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## Lying – an inherent phenomenon in psychotherapy

Laganje kot običajen pojav v psihoterapiji

### ABSTRACT

Lying is a common phenomenon in human society. In the field of psychotherapy, the discussion on lying is rather limited, and in Slovene professional space, it has not yet been established as an independent subject of study. Some foreign research on the lying of clients in psychotherapy has shown intentional dishonesty of clients about specific topics to be present and quite common. Especially in initial periods of therapy, clients lie because of shame, fear and mistrust. Clients lie about themselves, about their relationships and about their experience of the therapeutic process, including the way they experience the therapist.

The findings of the present study, which included 121 participants, can be compared with results of foreign studies. 83% of participants stated that they had already been dishonest with their psychotherapist in the past. With regard to the topic of lying, clients are most frequently dishonest about their experience of therapists' comments and advice, about deeds they regret, as well as their sex life and sexual orientation. Clients in psychotherapy lie primarily with the purpose to reduce the intensity of unpleasant emotions, to gain a sense of control over the course of therapy and an increased level of privacy. Our study results reveal that people lie primarily because of the underlying shame and fear.

**Key words:** psychotherapy, lying, topics of lying, reasons for lying, psychotherapeutic relationship

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## POVZETEK

Laganje je v človeški družbi vsakdanji pojav. V psihoterapiji je razprava o laganju precej omejena, v slovenskem strokovnem prostoru je pravzaprav nezaznavna kot samostojen predmet preučevanja. Nekaj tujih raziskav o laganju klientov v psihoterapiji je pokazalo, da je namerna neiskrenost klientov o določeni vsebini pogosto prisotna. Klienti, predvsem na začetku terapije, lažejo iz sramu, strahu in nezaupanja. Klienti lažejo o svojih osebnih vsebinah, o svojih odnosih in o svojem doživljanju terapevtskega procesa, skupaj z doživljanjem terapevta.

Ugotovitve naše raziskave, v kateri je sodelovalo 121 anketirancev, ki so hkrati tudi klienti, so primerljive s poročili tujih raziskav. 83% anketirancev je priznalo, da so ob psihoterapevtu že bili neiskreni. Pri vsebinah laganja so klienti največkrat neiskreni o doživljanju terapevtskih komentarjev in nasvetov, o stvareh in dejanjih, ki jih obžalujejo, ter o spolnem življenju in spolni usmerjenosti. Klienti v psihoterapiji lažejo predvsem z namenom, da zmanjšajo intenzivnost težkih občutkov, da pridobijo občutek nadzora nad potekom terapije ter povečajo stopnjo zasebnosti. Raziskava je pokazala, da ljudje lažejo predvsem zaradi občutkov, povezanih s sramom in strahom.

**Ključne besede:** psihoterapija, laganje, vsebine laganja, razlogi laganja, psihoterapevtski odnos

## INTRODUCTION

Psychotherapists like to believe that clients are completely honest with them. In one of his works (1920), Freud introduced what he termed the fundamental technical rule that relates to the main subject of the present study. According to this rule, patients (Freud refers to his clients using the medical term) are bound to absolute honesty and should not discontinue communication even in cases when they feel the therapist might disagree with what is being said, or when the content does not make sense or seems irrelevant / unrelated to the desired outcome of therapy. The content that triggers such reactions has been shown to be crucial in the analysis of forgotten material (Freud, 1920). In order to increase honesty in therapy, Freud advises patients not to prepare for therapy in advance, but rather to talk about the feelings that appear during the session. Patients sometimes prepare content in advance, thinking about topics they find to be directed towards the desired goal of therapy, thus activating resistance related to dishonesty (Freud, 1913).

One of the psychotherapists' main endeavours is to create a safe space where clients feel free to talk about any given topic. In addition, most therapists are likely hold the view, as Bordin (1979) states, that psychotherapy can only be successful when there is mutual trust between the client and the therapist, which, according to Bordin, is an essential component of the therapeutic working alliance. However, clients might still be dishonest and conceal some information.

It is unrealistic to expect clients to start sharing all their thoughts from the very first meeting. Clients are simply offering their understanding of the truth (Langer, 2010), even when the therapist might see their narrative as insincere. When therapy sessions are maintained regularly, the relationship strengthens trust, defense mechanisms loosen, and the clients can change their view of events. Langer (2010) openly challenges

the therapeutic community with his assertion that “the need to discover “the truth” of what our patients tell us, especially about the past, is more a narcissistic issue for the therapist—frequently a need to make the patient’s story fit our theories—than of any therapeutic importance for the patient.” (p. 3).

The majority of what the therapists know about their clients is based on their clients' narratives. Clients often wish to get the therapist's approval and wish to please. They try to show themselves in the best or the worst possible light, in order to obtain the therapist's sympathy, respect or confirmation (Kottler, 2011).

In most cases, clients want to disclose only a limited amount of information, only as much as they feel is needed to get help (Kleiman, 2013). Clients are expected to reveal as much as is needed for the therapist to help them. The depth of such disclosure, however, grows with the increased feeling of safety the therapist offers to the client (Knox and Hill, 2015). Kottler (2011) believes that the therapist's faith and trust in the reality of the client's information can in fact be a reflection of the therapist's naïve mindset and therapists can in fact be too trusting.

Thus, the occurrence of lies in psychotherapy is nothing new. Blanchard and Farber (2016) conducted a study that confirmed 93% of 547 participants were able to recall events they consciously misrepresented in the process of psychotherapy. The majority of their perceived lies had to do with suicidal thoughts, use of psychoactive substances, criminal offences and the intensity of emotional pain. In their research, the largest percentage of lies had to do with emotions. More than 54% of the clients participating in the study reported minimising emotions and not revealing how unwell they actually were. 39% of the participants recalled minimising the gravity of their symptoms. In addition, more than 72% reported lying about the process of therapy, wanting to end the process of psychotherapy, experiencing romantic or sexual feelings towards the therapist or hiding how they truly felt about the therapist. There were no major differences between clients according to their gender, ethnic background or level of education. However, differences were found between clients of different ages (younger clients lied more) and in relation to the strength of the therapeutic alliance (where the alliance was weaker, there was more lying).

Martin (2006) conducted a study with 109 participants and focused on finding conscious factors that led the client to decide to lie to the therapist – the author found 43.6% of the participants had lied to their therapist and concluded that lying in psychotherapy was a common phenomenon influenced by the client's perception of the therapist as well as the therapeutic alliance. Results of the study further revealed that clients resorted to lying mostly with regard to relationships (13%), use of psychoactive substances (11%), severity of symptoms (9%), sexual behaviour (7%) and feelings towards the therapist (4%).

Literature proposes various definitions of lying. For the purposes of our research, we decided to use the definition used by Blanchard and Farber (2016) in their research, stating that “a lie is a conscious decision by the client to not be sincere about a specific topic. It involves the intention to deceive or misguide, that is, being consciously insincere.” (Blanchard & Farber, 2016, p. 91).

People choose to consciously lie in different ways: they might fabricate facts, omit relevant information, avoid conversation, minimise the meaning of events, make things sound better than they are, deny facts, conceal their true feelings and emotions, change

the subject, exaggerate, think of a plausible story before the meeting and feign agreement with the therapist even when they in fact disagree. It is safe to assume that clients' ways of adjusting and concealing information in real life also find their way into the therapy setting.

Motives for lying in therapy are both conscious and unconscious. The lies clients craft before the meeting can be a reflection of defense mechanisms. Clients can also conceal information because they fear that the information might lead the therapist away from the main problem, the problem they actually started therapy for. Individuals sometimes lie to avoid facing unpleasant facts, to protect themselves and satisfy the need for acceptance and attention, the need for security and other reasons, including material gains. Rankin (1990, Martin, 2006) writes that clients in therapy lie because they have not yet come to trust, and among motives for lying, the author cites fear of being reprimanded, inability to face anger, the wish to please the therapist and avoiding feelings of shame. He further states that the therapeutic alliance is “the critical variable that affects the client's sincerity in therapy” (Rankin, 1990, p. 108, in: Martin, 2006, p. 34).

In their study, Blanchard and Farber (2016) found that 54% of surveyed clients cited courtesy as a motive for lying; 44% lied because they did not want to upset the therapist. 36% said that the topic was too unpleasant for them, and 35% wanted to avoid the therapist's disapproval. 44% of participants indicated shame as the motive for lying in all cases of resorting to lies, in addition to reasons associated with therapy.

Ambrose (2013) believes that the therapeutic relationship is based on the assumption that clients do tell the truth (at least the way they see it) most of the time. However, the author also notes that sometimes lies pave the way to the truth. Statements such as “... I'm not mad at her anymore...” or “... I'm no longer interested in sex ...” can sometimes underline the essence of a topic or lead to the essence of the client's story.

Lies can thus offer rich therapeutic material, important both for the client's process and for the development of the therapeutic relationship. However, the therapists' response and integration of the new knowledge about lying is also relevant and will determine the further process and quality of the relationship.

Gediman and Lieberman (1996) advise therapists to talk to their clients as soon as possible after they have discovered the client has been lying, not forgetting about the importance of attunement and the reason for the client's defenses. It is also important for the therapist to recognize and analyse their own counter-transference, so that the content of lying can be appropriately received, processed and talked about with the client. Therefore, therapists should not conceal their own recognition of the clients' lies, but instead stay attuned and integrate it into therapy.

When clients talk to their therapists about any dishonesty that they may have noticed in everyday life, Yalom (2002) suggests using the strategy of “rabbit ears” - that is, increasing attention and listening very carefully. Addressing lying in therapy in an attuned way almost invariably leads to important processes, from reopening topics that were previously hidden, to strengthening the therapeutic alliance and strengthening the therapeutic relationship.

However, constant and obvious lying by the client can be disruptive to the therapeutic alliance and lead to the decision to discontinue the process since therapy would no longer make sense and referral to a psychiatrist may be needed. In some cases, lying can

be a symptom of a mental illness or a disorder. Lying is one of the possible symptoms of milder conduct disorders, addiction problems, and antisocial personality disorder. Lying and deception are also symptoms of a narcissistic personality disorder (APA 2013). Additionally, the concept of pathological lying [*lat. pseudologia fantastica*] is usually associated with psychiatric diagnoses, although, in the DSM-5 or International classification of disorders (ICD-10, 2016), the disorder is not listed as a separate illness or a disorder. However, pathological lying is defined by the Dictionary of Psychology (APA, 2015) as one of the symptoms of psychoses.

The basic premise of our study is that individuals can develop and use conscious intentional lying. Our aim in researching the problem in the present study was learning more about the prevalence of lying in therapy, the clients' conscious motivation for it and the function of lying.

The aim of our study was to assess the extent of lying in psychotherapy as reported by the clients, analyse it in terms of content, the reasons and types of lying. We were further interested in the participants' interpretation of the reasons for lying in psychotherapy, i.e. what the clients found they gained in therapy by being insincere. Our goal was to ascertain the extent of lying in psychotherapy in Slovenia and to open the field for further discussion. A review of literature yielded no results in terms of previous studies of lying in psychotherapy in Slovenia.

We focused on the following research questions:

- What are the topics the clients intentionally lie about?
- Which types of lying do clients use?
- What motives for lying are clients aware of?
- What are the functions of lying in psychotherapy?

Our goal was to define both the positive and negative effects of lying in the process of therapy.

## METHOD

### Participants

A questionnaire was filled out by 121 clients currently undertaking psychotherapy. Our sample included 85% of women and 15% of men. Participants were aged 18 and above. 89% of the participants were either certified psychotherapists or undergoing various trainings in psychotherapy and on their way to becoming psychotherapists. 51% of participants had been in psychotherapy for more than 3 years and more than 85% of the participants had started therapy over a year ago.

As there is no data with regard to the exact number of clients in psychotherapy, we decided to perform non-probability, intentional sampling for the needs of our study. To help with the sampling, we asked some providers of education and training in this field who sent our request for participation in the study to their students, specialists and certified therapists who took part in individual psychotherapy as part of the conditions for their training. Since confidentiality of the clients always comes first, response from other participants could only be expected in cases where they were asked for cooperation directly by their own therapists, and were acquainted with the ethical principles of the

research. Apart from the general ethical principles of research (competence, objectivity, responsibility ...), our study involved confidentiality of data, respondents participating voluntarily and anonymously.

## Instruments

Before starting our own empirical research, we contacted the authors who had studied lies and deception in the USA (Blanchard and Faber, 2016). We asked their permission for translation and use of questions that would be relevant to the cultural background of Slovenia and that had to do with intentional lying. As participants could find it hard to differentiate between intentional lying and non-intentional omission of information, we tried to formulate the questions in a way that would address intentional lying in psychotherapy as clearly as possible.

We took the existing questionnaire as our starting point and summarized three main areas of lying: clients lying about themselves, lying about their relationships and lying about the process of psychotherapy. We adapted the demographic part to the Slovene cultural background and introduced some elements of mindfulness, as we believed the participants' increased self-awareness could also affect their emotions regarding the topic of our study.

