

Therapeutic Lying in the Care of a Person with Dementia: An Evolutionary Concept Analysis

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Introduction

Therapeutic lying, described as any verbal or non-verbal behaviour or communication that involves the manipulation of information has been shown to be pervasive in dementia care (James et al. 2006). It's theoretical foundation is difficult to underpin and appears to have evolved through practice without a clear definition.

Aim

The aim of this study is to establish conceptual clarity around the concept of therapeutic lying in the care of a person with dementia.

Method

Rodgers' evolutionary concept analysis was used to focus on the real contextual qualities of therapeutic lying. This dispositional view recognises that concepts are fluid (Rodgers and Knaf, 2000). The analysis involves breaking the concept down into 1) surrogate terms, 2) attributes, 3) antecedents, 4) consequences and 5) related terms to generate a greater understanding of its innate features. A systematic search relating to "therapeutic lying" and "dementia" was undertaken. The final study sample consisted of 37 papers.

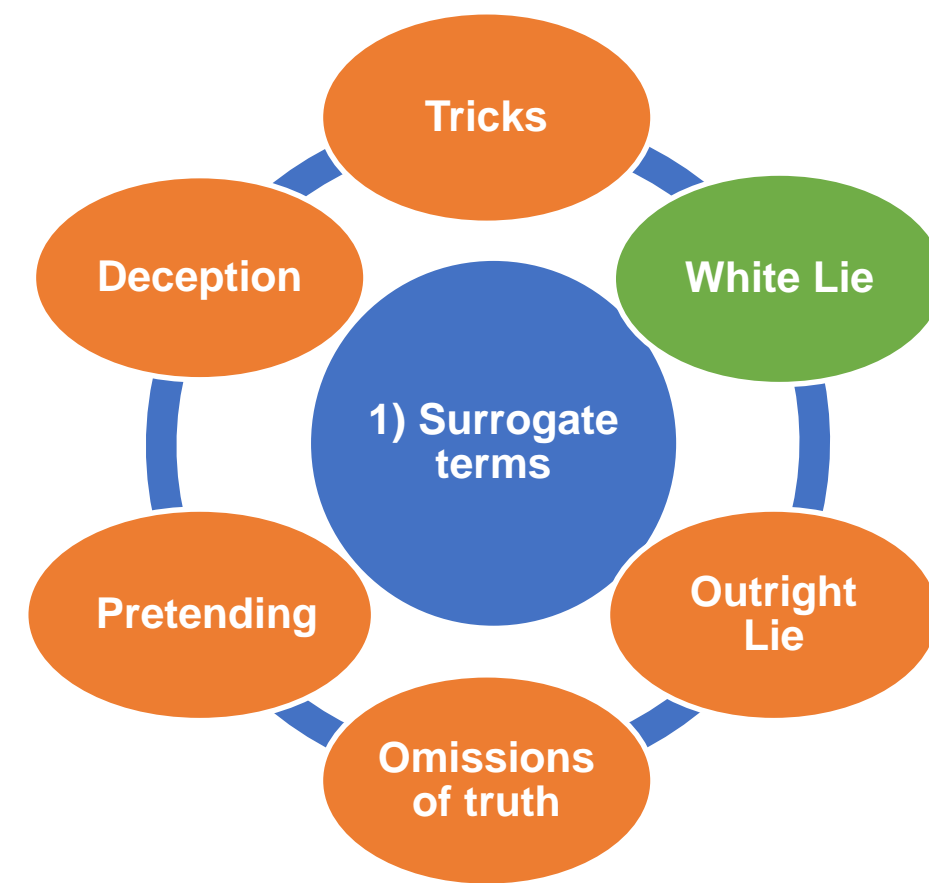
Conclusion and Recommendations

There are benefits associated with therapeutic lying. However, its use is highly dependent on individual interpretation and the caregiver's moral compass. It can potentially damage trust in a caring relationship and may contribute to the "othering" of a person with dementia. Therefore, the negative consequences surrounding this concept must be studied comprehensively before it is considered in practice. Therapeutic lying should be used with caution and only as a last resort when a person with dementia is exhibiting truth related distress. The therapeutic effect of a therapeutic lie cannot be guaranteed, therefore the term "well intentioned lying" is proposed as a potential alternative for the concept. This term highlights the caregiver's good intention behind incorporating a lie when caring for a person with dementia.



Caution

Findings



Surrogate terms are used to express the concept in words other than the concept term (Therapeutic lying) under investigation.

The most commonly used surrogate term to describe a therapeutic lie in practice is "white lie".



Attributes are commonly used words to describe the concept or clusters of characteristics that makes the concept possible to identify in situations.

The main attribute of therapeutic lying is that it is intended to be used in the person's best interests for the purpose of doing good.

