Disentangling deceptive communication: situation and person characteristics as determinants of lying in everyday life
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Functional and Self-Presentational Purposes of Telling Health-Related Lies

As we aimed to explore a more specific domain of lie telling, as a follow-up to the study described in Chapter 4, we chose a domain that is of everyone’s concern: one’s health. In everyday interactions as well as in interactions with health care professionals, people might feel or know that telling the real state of affairs regarding their health, actions or wishes, will not work out in the desired way. However, that people do sometimes lie about their health state is largely neglected. Although there might be some awareness among health care practitioners and health scientists that patients and research participants tend to lie about health related topics, in general they will attribute lie-telling to the lying prone personalities of individuals. However, when we would better understand the functional and self-presentational purposes of lying in specific contexts or social interactions, we would better understand the role of social, psychological and practical factors as determinants of health related lying. Also we would gain insight in the ways people understand and value health, health related social interactions and for instance health care services.

Burgoon, Callister and Hansaker (1994), who studied deception in patient-physician interactions, found 85% of the patients in their sample of 754 Americans to equivocate
and/or conceal information in patient-physician interactions. Over one third reported making at least one blatantly false statement to their physician and only 3% of the sample admitted no single instance of departing from the truth. The survey revealed multiple motives for deceiving physicians. Patients withhold, exaggerate, conceal or equivocate in their communication with physicians to avoid social disapproval, to maintain their own notions of what ought to be considered private, to avoid receiving bad news or being subjected to further clinical scrutiny, and to generally establish favourable interpersonal relationships with their physicians. According to Burgoon and colleagues, patients also tend to use their lay knowledge of their own medical condition to make self diagnoses and prioritise the issues they will or will not discuss with their attending physicians. Patients will use outright falsification to gain personal benefits from a visit to the physician. Although it is understandable why the liars themselves deem lying about their health positive or functional, it is clear that the lying is negative or dysfunctional from the perspective of the health care provider. Especially as one realises that physicians tend to assume that the information they receive from patients is truthful, complete and accurate (Burgoon et al., 1994).

Rather surprisingly, the study of Burgoon and colleagues (1994) appears to be the one and only (published) study that explicitly addressed the issue of health related lying. As the focus was on patients lying to their physician, insight into the functionality of health related lying outside a medical context is completely lacking. Although one might expect that the same kind of motives that lead people to tell lies in patient-physician interactions, will apply to different kinds of interpersonal interactions as well, this remains to be demonstrated. What’s more, we do not yet know what other communication situations provide ordinary people with a reason to tell health-related lies.

People usually resort to telling a lie as a result of specific circumstances that would prevent them from reaching a certain goal if they told the (whole) truth. Telling a lie enables the sender (in principle) to stay in control of the course and outcome of social interactions (see Chapter 4). Therefore, lying can best be regarded as an interpersonal influence strategy (Buller & Burgoon, 1994), while lies can best be regarded as means to achieve a certain goal (Miller & Stiff, 1993). In order to gain insight into the functional and self-presentational purposes of health related lying, it will be investigated towards what audiences, with what reasons and what goals, what kind of health related lies are told.
In order to be able to explore the function of health related lying, from the perspective of the liar him- or herself, in both the medical as well as the non-medical context, we opted for a research strategy that had proven to be successful when addressing the function of lying in general (see Chapter 4). A large group of people is asked to report on several aspects of a self-told health related lie, warranting that their communicated message satisfies the criterion of a lie. That is, a message the messenger knows not to be in accordance with the knowledge, views, feelings or motives he or she holds, and that he or she is telling with the intention of creating a discrepancy between the information known to himself or herself and that known to the receiver (Meerum Terwogt-Kouwenhoven, 1993, p. 25).