The questionnaire *Lying as a Normal Phenomenon in the Psychotherapeutic Process* (Zupančič, Marn Kosin & Selčan, 2017) consists of 27 questions. It is composed of three sets that look at demographics, past experiences and current emotions triggered by memories. We further wanted to examine the emotional state of the participants at the time when they responded to the questionnaire, while demographic data was broad enough to ensure anonymity.

To gain insight into options that were not listed, most of the questions where we inquired about the content of lying were mixed-type questions, and introduced the category "other", where the participants could add their own observations. With the questions asking participants about perceived gains of lying in psychotherapy, we used a 4-level Likert scale, where we deliberately excluded the neutral option in the middle of the scale. Participants in the study therefore had to decide whether or not the statement was at least at some degree true for them or not.

Regarding the participants' current view, participants were also asked about how they felt about having lied (they could choose between provided answers or the option 'other') and what significance they attached to the topics they lied about in psychotherapy (closed question).

## Procedure

The empirical part of our study is based on an online survey questionnaire, created with a publicly available tool called "IKlikAnketa", an open source application for online surveying provided by the Slovenian Centre for Social Informatics (Faculty of Social Sciences). The anonymous survey was conducted in the second half of 2017. We resorted to social media to invite individuals who had experienced the process of individual psychotherapy, regardless of the type of psychotherapy. Results were presented within the framework of the authors' study process.

## RESULTS

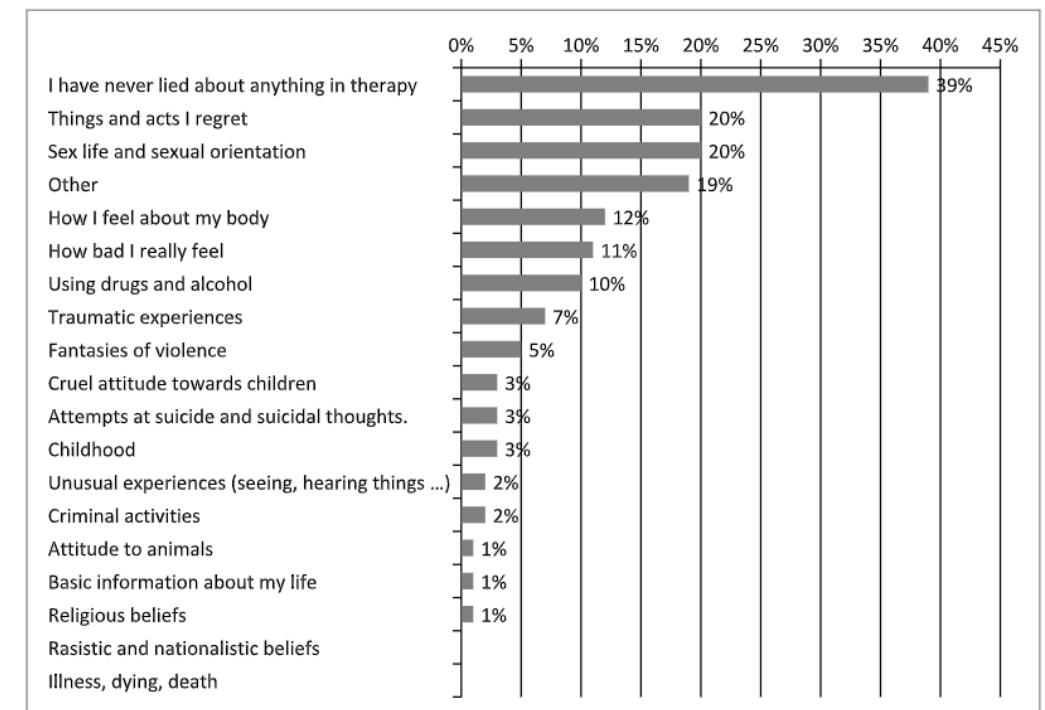
Reported honesty with the therapist and the occurrence of lying in psychotherapy. 17% of participants reported being completely honest with their therapist. 10% of participants reported being honest in about half of the discussed topics. The rest reported a level of honesty between 60% and 90% with regard to various topics that occurred in the process. When asked: "Could you say that you have never intentionally lied to your therapist?" 41% of participants chose "yes", while 59% chose "no" (i.e. reported having lied to their therapist in the past).

Additional control questions testing for the existence of lying revealed some fluctuations in value. One of the possible answers to the question "What were the forms of lying you resorted to in the process of therapy?", was the option "I have never lied" - 23% of participants chose this option, but when asked about the benefits of lying, 31% of participants answered "I have never lied".

### Topics of lying

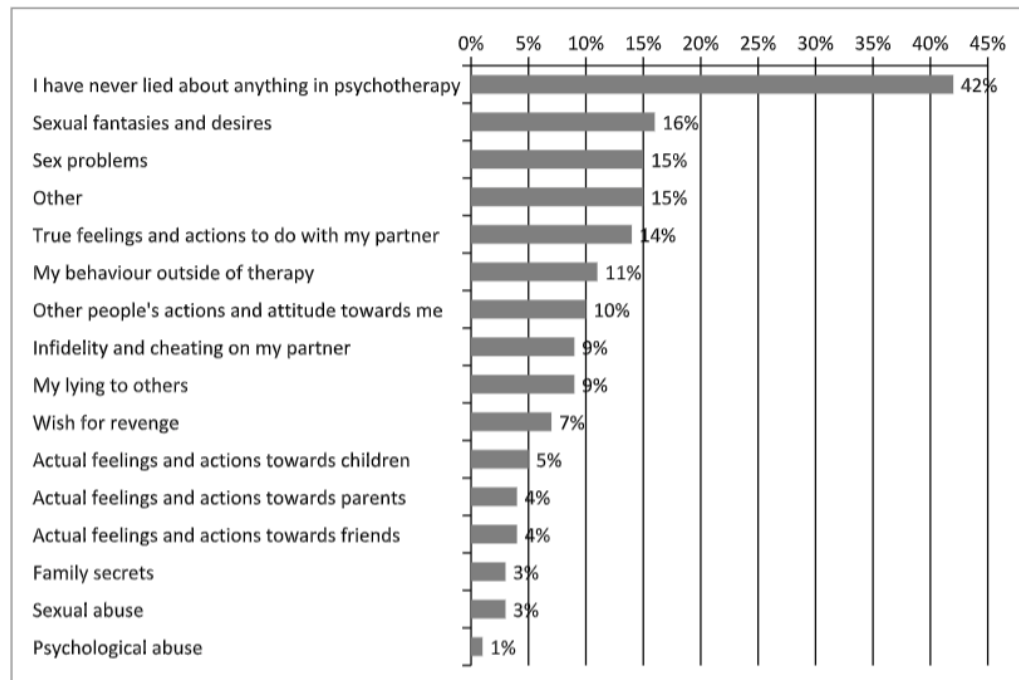
In the area of consciously lying about themselves (see Figure 1), participants most often reported having lied about events and things they regretted most frequently, as well as lying about their sex life and sexual orientation, how they felt about their body and how unwell they truly were. Quite a number of participants lied about their use of drugs and alcohol. 39% of participants answered that they have never lied about anything in psychotherapy.

Figure 1. Lying about oneself



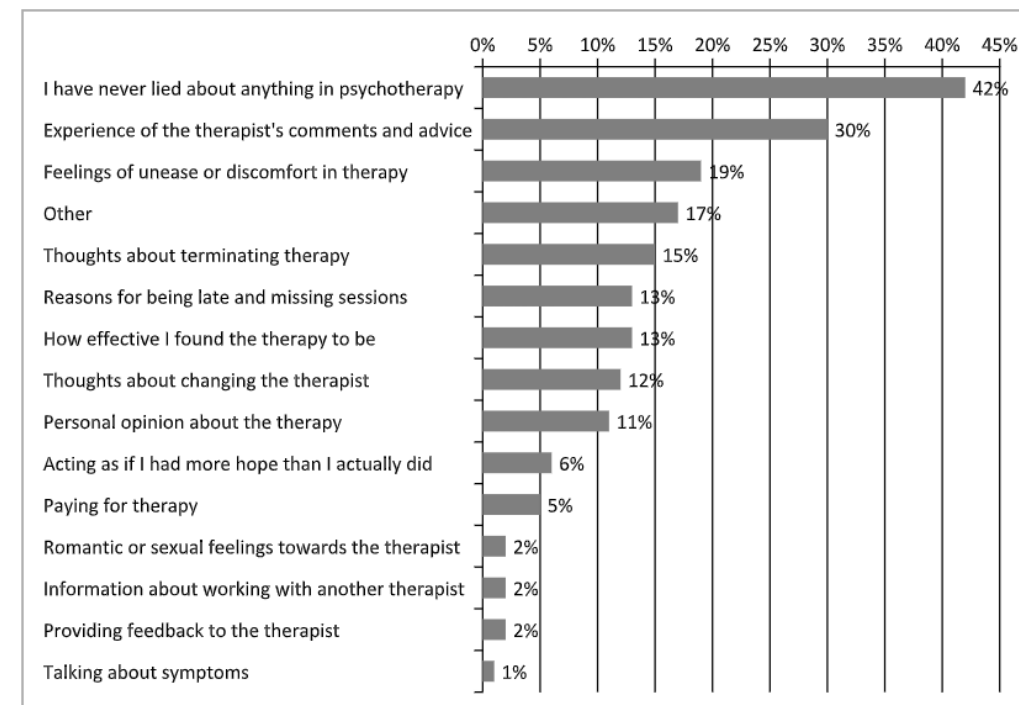
In the field of relationships (Figure 2), our participants reported most lies with regard to their sexual fantasies and desires and problems in their sex life. The latter was followed by lying about actions and feelings towards their partner and behaviour outside therapy. 42% of participants stated that they do not consciously engage in lying about relationships.

Figure 2. Lying about relationships



Our results regarding lies about the psychotherapeutic process (see Figure 3) show that the largest percentage of participants lie about the way they perceive the therapist's comments and advice. The next largest are the participants who cannot speak honestly about unpleasant feelings or feelings of discomfort they experience in therapy, followed by participants who chose to hide rather than share their thoughts about the option of terminating therapy, participants who lied about the reason for missed therapy sessions and about the perceived effectiveness of therapy, participants who lied about thinking of going to another therapist and participants who could not sincerely formulate their opinion about the psychotherapist. 33% of participants reported that they do not lie about the process of psychotherapy.

Figure 3. Lying about the process of psychotherapy.



If we compare the three areas - lies about oneself, lies about relationships and lies about the process of psychotherapy, we can conclude most lies have to do with the process of psychotherapy. 67% of participants recall consciously lying with regard to some aspect of the process of psychotherapy. In comparison 61% was the highest percentage for participants who were insincere about themselves, while 58% of participants lied about relationships.

Ranking various topics within the three areas in question revealed that clients lie most frequently about the way they perceive therapists' comments and advice (nearly one third of the answers). Clients also frequently lied about their sex life.

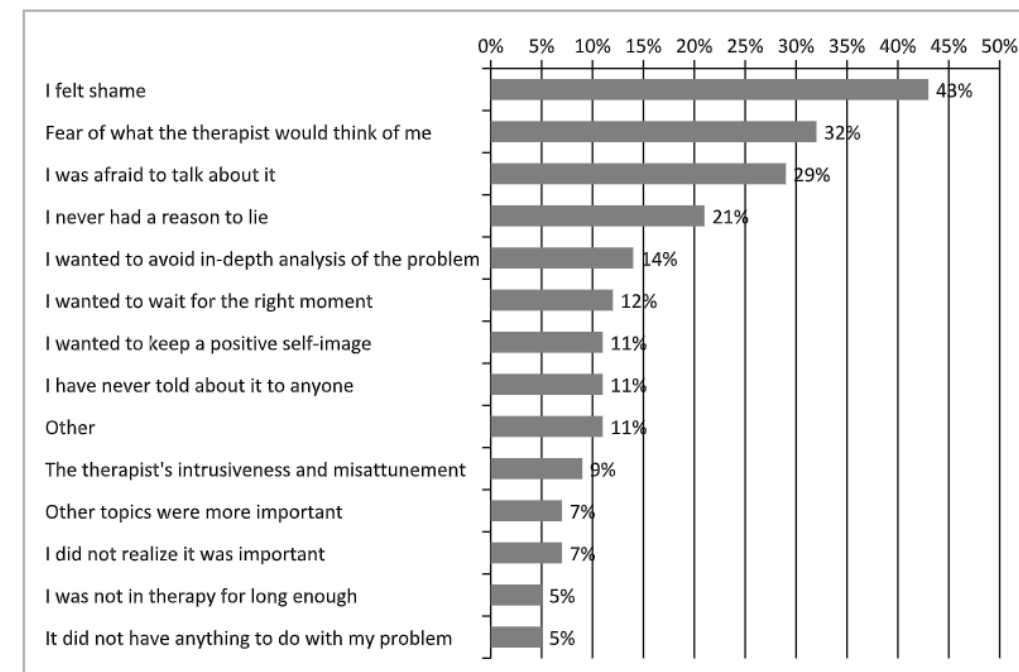
Table 1. Ranking the areas of lying

	CONTENT	Percentage of answers
1.	Experience of the therapist's comments and advice	30%
2.	Things and acts I regret	20%
3.	Sex life and sexual orientation	20%
4.	Feelings of unease or discomfort in therapy	19%
5.	Sexual fantasies and desires	16%
6.	Sex problems	15%
7.	Thoughts about terminating therapy	15%
8.	True feelings and actions to do with my partner	14%
9.	How effective I found the therapy to be	13%
10.	Reasons for being late and missing sessions	13%
11.	How I feel about my body	12%
12.	Thoughts about changing the therapist	12%
13.	How bad I really feel	11%
14.	My behaviour outside of therapy	11%
15.	Personal opinion about the therapy	11%

## Reasons for lying

Participants gave various reasons for lying in psychotherapy (Figure 4). The highest percentage of participants reported having lied because they were too ashamed to be sincere with the therapist. A lot of participants were similarly afraid of therapists' opinions if they shared certain information. Often they were afraid to talk about the subject – and thus the topic itself was the reason for conscious avoidance. In this section, 21% of the participants answered that they had never lied in psychotherapy.

