

THE IDENTITY OF LYING

BY MICHAEL TOWERS, MA

INTRODUCTION

To behold of as being a liar – to be described as a liar, explained to others that you are, indeed, a liar, part of your fabric of being, at the core of your identity, is to behold the power of an external identity. This article will seek to untangle the self as being a liar, thus moving away from this powerful external identity, perpetuated generationally and relationally, to what this author calls an external control mechanism. This author refers to lying as an external control mechanism out of the understanding that in order to create safety for ourselves systemically we need to create a measure of control for ourselves – whether temporal and fleeting or to more permanent ways of being. In order to demonstrate this shift in perspective this author will be presenting a client case study. This client is now in their 70s and had been carrying this external description of self as being a liar since they were a young boy in South Africa. The complication of this external identity having followed him throughout his life, influencing all of his relationships with this external identity being reinforced by many different people.



This author conducted qualitative research using a meta-synthesis approach to the subject of lying and one of the key summaries was the presupposition made by the various authors around the subjective view that lying is tied to some sort of moralistic code. It must be noted that this code is socially constructed and contextually updated through various dominating systemic power structures otherwise known as holders of knowledge. This author asserts that these holders of knowledge, predetermined by systemic structures are designed to preserve power for an inclusive group of people. The author, therefore, is inviting the reader to challenge the very moralistic codes originating from these systems.

The common rhetoric from the authors of these articles on lying is that the liar (note the imposed identity in the title: the liar) has some sort of intent and is aware of that intent, which is deceptive in its nature. This formulaic rule of lying is an example of a social construct based on the moral presupposition attached to lying. If one thinks about lying as an external control mechanism designed to give one a measure of control so they can feel safe then this moral presupposition will not make sense. Intent implies motive. Motive is measured moralistically. It is either deemed as good or bad, helpful or not, and often measured against another social construct of the greater good – a principle of morality. Note the pathology in the assertion – the pathology attached to the label “the liar” implying that the act of lying is attached as an identity to the person who lied. The liar is not someone who lied. The liar is a liar and there is a difference – one being an act to accomplish something (control to create safety by way of an external control mechanism) and the other being an imposed external identity (socially constructed view of the self).

Ultimately the liar is someone who cannot be trusted. When we think of the person as a person and a person who occasionally tells a lie then the intrinsic worth of the person is preserved thus externalizing the act from the person. However, here we still have a problem – and again we come back to this moralization of the act of lying. We tend to deem the person’s actions as representational of their character so although we back away from imposing an identity on them – they are a liar – we define their character as being less than because they lie. All of this pathology goes away once we reframe how we look at lying – as the external control mechanism to help one find safety.



THE PROBLEM OF MEMORIES



In order to further deconstruct the arguments around the foundations and various constructs of lying, we need to take a closer look at how memory works. Neuroscientists made some significant breakthroughs in the 1950s in the mapping of the brain. Prior to the 1950s there was the misconception that memory was a single entity and it could be traced to a single location of the brain. Now, scientists and biologists understand that the brain stores memories throughout its structure with each structure playing specific roles and functions in both the development and recall of memories (Knopp and Benson, 1996, pg 39).¹ When describing the physiological implications of memory recall associated with trauma and dissociation, Markowitsch (2003) explains that there are observable alterations in the brain's metabolism through the imbalance of stress hormones (glucocorticoids, mineralocorticoids). These stress hormones, according to Markowitsch, block autobiographical memory processing and bring about an imbalance in hormones and neurotransmitters. These stress hormones may affect the memory sections of our brains such as the anterior temporal lobe, orbitofrontal, hippocampal, and amygdalar regions.

Knopp and Benson (1996) explain that schemas play an important role in our understanding of how memory works. Memory is useful in that it helps us use past experience to interpret present circumstances that in turn creates new information mixed with both adaptive and appropriate responses (pg 63). These past experiences will be grouped into emotional, positional and visual categories. These various schemas constitute an elaborate network, connecting these categories to each other and are activated by present conditions (pg 64). However, under trauma and dissociative conditions, these schemas are reorganized and disconnected from regular networks, making it difficult to access under normative circumstances but not erasing them. Therefore, the remembering of these memories, stored under different schemas may be manifest at different times, in different ways, and under different circumstances (pg. 72).



