



# Lying and Time: Moving Beyond the Moral Question of Lying

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## Lying and Time: Moving beyond the Moral Question of Lying

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### Abstract

Lying is typically considered as a morally salient phenomenon in existing research. In this article we seek to expand the understanding of lying and deception as socially situated phenomena. We draw on qualitative interview data from a larger project on everyday experiences of living with dementia and examine how carers of people living with dementia describe, explain and justify care practices that involve the use of untruth in some way. We find that carers frequently refer to a problem with their temporal landscapes. Weaving this into moral accounts of lying, we argue for recognising the importance of our orientation in time (to the past, the present and the future) for how lying and deception are made sense of in everyday life.

### Keywords

deception, dementia, lying, temporality, time

### Introduction

Lies, half-truths, fibs, fabrications and falsities are part and parcel of social life, so much so as to be routine aspects of everyday experience, despite the commonplace view of them as being morally repugnant (Barnes, 1994). Given their prevalence, sociologists have been curiously quiet on lies, specifically, though there is a wider material on information management, deception and secrecy that can be brought to bear on lying. In this article, we explore how carers of people living with dementia describe their practices of

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information control, specifically with regard to lying and deception, in order to analyse how it is that untruths figure not only within the moral order, as existing research tends to understand them, but also to examine how that moral order is negotiated within the temporal dimension of social life (Abbott, 2020; Balmer et al., 2021). Dementia care is our empirical context, and so frames our analysis, but our theoretical interest in this article is not concerned with dementia directly, rather we are interested in dementia care as a situation to the extent that it shapes how people's lying practices are understood with respect to the temporal order of life. This gives us insight into lying within time more broadly and, in short, we argue for renewed sociological attention on lying as a practice that is thoroughly embedded in social life, to move beyond the moral question of veracity and its others.

## Literature

The empirical setting of our research is informal, domestic dementia care (i.e. outside of care homes). Participants to the study were caring for people living with dementia, usually a romantic partner or family member. There is existing scholarship in dementia studies on lying and deception in care, which almost universally frames lying predominantly as a moral issue (Elvish et al., 2010; Hasselkus, 1997; Hertogh et al., 2004; Miron et al., 2018; Schermer, 2007). Sensibly, scholars have often focused on the dilemma of how to protect the rights and dignity of people living with dementia from being deceived in ways that exploit their changing ability to contest and resist untruths (Elvish et al., 2010; Hasselkus, 1997; Hertogh et al., 2004; Moody, 1988). This literature shows that tensions arise for carers in practice because some deceptions become commonplace ways of avoiding harm of themselves and of the people they care for. Carers will generally argue that deceptions were unavoidable and to the benefit of those they care for, reframing what they otherwise understand to be morally questionable behaviour as necessary for good care (Schermer, 2007). The most common types of such deception reported in the literature are: 'playing along', that is, supporting the factually incorrect narratives of people living with dementia; or 'diverting'/'distracting', that is, using small lies or concealments to move carers away from thoughts or actions that might become distressing for them or others (e.g. around false beliefs about dead relatives still being alive). These types of lies are characteristic of the moment-to-moment caring practices observed in most studies. They have gradually become more accepted in the dementia care literature as a morally defensible part of person-centred care, and are now often understood as 'therapeutic lies' (James and Caiazza, 2018).

This is a valuable literature that helps to exemplify the challenges carers face in making moral decisions about lies and describes the types of deception routinely used. However, there is practically no engagement in this literature with the established psychological or sociological work on lying, offering an immediate opportunity to remedy that situation. For our more substantive concerns, the key sociological opportunity opened up in this article by the dementia care setting is that it provides a case in which lying and deception come to the fore, in a situation where the rules of interaction are often being breached due to dementia's effects, helping to expose the underlying connectedness of lying and other social phenomena in people's practices and accounts.

There is no consideration in the dementia literature of how lying links to the temporal order, which we focus on in this article. We now review how lying has been tackled in psychology and sociology, in order to draw out what we can from this literature towards an understanding of lying and time.

