

Body of Lies: An exploration of Deceptive Strategies through Body Psychotherapy

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Abstract

The lived and embodied experience of lying has been largely under-researched in the field of Body Psychotherapy. Through a phenomenological approach to somatic inquiry, this study examines the subjective internal somatic awareness and experiences of deception and self-deception of three individuals. It explores the somatic defenses when coping with untruth and misrepresentation, and the somatic impact of deceptive behavior in the body. The narratives of the participants suggest three findings: 1) there exist five core somatic coping strategies when deceiving, 2) the body is an important source of knowledge of their deceptive behavior, and 3) honesty can support bodily release in the imprint of lying. The need for further research and more in-depth study of deception within therapeutic encounters is highlighted.

Keywords: deception, lying, defenses, strategies, body psychotherapy, incongruence

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Introduction

What is the lived and embodied experience of deception? How does lying show up in the body? What is the impact of a body full of lies?

Before being able to answer these questions, one must begin with the truth, and the truth is, ironically, that everyone lies. Most of us are engaging in acts of deception to some degree on an everyday basis. The psychotherapeutic encounter is no exception to this truth. As such, how can somatic psychotherapists begin to bring more awareness and understanding to the process of lying in order to help clients work toward congruence, authenticity, and wholeness?

To begin with, we must start with an understanding of our biology. Human somatic responses to danger and threats are hard-wired into our autonomic nervous systems as a means of survival (van der Kolk, 1994), while social and emotional threats elicit the same physiological response as physical ones. Humans are continuously met with the fear of conflict, rejection, judgment, loss of control, or harm. Deception is a product of living in a fear-based society, and lying serves as a survival mechanism to protect oneself from these threats (Von Hippel & Trivers, 2011). Interestingly, the development of deception as a

survival mechanism indicates that the need for love and acceptance is stronger than the need to be honest. One will often choose deception, including self-deception, over one's own integrity. However, as Caldwell (1996) points out, "this sacrificing of genuineness in the service of getting love is very painful" (p. 45).

Kurtz (1990, p.1) claims that the body's "tone, color, posture, proportions, movements, tensions, and vitality express the person within. These signs are a clear language to those who have learned to read them". In being able to read and interpret this language, the body can become an individualized lie detector. As somatic psychotherapists in particular, we see the therapeutic relationship as a space to explore and become aware of bodily sensations and experiences, and the ways in which both truth and untruth live in the body. I believe that one of the therapist's roles is helping clients to familiarize themselves with the somatic experience of deception. Consequently, clients might be better able to discern between what is true for them and what is not, allowing for congruence to develop. This process requires, however, that the therapists also do their own work in moving toward a more honest and congruent way of being (Kottler, 2010; Kottler & Carlson, 2011).

As psychotherapists, it is crucial that we investigate the ways we either consciously or unconsciously deceive ourselves and/or our clients out of our desire to maintain rapport and to protect our clients from pain or discomfort (Curtis et al., 2015; Kottler & Carlson, 2011). By looking at how our lies impact our body (*somatic awareness*), we can further explore and uncover our own biases as a way to support our clients. The body, as a result, becomes a vehicle to our unconscious material. For the purpose of this study, I explore the somatic cues and responses individuals feel as they experience untruth and misrepresentation in their bodies. In addition to the narratives explored, I discuss the relevance of this information to the field of Body Psychotherapy.

Review of Literature

Much of the emphasis in somatic psychology has focused on the subjective internal experience of the body (Hartley, 2004; Johnson, 2009) with little reference to how that experience translates to deception, and its social implications. Numerous studies research the relevance of recognizing markers of deceptions, particularly within the context of law, politics and government (Arico & Fallis, 2013; Ekman, 2009; Mann et al., 2013; Von Hippel & Trivers, 2011). Yet, these studies fail to establish ways of measuring and understanding the subjective internal somatic experience of deception. Measuring the internal experience of what happens inside the body requires extensive research. Some of the attempts to investigate have included utilization of various forms of lie detecting technology, such as the polygraph, measuring physiological activity (Ekman, 2009), and electroencephalography, mapping the activation in the anterior insula (Baumgartner et al., 2013). Nevertheless, further research should examine the individual's lived experience with deception, which this qualitative study intends to explore.

Somatic awareness has been defined as a type of knowing that focuses on the internal awareness of the body, as well as an awareness of the body's physical appearance (Csordas, 1993; Dzokoto, 2010). Bucci (2003) describes this type of knowing of self and others' bodily states as subsymbolic processing. The extensive literature on lie detection focuses on external, observable somatic physical cues. Alternatively, this research aims to expand knowledge within the field of Body Psychotherapy as it relates to lying by learning from participants' non-observable, internal somatic awareness.

Lies & Deception

Lying is a universal, ethical phenomenon that follows us from birth to death, and is a part of everyday life (Arico & Fallis, 2013; Reinhard et al., 2013; Smith, 2004). The field of deception is an ancient study, discussed for centuries among philosophers, sociologists, psychologists and biologists (Ekman, 2009; Kotler, 2010; Martin, 2015; Smith, 2004). Lying can be traced back to the creation of language, and emerged out of the need to story-tell and gossip (Smith, 2015). In fact, even non-verbal living organisms are deceitful: plants, insects, and animals all take many dishonest forms through camouflage and colorations. However, what differentiates us from other primates and species is our ability to lie both verbally and non-verbally, and hereby to be the most dishonest (Kottler, 2010; Smith, 2015).