Scientists now understand that the act of remembering is an extremely complex process. Associated schemas are accessed through present cues or stimuli. Neural systems, held in various areas of the brain, hold various components of a memory such as feelings, context, concepts, and words. These neural systems are pulled together out of a reaction to the stimuli in order to create a comprehensive experience of the current event. Knopp and Benson (1996) observe that the more the current event resembles the original experience, the more the original event is recalled (pg. 93). In terms of trauma, the consensus now seems to be that various biological alterations are made to these schemas, altering the body's learning and memory systems. When trauma occurs in childhood, this seems to cause the greatest and most complex impact to the neurological and physiological systems (pg. 135).

Kihlstrom (1998) in *Truth in Memory* (Lynn, and McConkey ed), brings an interesting critique against therapists in the validating of memories of their clients. Kihlstrom points out that the client's memories were considered valid because they made sense or in other words, they confirmed the therapist's expectations of what they would find.

This emphasizes the need for the therapist to remain in a place of not-knowing since it seems that the tendency would be for the therapist to inject their construction of meaning into the client's sense of meaning. When working with dissociative clients Brown (1994) notes that therapists can get stuck in the piecemeal way that memories are shared, given the therapist's systemic need of putting the client's story together chronologically. Reviere (1996) in describing memory work talks about the therapist and the client working together in order to "construct meaning from meaninglessness, to create continuity from chaos, and to instill empowerment and self-knowing from helplessness" (pg. 105).³ Levine, in *Construction and Reconstruction of Memory: Dilemmas of Childhood Sexual Abuse* (Prozan ed, 1997), observes that work in memory analysis has found that memory is more of a reconstruction than an objective reproduction of actual events. Thus, it is noted that memories would be subject to the person's unconscious influences, which may distort factual information related to the memory. Thus, when working with memory it is understood to have a historical truth along with a narrative truth, rooted in various contextual influences and becoming rather subjective in nature (pg. 10).

EXPLICIT MEMORY AND IMPLICIT MEMORY

Van der Hart and Nijenhuis (2001) explain episodic memory (otherwise referred to as explicit), and semantic (otherwise referred to as implicit) memory, referencing Tulving's (1985) work on classifying memory. Episodic memory is captured in a cinematic way, which captures the content and the associated experience of a memory. Tulving adds that with the associated experience is an awareness it comes from one's past. Semantic memory is factual in design and is not linked to a personal connection to the knowledge. Reviere (1996) addresses the psychoanalytical idea of repression as it relates to memory function by explaining that repression can cause amnesia for episodic memory (explicit memory), but not for semantic memory (implicit memory) (pg 18). Thus, even though the episodic memory may not be accessible, the procedural affects such as inappropriate attributional styles or irrational fears as described by Reviere, would remain as part of the semantic (implicit) memory.

Markowitsch (2003) adds further clarification to the distinctions between episodic and semantic memories. Episodic memory systems are rooted in an auto-historical timeline, in which the person is able to freely move along this timeline in a relational and experiential way. Semantic memory systems tend to be viewed as a present orientation, drawing on subconscious processing of procedural memories and previous perceptions but finding form in the now. Thus, when trauma occurs for a young child, dissociation will interrupt the explicit remembrances and experiences and it will become processed partially as a semantic memory. Markowitsch adds that when the trauma occurs prior to full language development, that verbal script will be missing for recall in later life.

To explain these types of memory a bit more - if the client does not remember all or part of the trauma or previous events, it is referred to as being retrograde. In this case, the client does not have any problem with learning new material or remembering what occurred after the trauma. In the case of an organic amnesia such as dementia, the amnesia is referred to as being anterograde, meaning that the client is unable to remember events after the amnesia first occurred. As well, this client may preserve older memories and show implicit, but not explicit, memory for new material. "Generally, dissociative amnesia involves loss of explicit/declarative (autobiographical knowledge) memory rather than non-declarative (general knowledge, feelings, sensations, conditioning, and habits) memory" (Cardena et al, 2009).

The development of memory in a child tends to lean toward the presence of implicit memory being present before explicit memory. Thus, the hypothesis is that early childhood trauma may cause alterations in these brain functions creating confusion between memory encoding and later recall of those memories. Dissociation brought on by stress or trauma severs the memory links, detaching from the person's conscious awareness. This process is often referred to as a functional amnesia, however the memories are still present but in a different form. Therefore, when doing memory work, the therapist will often look for evidence of implicit memories, which could indicate an amnesic barrier to an explicit recall of that memory (Schacter, 1996, pg. 233).