Figure 4: Reasons for lying



In the category “other” (11%), participants cited some interesting reasons for lying, some of which we feel should receive special attention in future research: lying due to protection of information about therapists' other clients, lying about perceived lack of competence and trying to avoid hurting the therapist.

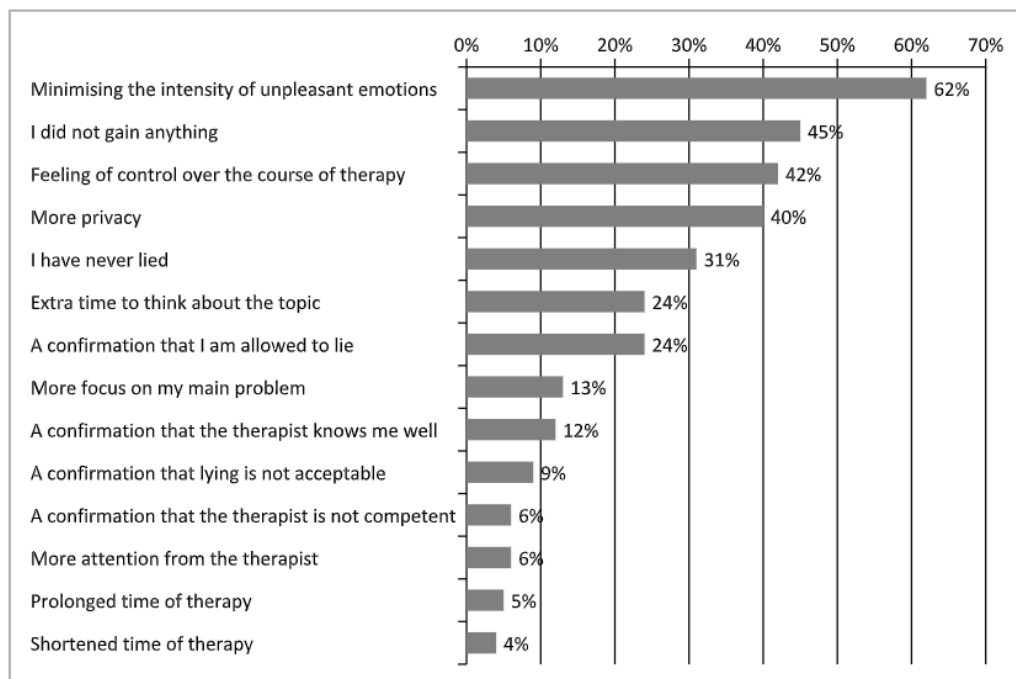
## Forms of lying

The most frequent form of lying was telling / changing the story to make it sound as socially acceptable as possible (26%). 22% of participants reported having expressed agreement with the therapist even when they in fact disagreed. 20% of the clients consciously changed the topic of the conversation, presenting it as if was the most important one, even though that was not the case. In the category “other” (13%), participants reported having been consciously passive and consciously withholding information / changing information to make things look better.

## Functions of lying

Our survey questionnaire also explored the possible benefits of choosing dishonesty. The answers show that most clients use lying to reduce the intensity of unpleasant emotions (see Figure 5). Participants also see lying as a means of increasing control over the course of therapy, and a large proportion of responses are associated with striving for privacy in therapy. Many participants used lies to gain additional time to explore. 45% of participants thought that they have not gained anything by lying in psychotherapy.

Figure 5. Functions of lying in therapy



### The current view of lying in the past

In the last part of the survey questionnaire, we examined current views and emotions triggered by the memory of having lied in the past. For 19% of the participants, the memory of lying in the past triggered feelings of shame, while 11% reported feeling guilty. Sadness arose with 6% of participants, while 4% reported feeling angry. A further 3% felt a sense of satisfaction, while a very small proportion reported feelings of disgust (1%) and joy (1%). None of the participants reported feelings of pride or rage that we listed among possible answers.

The category “other” was chosen by 31% of participants. Other feelings reported by participants were feelings of indifference, regret, mixed feelings, annoyance, fear and compassion.

When asked what significance the participants attribute to the content they lied about in psychotherapy, 37% answered that the importance of the content was small, 18% that it was large and 16% believe that the content was in fact crucial for processing their problems. 5% of participants answered that the topics they had lied about had no influence on the course of therapy. 24% reported that they had never lied.

28% of clients who never lie think that any instance of lying in therapy would harm them. 17% fully trusted their therapists ever since the first meeting and had never lied to them. 3% of participants reported they would not dare to lie, the same percentage also believes that they should not lie, because it is wrong. Surprisingly, 50% of the participants chose the category “other”. The clients’ answers indicated a unanimous view that lying in psychotherapy would not make sense and could have a negative influence on the treatment.

27% of participants who lied had already talked about it with their psychotherapist, while 73% kept it to themselves or did not talk about it. 95.8% of participants assured that they were honest when filling in the questionnaire.

### DISCUSSION

Results of the study show that clients are often dishonest in psychotherapy. Only 17% of participants reported having been completely honest with their psychotherapist, which means that 83% of the clients were aware that they had occasionally been dishonest in the past, despite deliberate or unconscious defense mechanisms. In comparison, Blanchard and Farber (2015) found insincerity with 93% of participants in the US study. The 10% difference can be attributed to cultural differences, a more in-depth questionnaire with a greater number of control variables, a bigger and more heterogeneous sample ( $n=547$ ) with participants who had had individual psychotherapy (but were not necessarily therapists themselves) and who came from various ethnic backgrounds.

We are aware that the definition of reality is a complex one and that it can be even more elusive with the subject of lying. The reality of discussed topics in psychotherapy is defined by what the clients perceive, experience and interpret as true. At the same time, we cannot overlook the fact that “memories are not perfect, they fade, and that defense mechanisms are there to protect us from our vulnerability,” (Kottler and Carlson, 2011, 271). It is safe to assume that with therapy consisting of such complex processes and varied dynamics, lying would sometimes occur and that, especially in the initial stages of therapy, when clients do not yet feel completely safe, it might even be necessary for clients to help maintain control over feelings caused by confronting painful topics.

When we asked participants what function their lying had, or what they feel they had gained by lying, we found that clients found lying to be an important mechanism they sometimes used to regulate their feelings in therapy. The main function of lying reported by participants was a reduction in the intensity of unpleasant emotions, followed by the sense of control in therapy. According to Blanchard and Farber (2016), their research revealed that clients in the U.S. mainly lie to avoid unpleasant issues. The answers are similar enough to be comparable, as what the clients gain by deliberate avoidance is the ability to regulate the intensity of unpleasant emotions and thus a greater control over the process. The benefits also include more privacy and extra time for research, both of which were also reported to have served an important function in our study. Both let the clients be the ones in charge and decide when to let their therapist have control.

We also find it interesting that a significant proportion of participants (24%) reported that lying gave them a confirmation that they are allowed to protect themselves and take care of themselves by resorting to lies. They believed the therapist’s reaction protected them since it did not trigger shame or other negative emotions.

Studying the negative effects of lying on the therapeutic process leads to the following question: how long can it be beneficial for the client to avoid unpleasant topics and thus reduce the intensity of unpleasant emotions? The question of time is important in psychotherapy, as some clients need a longer period of time to face deeper, more painful issues, while others need less time. It is probably common for everyone to enter therapy in order to become more aware of their issues, process them and allow their psyche to integrate them in such a way that the content no longer poses a threat. For the process

of therapy to progress, we believe it to be important for the client and the therapist to investigate when the client is ready and equipped to face and process issues they find more challenging.

Our study confirms the assumption that participants want to remain in the area of social acceptance. As many as 26% of respondents reported that they had deliberately narrated a story in such a way as to be as socially acceptable as possible. 22% expressed agreement with the therapist, although they thought otherwise. Fear and fantasy about the consequences of being honest are material that deserves much attention.

Comparing our study to the study by Blanchard and Farber (2015), we found that the topics clients lied about vary considerably. The question arises whether the discrepancies reflect some characteristics specific to the sample or whether the variations stem from cultural differences and the place psychotherapy holds within the social system. The authors assume that the differences can be attributed to variations in cultural variables, however the present study did not investigate this claim further.

In the American study, the highest-ranked topic of lying was related to changing the truth about oneself, while the clients in our study reported lying about the process of psychotherapy most frequently. In the US, the highest-ranking topics were minimizing real (negative) emotions (54%), minimizing symptoms (39%) and thinking about suicide (31%). In Slovenia, the highest-ranking topics were: the clients' experience of the therapists' comments (30%); the things and actions that the clients regretted (20%); and their sex life and orientation (20%). In his study of concealment in the supervisory process, M. Žvelc (2017, 2018) similarly found that the most extensive category of concealment were topics linked to the supervisor, i.e. dissatisfaction with the supervisors and their work. M. Žvelc (2017, 2018) in his investigation of non-disclosure and limitations in supervision also draws attention to the topic of sexuality that still seems to present a taboo in the process of supervision. Our results further showed more dishonesty regarding sexuality than was the case in the US study.

In terms of disclosing information about themselves, clients usually withhold information about using drugs and alcohol. Compared to the American study, our results revealed less clients lied about this topic (10%) - in the American study, 29% of clients lied about the use of alcohol and drugs. Furthermore, a smaller percentage of participants lied about traumatic experiences (7%) and their childhood (3%). With regard to relationships, sexuality was the main topic of lying, but clients also lied about feelings and actions towards their partner (14%). A fairly large proportion of participants (11%) also lied about behaviour outside of therapy, which is comparable to results in the US study (13%).

There are some interesting implications for the field of psychotherapy in Slovenia based on the clients' responses about experiencing psychotherapy and lies to do with the process of therapy. Most participants (30%, US 29%) lied about the way they experienced therapists' comments and advice, followed by lying about the feeling of unease or discomfort in therapy (19%). The question arises about why the clients persisted in the process of psychotherapy if they did not like the therapists' comments (or lacked the self-confidence needed to express it) and did not feel comfortable in the relationship. The results are also interesting for therapists who need to be aware that clients sometimes lie when trying to be polite and please the therapist. Sometimes, the therapist can thus

believe the client too quickly. Unconditional therapeutic credulity may even encourage the client to lie (Marcos, 1972, in Gediman and Lieberman, 1996). Therapists should pay more attention to the clients' feelings regarding the therapeutic process itself - according to our results, for example, clients often lie when they are thinking about terminating psychotherapy. The latter holds true for 15% of clients participating in the Slovenian study (and 16% of participants in the American study). A high percentage of clients also lie about how effective they find the therapy to be (13%). Furthermore, the degree of awareness of lying about the perceived effectiveness of therapy (13%) also deserves to receive the attention of the profession.

The same proportion of Slovene and American clients (13%) lie about the reasons for having missed a meeting or being late for a session. Therefore, we suggest that the therapist explore the reasons for the clients being late or missing a session at the beginning of the session.

At this point, we would also like to highlight the topics that are least talked about in psychotherapy, but are related to defense strategies, including lying. One of the relevant studies (Farber and Hall, 2002) highlights clients' sexual habits and sexual fantasies involving the therapist. In our study, only 2% of participants reported having lied about their fantasies involving the therapist (5% in the US), while about 20% lied about their own sexuality and sexual habits. When it comes to our Slovenian sample and sexuality, most participants lied about their sexual fantasies and desire (16%) as well as sex problems (15%).

Topics related to illness, death and dying, and the clients' nationalistic / racist beliefs, seem to be an area with a high degree of honesty, since no one reported deliberately lying about them. The areas in question could also have been a source of unpleasant emotions participants did not want to talk about and, therefore, could have subconsciously "overlooked". Such claims should, of course be supported by additional arguments.