The majority of work on lying as a social phenomenon has been done in psychology, where social psychologists have done some work on lying as a phenomenon worthy of study in its own right. Much of this work of quality has been done by Bella DePaulo and colleagues (see, for example, DePaulo and Kashy, 1998; DePaulo et al., 1996; Kashy and DePaulo, 1996). But the majority of research on lying in psychology is aligned with lie detection efforts. There is a large literature on lie detection techniques and technologies, oriented to establishing the validity and improving the reliability of these tools. Although there is reason to believe that lie detection is fundamentally impossible these efforts continue apace, driven partly by intellectual curiosity, but predominantly by socio-political forces (Alder, 2007; Balmer, 2014, 2018; Balmer and Sandland, 2012; Bunn, 2012; Littlefield, 2011) leaving the psychological picture largely focused on lying as something to be isolated and eradicated. One laboratory protocol (DePaulo et al., 1985), for example, involved 271 undergraduates who were asked to judge videos of actors telling pre-determined lies and truths. Lies told to opposite-sex targets were more easily detected than lies told to same-sex targets in this protocol.

There is, however, some work in psychology that evidences a broader concern with lying beyond lie detection. For example, one investigation using a diary method (DePaulo and Kashy, 1998) found that people are more willing to lie to strangers than to those known closely to them. That same study (DePaulo et al., 1996) also had a moral dimension in arguing that men tell more self-oriented lies (to achieve their own goals), whereas women tell more other-oriented lies (to smooth moral social interaction). These limited qualitative studies in psychology evidence the value of understanding lying as a social action, which makes sense to people by virtue of their social connections and context, not simply by reference to the moral situation. However, this laboratory work falls short of in-depth engagement with the relationships, biographies and facets of social order through which lies are negotiated and made sense of.

Sociological studies have been less attentive to 'lying' and have written mostly about 'deception' and related phenomena. This may be because deception includes a range of things that are more readily identified within social practices, and can be studied empirically with greater ease. Goffman's work on information management practices is exemplary in this regard. According to Goffman (1959), deceptions are a routine part of the presentation of oneself and the management of group life. He conceptualises concealment as 'fabrication' (the production of a false definition of the situation) and 'containment' (the management of a participant's experience of the situation to inculcate them in the fabricated view). He shows through exemplification that depending upon their status within the situation, we treat some fabrications as 'benign' and some as 'exploitative' (Goffman, 1974), indicating that it is how fabrications occur that matters morally, rather than that they are concealing in and of themselves. Compare, for example, the use of deception to keep one's romantic partner in the dark about their upcoming surprise birthday party with keeping them in the dark about an adulterous relationship. Here the context of the deception matters for the participants.

Goffman's work on deception thus also helps us to see that lies are not fundamentally aberrant social phenomena that necessarily disrupt the moral order. They figure within the moral order, certainly, but they are not simply deviations from it. And this means that lies are part of the orderliness of society. This argument can be traced back to the first comments on lying of any sociological substance in Simmel's (1906) work on secrecy and secret societies. He argues that lies are extensions of, rather than deviations from, the a priori conditions of sociation, which rather than being founded on transparency, instead depend upon the routine, selective filtering of what we say, and on strategic representation of ourselves via what Balmer and Durrant (2021: 358) term, an 'aesthetic of concealment'.

This comes with the implication that when lies erupt within our relations with each other they might require an account to justify or excuse their use, even if only privately, to oneself in one's own moral, inner experience (Barnes, 1994). The well-established literature on accounts, excuses, motives and justifications thus becomes pertinent in our analysis in this article (Scott and Lyman, 1968). In work related to this tradition of interactional studies there is some limited investigation of lying specifically. Sacks' (1995) ethnomethodological approach, for example, leads him to conclude that everyone has to lie, at least sometimes, because of the routine structure of talk in which we must participate. Rules that shape what is expected of us in interaction might thus inform the norms we invoke or implicitly orient towards when we tell lies or justify them. More recent conversation analysis notes the complex interactional effects of lies in the context of turn-taking, for example, suggesting that while deceivers may knowingly breach *moral* norms they nonetheless strive to maintain *conversational* norms as they do so, perhaps in order to evade detection (Carter, 2014). And so, we can accept that lies are certainly wrong when they are wrong, without being tautological about it, but we need not focus only on lying as a moral issue nor divorce the moral issue from other social phenomena at stake in and bound up with lying, deception and their justification. To begin to develop a richer analysis of lying in sociology this article explores the connections between lies and the temporal order.