What we can take away from this research is the onset of early identity formation. We now have a better understanding of how traumatic events can influence and even shape memory and therefore the subjects recall of specific memory events. To take a moralistic stand against that memory recall and apply an external identity of lying only serves to perpetuate the harm up to and including the point of re-traumatizing the client. The other factor here is how early identity is formed, which is to say primarily shaped through external identities. In the case of this author's client, we will see how there is early development incongruity around identity occurring when the client engages in a deliberate lie that is rewarded by the client's parents while also being told that the client is a liar by their parents.

MEMORY CONSTRUCTION AND THE PREFERRED NARRATIVE

The construction of memories suggests that we have pockets of knowledge stored in different areas of our brain as a result of our different interactions with people or things each connected to the various systems in our lives. What can occur as a result of that storage of memories is that when we go to reconstruct a memory it may show up as seemingly contrasting or contradictory in nature once we provide that memory with language. As an example, a very important part of counselling in the medical model perspective and particularly through the use of CBT (Cognitive Behavioural Therapy) is the idea of incongruity. We are taught to point this out – to call out or to catch our clients in their incongruity. The understanding is that the incongruity is the difference between our perceived self and our ideal self. The therapist listens carefully to what the client is talking about and when the therapist notes (or evaluates) that the client has stated two seemingly opposing ideas about self they (the therapist) would call out that incongruity. What makes this pathologizing is the assessment that the therapist has to do. It is up to the therapist to make this determination on whether something said is incongruent or not.

From a non-pathologizing perspective there is no incongruity nor by association any perceived self or ideal self. Instead, there is the ongoing process of giving language to our unlanguage experiences through this memory reconstruction process with the expectation that there will be someone safe in which to both hear what was said and to reflect back what was said. There is an additional step where the space is safe enough for the client to hear back what they had said but then change their mind adding to or taking away from their previous description. This is not incongruity. This is languaging our unlanguage experiences and that is a process which takes time and edits. This is the process of becoming differentiated.

When we answer the question, “Who am I?” we are also answering the question, “Who do I want to be?” We need time to try on our answers to see if it is a good fit for ourselves. That process is not incongruity it is simply a process of self-discovery. To add to this perspective, Levine (1997) shares how therapy is being shaped by our understanding of memory and associated trauma. He notes that reconstruction and recall, which once dominated psychoanalytical therapy is being moved out of the way to make room for ideas around contextual experiences, both explicit and implicit, along with the integration of ego development (pg. 13). This reinforces the idea of narrative reconstruction of memory combined with the identity and differentiation work.

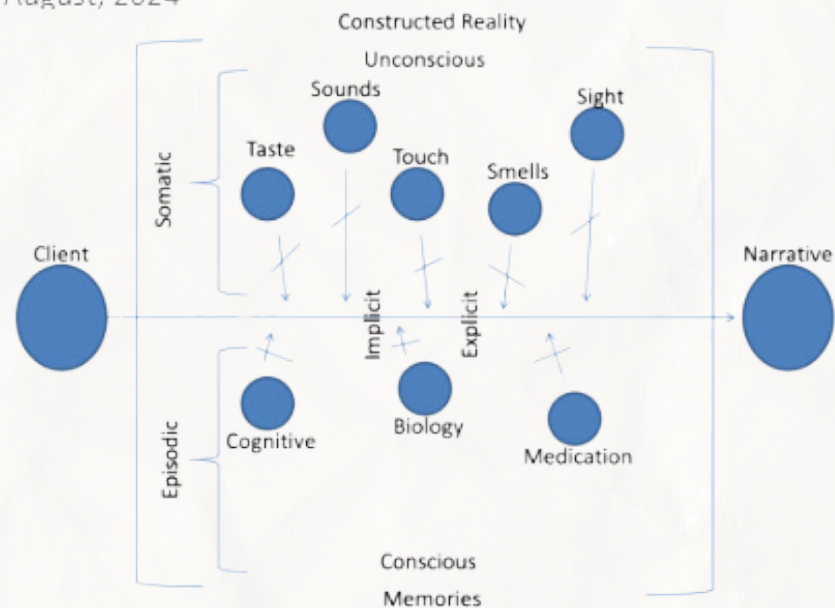


Figure 1 This figure shows how memory is inputted, stored, constructed and ultimately reconstructed.