In our quest to investigate reasons for lying in psychotherapy, we have come to a universal underlying motive, i.e. the feeling of shame. In the present study, 43% of participants chose this option (similar to 44% of participants in the US study). 40% of participants associated lying with the need for privacy, which can also be linked to feelings of shame. The feeling of shame is further experienced by most clients when they remember the lies. A significant share of participants (32%) answered that they were afraid of what the therapist would think about them if they shared the content. We interpret this as a fear of rejection - clients might fear honesty would cause a break in the relationship, or loss of status, respect, trust, in the eyes of the therapist. This finding can be seen as relevant to therapists with regard to the various possibilities it offers. Facing shame as well as processing shame and other unpleasant emotions about oneself can help the client to new insights and change.

Another result we find especially meaningful are the 14% of clients who lied because they wanted to avoid a more detailed analysis of the problem. We believe this might be linked to the clients' fear of loss of safety, since a more detailed analysis would lead them out of their comfort zone. 12% of the participants reported they lied because they wanted to wait for the right moment to talk about the topic, which we interpret as clients trying to have control in therapy.

The present study and its results also come with some limitations. An important

methodological limitation of the study is the structure of the sample of participants, as 89% of the participants were psychotherapists or students of psychotherapy. Therefore, the findings presented cannot yet be generalized to the entire population. This is also reflected by unequal distribution of gender – most of the participants were women (85%). In line with its goals, our study focuses on Slovenia, which makes it possible to compare results to research performed in other countries, however, results cannot be generalized to a broader international population.

The authors regard lying with acceptance. Lying is a fact and is treated as an inherent and expected part of the therapeutic process. Even with occasional lying, therapy can have positive effects when the client and the therapist verbalize the occurrence of lying and treat it as valuable material. Naturally, it is not easy for the client to admit and verbally express they have lied since they may fear losing the therapeutic relationship and losing safety. Therefore, we believe addressing lying in therapy is largely the therapist's responsibility. We would further like to highlight the finding of authors who stress that helping the client towards gradual awareness of lying and withholding information is much more effective than putting pressure on the client with the aim of making them aware of lying in a short amount of time (Gediman&Lieberman, 1996). The source of such pressure towards the client can also arise as a result of the therapist's dilemma between addressing perceived lies and trusting the client.

We believe that trusting the client should not be tainted, as the results of the present study show that clients generally lie with a very good purpose. It is therefore not the perceived lie that should be the main focus but the need for safety that lies in the background and is authentic. By addressing the need that the client is trying to satisfy by lying, the client can learn about the importance of keeping a secret and the role of the existing "hidden agenda", which can greatly contribute to the final outcome of therapy. What if, as clients, we told therapists that their interventions at certain moments do not suit us? We all have our own script about pointing it out, and there is nothing wrong with the script, as long as we discuss it with the therapist. With every perceived lie of the client, we can ask ourselves how we use lying and withholding information ourselves as therapists. Delving into the mechanism of concealing information and lying, we can come to realizations that may also benefit the clients.

The therapists' acceptance of the client as a whole while recognizing themselves and their own limitations does not mean that mutual trust and respect are endangered.

95.8% of our study participants said they were honest in completing the survey and did not lie. The results show that responses to the control questions about lying (questions in various sections of the questionnaire) differed. The answer to the question about intentional forms of lying oscillated between 59% and 77% - amounting to an 18% difference. We can ascribe the difference in responses to various factors: a change in viewpoint during the process of completing the questionnaire due to the influence of the questionnaire itself (confusing or complex questions, insight into questions that followed etc.), fatigue, boredom or a change in awareness that the questionnaire could have led to. Another possibility to be considered is respondents avoiding honest answers, where their avoidance could be either conscious or unconscious, since research has shown the topic itself may in fact trigger avoidance. A serious doubt about the high percentage of reported honesty of the participants may lead to further need for argumentation and research and we thus do not wish to generalize the latter finding. We believe the high

percentage of perceived honesty could be ascribed to guaranteed anonymity and special characteristics of the analysed sample. Therapists and psychotherapy trainees usually experience long-term psychotherapy and are both curious and self-aware, which could also be linked to the ability to accept and investigate one's own less socially accepted forms of behaviour.

Our study offers various options for further research and investigation into lying in psychotherapy. Apart from additional research about the relationship between various variables, another interesting option would be to repeat the study on a sample of clients who are not professionally linked to the psychotherapeutic community. It would take researchers a lot of time to assure the sample is representative, however broadening our sample would make it possible to generalize our results to the entire population of Slovenia. Moreover, research could also delve into topics that therapists would prefer not to talk about and avoid. Topics in question tend to be a root cause of lying, therefore a further and more in-depth analysis could prove to be beneficial for psychotherapy as a profession and as a science.

## BIBLIOGRAPHY

- Ambrose, C. (2013). *The lying artist*. Retrieved April 1 2017 from <https://www.psychotherapy.net/blog/title/the-lying-artist>
- APA American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders*. Fifth Edition. Washington, London: New School Library.
- APA American Psychological Association (2015). *Dictionary of psychology*. Second Edition. Washington: APA.
- Blanchard, M.; Farber, A. B.(2015). Lying in psychotherapy: Why and what clients don't tell their therapist about therapy and their relationship. *Counselling Psychology Quarterly*, DOI: 10.1080/09515070.2015.1085365.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: theory, research and practice*, 16(3), 252–260.
- Farber, B. A. in Hall, D. (2002). Disclosure to therapists: What is and is not discussed in psychotherapy. *Journal of clinical psychology*, 359–370.
- Freud, S. (1913). On beginning the treatment (Further recommendations on the technique of psycho-analysis I). In *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Volume XII (1911-1913): The Case of Schreber, Papers on Technique and Other Works, 121-144.
- Freud, S. (1920). *A general introduction to psychoanalysis*. New York: Horace Liveright. Retrieved November 11 2017 from at <http://www.gutenberg.org>.
- Gediman, H. K. in Lieberman, J. S. (1996). *The many faces of deceit. Omissions, lies and disguise in psychotherapy*. New Jersey: Jason Aronson.
- Kleiman, K. (2013). *Lying in therapy - Is it self-preservation or intentional manipulation?* Retrieved March 7 2017 from <https://www.psychologytoday.com/blog/isnt-what-i-expected/201302/lying-in-therapy>.
- Knox, S. & Hill, C.E. (2016). *Introduction to a special issue on disclosure and concealment in psychotherapy*. Retrieved April 4 2017 from <http://dx.doi.org/10.1080/09515070.2015.1095156>.
- Kottler, J. (2011). How well do we really know our clients? In J. Kottler in J. Carlson (ed.), *Duped – lies and deception in psychotherapy* (str. 9-14). New York: Routledge.
- Kottler, J. & Carlson, J. (2011). What does being duped mean in the practice of psychotherapy? In J. Kottler, & J. Carlson (ed.). *Duped – lies and deception in psychotherapy* (pp. 271-282). New York: Routledge.
- Langer, R. (2010). When the patient does not tell the truth. *Psychoanalytic social work*, 17(1), 1-16. doi: 10.1080/15228871003676549
- Martin, L. E. (2006). *Lying in psychotherapy: Results of an exploratory study*. Alabama: Auburn University. Retrieved April 4 2017 from [https://etd.auburn.edu/bitstream/handle/10415/1291/MARTIN\\_LESLIE:45.pdf?sequence=1&isAllowed=y](https://etd.auburn.edu/bitstream/handle/10415/1291/MARTIN_LESLIE:45.pdf?sequence=1&isAllowed=y)
- World Health Organization (1994/2016). *The ICD - International statistical classification of diseases and related health problems*. 10th revision. Retrieved from <http://www.who.int/>
- Yalom, I. (2002). *The gift of therapy*. London: Piatkus.
- Zupančič, M.; MarnKosin, U.; Selčan, K. (2017). *Laganje kot normalen pojav v psihoterapevtskem procesu*. [Lying as a normal phenomenon in the process of psychotherapy] Study report. Ljubljana: IPSA.
- Žvelc, M. (2017). *Razvoj modela spodbujajočih in ovirajočih dejavnikov v superviziji psihoterapije*. [Development of a model of stimulating and hindering factors in the supervision of psychotherapy.] Doctoral dissertation. Ljubljana: University of Ljubljana, Faculty of Arts.
- Žvelc, M (2018). *Prikrivanje u superviziji - iskustva supervizanata i supervizora*. [Covering up in supervision - the experience of supervisors and supervisees]. In M. Ajduković (Ed.), *Supervizija za suvremene prakse*. 4. Hrvatska konferencija o superviziji [Supervision of Contemporary Practices, 4th Croatian Conference on Supervision]. Opatija, March 14-16, 2018, Book of abstracts. (p.39).

## UVOD

Psihoterapevti radi verjamemo, da so klienti z nami popolnoma odkriti. Freud (1920) je v svojem delu med drugim zapisal zakonitost, tako imenovano temeljno tehnično pravilo, ki je povezano s temo našega preučevanja. Pacient (Freud kliente poimenuje z medicinskim terminom) je zavezan k popolni odkritosti in ne sme prekiniti komuniciranja niti v primerih, ko misli, da se terapevt z njim ne more strinjati, da povedano nima smisla, da je vsebina nepomembna ali nepovezana s tem, kar želi v terapiji doseči. Ugotovljeno je namreč, da so ravno vsebine, povezane z navedenimi odzivi, najbolj pomembne pri raziskovanju pozabljenega materiala (Freud, 1920). Za povečanje odkritosti v terapiji svetuje, naj se pacienti na terapijo ne pripravljajo vnaprej, ampak naj izhajajo iz občutkov, ki se pojavijo na srečanju. Pacienti namreč z dobrim namenom pripravijo vsebine, ki naj bi bile usmerjene proti želenemu cilju terapije, s tem pa aktivirajo različne odpore, povezane s prikrivanjem (Freud, 1913).

Psihoterapevti velik del svoje energije usmerjamo v vzpostavitev varnega prostora, kjer lahko klienti govorijo o čemerkoli. Poleg tega menimo, da pri tem najbrž večina terapevtov izhaja iz stališča, o katerem govori tudi Bordin (1979), da je psihoterapija lahko uspešna takrat, kadar je vzpostavljeno vzajemno zaupanje med klientom in terapevtom, kar je po njegovem bistvena sestavina terapevtske delovne alianse. Pa vendar se dogaja, da so klienti na srečanjih neiskreni.

Predstava, da bo klient v začetnih srečanjih delil vse vsebine, je pravzaprav iluzija. Vse, kar govori, je njegovo razumevanje resnice (Langer, 2010), čeprav se terapevtu lahko dozdeva, da v tistem trenutku ni iskren. Redna terapija krepi zaupanje, zavore popuščajo in klientov pogled na dogajanje se lahko spreminja.

Langer (2010) psihoterapevtsko strokovno skupnost odprto konfrontira, da je »... odkriti 'pravo resnico', predvsem na področju dejstev o preteklosti klientov, verjetno predvsem narcistična težava psihoterapevtov. Klienta namreč ob iskanju resnice s tem lahko umestijo v konkretne teorije, kar terapevtu da občutek znanega, občutek da vé, kaj se s klientom dogaja. Dejansko pa je terapevtski pomen tega za klienta manjši.« (str.3)

Večina stvari, ki jih terapevti vedo o svojih klientih, temelji na klientovih pripovedih. Ti velikokrat želijo pridobiti terapevtovo odobravanje in ugajati terapevtu. Sebe skušajo predstaviti v najboljši ali najslabši možni luči, da bi pridobili terapevtovo simpatijo, spoštovanje ali potrditev (Kottler, 2011).

Klienti v večini primerov želijo predstaviti omejene informacije, toliko, da zadostuje za pridobitev pomoči (Kleiman, 2013). Od njih se pričakuje, da se terapevtu razkrijejo toliko, da jim ta lahko pomaga. Globina takega razkrivanja pa se razvija skladno z občutkom varnosti, ki ga terapevt ponuja klientu (Knox in Hill, 2015). Kottler (2011) meni, da sta terapevtova vera in zaupanje v čisto resničnost klientovih informacij lahko tudi odraz terapevtove naivnosti, lahkovernosti in zaupljivosti.

Laž v psihoterapiji torej ni nekaj novega. Blanchard in Farber (2016) v svoji raziskavi potrjujeta, da se kar 93% od 547 udeležencev spominja dogodkov, o katerih so v lastnem psihoterapevtskem procesu zavestno podajali lažne informacije. Večina zaznanih laži se je nanašala na samomorilne misli, uporabo psihoaktivnih substanc, prikrivanje kriminalnih dejanj ter prikrivanje intenzivnosti čustvene prizadetosti. Največji delež v njuni raziskavi dosega tema o osebnih občutkih. Več kot 54% anketiranih klientov poroča o

minimiziranju občutkov, kako slabo se dejansko počutijo. 39% anketirancev minimizira resnost simptomov. Več kot 72% pa se jih je zlagalo o procesu terapije, v največji meri nanašajoč se na neizrečeno željo po zaključku terapije, na romantične ali seksualne občutke do terapevta in na resnično mnenje o njem. Preučevanje razlik med spolom, etnično pripadnostjo in izobrazbo klientov ni pokazalo pomembnejših razlik. Te so bile zaznane samo pri starosti (mlajši so prikrivali več) in pri vzpostavljeni psihoterapevtski aliansi (kjer je bila vez šibkejša, je bilo zaznanih laži več).