It should be noted at the outset, that by means of a qualitative analysis of the collected self-reports the research aim was to gain insight into the different purposes of health related lying in everyday life situations. It is not the persons who tell health related lies who are of central interest here, but the circumstances in which health related lies are told. Hence, any generalisations that will be made based on the outcomes relate to situations rather than persons. Future studies aimed at making generalisations about persons could however benefit from the outcomes of studies like the present one.

Method

Participants
During one collective session at the beginning of the fall trimester in 1997, 289 first year psychology students (about 75% female and 25% male) of the University of Amsterdam participated in the study as part of a course requirement. The age of the participants ranged from 18 to 52 years.

Questionnaire
After a short introduction about the research subject and procedure, participants were invited to report on the most recent lie that they had told in relation to their physical or mental health. They were instructed to write down in as much detail as possible the issue the lie was referring to, the content of the lie, when they had told the lie and to whom, what
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the duration of the interaction was in which the lie was told, and finally why they had told the lie (the reason and/or motive for telling the lie). In addition to these open-ended questions, a variety of closed questions was asked in order to obtain some more background information on the lie itself, the interaction in which the lie was told and the person who reported the lie. The present chapter will, however, mainly provide results that were obtained by analysing and interpreting the responses to the open-ended questions.

Qualitative Analysis

Of the 298 participants, 195 reported a lie and 94 did not report a lie (mostly because they could not remember one). As the first step in the qualitative analysis, it was established whether these 195 reported lies actually were health-related lies. It appeared that 25 of the reported lies had nothing to do with the health state of the reporter. Therefore only 170 reports were included in the further analysis.

A qualitative data analysis method (see for instance Baarda, de Goede & Teunissen, 1995; Mason, 1996) was used, in which we sought to bring structure into the self-reports by means of an iterative process in which we tried to stand open to the information provided in the reports while incorporating theoretical knowledge and insights from previous efforts as well. As a first step in this process it was established whether different kinds of lies could be discerned, based on some prevailing joint characteristics of the self-reports. It appeared that three global clusters could be compiled: a large cluster of 97 reports involved different kinds of health related excuses, in a smaller cluster of 52 reports lying served as a means of drawing or distracting attention, and in a third cluster of 21 reports lying served as a means to protect self interests. As a second step it was established whether some smaller clusters could be discerned within the three main-clusters. It appeared that this could be done by sorting the reports in relation to what constituted the occasion of the lie-telling (see Table 5.1 for the labels of these sub-clusters). As a third step we tried to understand what the different examples of health related lies within each sub-cluster might actually tell us about the function of health related lying in everyday life. In the results section of this paper various elements are described that seemed to be relevant for the lie telling to occur. The reader may check whether our observations and conclusions are
plausible by checking the small number of representative and striking examples\(^1\) of each sub-cluster that are provided in the text. As a fourth step it was examined whether the motives that lead people to tell lies in patient-physician interactions (see the introduction of this chapter) are of the same kind as the motives that were reported in the present study. In order to facilitate this examination a category system of purposes for telling health-related lies was developed. As a final step in analysing the results, we looked to see how the different sub-clusters that emerged in the present study related to these five categories of purposes of lying.

### Table 5.1 Classification of the 170 Self-Reported Health Related Lies

<table>
<thead>
<tr>
<th>Main-clusters</th>
<th>Sub-clusters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excuses: (97)</td>
<td>• Various (32)</td>
</tr>
<tr>
<td></td>
<td>• School/university related (29)</td>
</tr>
<tr>
<td></td>
<td>• Work related (28)</td>
</tr>
<tr>
<td></td>
<td>• Experience related (8)</td>
</tr>
<tr>
<td>Attention: (52)</td>
<td>• Distract attention: physical condition (28)</td>
</tr>
<tr>
<td></td>
<td>• Distract attention: mental condition (15)</td>
</tr>
<tr>
<td></td>
<td>• Attract attention (9)</td>
</tr>
<tr>
<td>To protect oneself: (21)</td>
<td>• Medical representative (9)</td>
</tr>
<tr>
<td></td>
<td>• Substance abuse (8)</td>
</tr>
<tr>
<td></td>
<td>• Eating disorder (4)</td>
</tr>
</tbody>
</table>

Note: Within parentheses is the number of self-reported lies that fitted into the cluster.