Lies occur in various ways, both consciously and unconsciously, spoken or unspoken (Smith, 2004; Von Hippel & Trivers, 2011). Variations of lying are enveloped in terms such as falsehood, untruth, incongruence, misrepresentation, control, manipulation, camouflage, white lies, and living truth (Ekman, 2009; Martin, 2015; Smith, 2004; Von Hippel & Trivers, 2011). Whatever the name may be, these various forms of lies can be summarized into two primary categories: *Concealing* refers to depriving or withholding information, and *falsifying* refers to presenting false information to others (Ekman, 2009; Smith, 2004). Consistent with these definitions, Carlo Collodi – author of *The Adventures of Pinocchio* – demonstrates the two types of lies in the story: “Lies, my dear boy, are found out immediately, because they are two sorts. There are lies that have short legs, and lies that have long noses. Your lie, as it happens is one of those that have a long nose” (as cited in Martin, 2015, p. 79). The long-nosed lies are evident and consist of false information, the type of lying in which someone could watch your nose slowly grow longer and longer with every mistruth. On the contrary, short-legged lies are less apparent, hiding true information. One would not know how short someone’s legs are if they are kept hidden; perhaps they are standing on stilts (Martin, 2015). Concealing and falsifying as two distinct forms of lying help us to understand the sometimes nuanced ways in which people lie, and are also apparent in the findings of this study, in which the strategies I identify fall into either category, or use a blend of both.

Deception as Survival

Human connections keep us alive and provide meaning and healing to our lives (Brown, 2012; Caldwell, 1996; Esch & Stefano, 2007; Somé, 1998). Caldwell (1996) elaborates, “the need for love has more survival value than the need to be genuine” (p. 44). When the human nervous system is in threat, the body attempts to survive through defensive mechanisms: the flight, fight, freeze and collapse (Levine, 1997; Ogden et al., 2006). Caldwell (1996) further explains that when we feel unlovable, the body experiences a deep pain, and “the body will automatically take action to minimize it” (p. 44). To survive we need relationship before anything else (Brown, 2012; Wallin, 2007). Lying can essentially keep threatening things out and serve as protection to maintain these connections. Hence, deceit is a fundamental part of human experience; it is a survival mechanism, a primal way of communicating, as well as a manifestation of our growing intelligence (Smith, 2004; von Hippel & Trivers, 2011). Recognizing deception as a survival mechanism can increase our curiosity and understanding of our lying, allowing for a deeper exploration of the somatic experience.

Deception as Defense

Although deception does not explicitly appear in Freud's writing, the topics of repression, defense, and resistance relate to the mechanism of deception (Erwin, 2002). According to Freudian psychoanalytic theory, defense mechanisms are unconscious strategies that protect our core sense of self (the ego) from information that would hurt us (Berzoff et al., 2008). Kurtz (1990) describes defense mechanisms as character strategies that "are organized, habitual patterns of reaction," and therefore deception is oftentimes a repetitive and unconscious behavior (p. 42). In Hakomi therapy, there are eight major strategies, two of which center specifically on deception. The strategy *Deception I: Tough-Generous* manipulates as a means to obtain social acceptance, with the deception focusing primarily on "strength and power" (p. 45), whereas *Deceptive II: Charming-Manipulative* individuals lie about their "motives and their true feelings" (p. 45) and struggle with honesty and vulnerability. The degree of vulnerability influences the level of deception (Brown, 2012; Kottler & Carlson, 2011). In other words, the more vulnerable a person presents, the less defensive the person is, and the less prone they are to be deceptive.

Self-Deception

Research shows how deception and self-deception go hand in hand, entangled with ambiguity as to when a behavior is considered self-deceptive or another process is at work without knowing more about their situations (Shapiro, 1996; Von Hippel & Trivers, 2011). *Self-deception* is the process of convincing ourselves that a lie is true (Von Hippel & Trivers, 2011). It can be a gradual unconscious intrapersonal process (Ekman, 2009), but it may also evolve to facilitate interpersonal deception, meaning we deceive ourselves in order to deceive others (Kottler, 2010; Smith, 2004; Trivers, 2013).

Researchers agree that self-deception is an unconscious experience where the self is both the deceiver and the deceived (Shapiro, 1996; Trivers, 2013; Von Hippel & Trivers, 2011). Deception is a defensive mechanism that supports our self-worth and serves to deal with life's many stressors (Smith, 2004). Examples of self-deceptive defenses are denial and dissociation, which are often unreachable to the conscious mind (Cozolino, 2010). Self-deception creates an illusion of ourselves, and helps us convince others that we are better than we actually are (Von Hippel & Trivers, 2011). What is particular to self-deception is that the lie is invisible to the liar (Ekman, 2009; Von Hippel & Trivers, 2011). Neuroscience studies explain that "defenses are often invisible to their owners because they are organized by hidden layers of neural processing that are inaccessible to conscious awareness" (Cozolino, 2010, p. 34).