Martin (2006) v svoji raziskavi s 109 udeleženci, v kateri se osredotoča na iskanje zavestnih dejavnikov v klientovih odločitvah za laganje terapevtu, ugotavlja, da je terapevtu lagalo 43,6% anketiranih, in sklene, da je laganje v psihoterapiji obči fenomen, na katerega vplivajo klientove zaznave terapevta in terapevtske alianse. Ugotavlja, da večino laži klienti uporabijo pri tematikah odnosov (13%), uporabe psihoaktivnih substanc (11%), resnosti simptomov (9%), spolnega vedenja (7%) ter občutkov do terapevta (4%).

Literatura navaja več različnih definicij laganja, sami smo se za potrebe naše raziskave odločili za definicijo, ki jo v svoji raziskavi uporabljata Blanchard in Farber (2016), in sicer, da je »laž zavestna odločitev klienta za neiskrenost o konkretni vsebini. Vključuje namen preslepitve ali zavesti, torej zavestno neiskrenost.« (Blanchard in Farber, 2016, str. 91)

Ljudje v vsakodnevem življenju zavestno lažemo različno: izmišljanje dejstev, izpuščanje določenih pomembnih informacij, izogibanje pogovoru, minimaliziranje pomena, olepševanje zgodbe, zanikanje dejstev, prikrivanje resničnih občutkov in čustev, odpiranje nove teme, povečevanje pomena oziroma pretiravanje, priprava predvidljive zgodbe pred srečanjem in izražanje strinjanja s terapevtom kljub drugačnemu mišljenju. Predvidevamo, da te načine klienti prinesejo tudi v psihoterapevtski prostor.

Motivi za laganje v terapiji so zavestni in nezavedni. Različne pretveze, pripravljene pred srečanjem, so lahko odraz obrambnih mehanizmov. Klienti lahko prikrivajo informacije tudi zato, ker se bojijo, da jih to lahko oddalji od osnovnega problema, zaradi katerega so vstopili v terapijo. Posameznik lahko z lažjo zaščiti sebe ali drugega pred neprijetnim dejstvom, lahko zadovolji potrebo po sprejemanju in pozornosti, potrebo po varnosti ali lažje zaradi drugih ciljev, na primer materialnih. Rankin (1990, v Martin, 2006) piše, da klienti v terapiji lažejo, ker še niso prišli do zaupanja, in kot motive navaja strah pred grajo, nezmožnost soočenja z jezo ter željo po tem, da bi ustregli terapevtu in se izognili občutku sramu. Pravi, da je terapevtski odnos »kritična spremenljivka, ki vpliva na klientovo iskrenost v terapiji.« (Rankin, 1990, str. 108, v Martin, 2006, str. 34).

Blanchard in Farber (2016) sta v svoji raziskavi ugotovila, da je 54% anketiranih klientov navedlo vljudnost kot motiv za laganje, 44% pa jih ni želelo vznemiriti terapevta. 36% jih je navedlo, da je bila tema preveč neprijetna zanje, 35% pa se jih je želelo izogniti terapevtovemu neodobravanju. 44% anketirancev je navedlo sram kot motiv za laganje pri vseh lažeh, poleg laži, povezanih s terapijo.

Ambrose (2013) verjame, da terapevtski odnos sloni na tem, da klienti v večini povedo svojo resnico. Hkrati pa ugotavlja, da so včasih ravno laži tiste, ki tlakujejo pot k resnici. Izjave kot so na primer »...nisem več jezen nanjo...« ali »...spolnost me ne zanima več...« lahko včasih poudarjajo bistvo neke teme ali privedejo do bistva klientove zgodbe.

Laži lahko tako ponujajo bogat terapevtski material, pomemben tako za klientov proces kot za razvoj terapevtskega odnosa. Vendar pa je uspeh nadaljnega procesa in odnosa odvisen predvsem od tega, kako se terapevt odzove in kako nova spoznanja o

laganju integrira v odnos.

Gediman in Lieberman (1996) navajata, da naj bi terapevti po odkritju klientovega laganja v terapiji o tem čim prej spregovorili s klientom in ob tem pazili na uglašenost in pomen klientovih obramb. Pomembno pri tem je tudi terapevtovo prepoznavanje in analiza lastnega kontratransferja, da vsebine laganja lahko ustrezno sprejema, predeluje in posreduje klientu. Torej, terapevt naj ne bi prikri svojega prepoznavanja klientove laži, temveč naj bi jo uglašeno in z zavestjo, da bo klientovo doživljanje vplivalo tudi nanj, ohranjal v terapiji.

Ko klienti s terapevtom podelijo neiskrenosti, ki se jih zavedajo iz vsakdanjega življenja, Yalom (2002) predlaga uporabo strategije »velikih zajčjih ušes« - torej povečanje pozornosti v trenutku, ko se to dogaja. Uglašeno naglaševanje laganja v terapiji skoraj vedno vodi do pomembnih procesov, med drugim do vnovičnega odprtja posameznih vsebin, ki so bile pred tem prikrite, do utrditve delovnega dogovora in s tem tudi do krepitve terapevtskega odnosa.

Konstantno in očitno laganje klienta pa na terapevtski odnos deluje uničevalno in lahko pripelje do spoznanja, da je nadaljevanje procesa nesmiselno oziroma je morda potrebna napotitev na pregled k specialistu za psihiatrijo. V nekaterih primerih je namreč laganje lahko tudi simptom duševne bolezni ali motnje. Laž je eden od možnih simptomov pri blažjih oblikah motnje vedenja [conduct disorder], težavah z zasvojenostjo, pri antisocialni osebnosti motnji. Laganje in prevare so tudi simptom narcistične osebnostne motnje (APA 2013). Tudi pojem patološkega laganja [lat. pseudologia fantastica] običajno povezujemo s psihiatrično diagnostiko, vendar v DSM-5 ali v Mednarodni klasifikaciji bolezni (ICD-10, 2016) pojav ni naveden kot samostojna bolezen ali motnja. Pač pa to obliko laganja opredeljuje Psihološki slovar (APA, 2015) in ga kot enega od simptomov uvršča med psihoze.

Pri raziskavi izhajamo iz osnovne domneve, da je človek sposoben zavestnega in namernega laganja. Problematika, ki smo se jo dotaknili, nas je za namene te raziskave zanimala z vidika njene pojavnosti, zavestne motivacije in funkcionalnosti.

Namen raziskave je ugotoviti, koliko klienti poročajo o laganju v psihoterapiji, raziskati in predstaviti vsebine, o katerih lažejo, razloge za zavestno laganje ter oblike laganja. Zanimala so nas mnenja udeležencev o funkcijah laganja v psihoterapiji, torej, kaj so z zavestno neiskrenostjo kot klienti pridobili. Z raziskavo smo želeli preveriti stanje laganja v psihoterapiji v Sloveniji in odpreti to področje za nadaljnje razprave. V Sloveniji namreč raziskave na temo laganja v psihoterapiji nismo zasledili.

Osredotočili smo se na naslednja raziskovalna vprašanja:

- O katerih vsebinah klienti namerno lažejo?
- Katere oblike laganja uporabljajo klienti?
- Katerih motivov laganja se klienti zavedajo?
- Katere so funkcije laži v psihoterapiji? Poskušamo opredeliti koristi in negativne vplive na terapevtski proces.

## METODA

### Udeleženci raziskave

Vprašalnik je izpolnilo 121 anketirancev, ki so sočasno tudi klienti v psihoterapiji. Vzorec je zajel 85% žensk in 15% moških. Vsi udeleženci so bili stari 18 let ali več, 89% jih izhaja iz vrst certificiranih psihoterapevtov ali specializantov različnih modalitet psihoterapije, ki se pripravljajo za ta poklic. 51% je v osebnem psihoterapevtskem procesu več kot 3 leta, kar 85% pa več kot eno leto.

Celotna populacija klientov, uvrščenih v psihoterapijo, ni znana, zato smo za potrebe raziskave izvedli neverjetnostno, namensko vzorčenje. Za pomoč pri vzorčenju smo zaprosili nekatere izvajalce izobraževanja in usposabljanja s tega področja, ki so našo prošnjo za sodelovanje v raziskavi posredovali svojim študentom, specializantom in certificiranim terapevtom, ki so že zaradi izpolnjevanja predpisanih pogojev uvrščeni v osebno psihoterapijo. Ker je zaupnost klientov na prvem mestu, smo odziv preostalih udeležencev lahko pričakovali samo v primerih, ko so te za sodelovanje neposredno zaprosili lastni terapevti in jih ob tem seznanili z etičnimi določili raziskovanja. To seveda ob upoštevanju splošnih etičnih določil raziskovanja (kompetentnost, objektivnost, odgovornost ...) vsebuje tudi zaupnost, prostovoljnost in anonimnost anketirancev.

### Uporabljeni pripomočki

Pred začetkom empiričnega raziskovanja smo se povezali z avtorjema, ki sta raziskovala prikrivanje in laganje v ZDA (Blanchard in Farber, 2016). Zaprosili smo ju za dovoljenje za prevod in za uporabo vprašanj, ki bi bila relevantna v slovenskem okolju in sodijo na področje namernega laganja. Ločnica med namernim laganjem in nenamernim prikriivanjem oziroma izogibanjem je za anketirance lahko zahtevna naloga, zato smo poskusili vprašanja oblikovati tako, da čim konkretnje naslavljajo namerno laganje v psihoterapiji.

Iz obstoječega vprašalnika smo povzeli tri glavna vsebinska področja laganja – laganje o sebi, o odnosih in o procesu psihoterapije. Demografski del smo prilagodili slovenskemu okolju.

Vprašalnik Laganje kot običajen pojav v psihoterapevtskem procesu (Zupančič, Marn Kosin in Selčan, 2017) obsega 27 vprašanj. Sestavljen je iz treh sklopov, ki poizvedujejo po demografiji, minulih izkušnjah in po trenutnih občutkih ob spominih. Pred začetkom izpolnjevanja smo želeli nagovoriti počutje, s katerim udeleženec vstopa v reševanje vprašalnika, demografski podatki pa so zbrani dovolj splošno, da mu lahko zagotovimo anonimnost.

Ker smo želeli pridobiti tudi vpogled v nenavedene možnosti, smo se pri večini vprašanj, kjer povprašujemo po vsebinah laganja, odločali za kombiniran tip vprašanj in uvedli tudi kategorijo »drugo«, kjer so udeleženci lahko dodali lastna opažanja. Pri povpraševanju, kako anketiranci zaznavajo koristi laganja v psihoterapiji, smo uporabili 4-stopenjsko Likertovo lestvico, kjer smo namerno izločili nevtralno, sredinsko možnost. Udeleženci v raziskavi so se torej morali opredeliti, ali za njih konkretna trditev v določeni meri velja ali ne.

Z vidika današnjih stališč so anketiranci poleg namena laganja opisovali trenutni občutek na izrečene laži terapevtu (ponujeni odgovori z opcijo »drugo«) ter kakšen pomen

pripisujejo temam, o katerih so na psihoterapiji lagali (zaprti tip vprašanja).

## Postopek

Empirični del raziskave temelji na spletnem anketnem vprašalniku, izdelanem z javno dostopnim orodjem 1KlikAnketa, odprtokodno aplikacijo za spletno anketiranje, delo Centra za družboslovno informatiko Fakultete za družbene vede. Anonimno anketiranje je potekalo v drugi polovici leta 2017. Prek spletnih omrežij smo povabili k sodelovanju ljudi, ki imajo izkušnjo z osebno psihoterapijo, ne glede na to, katere vrste psihoterapije izvajajo njihovi terapevti. Rezultati raziskave so bili predstavljeni v sklopu študijskega procesa avtorjev.