### Results

**General Characteristics**

Of the 170 reported health related lies, most were told in casual interactions with parents, teachers, employers, friends or fellow students. Health lies told in a medical context were

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\(^1\) In order to be able to trace each example back to the complete report, the identification number of each participant is provided as a case number. The examples only contain the information that was reported with regard to the first and fourth question in the questionnaire: “What did you lie about the last time?” and “How did you come to this lie? / Why did you tell this lie?”. Due to translation from Dutch into English, some subtleties in the original formulations may have disappeared.
very rare. The largest percentage of the reported lies was told during a casual face-to-face interaction (60%), about a third during a telephone mediated interaction and a few were written lies. About 50% of the liars had prepared their lie to some extent, about 7% prepared their lie thoroughly, and about 40% of the liars told the lie spontaneously. According to most research participants, lying had the desired effect and most lies were immediately accepted (and believed) by the target person.

**Being Excused**

As can be seen in Table 5.1, the largest cluster of self-reported lies in fact involved health related excuses. Most excuses were invented in order to wriggle out of an obligation (e.g. school, job, appointment, chore) or anticipated event (e.g. quarrel, punishment, upset person) someone ‘does not feel like’. In our Dutch society ‘not feeling like doing something’ is not a social acceptable reason for not carrying out one’s duties or not complying with social rules. Hence, people are more likely to say that they are sick, which is a generally acceptable reason, a cause that is largely beyond a person’s control.

**Case 109**: In order to wriggle out of having to wash the dishes I lied about my headache. My roommate then washed the dishes. And I was pampered lying on the couch. *I was tired, I worked hard that day and thus I had no energy left for the dishes!*

**Case 282**: I told my mom that I was sick (flu) and therefore did not go to school. Actually I had a cold. *Otherwise she would be annoyed and nag that I didn’t go.*

As many students tend to have (low-qualified) jobs in the evenings or during weekends, excuses aimed at getting out of work are also told in order to be able to do something the person likes better (e.g. staying with a friend, going to a party, sleeping). Partying and studying can, however, also otherwise interfere with working duties. In order to be able maintain a favourable professional image in the eyes of the employer, the strategy of replacing an internally attributable cause by an external cause is used.

**Case 174**: I reported sick to my employer in order to get a day off, so that I could study for my exam. *In order to get a day off for studying.*

**Case 163**: I reported sick at work and said that I had a migraine *I had a really bad hangover and I didn’t think that to be acceptable as a reason for reporting sick; therefore, “really” sick.*

A special category of excuses is the *experience-related* excuses. Apparently some people (incidentally) misuse or take advantage of their personal experience with a more serious
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medical condition. One could argue that for some people a positive side effect of suffering from a medical complaint is that they are excusable whenever it serves them.

**Case 185:** Told a teacher in high school that I had a bladder infection, although in fact I didn’t. *I had to take a test that day and I had not studied for it. I had had a bladder infection more often, so I knew how it felt and that one should seek help immediately.*

**Case 30:** During my initiation ceremonies into the students’ union I said that I frequently faint (what is true, only seldom). *A medical complaint releases you from certain things, as a result of which you become less tired. I protected myself.*

**Drawing or Distracting Attention**

The second cluster labelled attention involves health lies aimed at drawing attention or distracting attention from a physical or mental health problem (see Table 5.1). The participants who wanted to distract attention from their health problem clearly anticipated negative consequences from revealing the real state of affairs. By means of trivialising, withholding and/or denying the truth they aimed at averting (active) interference and other reactions such as negative thoughts and annoying questions. The lies thus also were evoked by a concern for how one is perceived by others.