Similarly to lying, a form of self-deception is through the mechanism of concealment, a strategy which avoids information or withholds telling oneself the whole truth, through self-misrepresentation, rationalization, self-talk, or storytelling (Smith, 2004; Trivers, 2013). This strategy can occur both consciously and unconsciously.

Somatic Expression of Deception

Body Psychotherapists integrate the verbal as much as the non-verbal; the therapist pays equal attention to what the body is saying as to the spoken words (Goodrich-Dunn, 2004; Hartley, 2004; Johnson, 2009). Research on deception has correspondingly been studied through both the verbal and nonverbal lens, detecting and understanding the deeper layers of information behind dishonesty. Caldwell (1996) explains that the body communicates through inner bodily sensations. By paying attention to our physical sensations, the client is able to

access stored information and an inner wisdom. Body Psychotherapists namely work with the belief that the conscious mind cannot solve all problems, but rather healing and integration must also occur at a bodily level (Cornell, 1996).

Martha Graham poignantly says, “The body never lies” (as cited in Cozolino, 2010, p. 100). Our body interrupts our mind’s effort to deceive (Sebanz & Shiffar, 2009), and so we employ different techniques to try to hide that which might give us away. Findings demonstrate that we possess the ability to manipulate our bodies through voice, movements and gestures (Ekman, 2009; Sebanz & Shiffar, 2009; Smith, 2004). When people are expressing lies, they will try to control their nonverbal communication (Von Hippel & Trivers, 2011). For instance, people tend to seek more eye contact to convince that they are telling the truth, and checking whether the deceived appears to believe them (Mann et al., 2013). It is more challenging to manipulate our bodies, particularly our facial expressions than it is to falsify our words (Duran et al., 2013; Ekman, 2009), as “the face is directly connected to those areas of the brain involved in emotion, and words are not” (Ekman, 2009, p.83). When deceiving, there is an incongruity between words and what the body reveals through voice, face and movements (Ekman, 2009). Further, the limbic system has developed to recognize and control the body’s reactions to emotions (Cozolino, 2006; Cozolino, 2010). When emotion is aroused, muscles in the body begin to fire involuntarily (Ekman, 2009). The stronger the emotion the more likely the lie will leak through the body. For example, it is much more difficult to conceal one’s rage than it is to conceal one’s annoyance, as rage will often be revealed through jutting jaws, stiffness in the neck, and tense shoulders (Kurtz, 1976). Lying is inherently connected to our emotions, as our emotions tell the truth, even when we do not want to listen to them.

Scholars agree that there exist unconscious nonverbal cues in deception. Caldwell (1996) describes these somatic cues as movement tags; Ekman (2009) defines them as microexpressions, and Smith (2004) as micros that last less than a second. Self-deception can be detected through somatic cues such as “signs of nervousness, suppression, cognitive load, and idiosyncratic sources” (Von Hippel & Trivers, 2011). These represent the involuntary true expressions that the person deceiving tries to conceal. Smith (2004, p.18) further explains that “nonverbal deception is probably part of an infant’s hard-wired psychological survival kit, but explicit verbal lying is a developmental acquisition that is dependent on a high level of cognitive sophistication.

To be authentic and honest with ourselves, we must begin by engaging presently and truthfully with our emotions (Cornell, 1996; Ekman, 2009). When we experience strong emotions, it becomes more challenging to control our body movements to hide that felt emotion. It requires careful awareness of words, sounds, voice, facial expressions, gestures and body moments to attempt to conceal (Ekman, 2009; Von Hippel & Trivers, 2011). The embodiment of deception is individual; there is no universal visible behavior suggestive of deceptive communication nor a single translation to the somatic signs of lying (Curtis et al., 2015; Ekman, 2009).

Methods

The purpose of this study is to understand how lying manifests within the physical body, as well as the ways in which deception impacts the body. For this study, I turned to the phenomenological method of inquiry and field theory. Participants were chosen for this study based on two criteria: 1) Participants expressed an interest and willingness to explore their somatic experience of untruth and misrepresentation both verbally and non-verbally, and 2) Participants expected that participation in the study would afford them increased personal

insight into their experience. Participants were recruited mainly from the student and staff bodies at Naropa University in Boulder, Colorado.

I engaged with each of the participants in a private, video-recorded, qualitative semi-structured interview, each lasting approximately 45 to 60 minutes. At the beginning of each interview, participants had the opportunity to access the felt sense in their body by checking in with the current experience in their body in order to elicit somatic awareness and information.

Somatic awareness in this study includes physiological processes, inner body sensations, emotions, words, sounds, temperature, gestures, and movements that show up in and through the body. Participants were then asked to answer three questions, allowing ten to twenty minutes to fully answer each. The three questions were as follows:

1. Bring to mind a memory of a recent experience where you misrepresented yourself to a larger group or community. Notice what happens in your body as you share.
2. Share a recent experience where you withheld information or did not tell the whole truth to a relative, friend, partner or other individual. Notice what happens in your body as you share.
3. Reflect on a time where you denied the truth to yourself, or where your behavior didn't match what you felt/thought. Notice what happens in your body as you share.

