'Lies, all lies'

Jeanine Connor thinks about what might be going on when a new client is accompanied by the referrer's message that what they have said is simply not true

A theme has developed in my psychodynamic practice with children and adolescents – that of being frequently 'reminded' by parents, carers, teachers and social workers that what my young clients have told me is a lie. These children have been accused (outside of therapy) of 'making it up' or seeking attention, and I have been assigned the wholly inappropriate task of getting them to stop.

So I am going to address three key questions that have been in my mind recently, and these are:
1 What are adults choosing to ignore when they deem something a child tells them to be a lie?
2 What are children trying to tell us when they tell us a lie?
3 How can psychodynamically informed thinking help us to reflect upon the meaning of children's so-called lies?

The baseline for my thinking about this is that children need us to hear what they say. Furthermore, if they are to find the courage to speak to us, they need us to help them to think about – rather than punish, nullify or prohibit – all forms of communication. I think this is true whichever person a child confides in – therapist, teacher or parent. It is a uniquely valuable experience to be thought *about* and thought *with* in the absence of judgement or bias; an experience, of course, that is fundamental to therapy. But I believe that *any* adult, whether in a professional or parental role, can enhance the channels of communication with the young people in their care by taking on board some of what psychodynamic thinking has taught us.

Fantasy versus lies

Our aim in working with young people psychodynamically is to help them to unravel the many and varied realities they bring to therapy. These realities have both physical and psychological manifestations and they are carried consciously and unconsciously into the therapeutic space. My use of the term *realities* is intentional, as I would argue that 'lies', in the traditional sense, never exist in the therapy room. My patients know, perhaps unconsciously, that I am not an arbiter of the truth (although I am often a detective!), and I think that this allows them the freedom to express their real and fantasised experiences and to explore them with a mindful 'other'.

Therapists might think about patients' fantasies, or unconscious *ph*antasies, as Melanie Klein[1] called them, but in my view these are quite distinct from lies. I think that fantasies are similar to dreams, in that they allow latent desires, fears and anxieties to become manifest in a more manageable form. Play, drawing and creative writing are used by children to express themselves in a way that words sometimes fail to do. These are more tangible vehicles for carrying unconscious fantasies into the realm of conscious awareness, and they are valuable forms of communication about internal worlds. Many adults realise this, mostly at an unconscious level, but I think that this awareness can also be used as a basis for thinking about so-called 'lies'. For example, it would be extremely unlikely, even in the non-therapeutic world, for a young person recounting their dream to be branded a liar, or for a child's painting to be labelled a lie. If we think about children's fantasies in the same way as we think about their other forms of unconscious communication, it seems just as ludicrous, I hope, to judge them as lies. Just as the child's drawing or dream symbolises and communicates something about their internal world, the young person's narrative must also contain a form or fragment of reality that originates in real, rather than imagined, experience. For that reason it deserves to be listened to, accepted and thought about, rather than labelled a lie.

Reality versus lies

In my experience, what has been branded a lie often contains elements of current or historical abuse. In these circumstances, the obvious hypothesis seems to be that doubt is a more comfortable position for the disbelieving adult to take up than belief in the unbearableness of child abuse. Furthermore, in deciding that a child's allegation of abuse is a lie, the adult (or system) can avoid thinking about it further because in their mind it did not happen. This is a classic illustration of denial as a form of ego defence. I would also suggest that denying the abuse is the way that adults avoid becoming enmeshed in it themselves. The varied ways in which unconscious anxieties and defences can get played out in disbelieving adults is illustrated by three vignettes taken from my clinical work with young people.

Yolanda: a drama queen?

A 17-year-old female patient, who I will call Yolanda, made an allegation of rape against a male peer at college. The boy denied it and was believed by both sets of parents, staff and the police. He was a 'good student' while Yolanda was labelled a 'drama queen'. By believing the 'good' boy, the system maintained

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an effective split between bad/abuse and good/non-abuse, and positioned itself with the latter. No further action was taken and, more significantly I think, the awfulness of peer sexual abuse was eradicated from the minds of the system. However, Yolanda continued to suffer terrifying flashbacks of the rape in her nightmares and at college, where, unsurprisingly, her behaviour became more unmanageable until she was excluded. In my view, her removal from college is a further illustration of an attempt to split off the 'bad' parts believed to be located in her (abuse and lies) in order to protect the 'good' institution. An alternative hypothesis is that her exclusion could be seen as a re-enactment whereby the system unconsciously identifies with the abuser and therefore prolongs, highlights and draws attention to Yolanda's suffering.