Note here that the ability to construct reality – in the process of the client’s narrative, involves the combination of conscious memories and unconscious memories. The conscious memories may be described as being episodic memories, or the retrieval of specific events, while the somatic memories, or unconscious memories may reflect the senses around the time period that the client is describing. Due to the nature of memory reconstruction these two memory reconstructions may not be the same thus the need to differentiate them and reflect on both separately with the client. This is further complicated when cognitive restrictions, biological restrictions and medicated restrictions are factored in.

Cognitive restrictions may be things like a concussion while biological restrictions might be memory restrictions that occur when a female is pregnant as an example while medication restrictions could simply be a side effect of the medication a person is on. In other words, the episodic memory may be fractured due to those restrictions, with a further disconnect coming from contrasting somatic memories. Contrasting somatic memories might be feeling fearful while having dinner with a date in a restaurant with whom you are enjoying their company. The fearfulness may come through one of your sensory memories related to a past trauma and is no way related to the memory of the date. However, the reconstruction of those two events causes the complication with memory. The body remembers traumatic events through the encoding in the brain of sensations, movements, and emotions that are associated with trauma. Healing necessitates attention to what is happening in the body as well as the interpretations being made in the mind. Language bridges the mind/body gap, linking explicit and implicit memories. Somatic memory becomes personal history when the impact of traumatic events is so weakened that the events can finally be placed in their proper point in the client’s past (Rothschild, 2000)

We also need to understand the power construct that comes from External Identities. When we factor in the science behind memory construction, we can see how powerful these external influences are on that memory construction process. Reavey (2010) states, “In short, we often recall events and feelings that help to support our present views about who and what we are. If we take the view that the self is, therefore, pivotal to the cognitive organization of memory, we cannot accept a version of memory that emphasizes contradiction, variability and ambiguity, unless we reconfigure the self as a form as opposed to a substance.”



In part what Reavey is talking about relates to this idea of incongruity and the dangers that exist when we, with our positional authority, draw that out for the client. We are, as Reavey was mentioning, contributing to that external description of the client, which actually hinders the client's ability to reconstruct memory – to make sense of their past and ultimately who they are and how they want to be known. Further to this idea of reconstructing memory is that “memories may be co-constructed and elaborated by others...the past is not given once and for all in a particular memory, but may be manifested in multiple and often contradictory recollections...” (Middleton and Brown, 2005; Middleton & Edwards, 1990; Wertsch, 2002). Therefore, “...the truth of the memory may lie less in its factual content than in its narrative structure of shifting plots and subplots and of changing subject positions that emerge out of the landscape of memory” (Haaken, 1999, pg. 16).

This introduces us to the idea of the client's preferred narrative, where the therapist learns to sit in a place of not-knowing with the client in the midst of their fragmented and nonsensical story pieces, whether reconstructed truths or stories of their past or some whimsical made-up fiction. The therapist merely makes note of its use in the overarching landscape, noting time and context only as something to be curious about and open to exploring with the client if such an opportunity arises. The thinking is that as the client has the time and space to explore this landscape – this canvas of fragmentations - it provides the opportunity for the client to do what they wish with the pieces. They may opt to pick up a piece and chose to associate it with another fragment later on. The therapist's role is to remain curious, not driven by a need to understand out of our sense of understanding, but only to be curious in the moment – to observe what the client does with these fragments and why. What reconstructed narrative are they working toward? What are the relationships of these fragments to each other. The therapeutic outcome is now, after the conversation is over, that the client will step back and say to the therapist – there, do you see it now? And the therapist can then pause, take a look at the larger landscape and see what it is that the client has constructed for them to see.

What we now understand is the harm of the external identity, complete with a moral judgement of lying upon the subject. This author has put forth an argument that lying is an external control mechanism. Hodgson and Balmer's article¹¹ come close to embracing lying as an external control mechanism, instead of a moral construct with a pathology description of the self, when they assert the idea of lying as not representational of an identity. They also do a good job in normalizing lying, which continues to untangle it from the moral constraints. However, the authors fall short with only asserting that lying is justifiable even when it is morally wrong. The focus on the moral argument around lying remains problematic because it is individually constructed but socially validated, meaning that it may be right for the individual but wrong when externalized against the contextual social constructs.