## REZULTATI

### Občutek odkritosti do terapevta in obstoj laganja

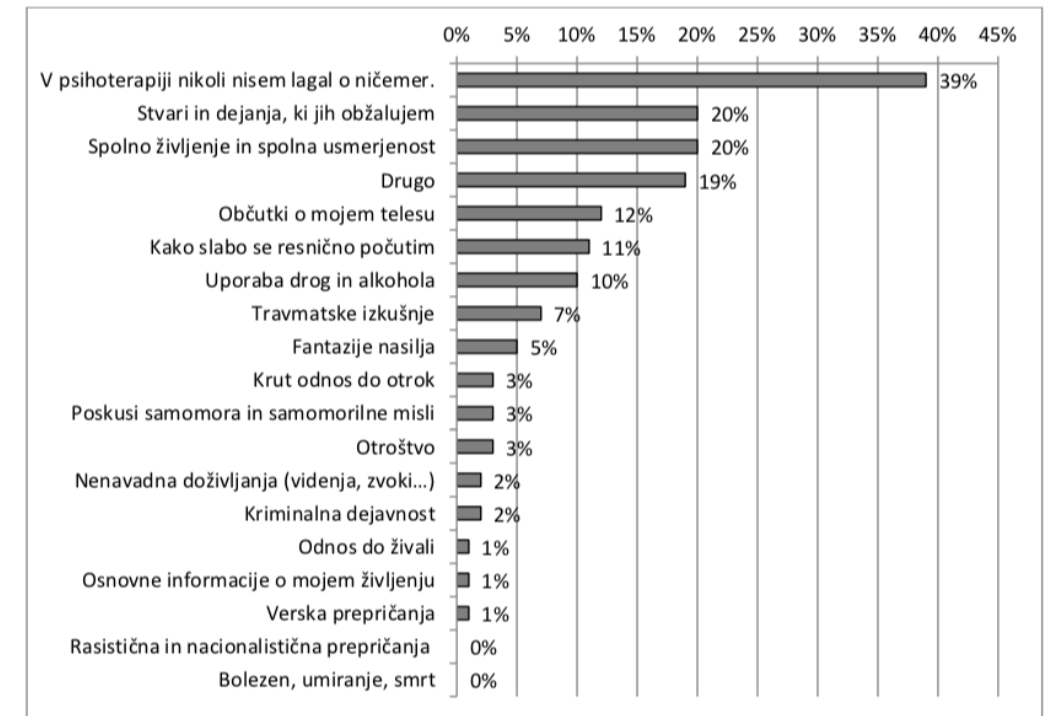
17% anketiranih ima občutek, da so s svojim terapevtom popolnoma odkriti, 10% pa je takšnih, ki so popolnoma odkriti v približno polovici obravnavanih vsebin. Drugi menijo, da so odkriti med 60% in 90% vsebin, ki se pojavljajo med psihoterapijo. Na vprašanje: »Ali zase lahko rečete, da se svojemu terapevtu niste nikoli namerno zlagali?«, je pritrdilno odgovorilo 41%, nikalno pa 59% vprašanih.

Dodatna kontrolna vprašanja o obstoju laganja izkazujejo nihanja vrednosti. Ob vprašanju: »Katere oblike laganja ste uporabljali v svojem procesu?«, je bila ponujena tudi možnost »nisem lagal« – zanjo se je opredelilo 23% vprašanih, pri povpraševanju o pridobitvah laganja pa je odgovor »nikoli nisem lagal« izbralo 31% anketirancev.

### Vsebina laganja

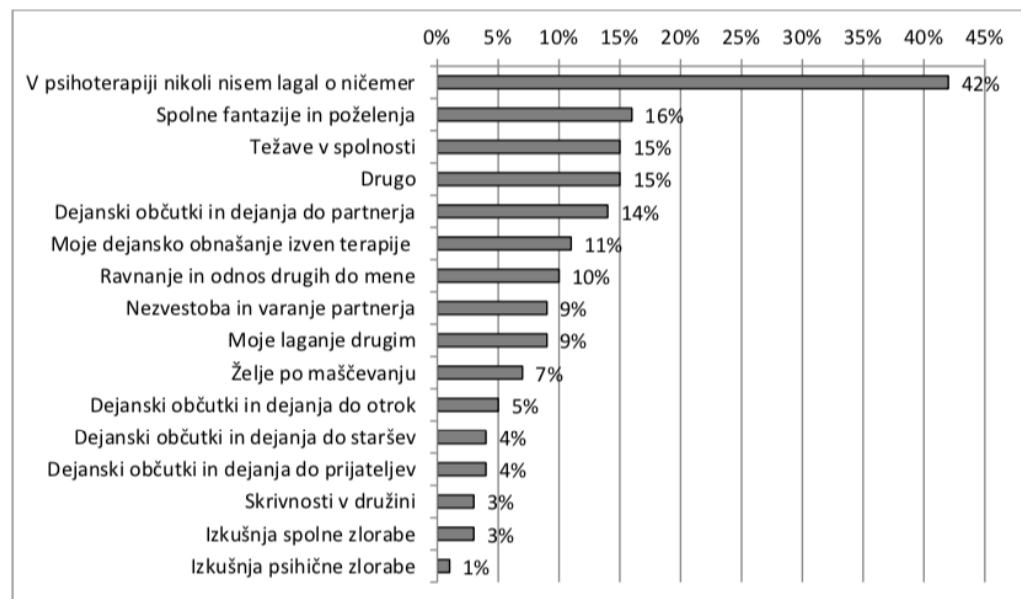
Na področju zavestnega laganja o sebi (glej sliko 1) so vprašani najvišje uvrstili laganje o dogodkih in stvareh, ki jih obžalujejo, o spolnem življenju in spolni usmerjenosti, o občutkih lastnega telesa ter o tem, kako slabo se resnično počutijo. O uporabi drog in alkohola se je po navedbah anketirancev lagalo precej vprašanih. 39% udeležencev je odgovorilo, da v psihoterapiji nikoli ni lagalo o ničemer.

Slika 1. Vsebine laganja o sebi



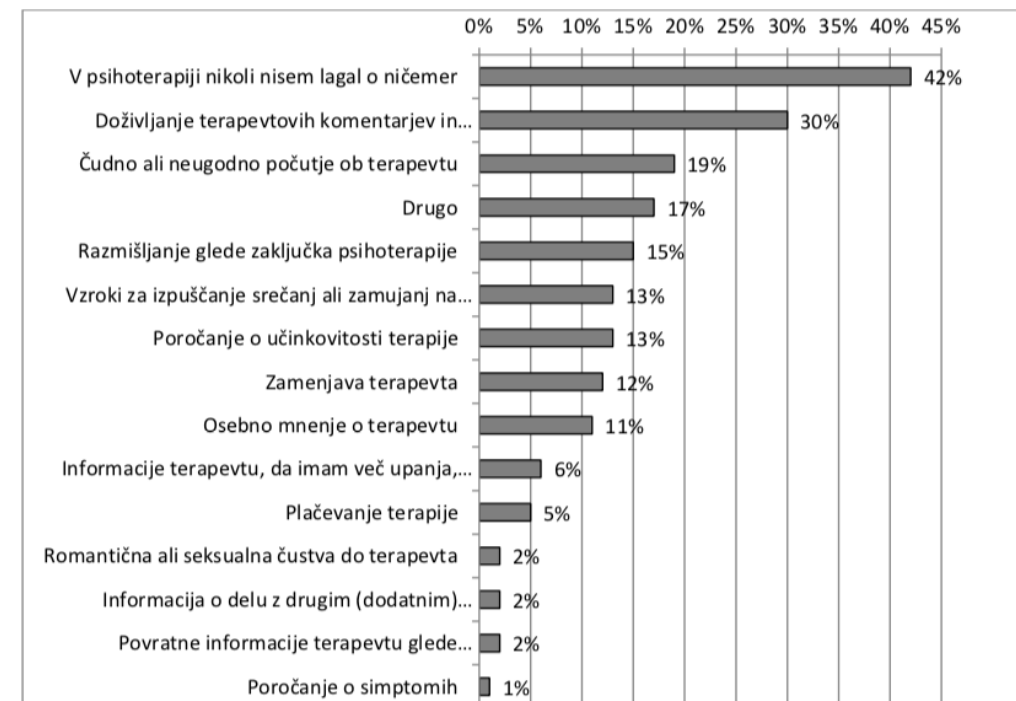
Na področju medosebnih odnosov (slika 2) anketiranci opažajo največ laži pri spolnih fantazijah in poželenjih ter pri težavah v spolnosti. Sledijo laži o dejanjih in občutkih do svojega partnerja ter o dejanskem obnašanju v okolju zunaj psihoterapevtskega prostora. 42% vprašanih je navedlo, da o medosebnih odnosih v procesu psihoterapije namerno ne lažejo.

Slika 2. Vsebine laganja o odnosih



Rezultati na področju raziskovanja laganja o psihoterapevtskem procesu kažejo, da največji delež vprašanih laže o svojem doživljanju terapevtovih komentarjev in nasvetov (glej sliko 3). Temu sledi delež udeležencev, ki ne zmore iskreno govoriti o neugodnem počutju ob terapevtu. Po pogostosti sledijo laži o želji po zaključku terapije, o vzrokih za izpuščanje terapevtskih srečanj, o doživljanju učinkovitosti terapije ter razmišljanja o menjavi terapevta in o dejanskem mnenju o njem. 33% vprašanih se je izreklo, da o področju psihoterapevtskega procesa ne lažejo.

Slika 3. Vsebine laganja o psihoterapevtskem procesu



Če primerjamo področja laganja o sebi, o odnosih in o psihoterapevtskem procesu, največ neiskrenosti zaznavamo pri psihoterapevtskem procesu. 67% vprašanih se namreč spomni, da so v zvezi s tem zavestno uporabili lažne informacije. Na področju o sebi je bilo po navedbah anketirancev neiskrenih 61%, 58% pa jih je lagalo o medosebnih odnosih.

Razvrščanje vsebin z vseh treh področij laganja, ki smo jih merili, kaže, da je s skoraj tretjinsko zastopanostjo na prvem mestu laganje o doživljanju terapevtovih komentarjev in nasvetov. Tudi laganje o spolnosti je zelo zastopano.

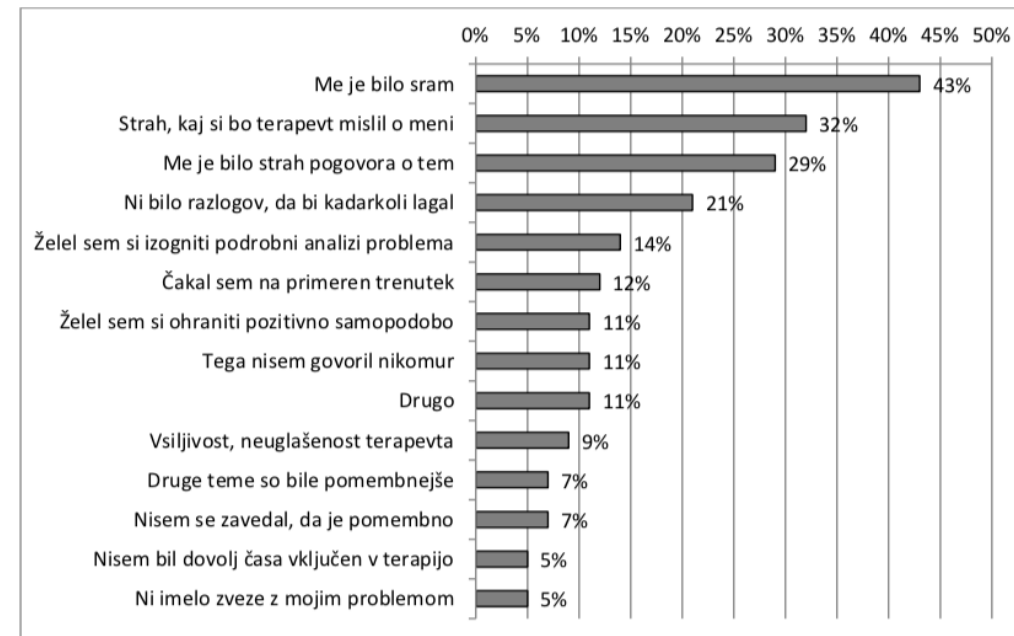
Tabela 1. Rangiranje področij laganja

	VSEBINA	Delež odgovorov
1.	Doživljanje terapevtskih komentarjev in nasvetov	30%
2.	Stvari, ki jih obžalujem	20%
3.	Spolno življenje in spolna usmerjenost	20%
4.	Čudno in neugodno počutje ob terapevtu	19%
5.	Spolne fantazije in poželenja	16%
6.	Težave v spolnosti	15%
7.	Razmišljanje o zaključku terapije	15%
8.	Dejanski občutki in dejanja do partnerja	14%
9.	Poročanje o doživljanju učinkovitosti terapevta	13%
10.	Vzroki za zamujanje in izpuščanje srečanj	13%
11.	Občutki o mojem telesu	12%
12.	Zamenjava terapevta	12%
13.	Kako slabo se v resnici počutim	11%
14.	Moje dejansko obnašanje izven terapije	11%
15.	Osebno mnenje o terapevtu	11%

## Razlogi za laganje

Razlogi za laganje v psihoterapiji so po navedbah vprašanih različni (slika 4). Največji delež vprašanih je lagal zaradi dejstva, da jih je bilo preveč sram, da bi lahko odkrito govorili s terapevtom. Veliko vprašanih je bilo strah, kaj si bo terapevt mislil o njih, če bodo podelili določene vsebine. Večkrat je bila razlog za zavestno izogibanje strah pred vsebino v terapiji. V tem sklopu se je 21% vprašanih opredelilo za možnost, da v psihoterapiji nikoli niso lagali.