**Case 46:** Already for more than 1 year now it happens that I don’t have any control over my right arm (especially when writing something). Instead of the movement I want to make, my arm makes an unexpected movement in the other direction. People who notice it I tell that it is nothing serious, although I do not know for sure of course. *I don’t want people to think that I am some kind of strange/weird person.*

**Case 71:** I did not tell everyone in my surroundings that I have a benign tumour in my left breast. *I don’t want everybody to worry unnecessarily about me and I find it difficult to tell people. Some persons I just don’t want them to know.*

The following examples reveal that lies aimed at not having to seek medical attention or not having to comply to a medical regimen are not only other-deceptive but also self-deceptive. Anticipated threats to their freedom and control (see Fogarty, 1997) probably induced these treatment delays.

**Case 200:** I had and have often stabbing pain in my heart. *My girlfriend thought that I should see a doctor. I didn’t think that necessary and I did not feel like it so I said that it hadn’t really troubled me lately.*
Case 53: About pain in my neck and shoulders. * My neck and shoulders are always giving me trouble, but I don’t feel like visiting a physiotherapist for months (no patience), so I pretend that I have no trouble at all.

Most health related lies appeared to be self-serving rather than altruistic. The next example from the *distract attention* cluster is, however, one of the rare health lies that was motivated by a concern for another person.

Case 257: Said that I wasn’t ill. * So that the person would not worry, this person [mother] was ill herself and would not be able to support me, although she would want to and then feelings of guilt could develop.

Having a (temporarily) mental health problem constitutes another condition for not (always) revealing the truth to others. Although one might be offered social support, chances are high that people won’t think highly of you and/or that they will start to bother you with annoying advice. Therefore, non-disclosure will help to maintain one’s privacy and probably also one’s self-esteem.

Case 232: I lied to a friend that I was doing fine although I actually am still depressed. * I’m getting terribly bored with being pathetic & having problems all the time, so I’d rather pretend I don’t have them.

Case 66: About 1 year ago I had some kind of mental problem [..description of symptoms..] that I had under control after 2 months. Many people around me knew I had this problem. But now the problems have returned and to some persons I lie about that and say: No, it doesn’t bother me any more at all. * I feel a bit ashamed. Do not feel like having to explain everything again.

Being ill can also interfere with one’s self-image or one’s plans. Case 32 apparently views being ill as a personal failure, and feels ill rather than guilty. The prime concern of Case 78, on the other hand, is going to a concert. Admitting that she doesn’t feel well would likely result in her friend becoming a barrier to meeting that desired goal.

Case 32: When I felt very awful this weekend I said at work that nothing was troubling me. I don’t like to report ill, feel guilty then. * I have qualms about reporting ill, feel guilty.

Case 78: Light flu, told my boyfriend that it wasn’t really bad because I wanted to go to a concert. * Loved to go to the concert, otherwise he becomes worried and so forth.
As an ill person tends to evoke compassion, pretending to be ill also helps to attract attention. In contrast to the earlier cases, here presenting oneself as being ill is not used as an excuse in order to be able to do something differently than expected, but as a means to enjoy the merits of suffering from something piteous.

**Case 175:** About headaches that returned from time to time (sometimes real, sometimes not).
* I think in order to attract attention from my teacher and parents (especially my mother).

**Case 225:** About my flu. I was very weak and I had to vomit. In the morning I really was ill, in the evening not anymore. * I really wanted to attract my sisters’ attention. She just had to spoil me for a while.

*To Protect One’s Interests*

The smallest of the three clusters involves lies that come forward in only special or rare circumstances (see Table 5.1). The first sub-cluster involves lies told to a medical representative. As a consequence of conflicting interests and unequal power of two parties in the interaction, the weakest and dependent party apparently feels forced to lie (and deceive) in order to protect his or her own interests.

**Case 178:** During the medical examination for doing military service I did exaggerate everything, listened to very loud music for an hour before the examination and I fasted for a week in order to become underweight. * Everything to be declared unfit.