Findings

3) Antecedents

Events, situations or phenomenon that precede an instance of the concept

The person with dementia's presentation

- Decline in cognition
- Inability to detect a lie
- Time shifted
- Expressing an unmet need

Intervention factors

- Responsive behaviour
- To maintain safety of the person and others
- Used as a last resort
- Person centred care

Therapeutic Lying

4) Consequences

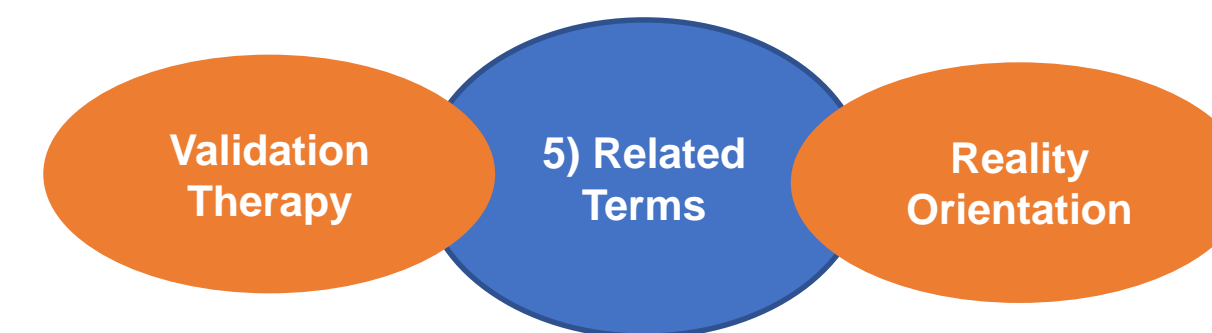
Events or situations that result from use of the concept

Positive Consequences

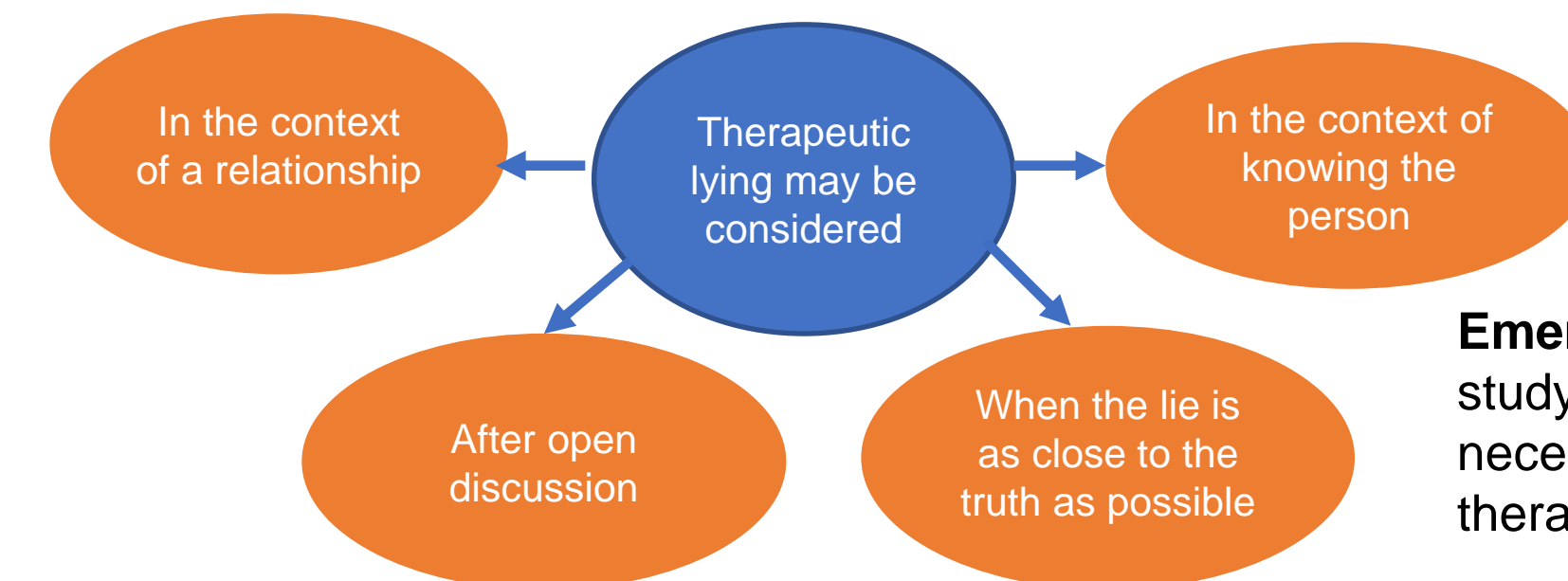
- Increases quality of life, wellbeing and positive emotional responses
- Decreased stress levels for the carer and the person
- Decrease in responsive behaviours

Negative Consequences

- Violates autonomy
- Violates personhood
- Increases the person's vulnerability
- Damages trust if the lie is detected



Related terms have something in common with the concept being analysed but do not have the same characteristics or attributes as the concept.



Emerging themes from the study sample deemed necessary to validate therapeutic lying.

References and Contact

James, I. A., Wood-Mitchell, A. J., Waterworth, A. M., Mackenzie, L. E. and Cunningham, J. (2006) 'Lying to people with dementia: developing ethical guidelines for care settings', *International Journal of Geriatric Psychiatry*, 21(8), pg. 800–801.
Rodgers, B.L and Knaf, K.A. (2000) *Concept development in nursing: Foundations, techniques, and applications*. 2nd edition. Philadelphia. Saunders. An imprint of Elsevier.
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