Slika 4. Razlogi za laganje



V kategoriji »drugo« so anketiranci med drugim navedli nekaj zanimivih razlogov za laganje, ki bi po našem mnenju morali biti deležni posebne pozornosti v prihodnjih raziskavah: laganje zaradi zaščite informacij o drugih klientih terapevta, prepričanje o nesposobnosti terapevta ter skrb za terapevta, ki bi ga klientova resnica lahko preveč prizadela.

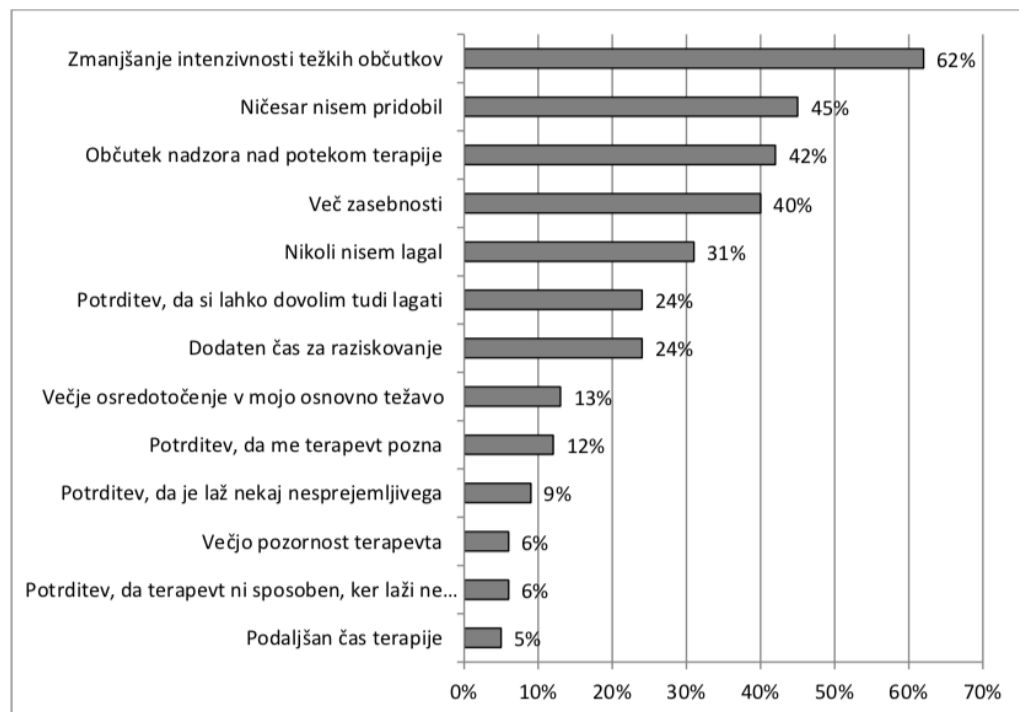
## Oblike laganja

Ugotavljamo, da med ponujenimi oblikami laganja klienti največ uporabljajo prilagojeno pripovedovanje zgodbe na čim bolj socialno sprejemljiv način. Čeprav so v tistem trenutku mislili drugače, je strinjanje s terapevtom v terapiji že izrazilo 22% ljudi. 20% klientov je v pogovor načrtno vneslo novo temo in jo prikazalo kot najpomembnejšo, čeprav to ni bilo v skladu z dejanskim stanjem. V kategoriji »drugo« (13%) med drugim anketiranci navajajo namerno pasivnost ter zavestno zadrževanje in olepševanje informacij.

## Funkcije laganja

Z anketo smo želeli preučevati tudi pridobitve, ki bi jih klienti lahko imeli zaradi zavestne neiskrenosti. Odgovori kažejo, da največ klientov uporablja laži za zmanjšanje intenzivnosti težkih občutkov (glej sliko 5). Laganje predstavlja tudi možnost povečanja nadzora nad potekom terapije, velik delež odgovorov je povezan z večjo zasebnostjo v terapiji. Precej vprašanih je z lažmi pridobilo dodaten čas za raziskovanje. 45% vprašanih meni, da z lažjo v psihoterapiji niso pridobili ničesar.

Slika 5. Funkcije laganja v terapiji



## Trenutni pomen laganja za kliente

Z zadnjim sklopom anketnega vprašalnika smo preverjali trenutna stališča in občutke anketiranih, povezana z dogajanjem v preteklosti. Spomin na laganje v preteklosti pri 19% vprašanih vzbudi občutke sramu, 11% jih čuti krivdo. Žalost je vzbujena pri 6%, jeza pa pri 4%. Zadovoljstvo čuti 3% vprašanih, minimalen delež pa zaznava gnus (1%) in veselje (1%). Ponosa ali besa, ki sta bili ponujeni kot možnosti, ni označil nihče.

Kategorijo »drugo« je v tem primeru izbralo 31% vprašanih. Med dodatnimi pojasnili navajajo občutke ravnodušnosti, obžalovanje, razdvojenost, nejevoljo, strah, sočutje.

Na vprašanje, kakšen pomen anketiranci danes pripisujejo vsebinam, o katerih so v psihoterapiji lagali, jih je 37% odgovorilo, da je njihov pomen majhen, 18%, da je velik, 16% pa meni, da so bile takšne vsebine celo odločilne za predelavo njihove težave. 5% vprašanih je menilo, da teme, o katerih so lagali, niso imele nikakršnega vpliva na potek terapije. 24% jih je zapisalo, da niso nikoli lagali.

28% klientov, ki nikoli ne lažejo, misli, da jim vsaka laž v terapiji lahko škoduje. 17% jih svojemu terapevtu popolnoma zaupa od prvega srečanja, zato mu niso nikoli lagali. 3% je tistih, ki si lagati ne upajo, enak odstotek jih tudi meni, da se ne sme lagati, ker je to grdo. Za kategorijo »drugo« se je pri tem vprašanju odločilo kar 50% vprašanih. Zapisi kažejo na enotno stališče anketirancev, da laganje v psihoterapiji nima smisla in da lahko slabo vpliva na obravnavo.

O laganju je s svojim psihoterapevtom že spregovorilo 27% anketirancev, ki so laganje uporabljali in ga zaznali, 73% pa to zadržuje zase oziroma o tem ne govorijo.

95,8% vprašanih zagotavlja, da so bili pri izpolnjevanju vprašalnika iskreni.

## RAZPRAVA

Rezultati raziskave kažejo, da klienti v psihoterapiji pogosto niso iskreni. Popolno odkritost s svojim psihoterapevtom je kot možnost izbralo 17% anketirancev, kar pomeni, da se jih 83% zaveda, da so občasno neiskreni oziroma so bili neiskreni v preteklosti, ne glede na namerne ali nezavedne obrambne mehanizme. V primerjavi z našimi rezultati sta v ameriški študiji Blanchard in Farber (2016) ugotovila neiskrenost pri 93% vprašanih. Razliko lahko pripišemo kulturnim razlikam, bolj poglobljenemu vprašalniku z več kontrolnimi spremenljivkami in bolj heterogenemu in večjemu vzorcu (n=547), ki je zajel različne etnične skupine ljudi, ki imajo osebno izkušnjo s psihoterapijo, ne da bi bil to tudi njihov poklic.

Zavedamo se, da je definicija resničnosti kompleksna in da lahko postane ob tematiki laganja še bolj izmuzljiva. Za resničnost vsebine v psihoterapiji se smatra tista vsebina, ki jo klient zaznava, doživlja in interpretira kot resnično. Sočasno ne moremo mimo dejstva, da »tudi spomini niso popolni, da bledijo in da nas pred ranljivostjo varujejo naši obrambni mehanizmi.« (Kottler in Carlson, 2011, str. 271). Ob kompleksnih procesih in raznoliki dinamiki v terapiji si lahko mislimo, da je laganje v psihoterapiji prisotno in da je včasih, zlasti morda v začetnih fazah terapije, ko se še ne počutijo povsem varno, za kliente celo nujno potrebno, saj jim pomaga ohranjati nadzor nad občutki, ki jih prinaša morebitno soočanje s težkimi vsebinami.

Ko smo anketirance vprašali, kakšno vlogo je imelo njihovo laganje oziroma kaj so z laganjem pridobili, smo ugotovili, da je laganje za kliente pomemben mehanizem, s katerim poskušajo uravnavati svoja občutja v terapiji. Vprašani kot glavno funkcijo laganja poudarjajo zmanjšanje intenzivnosti težkih občutkov, pomembno visoko vlogo pa ima tudi občutek nadzora v terapiji. Po Blanchard in Farber (2016) se želijo v ZDA z laganjem izogniti neprijetnim temam. Odgovori so si vsebinsko dovolj blizu, da jih lahko primerjamo, saj lahko namerno izogibanje za klienta pomeni, da s tem sam poskrbi za regulacijo intenzivnosti težkih občutkov in s tem za večji nadzor nad procesom. V to kategorijo bi lahko uvrstili tudi pridobitev več zasebnosti in dodatnega časa za raziskovanje, ki imata v naši raziskavi tudi pomembno vlogo. Oboje ponuja klientu občutek, da ima krmilo v svojih rokah in da lahko sam odloča, kdaj ga bo prepustil terapevtu.

Zanimivo se nam zdi tudi poročanje pomembnega deleža anketirancev (24%), da so z laganjem dobili potrditev, da si lahko dovolijo tudi takšno zaščito, da z lažjo poskrbijo zase.

Razmišljanje o negativnih vplivih laganja na terapevtski proces vodi k vprašanju, kako dolgo je dobro, da se klient izogiba neprijetnim temam in s tem zmanjšuje intenzivnost težkih občutkov. Čas je v psihoterapiji pomemben, saj nekateri klienti potrebujejo daljše obdobje za soočenje s težjimi vsebinami, drugi manjše. Vsem pa je najbrž skupno, da v terapijo vstopijo z namenom, da bodo težje vsebine ozavestili, predelali in jih integrirali v svojo osebnost tako, da zanje ne bodo več predstavljale grožnje. Za napredovanje terapije se nam zdi pomembno, da klient in terapevt skupaj raziskujeta, kdaj je klient pripravljen in opremljen za poglobljanje v zahtevnejše vsebine.

Raziskava potrjuje domnevo, da želijo anketiranci ostati v območju socialne sprejemljivosti. Kar 26% jih je odgovorilo, da so zgodbo namerno pripovedovali tako, da bi bila čim bolj socialno sprejemljiva. 22% je izrazilo strinjanje s terapevtom, čeprav so mislili drugače. Strah in fantazije o posledicah iskrenega mnenja so material, ki si zasluži

veliko pozornosti.

Vsebine laganja se med raziskavama pomembno razlikujejo. Ob tem se zastavi vprašanje, ali je takšna razlika odraz posebnosti raziskovanega vzorca ali pa gre morda vendarle za odstopanje zaradi kulturnih razlik in s tem tudi drugačne umeščenosti psihoterapije v družbeni sistem. Avtorji predvidevamo, da so razlike kulturno pogojene, vendar tega v raziskavi podrobneje ne preučujemo. Pri ameriški raziskavi najvišje uvrščene vsebine laganja izhajajo iz potvarjanja resnice o sebi, pričujoča raziskava pa na prvo mesto uvršča psihoterapevtski proces. V ZDA na prvih treh mestih najdemo minimaliziranje resničnega (slabega) počutja (54%), minimaliziranje simptomov (39%) in misli o samomoru (31%). V Sloveniji so na prvih treh mestih doživljanje terapevtovih komentarjev (30%), stvari in dejanja, ki jih obžalujem (20%), ter spolno življenje in usmerjenost (20%). V raziskavi prikriivanja v supervizijskem procesu je Žvelc (2017, 2018) podobno ugotovila, da je najboljšežnejša kategorija prikriivanja ravno proces, povezan s supervizorjem, natančneje, nezadovoljstvo s supervizorjem in njegovim delom. Žvelc (2017, 2018) v svoji raziskavi nerazkriivanja in omejujočih dejavnikov superviziji opozori tudi na temo tabuja spolnosti v supervizijskem procesu. Tudi naši podatki kažejo na večjo neiskrenost pri spolnosti v primerjavi z ameriškimi.

Ko klienti govorijo o sebi, pogosto zmolčijo zlorabo drog in alkohola. Slovenska raziskava pokaže, da se zavestno na to temo sicer zlaže manj ljudi (10%) kot v ameriški študiji, kjer se je o uporabi alkohola in drog zlagalo 29% klientov. O travmatskih izkušnjah (7%) in o otroštvu (3%) se v naši raziskavi laže manjše število anketiranih. Pri vprašanih s področja medosebnih odnosov, kjer je bila spolnost prevladujoča tema laganja, so klienti lagali še o dejanskih občutkih in dejanjih do partnerja (14%). Dokaj velik delež ljudi (11%) se je zlagal tudi o dejanskem obnašanju zunaj terapije, kar je primerljivo z ameriško študijo (13%).