THE CASE STUDY

The client identifies as a Jewish man who grew up in South Africa. He attended a private non-Jewish boarding school, was a conscripted member of the South African Military in his young adult years, attended post-secondary, got married, had children, got divorced, and got remarried. He has had several businesses, some not so successful and others successful. In time he immigrated to Canada and settled in Western Canada where he currently continues to call home. This article will reference this author's clinical work with the client spanning over a year and a half, referencing the various stories that became markers in the work of untangling the external identity of being a liar from the differentiated state of the client. In the work the client was able to identify those moments where the use of lying was as an external control mechanism in order to keep themselves safe. In addition, the client was able to see where the use of lying was becoming disruptive and so new external control mechanisms were introduced to continue to help the client feel safe in the various systems / relationships they were connected.

The client's presenting problem was that he was a liar. His current relationship had been strained for quite a while and there was a real concern that his relationship may end unless he could stop this lying. The client was compelled to stop this behaviour, recognizing that he must be lying all the time and was not aware of it in the moment until his behaviour was called out by his partner. The client identified as having a strong faith connection and would consider his lying to be a reflection of a moral failing. The client's concern was not knowing why he lies or even having knowledge of him actively engaging in the act of lying in the moment. It is only afterwards when his partner calls out the incongruence of his stories or activities that the client becomes aware of the lie. This conflictual pattern had been going on over the 30 years of their marriage.

The client is a white Jewish male in his early 70s. He has been married for over 30 years (his second marriage). His partner has two children from their previous marriage and the client has two children from their previous marriage. All four children are close in age and all children have lived off and on with the client over the course of their childhood. The client's father grew up in Germany, was, as a young adult, when Hitler came to power, forced to wear the yellow star denoting him to be a Jew, and got beat up as a result. The father needed to flee and ultimately was a survivor of the holocaust. During the client's childhood and young adult years in South Africa there was one particularly painful chapter where the client was placed in a detention center, and cruelly handled during the apartheid era in South Africa.

The client described their family of origin in the following way: a very hard father – one who would pop your balloon for no good reason, one who thought of the client as a liar and discarded the client generally. The client shared how they would seek attention from their parents in various ways, aware of being the middle child with a favourite older brother and the longed-for younger sister. The client was curious about the age gap between themselves and their brother and in later years the client's mom shared how she did have a miscarriage. The client's thoughts being that she had hoped for a girl and experienced some disappointment when the client arrived. There was some speculation around these circumstances being the contributing factors as to why the client was sent away to boarding school when the client was 11 years old.

A particularly defining moment stands out in the client's life. During the apartheid era, when black people were forced to live in separate places from white people, the client was around 7 or 8 and they were playing outside when they saw a black man running down the road in front of his home. The client describes the man as having terror in their eyes. Feeling responsible for this man's life he brought the man into his home, hiding him in his room upstairs. The police came and challenged the client and the client lied about seeing the man. Later the client shared this with his parents and they praised the client for "doing the right thing".

Later in the client's life he recounts one instance when they awoke and found his first wife not there. He had a panic attack and then later discovered her with another man. As the client sought marriage counselling unsuccessfully, he later discovered that she had been continuing the affair throughout that same time. Right around the end of the client's first marriage there was a bitter court dispute with a business partner where this business partner wrote a slanderous letter to the client's parents. The client's ex-wife also reached out to the client's mom and said that the client was the one who was unfaithful. The client's current partner's ex-husband spread lies about the both of them. This included several lies to the client's partner's children, causing relational mistrust for many years.

There was no curiosity on the client's mom's part to want to understand the truth. She seemed satisfied to buy into the external identities as it rang true on how she characterized her 8-year-old son all those years earlier. This was illustrated quite profoundly when the client's mom, at their very first meeting, went out of their way to tell the client's current partner that he was a liar. The client was 39 years old when this happened, which was interesting considering there hadn't been much of a relationship between the client and his mom since he was 11 years old. Unfortunately, the client's mother continued to describe the client as a liar all the way to her death bed.