The interview focuses on the participants' personal experiences of misrepresentation and untruth, and how these experiences show up in their body.

All interviews were recorded using a digital video recorder, and were transcribed. Three narratives were developed from the interviews, and although the length of the original narratives does not permit for their inclusion in this paper, highlights and direct citations from the narratives are interspersed throughout the elaboration on the research findings. Data was collected and analyzed by utilizing clinical notes taken from direct client observation, verbal and non-verbal transcripts of the interview. For confidentiality reasons, pseudonyms will be used in place of the participants' real names. The participants referenced in the findings include Magdalena (a biracial Latina cisgender woman in her late-twenties), Lauren (a White cisgender woman early-sixties), and Darius (a first-generation Asian-American cisgender man in his mid-forties). Other dimensions of difference were disclosed by participants and included in the data analysis, but to maintain confidentiality, those details will not be included. The interviews were transcribed and coded using *in vivo* and descriptive coding methods. Ethical approval was obtained from Naropa University prior to the commencement of the study. The consent form and the research process were reviewed at the beginning of each interview.

Findings

The analysis generated over 50 meaning units that were finally organized under five categories from an initial assessment, transcripts, and clinical notes taken during and after the interview. From the data analysis, the following information was organized and developed, and the table below illustrates the most common strategies when engaging with deceptive behavior, their function, and the somatic expression reported or observed.

Strategy	Function	Somatic Expression
Minimization	Allows individual to decrease the intensity of the undesired or painful emotions that arise when being deceptive.	<p>Real constriction</p> <p>Tightness and tension in body parts (includes jaw, throat, shoulders, stomach, neck, chest area, face and more)</p> <p>Difficulty breathing. Forced breath</p> <p>“Tip-toeing.” Carefulness.</p>
Manipulation	Enables individual to modify the situation or truth for personal benefit, using control through power or charm towards others.	<p>Humor (includes smile, laughter and sarcasm)</p> <p>“Strong” and attractive appearance, large body posture</p> <p>Gestures of being in control</p> <p>Absence of vulnerability</p>
Regression	Allows individual to find protection by returning into earlier stage of development, with the aim of getting one’s needs met by acting childlike.	<p>Collapsed posture</p> <p>Small, Ball shape</p> <p>Inner child visuals.</p> <p>Sadness. Tears</p>
Dissociation	Protects the individual from distressing, deceptive material by disconnecting from an overall sense of awareness.	<p>Freeze responses. Frozen stare</p> <p>Bodily detachment</p> <p>Inability to feel all or part of the body</p> <p>Unaware of breath</p> <p>Numbness. Deafness.</p> <p>Shut-down. “I am not here now”</p>
Falsification	Removes the individual from their internal bodily experience and emotional content by behaving with a separate expression and emotion.	<p>Humor (includes laughter, sarcasm)</p> <p>Incongruence between inner and outer experience.</p> <p>Removal from the body.</p> <p>Masking through other emotion.</p>

Minimization A natural physiological response to deep, unresolvable bodily and emotional pain is to keep ourselves away from it by making it smaller, less intense, less painful. This moving away from the full reality of our experience as a way of coping is the process of minimization (Caldwell, 1996). Lying through the use of minimization or exaggeration has long been recognized as a problem in the practice of medicine (Kottler, 2010), and this phenomenon is starting to become more visible in the field of psychotherapy (Curtis et al., 2015; Kottler & Carlson, 2011). Minimization is considered to be a milder version of denial since the experience or emotion remain present, but their magnitude and impact are rejected.

Several of the participants offered insight and understanding into how their bodies suppress or withhold emotions and experiences as deception happens. In particular, participants described experiences of minimization that focused on a) rejecting their emotions and self-expression, b) withholding information from others, and c) withdrawal from the body or resistance to bodily sensations. For example, as Darius recalled an experience of misrepresenting himself towards a larger group, he reported feeling deep constriction and discomfort in his body: forced breath, throat tightening, difficulty speaking, tension along the neck, and back pain. All evoked resistance towards his present internal body sensations and a need to reject or get rid of his emotions as a way to find release and feel better. For example, Darius forced a breath in order to “feel more like I usually feel,” wishing to do anything possible to be released from the constriction in his body.

This strategy was echoed in Lauren’s reaction to her deceptive behavior. When asking her about her somatic experience and emotional state around an experience she was sharing, she described the desire to put the emotions aside, and named the feeling of being “kind of upset” or “kind of hurt.” She further described the need for space to make meaning of her experience, and how time allowed her to realize how she was denying the full truth to herself as a means of protection. Both narratives describe psychological patterns to decrease the intensity of participants’ emotions either verbally or nonverbally, which had at its root the feeling that their full selves and/or experiences were not allowed to be present. Or as Lauren described, “It felt like it wasn’t appropriate to share all of whom I was.”

Manipulation The manipulative strategy refers to the ability to get the better of others by aiming to control or change behaviors or perceptions of others (Von Hippel & Trivers, 2011). This defense is rooted in the fear of losing control over the situation or of others. This pattern often gives the impression that a person is stronger or more important than they actually are (Kurtz, 1990). Participants in the study spoke about the need of being in control of their emotions to maintain a certain appearance, an appearance that they believed would somehow serve them socially. Maintaining a positive personal image is often at the root of this defense, which makes sense considering that humans are social beings who have historically relied on group membership and acceptance for survival.