As Yolanda's therapist, I had to bear in mind all of the 'realities' being revealed to me by my client and the wider system. Notably, my responsibility was not to get to the truth but to bear witness to whatever my patient brought to her sessions, consciously and unconsciously, in the form of dreams, memories or lived experiences. Maintaining my position *alongside* her, rather than being *drawn in*, was not easy but it afforded me the emotional distance and perspective my client needed. Alice Miller[2] suggests that a therapist should 'devote his full attention as a spectator to the drama, without jumping onto the stage and joining in the act'. It was the experience of having a thoughtful and attentive 'spectator', I think, that enabled Yolanda to become aware of historical sexual abuse memories, awakened by her recent experience. Clinical research[3] supports the hypothesis that memory for historical trauma can become entangled with memories for recent trauma. Yolanda's childhood sexual abuse was brought gradually into conscious awareness and worked through in therapy until she was ready to make a full disclosure. Without the experience of having someone *believe* her experiences, the repressed memories of what happened to Yolanda as a child are likely to have continued to haunt her into adulthood.

Also pertinent was the shift in attitude of the professional system during my work with Yolanda. At the outset, the preoccupation was with the 'lies' about the rape and how best to manage (ie change) Yolanda's behaviour. In multi-agency meetings, I was able to feed back into the system my observations of Yolanda's emerging depression as well as her ambivalence about coming to terms with her experiences. While respecting confidentiality, I shared the idea that creating and/or maintaining difficulties in the present can provide a focus for feelings that belong in the past. I was able to share my thinking, at a theoretical level, that memories of historical trauma can become entangled with those of recent experience, and that therapy can help to untangle and make sense of this. By sharing my thoughts in this way, the confidentiality of Yolanda's therapy was maintained and the system gradually became more reflective. We wondered together about what the 'rape' might represent for Yolanda – which encouraged thoughtful rather than spontaneous responses. Eventually, a collective realisation was reached that what mattered more than the truth of the external reality was an acknowledgement of Yolanda's *internal* reality. This insight raised awareness about the unbearableness of Yolanda's experience in the here and now, and enabled the system to reflect upon it as something real. The shift from arbiter of truth to thoughtful spectator was communicated unconsciously and, I believe, was fundamental to Yolanda's subsequent disclosure of historical abuse – which, interestingly, was believed unanimously.

Morrie: the disbelieving child

The second vignette contains an example of a different kind of 'lie': one that appears to symbolise the disbelieving part of the child located within a disbelieving system. 'Morrie' was a 14-year-old boy who had been taken into care at the age of four after enduring incestuous sexual abuse. We had been working together for a year when his foster carer found a note, written by Morrie, claiming that a same-aged boy had forced him to perform oral sex. No one in the professional system believed

this was true and I was warned by his social worker that 'while he might have the face of an angel, he lies like the devil'. As with Yolanda, I was informed about the incident so that I could 'address the lying'.

One of the worrying things about Morrie's experience was the inability of the system to *think* about it. Social services disbelieved him; the police colluded and dismissed his allegation; school excluded him (to 'protect [the other boy] from further untrue accusations') and his carers went on holiday, leaving him in respite care for a week following discovery of the note. The message being communicated to Morrie was that he was a liar, the bad one, the 'devil' child and that nobody wanted to listen to him. Paramount in my mind was Morrie's unresolved childhood abuse and how it might fit with his current experience. I was mindful that history might be repeating itself in more ways than one; that Morrie could have suffered further abuse and that, in the very least, he was re-experiencing disbelief and rejection from the adults responsible for his care. Evidence for the possibility of re-enactment was also present in the system, illustrated by a teacher's flippant remark that Morrie was 'once a victim, always a victim' – suggesting that, at least unconsciously, she believed that Morrie had experienced further abuse.

It seemed vital for me to provide Morrie with a space to *think* alongside a *thinking other*. The next time we met he demonstrated his availability for symbolic thinking, quite beautifully, in the sand tray. The sand was damp and had formed lumps, which Morrie crumbled between his fingers. He asked me to help 'break down the hard bits' and offered me a spade so as not to get my hands dirty. I commented that he seemed to want my help but also that he had a desire to protect me from the hard and disgusting bits. In his own time and without prompting, he told me that he had been 'forced to do something' and in lieu of naming the sex act he gagged and told me it had made him feel sick. He said he wanted it to stay a secret because thinking about it made him want to vomit. I think this feeling was mirrored in the system which was unable to acknowledge something as sickening as forced homosexual activity.

Morrie told me he had coped with what happened by pushing it to the side of his head 'where the bad stuff is' so that he could just know about the 'good stuff'. He could not elaborate but I noticed that one half of the sand tray now contained only fine sand without lumps and I commented that the 'hard bits' and 'bad stuff' had been separated to the other side. Morrie said this was what it was like inside his head but that we would not be able to get rid of it all today. Morrie's sand play provided a concrete illustration of his attempt to split off the trauma as well as, perhaps, the system's attempt to deny it. It also seemed to flag up the other 'bad stuff' which Morrie was unable to consciously acknowledge.