Za terapevtsko stroko v Sloveniji je zanimiv izvleček rezultatov laganja o doživljanju psihoterapije. Največ anketirancev (30%, ZDA 29%) je lagalo o svojem doživljanju terapevtovih komentarjev in nasvetov, sledi laž o čudnem ali neugodnem počutju ob terapevtu (19%). Tukaj je na mestu vprašanje, zakaj klient vztraja v procesu psihoterapije, če se v zvezi s terapevtovimi komentarji in njim samim ne počuti dobro oziroma dovolj samozavestno, da bi lahko to podelil. Sočasno moramo biti terapevti pozorni na ta rezultat, saj se verjetno dostikrat ujamemo v past belih laži, ko klienti lažejo zaradi vljudnosti, in laži zaradi ugajanja terapevtu. Terapevt lahko v tem primeru prehitro verjame klientu, saj mu tako mišljenje ugaja. Brezpogojna terapevtova lahkovernost lahko celo spodbuja klienta k laganju (Marcos, 1972, v Gediman in Lieberman, 1996). Terapevti bi morali v samem procesu bolj pozorno naslavljeni klientove občutke o doživljanju v psihoterapiji, saj glede na izsledke naše raziskave veliko klientov laže o razmišljanju glede zaključka psihoterapije. Kar 15% je takih v Sloveniji (ZDA 16%). Tudi stopnja zavedanja laži o doživljanju učinkovitosti terapije (13%) je vredna pozornosti strokovne javnosti.

Enak delež slovenskih in ameriških klientov (13%) laže o vzrokih za izpuščanje srečanj ali zamujanj na srečanja. Zato predlagamo, da terapevt usmeri pozornost v ta pojav na začetku vsake zamujene seanse.

Menimo, da je treba poudariti tudi teme, o katerih se v psihoterapiji najmanj govori in ki lahko predstavljajo področje, povezano z obrambnimi strategijami, tudi laganjem. Ena od raziskav tega področja (Farber in Hall, 2002) poudarja področje seksualnih fantazij

do terapevta in navade v spolnosti. V pričujoči raziskavi se je samo 2% (ZDA 5%) vprašanih opredelilo, da je že lagalo o fantazijah do terapevta, o lastni spolnosti in spolnih navadah pa bistveno več, 20%. V Sloveniji pa se največ anketirancev laže na področju spolnih fantazij in poželenja (16%) ter na področju težav v spolnosti (15%).

Teme, povezane z boleznimi, smrtjo in umiranjem ter z lastnimi nacionalističnimi in rasističnimi prepričanji, se zdijo področje visoke stopnje odkritosti med vprašanimi, saj se nihče ni opredelil, da o tem namerno laže. Dopuščamo možnost, da so te teme vir težkih občutkov, o katerih ne želimo govoriti in jih zato podzavestno »spregledamo«. Seveda bi bilo takšno trditev treba podkrepiti z dodatnimi argumenti.

Pri iskanju razlogov za laganje v psihoterapiji smo v naši raziskavi prišli do univerzalnega motiva, sramu. Za to možnost se je opredelilo 43% udeležencev (ZDA 44%). Tudi potrebo po zasebnosti, ki jo je z laganjem pridobilo 40% anketiranih, lahko povežemo z občutki sramu. Občutek sramu se pojavi pri večini klientov, ko se danes spomnijo na izrečene laži. Pomemben del anketirancev (32%) je odgovoril, da jih je strah, kaj si bo terapevt mislil o njih. Tukaj zaznavamo strah pred zavrnitvijo, pred razpadom odnosa ali pred izgubo statusa, spoštovanja, zaupanja v oči terapevta. Ta ugotovitev je za terapevte pomembna zaradi možnosti, ki jo ponuja. Soočenje s sramom in ustrezna obravnava tega ali drugih slabih občutkov o sebi lahko klientu pomagata pri oblikovanju novih uvidov in sprememb.

Pomembno se nam zdi, da se je 14% klientov zlagalo zato, ker so se želeli izogniti podrobnejši analizi problema. To pripisujemo strahu pred izgubo varnosti, saj podrobnejša analiza pomeni umik z območja ugodja. Čakanje na primeren trenutek je bilo razlog za laganje pri 12% anketiranih, kar povezujemo z vzpostavljanjem klientovega nadzora v terapiji.

Ob pričujoči raziskavi in njenih rezultatih se zavedamo tudi njenih omejitev. Pomembno metodološko omejitev raziskave predstavlja sestava vzorca anketiranih, saj kar 89% udeležencev prihaja iz vrst psihoterapevtov ali specializantov psihoterapije. Zato predstavljenih ugotovitev v tej fazi ne moremo posploševati na celotno populacijo. Prav tako na to kaže tudi neenakovredna zastopanost spola, saj je večina udeležencev žensk (85%). Raziskava je skladna z zastavljenimi cilji osredotočena na območje Slovenije, kar omogoča primerjavo z drugimi državami, omejuje pa nadaljnje posploševanje na širše mednarodno okolje.

Raziskovalci na laganje gledamo iz sprejemajoče perspektive. Laganje je dejstvo in ga kot takega obravnavamo kot pričakovan in običajen del terapevtskega procesa. Terapija ima tudi ob prisotnosti laganja lahko pozitivne učinke ob pogoju, da sta laganje klient in terapevt pripravljena ubesediti in z njim delati kot z dragocenim materialom. Ubesediti laž za klienta seveda ni enostavno, saj sta v ozadju strah pred izgubo odnosa in strah pred izgubo varnosti. Zato raziskovalci menimo, da je nagovarjanje laganja v terapiji v večjem delu odgovornost terapevtov. Pri tem želimo slediti avtorjema, ki opozarjata, da je pomoč klientu pri postopnem ozaveščanju laganja mnogo učinkovitejša kot izvajanje pritiska z namenom hitrega zavedanja (Gediman in Lieberman, 1996). Do omenjenega pritiska na klienta lahko vodi tudi razpetost terapevta med zaznanimi lažmi in zaupanjem klientu. Zadnjemu se po našem mnenju ne smemo odreči, saj lahko tudi na osnovi pričujoče raziskave zaupamo v to, da klient laže s tehtnim razlogom. Torej predmet razprave ni neposredno zaznana laž, ampak potreba po varnosti v ozadju, ki je avtentična. Z obravnavo potreb v ozadju laganja lahko klient spozna pomen ohranjanja skrivnosti in

vlogo obstoječe »skrite agende«, kar lahko prispeva h končnemu izidu terapije. Kaj bi se lahko zgodilo, če bi terapevtu kot klienti povedali, da nam njegova intervencija v danem trenutku ne ustreza? Vsak od nas ima svoj scenarij glede tega in lepota je v tem, da je vsak ustrezen, takoj ko ga podelimo s terapevtom. Ob vsaki laži, ki jo opazimo pri klientu, se lahko vprašamo, kakšno laganje uporabljamo sami, kot terapevti? Ob raziskovanju laži pri sebi lahko pridemo do ugotovitev, ki morda lahko koristijo tudi klientom. Terapevtovo sprejemanje klienta kot celote ob hkratnem zavedanju sebe in lastnih omejitev ne pomeni, da sta ogrožena medsebojno zaupanje in spoštovanje.

Kar 95,8% udeležencev ankete zagotavlja, da v anketi niso lagali. Pozoren bralec je morda ugotovil, da se odgovori na kontrolna vprašanja o laganju po posameznih sklopih razlikujejo. Odgovor o namernih oblikah laganja niha med 59% in 77%, torej se razlikuje za 18%. Razlike v odgovorih lahko pripišemo več možnim dejavnikom: spreminjanju stališča med odgovarjanjem zaradi vpliva vprašalnika (nejasnost, kompleksnost, vpogled v nadaljnja vprašanja ...), utrujenosti, naveličanosti, spremembe zavedanja, ki se je lahko pojavila med odgovarjanjem. Dopuščamo možnost nezavednega ali zavestnega izogibanja odgovorom, saj tema sama po sebi dokazano lahko aktivira takšne odzive. Resen dvom o visokem odstotku opredeljene iskrenosti anketirancev bi zahteval dodatno argumentacijo in raziskovanje, zato te ugotovitve ne želimo posploševati. Verjamemo, da so k visokemu občutku iskrenosti pripomogli zagotovljena anonimnost odgovarjanja in posebnosti analiziranega vzorca. Predvidevamo, da psihoterapevti in specializanti psihoterapije zaradi običajno daljše lastne terapevtske izkušnje premoremo veliko radovednosti in lastnega zavedanja ter da smo zmožni sprejemati in raziskovati lastne, tudi socialno manj zaželeno vzorce vedenja.

Raziskava ponuja več možnosti za nadaljevanje preučevanja področja laganja v psihoterapiji. Poleg dodatnega raziskovanja medsebojne povezanosti različnih spremenljivk bi bilo zanimivo raziskavo ponoviti na vzorcu klientov, ki niso tudi poklicno del psihoterapevtske skupnosti. Zagotovitev reprezentativnega vzorca bi zahtevala veliko časa, vendar bi s tem rezultate lahko z manjšo stopnjo tveganja posplošili na celotno populacijo v Sloveniji. Dodatno možnost lahko predstavlja raziskovanje tem, o katerih psihoterapevti ne želimo govoriti in ki se jim izogibamo. Te vsebine so temeljni vzrok laganja, zato bi bila njihova podrobnejša analiza lahko uporabna za psihoterapevtsko stroko in znanost.

## LITERATURA

- Ambrose, C. (2013). *The lying artist*. Pridobljeno s <https://www.psychotherapy.net/blog/title/the-lying-artist>.
- APA American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders*. Fifth Edition. Washington, London: New School Library.
- APA American Psychological Association (2015). *Dictionary of psychology*. Second Edition. Washington: APA.
- Blanchard, M., in Farber, A. B. (2016). Lying in psychotherapy: Why and what clients don't tell their therapist about therapy and their relationship. *Counselling Psychology Quarterly*, 29:1, 90-112, DOI: 10.1080/09515070.2015.1085365
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice*, 16(3), 252-260.
- Farber, B. A., in Hall, D. (2002). Disclosure to therapists: What is and is not discussed in psychotherapy. *Journal of Clinical Psychology*, 359-370.
- Freud, S. (1913). On beginning the treatment (Further recommendations on the technique of psycho-Analysis I). V *The standard edition of the complete psychological works of Sigmund Freud*, Volume XII (1911-1913): The case of Schreber, papers on technique and other works, 121-144.
- Freud, S. (1920). *A general introduction to psychoanalysis*. New York: Horace Liveright. Pridobljeno s <http://www.gutenberg.org>.
- Gediman, H. K. in Lieberman, J. S. (1996). *The many faces of deceit. Omissions, lies and disguise in psychotherapy*. New Jersey: Jason Aronson.
- Kleiman, K. (2013). *Lying in therapy - Is it self-preservation or intentional manipulation?* Pridobljeno s <https://www.psychologytoday.com/blog/isnt-what-i-expected/201302/lying-in-therapy>.
- Knox, S. in Hill, C.E. (2016). *Introduction to a special issue on disclosure and concealment in psychotherapy*. Pridobljeno s <http://dx.doi.org/10.1080/09515070.2015.1095156>.
- Kottler, J. (2011). How well do we really know our clients? V J. Kottler in J. Carlson (ur.), *Duped - lies and deception in psychotherapy* (str. 9-14). New York: Routledge.
- Kottler, J., in Carlson, J. (2011). What does being duped mean in the practice of psychotherapy? V J. Kottler, in J. Carlson (ur.), *Duped - lies and deception in psychotherapy* (str. 271-282). New York: Routledge.
- Langer, R. (2010). When the patient does not tell the truth. *Psychoanalytic Social Work*, 17(1), 1-16. doi: 10.1080/15228871003676549
- Martin, L. E. (2006). *Lying in psychotherapy: Results of an exploratory study*. Alabama: Auburn University. Pridobljeno s [https://etd.auburn.edu/bitstream/handle/10415/1291/MARTIN\\_LESLIE:45.pdf?sequence=1&isAllowed=y](https://etd.auburn.edu/bitstream/handle/10415/1291/MARTIN_LESLIE:45.pdf?sequence=1&isAllowed=y)
- World Health Organization (1994/2016). *The ICD - International statistical classification of diseases and related health problems*. 10th revision. Pridobljeno s <http://www.who.int/>.
- Yalom, I. (2002). *The gift of therapy*. London: Piatkus.
- Zupančič, M., Marn Kosin, U., in Selčan, K. (2017). *Laganje kot običajen pojav v psihoterapevtskem procesu*. (Raziskovalno poročilo). Ljubljana: Inštitut IPSA.
- Žvelc, M. (2017). *Razvoj modela spodbujajočih in ovirajočih dejavnikov v superviziji psihoterapije*. (Doktorska disertacija). Ljubljana: Univerza v Ljubljani, Filozofska fakulteta.
- Žvelc, M. (2018). Prikrivanje u superviziji- iskustva supervizanata i supervizora. V M. Ajduković (Ur.), *Supervizija za suvremene prakse*. 4. hrvatska konferencija o superviziji. Opatija, 14. do 16. ožujka 2018. Knjiga abstraktov. (str.39).