In order to find love and acceptance, people often lie to make themselves more desirable to other people. Kurtz (1990) suggests that this manipulative strategy is presented in an attractive manner to others and will often feel “slick” or elusive. Darius delineated this seductive behavior and provided more information on the slickness:

I can be slick in a group that way. Like here we go. Let me use some of my verbal skills, or personality to gloss things over in a good way. So I am not like...let me rock the boat, and stir shit up right now and call people out - even though internally that’s present. So the slickness is like ok...let me get a little bit soft, let me make it sweet for people to maybe get some of what I want to say without it being like “fuck you” or “you!”.

As we unpacked the surface of the charming behavior, Darius described a concern for how others would receive what he had to say. What arose was a fear of rejection and not being accepted for being himself, and the scarcity of vulnerability: “To be truthful I have to be vulnerable.” Brown (2012) defines vulnerability as uncertainty, risk and emotional exposure, as well as the pathway to true belonging. At the cornerstone of manipulation is the need to hide how one feels and who one really is. Throughout the interviews participants spoke to the absence of showing up and being themselves, and thereby unable to be vulnerable. Behind the manipulative mask a felt sense of sadness emerged throughout all three interviews. Magdalena shared the transformative shift of emotions moving from anger, to self-protection, to a sense of sadness, which enabled her to be more in touch with herself. This experience of intimacy with oneself relies on moving past our own defenses and opening ourselves up to the possibility of being rejected or disliked.

Regression Throughout the data, all three participants brought in childhood memories or inner-child experiences when speaking about deception. Regression is a phenomenon of adulthood, and involves regaining childlike patterns of behavior shown at an earlier time in development to cope with emotional responses and stressful situations, rather than acting in what is considered more responsible and adult behavior (Mercer, 2011).

The childlike phenomenon was demonstrated in Magdalena’s narrative as she recalled a past memory that existed within her body and felt closely connected to the deceptive experience. She described the emotion as familiar, paired with the need to protect her heart. As Magdalena depicted her younger self, she talked about experiencing hurt and a sense of brokenness. Magdalena’s body posture was reflective to Kurtz’s (1990) *dependent-endearing* strategy where the feeling is one of collapse, revealed through a low-tension body: the chest is collapsed, the shoulders and head forward and crunched into lower-level shape forming a ball (Dell, 1977).

The recounting of Lauren’s recent experience provided another example of the impact of regression. Lauren shared how, upon feeling rejected by a friend, she concealed her emotions of how the perceived rejection had impacted her, using sarcasm as a way to deflect her true emotions. Later, when the friend came back to her to create repair, she stated, “I thought, ‘My little temper tantrum worked’”. Lauren contemplated whether she felt that the temper tantrum was ‘good,’ as it provided her with the connection she had been wanting. However, she realized that to actually feel satisfaction in the repair, she needed to be honest and vulnerable with the friend about how she had been feeling hurt in order to allow herself to reconnect to her body and open her heart. Although regressive strategies may provide us with what we think we want, they also create separation both within ourselves, and between ourselves and others.

Dissociation Dissociation is a natural phenomenon that serves to separate the self from a painful idea or experience by disrupting certain perceptions of the environment, and is often highly correlated with trauma (Berzoff et. al., 2008; Johnson, 2009). The dissociative mechanism aims to protect the individual from distressing material by disconnecting from an overall sense of awareness. Bromberg (2003) adds that dissociation is “a defense against trauma by disconnecting the mind from its capacity to perceive what is too much for selfhood and sometimes sanity to bear” (p.561). He argues that dissociation allows for an individual to switch between different self-states each associated with mental content that feels compatible with that particular self-state. However, content that is incompatible with the self-state will be experienced as being separate from the self. In the therapeutic setting, clients will have difficulty relating to content that is incompatible with their current self-state. Psychotherapy, then, can aim to restore connection and continuity between self-states, allowing the client to hold both experiences as being true.

In the interviews, the somatic expression of dissociation was illustrated in the absence of words and movement. As Magdalena recalled an intense traumatic experience, she sat for several minutes without speaking, staring into the floor, covering her eyes with her hands. Magdalena explicitly stated not having words or voice to speak about the experience.

Throughout the entire interview, Darius demonstrated a strong somatic awareness and tracking of inner sensations. Interestingly, at one point Darius struggled finding words, and characterized the situation he was describing as freeze, experiencing strong resistance to the content presented, and not knowing what to do with self; he reflected “Oh I totally spaced out for those 20 minutes. Where was I?” Both situations suggest an effective dissociative strategy through the process of deception, in which the participants switch between self-states according to the content of the interview.

Falsification Ekman (2008) writes, “The best mask is a false emotion” (p.33). His research shows that it is easier to falsify self by putting on a pose or character than it is to look unemotional. The mask conceals the strong emotions, and allows the individual to be removed from true self, using a camouflage that has its own set of expressions. This strategy supports individual in gaining distance from the situation, their emotions, or/and their entire body. Individuals use this defense strategy when it is essential to conceal their emotions. All three participants expressed putting on a mask or a performance, often in situations where they felt neither safe nor comfortable showing a certain degree of emotion to others. Darius described this strategy as a need to be portrayed in a different light in front of other people, separate from his internal experience, by either wearing another mask or putting on a performance.

