shame, and fear that the focus of therapy may shift (e.g., that other important personal issues may be overlooked) (5). Individuals with SUDs often conceal information not only from their therapists but also from their families.

Disclosing substance use to their families is often a challenging process for individuals with SUDs. These difficulties may stem from psychological factors such as fear of stigmatization, family dynamics, levels of emotional autonomy, and attachment styles (7). Families often become aware of their relative's (e.g., spouse, child) substance use only after a legal incident or upon directly witnessing the use. A recent notable study found that among individuals with no prior history of criminal activity, those who disclosed their substance use to their families were less likely to engage in criminal behavior compared to those who did not share this information (8). The authors recommended that clinicians working in the field of addiction encourage their patients to share their substance use history with their families.

To lie, one must first know the truth. If a person does not know the truth, lying is not possible. Therefore, a child cannot comprehend the concepts of truth or falsehood until their cognitive development has matured sufficiently. Woolf (1949) stated, "A child cannot lie before the age of four; only after the age of five, when they gain the ability to distinguish between external reality and fantasy, can they lie" (6). Sartre, on the other hand, argued that the existence of the "other" is what makes lying necessary. In this context, lying can also be interpreted as a product of the difficulty experienced in negotiating emotional distance in close relationships (9). Lying provides the individual with a way to circle around the truth, thus sparing them from head-on collisions with others (9).

The underlying psychological dynamics of lying can be approached in two ways: self-protective and sadistic. In sadistic lies, the intention is to deliberately attack the deceived person and achieve a significant victory. The person who is tricked and deceived is humiliated for the liar's gratification (9). On the other hand, more innocent self-protective lies are told to overcome the anxiety felt in the presence of an emotionally distant other (object) or to find breathing space in relationships where the object is perceived as entrapping (9). In this context, under what criteria and dynamics should a substance user's act of lying about their use be evaluated? In such an evaluation, it may be important to analyze not only the individual's thoughts and feelings about their current lying behavior, but also the effects of the substances they use and the dynamics of the social environment in which they were raised.

The way parents approach their children during upbringing may significantly influence the child's tendency to lie. For example, how did the family react when a now-dependent individual lied as a young child? Were they punished, praised for being clever, or simply ignored? Did the family help the child distinguish between fantasy and reality? (6). Just as parental reactions to children's lies or imagination are important, so too are the lies parents tell their children. Were promises made to the child actually kept? Was the child tricked into going to the hospital by being told they were going to the park? Did the family conceal or distort past events? (6). Such family experiences may shape the child's lying behaviors later in life.

In addition to family experiences related to lying, substances can also alter an individual's moral va-

lues. A dependent individual who had no significant history of lying before substance use may become someone who frequently lies, either in relation to their substance use or more broadly, as a result of the effects of the substances and the desire to use them. In this context, the presence or frequency of lying behavior before and after substance use can be crucial in determining the treatment process, areas of focus, and potential prognosis.

An important point regarding lying behavior is that, unlike telling the truth, creating a lie requires mental effort (10). The person who lies must constantly monitor the believability of the lie they have created. Therefore, they must track the behavior of their listeners and constantly remind themselves of their role. Lying individuals must have strong memories since they need to be able to retell the fabricated story when required (10). Considering that such a practice, which involves generating responses, requires cognitive processes different from those used in telling the truth, there is a need for studies on the language and memory structures of individuals with SUDs.

Finally, future research should focus on examining whether patterns of concealing substance use and lying in clients differ according to age, gender, diagnosis, therapists' theoretical approach, duration of therapy, length of substance use, and (if applicable) the preferred primary substance. At this point, it is important to consider how therapists can help clients develop more honesty. Therapists can assist clients in understanding their lying behaviors and confronting honesty by creating a safe therapeutic environment.

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