**Case 95:** I did write down at the admittance for my current medical insurance not having suffered from insomnia and thus also withheld taking medicines for this. * Because when I tried to expand my former policy with another insurance company I had been refused based on this sleeping medication. I wanted to be on the safe side.

The next example involves a lie which is hardly in the interest of the liar’s health as it frustrates the accurateness of the feedback a physician needs to determine an adequate treatment regimen. The liar does not seem to realise this as his or her concern apparently involves the immediate reaction of the health care professional upon disclosure of non-adherence.

**Case 191:** About medicine intake. I told to the physician that I did take them, although I did not. * In order not to get into trouble.

Lying about substance (ab)use seems to be target related. As not everyone will admire or understand the usage of drugs, users might have to hide the truth from for instance parents, colleagues and employers. Especially when substance usage has had an aversive effect on their well being, users will come up with a more socially acceptable explanation.
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Case 284: Why I was so very energyless while at work. I said that I was ill but I was tired as a consequence of drugs usage. too little sleep that weekend. * Tiredness as a consequence of illness is logical and well accepted. Drugs usage is not! Especially not at work.

Case 216: I recently lied that I felt sick because of the heat or because I ate something bad, but I was ill because of the alcohol I drank the night before. * I felt ashamed of myself: that I drank too much and was ill and that as a consequence of that I could not come to visit.

The final sub-cluster involves lies that were told in relation to an eating disorder (bulimia or anorexia) the participant had suffered from in the past or still suffers from. A characteristic of these disorders seems to be that the patients are predisposed to lie a lot in order to hide their eating related problems and also to appear nice and co-operative in contact with other people.

Case 279: I told a friend with whom I was on vacation that I hadn’t vomited at all during the vacation, although I had done so twice (I have/had bulimia). * Because my friend asked whether I vomited and I didn’t dare to admit that I did do so. I felt ashamed and I was afraid to disappoint her. Also I was afraid that she would feel offended by me vomiting while I was on vacation with her, like I didn’t enjoy our vacation.

Discussion

A sample of 170 self-reported health related lies was carefully analysed in order to gain insight in the functional and self-presentational purposes of health related lying. The qualitative analyses led to the compilation of three main-clusters of self-reported lies, each with three or four sub-clusters. A main-cluster contained the health lies that served a common function in the everyday social interaction in which they were told (To be excused; To draw or distract attention; To protect oneself). The sub-clusters relate to the more specific occasion of the lie; to whom or what the manipulation of the truth was targeted. When trying to understand what the different self-reports actually tell about the function of health related lying in everyday interactions, several social, psychological and practical factors were identified as being of importance for the lie-telling to occur. The self-reports made clear that telling health-related lies is certainly not restricted to medical contexts. Health lies are told by healthy as well as ill persons, during all kinds of casual and formal interactions. Also health lies tend to be largely self-serving and aimed at controlling the course and outcome of the social interaction.
The fact that so many health related excuses were reported by participants who were not really ill, seems to warrant the conclusion that being ill, or pretending to be ill, has some positive side-effects. Participants who wanted to do something socially unacceptable without having an acceptable reason, resorted to faking the flu or some other physical health problem. Supposedly being ill therefore seems to suffice as a reason to forsake one’s (social) obligations. Related to the former, are lies that were told in order to attract someone’s attention by means of implying that one has fallen prey to some illness. Apparently some participants had reasons to believe that in contrast to the truth, claiming something pitiable would evoke a personally beneficial reaction. The reports show that they were right.