Magdalena spoke of the necessity to mask her emotions when facing oppression, particularly racism. She shared not feeling safe to express her authentic experience with a group, feeling afraid of how it would be received by the others. Hence, she felt she had to pretend to feel differently. When exploring what was actually true for her, she described a feeling of release in her body, accessing her breath with more ease, and allowing more expansive sensations in her body.

Ekman (2009) says that “the smile is the mask most frequently employed” (p. 35), and is the easiest voluntary somatic expression to make. Variation of smiles and laughter appeared from participants on average every five to ten minutes throughout all three interviews. Although I cannot assume that the smile appeared to hide an emotion, in most cultures, social smiles are employed to please others (Ekman, 2009). In this defense, humor is often used to conceal unpleasant emotions; it allows a break from the discomfort and enhances overall functioning. In psychoanalysis, *humor* and *sublimation* are described as the most effective, mature defensive mechanisms used by “healthy” adults (Berzoff et. al., 2008). Lauren spoke to this experience, describing an episode using sarcasm as a means of protection in a situation in which she felt hurt by another person’s actions. In Lauren’s narrative, she named that it was not until later that she became conscious of her sarcastic comment and use of humor as a way to navigate the interaction. As she took time to translate and process her experience, she realized that she had not been in her body, and had used humor to separate herself from the painful experience.

Discussion

The themes that emerged from the narratives in this study help to illustrate how the body serves as a source of knowledge around deception, and how lies protect humans from both real and perceived threats. Deception is, at its base, rooted in survival (Von Hippel & Trivers, 2011). Five defense strategies came up in the findings (minimization, manipulation, regression,

dissociation and falsification), and these defenses attempt to remove us from certain emotional content and pain. The bodily experience of lying narrated by participants also reflect the more complex, nuanced understanding of the how body and mind interact, and thereby how that influences notions around what is true and what is a lie.

The findings from the qualitative study supports the research (Trivers, 2013; Von Hippel & Trivers, 2011) that all lies are fundamentally rooted in self-deception, that to deceive others, one must deceive or omit a part of self. The data suggests that it takes a lot of strength and courage to admit the truth, as participants described the difficulty in being truthful and dealing with the consequences that follow with truth. Throughout all three interviews this self-deceptive behavior surfaced as various strategies of coping with deception. All the research participants spoke about the ways they keep themselves protected when deceiving, and how their bodies naturally develop strategies to defend them from undesired or unpleasant emotions.

My hypothesis states that lying is essentially the holding back of emotions from the body. First, we experience a particular sensation or set of sensations within the body; it is a non-volitional, internal experience. Afterwards, we identify this in our mind as an emotion. However, if one is wishing to conceal that emotion because one is afraid of rejection in showing or expressing that emotion, then one deceives or conceals. This process of deception requires disengaging from the immediate and truthful somatic experience and either lying verbally, or manipulating one's volitional body movements and facial expressions in order to present a different emotion. It is important to note that deception is often considered taboo and holds a pejorative connotation, as if the person deceiving is bad or weak. In reality, deception is a larger strategy that holds many forms of defense. These defenses "are always attempts to preserve psychic integrity and survival under the pressure of stress and fears" (Berzoff et. al., 2008, p. 80). Hence, the lies that occur in the body result from defenses that reflect the best choices available that the individual is capable of making, considering the circumstances.

Limitations

The scope of this research serves to present preliminary findings on the somatic experience of deception and its defenses, thus it is not meant to make any universal assumptions or claims about the somatic expression of lies, nor how a therapist should work with deception. Due to constraints pertaining to time and resources, I used convenience sampling. Three participants were included in the study, and the participants were all associated with Naropa University, which strongly focuses on contemplative education. Hence, they are all affiliated with a higher-education institution, and have a strong awareness of self and body which may influence the ways in which they think and speak about their experiences.

Implications for Practice

A number of questions emerged from the research with respect to implications for practice. How does the therapist confront clients with their own deception? How is the therapist creating an environment that fosters either lying or being honest? And how does the therapist's own self-deception come into play? As therapists, we have to believe our clients and work with what they present to us. Otherwise, we would not be able to step into the therapeutic relationship and work together. Nonetheless, Kottler (2010) states that as therapists, we hold a responsibility to bring awareness to the ways clients deceive themselves. By giving the client the benefit of the doubt, the therapist becomes "coauthor of the lie" (p. 213). Kottler (2010) further discusses how timing and the ways one approaches the client's lie is crucial to maintain rapport and trust

in the therapeutic relationship. One therapeutic intervention is to name observed discrepancies to the client, and then allowing space for the client to become aware of their own deception (Kottler, 2010). I believe that somatic work can further deepen this intervention when the therapist supports the client through subtle physical resonance, allowing the client to feel into the incongruity in their body. Here, the therapist's inner sensations can serve as indicators of the client's various forms of deceptive behavior. Physical countertransference (Appel-Opper, 2010) allows the client's embodied self-deception to create bodily resonances with the therapist. Then, by remaining receptive and present to their body, the therapist can monitor how their interventions impact the client's bodily experience (ibid).