The narrative that emerged from the client's relationship to their mom pathologized the client in the sense that there was something wrong with him, something to be rejected, abandoned, and warranted not being cared for through intimacy and connection. That wasn't sitting well with this author and so another narrative was explored, drawing on medical research around post-partum and connection. It was postulated that the client's mother may have struggled with bonding / connection, as what happens to a lot of mothers – caregivers. It takes work to bond and to connect as it doesn't come naturally and it could be that for several unknown reasons the client's mom wasn't able to bond. If this was the case then moving the client to boarding school at the age of 10/11 also made sense in an attempt to provide for the client the care that he needed but the client's mother was unable to give him. It is important to consider this narrative as to not pathologize another at the expense of freeing this client from a pathology coming from an external identity.



EXTERNAL CONTROL MECHANISM

The client's relationship with lying was fascinating because the client's lying was not a reflection of who he wanted to be – as shown through the client's actions in university that would put him in peril with the government. As the client entered adulthood the client's lying was not a privilege any longer but a mechanism used by everyone around the client – and by the systems he was a part of. It was surmised to the client that perhaps the individual nature of lying - the isolation that comes with lying - made it powerful for the client to use contextually, but now, surrounded by these larger systems of government, military, racial tensions, religious prejudice – all utilizing and relying on lying as well – it all began to show the client the fruitlessness of lying – it in some way made lying impotent. This was an important first step in untangling the client from this imposed identity of being a liar and to open up space for the client to see lying as an external control mechanism to create safety.

What the client understood was that his life was torn apart by other people lying. He had to start over because of other people lying. He didn't have easy access to his children because of other people's lying and other people's lying dictated the client's next steps in his relationship with his current partner. It was profound that the client had to walk through those early years of his first marriage (that lasted 15 years) constantly feeling and living with the effects of someone else's serial lying. What is this telling us about lying? The question was then posed to the client that for 15 years why did the client go back to relying on lying in his relationship with his current partner?

As the client continued to share their life story there was this interesting correlation to lying and safety. Safety was meaning different things based on circumstances, predominately that meant survival. In early childhood it was safety within the family system for various reasons. In boarding school where the client encountered anti-Semitism for the first time there were increasing reasons to lie. The limited encounters with the client's parents continued to complicate the safety as the client's mom continued to characterize her son as a liar.

In trying to navigate the moral entanglement of lying, boarding school only further complicated this issue. First it was praise from the client's parents for hiding the man. But the imposed identity of a liar continued. Now at boarding school the client's grandfather is secretly sending the client money, inviting the client to lie about it. Messages of lying are further complicated by other people in roles of authority as the client is forced to enter the South African Military and the client's commanding officer is supportive of the client's lying. As the client becomes a young adult, he is seeing more and more that the sociopolitical system that he found himself a part of perpetuated the necessity of lying through various geopolitical structures and through isolation, racism, and hate, as examples.

Here we have another clue as to who the client really is. What the client does is lie. What the client has done is lie to keep himself safe and to survive. But the client is not a liar. His lying is not what defines him. It is an effective strategy and now through these stories the author is being introduced to who the client really is – this compassionate individual who is grappling with the injustice and inequality that surrounds him.

DISCUSSION

THE CLIENT'S PREFERRED NARRATIVE

What emerged during the work with the client was what this author describes as the preferred narrative. Initially it was the idea of survivor that emerged, recognizing that the client did not give in to other people's descriptions of who they were. Then the reauthoring of the client's story emerged with the idea of accomplishment. It started with swimming and winning several competitions in the client's youth – formal and informal but not receiving recognition from key people through that experience. This story of unrecognized achievements continued throughout the client's childhood and through their adulthood. As this was discussed in session the client shared that they were scared of hearing it because if they acknowledged it, that would be bragging.

The preferred narrative was this expressed sense of self that the client shared. It is where he embraced mortality and eternity balanced against this knowledge of who he sees himself as being. There existed a motivation to make sure the client went into that other place of being the best version of himself, which seemed to be come from an assurance of knowing who he is and a leaning into that person. In summary, the client's identity was being formed from a small child. There were times that the client relied on lying as a way of keeping himself safe. As the client grew up, he was discovering more and more for himself who he is and how he wanted to be known. Part of that journey was pushing back against the external identities' others were using to describe the client. At times, out of the client's own lack of differentiation, he relied on lying to navigate those moments, while other times he was gaining more surety and did not need to rely on lying. It is only now, later in the client's life where he has a much greater sense of self and no longer feel the need to rely on lying to create safety for himself. His differentiated self is doing that already.