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A containing space

In our work together, neither the historical sexual abuse nor Morrie's recent experience was named and his motives and realities were never questioned. Instead, a containing space was provided in which he could play and communicate in ways that felt bearable, which I facilitated, encouraged and cautiously interpreted. What I witnessed was what Winnicott[4] described as the 'space between inner world and outer reality [which] creates the possibility for playing and for the filling of the space with symbols'. In contrast, the wider system of school, social services and fostering, remained fixed in the belief that Morrie was lying. They questioned him repeatedly and when he was unable to recall specific details, they called him a liar. They interpreted his anxiety, doubt and confusion as confirmation that he could not be trusted. In contrast to the professional network around Yolanda, this system refused to engage in any meaningful thinking about Morrie's experiences, with me or with him. My wondering about the timing of the disclosure, in context of the imminent anniversary of his removal from abusive birth parents, was dismissed as coincidence. My suggestion that Morrie's depiction of oral sex with a peer was likely to contain at least some reality and that his normal adolescent sexual development was certain to be tainted by his early sexually abusive experiences fell on deaf ears.

Evidence suggests that motivation to remember is a key component in memory and that in 'a sexual or physical abuse situation, neither the situation itself nor the adult involved would encourage the motivation to remember'[3]. Further clinical research suggests that doubt and confusion is evidence of attempts to recall a true memory rather than of inventing a lie[5]. The system rejected all my attempts to help them to think in this way and, like Morrie, I was ignored and dismissed. As concerning (and frustrating) as this experience was, it was also a powerful re-enactment of an abusive system that repeated and perpetuated Morrie's experience of being abused.

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Harry: an overt lie

The final vignette provides an illustration of a child who, in contrast to the first two examples, told lies that were obvious and easily falsifiable. Harry, 10, was referred for psychotherapy following concerns about his behaviour at home and school in the context of possible child protection. He disclosed that his mother was seriously ill with an incurable disease that caused her to lapse in and out of coma. His father did not allow him to visit her in the hospital, which he was finding incredibly distressing, particularly as her birthday was approaching and he wanted to take her some flowers. Harry's narrative was elaborate and included specific details about his mother's illness, the hospital and the staff caring for her. He said that she became ill when he was five years old, just after the birth of his sister. Harry remembers there being lots of arguments between his parents and that occasionally these became violent. Soon after this, his mother was diagnosed with terminal cancer and spent time in and out of hospital so that he rarely saw her.

Taken at face value, Harry's story is a sophisticated and somewhat disturbing lie. However, it is also a powerful communication about his experience of life and family relationships. It states undoubtedly that things changed for Harry when he was five years old. It is known from the history that this coincided with the two most significant events in his short life: starting school and the birth of his sibling. Thought about in this context, Harry's claim that his mother was diagnosed with a terminal disease illustrates his overwhelming sense that he had lost her and that she would be gone forever. It is true that Harry's mother went into hospital when he was five – to give birth to his sister. This knowledge is likely to have been very frightening for little Harry, particularly if his father, as Harry claims, did not allow him to visit her. We can imagine how confusing it can be for children to reconcile their idea of hospitals as places where the sick go to get better, with the notion that people go there to collect babies in order to usurp older siblings! Harry's internal world seems to have become a tangle of hospitals, illness, babies and loss. His claim that his mother contracted an 'incurable disease' and slipped 'in and out of coma' seems symbolic of his internal reality. If, as hypothesised, his mother's 'disease' represents pregnancy, then attending to her baby could be experienced by Harry as an abandonment so catastrophic it feels as if she were dead to him, that is 'in and out of coma'.

Psychodynamic theory tells us that, at some level, even very young children associate pregnancy and birth with the primal scene, and that this is often experienced as aggressive and frightening. Harry recalls violent arguments between his parents and perhaps associates this with the sexual act that produced the baby. From an Oedipal perspective, Harry may feel some sense of responsibility, hence his childish attempts at reparation in the giving of flowers. However, it is Harry's father who is vilified: he is responsible for the arrival of baby, for making his mother ill and ultimately for standing between Harry and his mother. It was possible, over time, for Harry to work through his overwhelming feelings of love, hate and rejection in therapy. His emotional responses were undoubtedly real, his narrative was simply a vehicle used to carry them into conscious awareness.

The three young people described in this article had all been accused of telling lies. What I discovered in working with them was that they were confused, frightened and traumatised; that they had something important to communicate; and that they needed the opportunity to think alongside a mindful spectator. Meeting them has been a privilege. I hope that their experiences will encourage professionals to employ a more psychodynamically informed way of thinking about young people's communications and avoid at all costs the temptation to dismiss them as lies. ■

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