



The Ethics of Therapist Deception

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INTRODUCTION

METHODS

RESULTS

CONCLUSIONS

People tell lies in numerous contexts (Vrij, 2008). Recent literature has identified that clients lie in therapy (Kottler & Carlson, 2011; Curtis & Hart, 2015). One of the things people rarely consider when entering therapy is that their therapist may be lying. However, therapists do lie to their clients (Curtis & Hart 2015). The current American Psychological Association’s (APA) Code of Ethics addresses deception within research but it does not discuss the issue of therapist deception (APA, 2002; 2010). Thus, the purpose of the current study is to investigate students’ and therapists’ beliefs about the ethics of deception within psychotherapy.

We recruited 283 participants, 245 students and 38 therapists. Participants were asked to complete three instruments: Demographics Questionnaire, Multidimensional Ethics Scale-Revision 1 (MES-1), and the Lies In Therapy Ethics Questionnaire (LIE). After completing demographics, participants read seven vignettes of a therapist and client interaction, in which one vignette was truthful and six were various types of lies: omission, white lie, blatant lie, distortion, half-truth, and failed deception. After reading each vignette, participants were asked to complete the MES-1. To counterbalance the vignettes, participants were randomly assigned to one of two conditions. Some of the participants were shown the truthful vignette first, while others received it last after rating the six lies. Following the vignettes, participants completed the LIE and were provided with a debriefing.

A mixed ANOVA revealed a statistically significant difference for ethics ratings on the MES-1 across vignettes, $F(6, 226) = 15.91, p < .001, \eta^2 = .30$. Further, There was a difference in ethics rating across the vignettes for the MES-1 between psychologists and students, $F(6, 226) = 4.70, p < .001, \eta^2 = .11$. Specifically, the truthful vignette was rated as more ethical for therapists ($M=99.53, SD=9.11$) and students ($M=98.19, SD=16.17$) compared to the deception vignettes. Of the deception vignettes, the white lie for therapists ($M=66.95, SD=17.18$) and blatant lie for students ($M=78.75, SD=19.32$) were rated as the least ethical. These differences were not accounted for based on the position of the vignette, or due to an exposure effect, $F(6, 226) = 1.14, p = .34$. Lastly, one-sample t-tests for revealed that therapists and students deemed it unacceptable to lie to clients ($p < .001$)

Overall, therapist deception is deemed as less ethical than telling the truth. Further, participants indicated that lying to clients is viewed as unacceptable and unethical. This is not surprising, given that many people dislike being the target of deception and deception damages trust within relationships (Miller, Perlman, & Brehm, 2007; Möllering, 2009). Furthermore, professional values and ethics code reflect honesty as a value within its 5 core principles (APA, 2002; 2010).

Participants were asked to rate how ethical a client-therapist interaction was based on a truthful vignette and six different types of lies: omission, half-truth, white lie, blatant lie, distortion, and failed deception. It was predicted that there would be a significant difference in how the participants rated each of the lies compared to the truthful vignette.

Vignette Sample

Sabrina Jones is a psychologist with her own independent practice, which she has owned for many years. She works in a rural area, and is the only practicing therapist for about a hundred miles. She has learned to become competent in treating a wide variety of problems due to the lack of other treatment options in the area. One day, a man shows up in her office hoping to have a session with her. Sabrina tells the man, George, that she is booked for the day, but he could come back in a week. George looked visibly upset by this news, but he agrees to the appointment. A week later, George shows up for his appointment and is clearly upset. Upon careful questioning, Sabrina discovers that George is suffering from auditory hallucinations (he could hear voices from air vents saying his family was dying). He claimed he could mostly ignore the voices, but his mood has been very depressed lately. He also admitted to excessive alcohol consumption and marijuana use for over a decade. Sabrina suspected he was suffering from some cognitive impairment given his speech pattern and limited insight. She privately thought that he may need in-patient treatment, and felt a little apprehensive about his prognosis in individual therapy. When George asked Sabrina if she could “cure” him, she told him that she was positive they could do that.

Even outside of therapy, psychologists’ research practices evidence policies of honesty (APA 2002; 2010). It appears that both non-therapists and therapists deem deceptive practices as less ethical than being truthful. These results suggest that therapists may consider adding honesty and integrity as an ethical policy in the code of ethics, specifically for interactions in counseling and psychotherapy.

<i>Internal Consistencies of Multidimensional Ethics Scale-Revision</i>								
	Utilitarian	Justice	Personal Relativism	National Relativism	Deontological	Contractualism	Egoism	Total Scale
Cronbach ‘s Alpha	.95	.90	.90	.89	.91	.91	.69	.84