Following the principle of veracity (ACA, 2005), it is important that there is congruence within the therapist's own examination around deception. This can be explored by looking into strong countertransference reactions with the client, and be a means to access some of the unconscious ways deception emerges in the therapeutic relationship. Further, the therapist can utilize the body in order to track countertransference reactions to the client by tracking their own direct somatic experience as it arises.

Further Research

Further research is needed on the somatic experience of lying and the deceptive strategies occurring in a therapeutic context to fully understand and implement techniques that can best support clients.

As psychotherapists, we need to collaborate with clients in an inclusive manner, particularly as this population can often be labeled as "liars" or "dishonest" when their behavior actually might not look very different from the "average citizen." Therapists must consider multicultural implications of lying, as lies can mean various things to individuals from different backgrounds and locations (Kottler, 2010). It is essential to recognize the significance of social equity issues embedded in the therapeutic process, which requires continuous exploration (Johnson, 2009). The data supports that there is a costly cognitive load typically associated with deceiving, and some participants expressed somatic release when sharing their authentic story. This appears to also apply to instances of oppression. The findings suggest that further research is required to articulate the specific somatic effects of deception and how it relates to oppression.

Moreover, further research is needed to reveal other types of defensive strategies that did not show up in the data. Considering Freud's work on *The Ego and the Mechanisms of Defense* (Erwin, 2002), I assume that other forms of deceptive strategies exist, such as denial, repression, projection, isolation, and rationalization. For example, Freudian analysis suggests that self-deception at its core is repression, dissociating from the ego, and withdrawing from consciousness (Erwin, 2002). I am also interested in understanding how the five strategies connect with one another, and what considerations and methods are developed for the self (body, mind, and ego) to choose from the defense mechanisms.

Conclusion

This qualitative study was designed to better understand the somatic experience of deception and to acknowledge the pervasiveness of deception in the therapeutic relationship. In particular, it explores five deceptive strategies that serve as a means of protection: minimization, manipulation, regression, dissociation, and falsification. Furthermore, this examination describes the lived experiences of individuals as they have discussed their personal experiences with deception, and draws from those experiences to identify the implications for

the counseling relationship and practice. This research provides evidence of the relationship between the somatic effects of perceived and real threats and the deceptive defenses.

Although this study offers only an entry point for considering the lived experience of deception and its strategies, I hope that it will serve as an intriguing point of reference for researchers who are interested in engaging in the body's ability to fight and release lies through a somatic therapeutic lens.

BIOGRAPHY

Nora Ahmed-Kamal is a multilingual somatic therapist, social justice facilitator, and member of the faculty at Naropa University. As a therapist and educator, she is passionate about supporting people in finding inner congruence within themselves and reclaiming their unapologetic truth through their bodies. Nora is committed to fiercely challenging systemic oppression. With this aim, she is dedicated to unmasking the many lies that we embody.

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REFERENCES

- American Counseling Association. (2014). *ACA code of ethics*. Retrieved from <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- Arico, A. J. & Fallis, D. (2013). Lies, damned lies, and statistics: An empirical investigation of the concept of lying. *Philosophical Psychology*, Vol 26(6), Dec 2013, 790-816. doi.org/10.1080/09515089.2012.725977
- Baumgartner, T., Gianotti, L. R., & Knoch, D. (2013). Who is honest and why: Baseline activation in anterior insula predicts inter-individual differences in deceptive behavior. *Biological Psychology*, 94(1), 192-197. doi:10.1016/j.biopsycho.2013.05.01
- Berzoff, J., Flanagan, L. M., Hertz, P., & Berzoff, J. (2008). *Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts*. Lanham, Md: Jason Aronson.
- Bromberg, P. M. (2003). Something wicked this way comes: Trauma, dissociation, and conflict: The space where psychoanalysis, cognitive science, and neuroscience overlap. *Psychoanalytic Psychology*, 20(3), 558-574. doi:10.1037/0736-9735.20.3.558
- Brown, B. (2012). *Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent, and Lead*. New York, NY: Gotham Books.
- Bucci, W. (2003). *Varieties of dissociative experiences: A multiple code account and a discussion of Bromberg's case of "William"*. *Psychoanalytic Psychology*, 20(3), 542-557.
- Caldwell, C. (1996). *Getting our bodies back*. Boston, Massachusetts: Shambhala Publications, Inc.
- Cornell, A. W. (1996). *The power of focusing: A practical guide to emotional self-healing*. Oakland, CA: New Harbinger Publications, Inc.
- Cozolino, L. (2006). *The Neuroscience of Human Relationships*. New York, N.Y.: W. W. Norton & Company, Inc.
- Cozolino, L. (2010). *The Neuroscience of Psychotherapy: Healing the Social Brain*. New York, N.Y.: W. W. Norton & Company, Inc.
- Csordas, T. J. (1993). Somatic modes of attention. *Cultural Anthropology*, 8(2), 135-156. doi:10.1525/can.1993.8.2.02a00010
- Curtis, D. A., Hart, C. L., & Fitch, J. C. (2015). Pinocchio's nose in therapy: Therapists' beliefs and attitudes toward client deception. *International Journal for the Advancement of Counseling*.