From the lies of participants who were really ill but pretended to be fine, however, it can be concluded that being ill also has its drawbacks. An ill person should stay in bed, see a doctor, take medicines and/or perhaps undergo (psycho)therapy, but should certainly not go to a party, go to work or just wait and see. What’s more, people who do not feel well or have some serious mental or physical health problem seem to be subjected to probably well meant but compulsory advices of whoever feels obliged to give them. People who don’t feel too well as a result of drinking too much alcohol, sleeping too little, or ignoring pain signals can surely expect to be blamed of irresponsible behaviour. According to the participants, the best way to prevent unwanted reactions like worries, questions, directions, prohibitions or negative evaluations, therefore is to hide the real state of affairs regarding one’s health status from persons of whom an unwanted reaction is to be expected.

Although a range of different motives for telling health-related lies already emerged in the presentation and discussion of the self-reports, it still remains to be examined whether or not these motives are of the same kind as the ones that were identified in Burgoon et al.’s (1994) study on deception in patient-physician interactions. To facilitate this examination a category system of purposes for telling health-related lies was developed. We strove to a sparse system in which nevertheless all the motives that were mentioned could be categorised. It appeared that five categories sufficed to capture the different grounds for the lie telling: 1. in order to hide something deemed negative; 2. in order to establish something deemed positive; 3. in order to wriggle out of something deemed negative; 4. in order to avoid something deemed negative; and 5. in order to maintain something deemed positive. As the different motives mentioned in Burgoon’s study seem to fit neatly into
these five categories, it is concluded that deceiving physicians is not differently motivated than health related lying in other social interactions.

**Table 5.2**  
*Five Categories of Purposes of Lying in Relation to the Different Sub-clusters of Self-reported Health Lies*

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Sub-cluster</th>
</tr>
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<tbody>
<tr>
<td>to hide something deemed negative</td>
<td>work related excuses, school/university related excuses, distract attention: physical condition, distract attention: mental condition, medical representative, substance abuse, eating disorder</td>
</tr>
<tr>
<td>to establish something deemed positive</td>
<td>work related excuses, school/university related excuses, distract attention: physical condition, distract attention: mental condition, attract attention, medical representative, eating disorder</td>
</tr>
<tr>
<td>to wriggle out of something deemed negative</td>
<td>various excuses, experience related excuses, distract attention: physical condition, distract attention: mental condition, medical representative</td>
</tr>
<tr>
<td>to avoid something deemed negative</td>
<td>distract attention: physical condition</td>
</tr>
<tr>
<td>to maintain something deemed positive</td>
<td>distract attention: physical condition</td>
</tr>
</tbody>
</table>

While categorising the range of motives from the self-reports, there seemed to be no clear correlation between clusters and categories of purposes of lying. In order to provide insight into the relation between sub-clusters and purposes of lying, Table 5.2 shows in what sub-cluster a certain kind of motive was found. Inspection of the table reveals that 'hiding something deemed negative' as well as 'establishing something deemed positive' underlie a large variety of health related lies. Despite the large amount of reported excuses,
however, ‘wriggling out of something deemed negative’ motivated a smaller variety of lies. The categories of ‘avoiding something deemed negative’ and ‘maintaining something deemed positive’, in the present sample of self-reports, solely applied to lies told in order to distract attention from the physical condition of the sender.

A convenience sample of self-reported lies constituted the material of the present study. Although we will probably differ in our opinions about the reported lies, the larger part of the health related lies could be considered relatively harmless. Some lies, however, could be considered (more) dangerous as they involved postponement of seeking medical attention, non-adherence to a medical regimen or continuing an unhealthy lifestyle or habit. Additional studies, especially with less healthy or less fortunate populations than students, are probably needed in order to establish a wider range of audiences, topics, reasons and goals for telling health related lies. For instance, it would be worthwhile to study the health related lies of a group of seriously ill persons as this could lead to a deeper understanding of health and illness related behaviour, including lying.

In sum, the present study led to the insight that because of the psychological, social and practical implications that are attached to states like health and illness, people can strategically replace one for another in interpersonal interactions. The function of health related lying therefore coincides with profiting from the specific rewards or avoiding the specific drawbacks of each specific health state.