- Dell, C., (1977). *A primer for movement description*. New York, NY: Dance Notation Bureau Press.
- DePaulo, B. M. (2004). The many faces of lies. In A. G. Miller (Ed.), *The social psychology of good and evil* (pp. 303–326). New York: Guilford Press.
- Duran, N. D., Dale, R., Kello, C. T., Street, C. H., & Richardson, D. C. (2013). *Exploring the movement dynamics of deception*. *Frontiers In Psychology*, 4doi:10.3389/fpsyg.2013.00140
- Dzokoto, V. (2010). Different ways of feeling: emotion and somatic awareness in Ghanians and European Americans. *Journal of Social, Evolutionary, and Cultural Psychology*, 4(2), 68–78. Retrieved from www.jsecjournal.org
- Ekman, P. (2009). *Telling lies: Clues to deceit in the marketplace, politics and marriage*. 4th Ed. New York: W. W. Norton & Company, Inc.
- Erwin, E. (2002). *The Freud encyclopedia: Theory, therapy, and culture*. New York: Routledge.
- Esch, T. & Stefano, G. B. (2007). The Neurobiology of Love. Homeostasis in Health and Disease, *Activitas Nervosa Superior*, 1(49), 175-192.
- Goodrich-Dunn, B. (2004). Therapy in 3D. *Psychotherapy Networker*, July/August 2004, 36-42.
- Hartley, L. (2004). *Somatic psychology: Body, mind and meaning*. New York: Wiley & Sons.
- Johnson, R. (2009). Oppression embodied: Exploring the intersections of somatic psychology, trauma, and oppression. *United States Association of Body Psychotherapy Journal*, 8(1), 19–31.
- Kottler, J. A. (2010). *The Assassin and the Therapist: An Exploration of Truth in Psychotherapy and in Life*. New York: Routledge.
- Kottler, J. A., & Carlson, J. (2011). *Duped: Lies and deception in psychotherapy*. New York: Routledge/Taylor & Francis Group.
- Kurtz, R. (1990). *Body-centered psychotherapy – the Hakomi method: The integrated use of mindfulness, nonviolence, and the body*. Mendocino, CA: LifeRhythm.
- Kurtz, R., & Presteria, H. (1976). *The body reveals: What your body says about you*. San Francisco, CA: Harper and Row, Publishers.
- Levine, P. (1997). *Waking the tiger: Healing trauma*. Berkeley, CA: North Atlantic Books.
- Mann, S., Ewens, S., Shaw, D., Vrij, A., Leal, S., & Hillman, J. (2013). Lying eyes: Why liars seek deliberate eye contact. *Psychiatry, Psychology And Law*, 20(3), 452-461. doi:10.1080/13218719.2013.791218
- Martin, C. W. (2015). *Love and Lies: an essay on truthfulness, deceit, and the growth and care of erotic love*. New York, NY: Farrar, Straus and Giroux.
- Mercer, J. (2011). The concept of psychological regression: Metaphors, mapping, Queen Square, and Tavistock Square. *History of Psychology*, 14(2), 174-196. doi:10.1037/a0022710
- Newman, L. S. (2001). Coping and defense: No clear distinction. *American Psychologist*, 56(9), 760-761. doi:10.1037/0003-066X.56.9.760
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York, NY: W. W. Norton & Company.
- Reinhard, M., Greifeneder, R., & Scharmach, M. (2013). Unconscious processes improve lie detection. *Journal of Personality and Social Psychology*, 105(5), Nov 2013, 721-739.

- Sebanz, N., & Shiffrar, M. (2009). *Detecting deception in a bluffing body: The role of expertise*. *Psychonomic Bulletin & Review*, 16(1), 170-175. doi:10.3758/PBR.16.1.170
- Shapiro, D. (1996). On the Psychology of Self-Deception – truth-telling, lying and self-deception. *Social Research*, 63(3), 785-800.
- Smith, D. L. (2004). *Why We Lie: The Evolutionary Roots of Deception and the Unconscious Mind*. New York: St. Martin's.
- Somé, M. (1998). *The healing wisdom of Africa: Finding life purpose through nature, ritual, and community*. New York, NY: Tarcher/Putnam.
- Trivers, R. (2013). *Deceit and Self-Deception. Fooling yourself better to fool others*. London: Allen Lane.
- van der Kolk, B.A. (1994). The body keeps the score: Memory and the emerging psychobiology of post traumatic stress. *Harvard Review of Psychiatry*, 1, 253-265.
- Von Hippel, W. & Trivers, R. (2011). The evolution and psychology of self-deception. *Behavioral and Brain Sciences*, 34, 1-16.
- Wallin, D. J. (2007). *Attachment in psychotherapy*. New York, NY: The Guilford Press.
- Wright, G. T., Berry, C. J., Catmur, C., & Bird, G. (2015). Good liars are neither 'Dark' nor self-deceptive. *Plos ONE*, 10 (6), 1-11.