Some limited sociological work has been done on lying with respect to time. Rodriguez and Ryave (1992) emphasise the habitual nature of lies and their place within broader social practices. For example, they show that responses to invitations might involve us lying in responding to the request just as rapidly as they might us telling the truth, suggesting that some lies at least are primed by social rituals. Sociology of secrecy, although commenting on a distinct phenomenon, has shown how secrets operate within shifting power relations over time, for example with respect to the need or not to keep something a secret as it passes in and out of moral condemnation with shifting norms of gender, sexuality and kinship (Smart, 2011). Secrecy also becomes wedded to more global, socio-political transformations (e.g. of colonialism) and the pains and costs of secrecy can be carried across generations (Barnwell, 2019). We suspect that the same kinds of patterns will be observed with lying, and Shilling and Mellor (2015) provide a convincing theoretical argument that this should be so. They argue that social norms might compel us to deceive in order to avoid stigma and shame and to access resources that might otherwise be unavailable to us. The experience of 'passing' in the context of performances of gender and sexuality is their prime example in this respect (see also Ponse, 1976).

To build on this literature we argue that accounts of our prevarications must be understood against the background of the temporal fabric of life writ large. We suggest that it is not only that the politics and norms of lying and secret-keeping change, but that the rhythm of life changes, meaning that in the melody of mundane interaction, some truthful notes fall flat. We argue that our way of making sense of lies is folded backwards and forwards into the fabric of our life narrative, stitching errant threads back in to our past actions and anticipating future unravellings of truth. We understand lies through the past, present and future. Dementia, for carers of someone living with a diagnosis, brings to the foreground some of this otherwise habitual work of self-fashioning lies in time, for it disrupts our expectations and our usual orientation within time in several ways, which, we argue, then becomes visible in carers' accounts of prevarications both small and large.

## Methods

This article is derived from a portion of data from a larger project (Balmer, 2021; Bellas et al., 2019) on the experiences of people living with dementia (carers and those with a diagnosis), of professional carers (e.g. dementia nurses) and academics and clinicians studying dementia (e.g. neuroscientists). The project explored different understandings of changes in everyday life, including the use of secrecy and deception, which this article focuses upon. The study received ethical approval from The University of Manchester's Ethical Review Board (project ID: 14057). We draw on the accounts produced by 27 people (19 women and eight men) caring for someone with a dementia diagnosis, collected between 2015 and 2017. All participants are informal carers, either caring for a parent, family member or a partner. All but two participants were White British (one man and one woman were British African-Caribbean). Participants ranged in age from 39 to 82, though roughly half were in their late 50s or 60s, roughly one-third were in their 40s and one-sixth were over 70. To our knowledge all participants would have identified as heterosexual (or bisexual), but we did not ask that question, and judge this only on the basis of them all having been in heterosexual relationships at the time of the study or in the past. Six participants discussed their experiences as bereaved carers, while the rest were actively caring for a person living with dementia. These factors (gender, ethnicity, age, sexuality and caring role) limit the interpretation of the data to the wider population of carers, especially as regards to ethnicity and age (younger carers are not represented here), which we speculate might play some role in how lying and deception are understood, accounted for and used, but for which we have no evidence as yet.

The shortest interview lasted 59 minutes and the longest lasted 109 minutes. Topics discussed ranged broadly around personal and family life. All participants discussed changes in life relating to secrecy, lying and deception, with a few describing only modest changes in not a huge amount of detail, but most explaining in some length the quite significant shifts they had experienced. Roughly half of the participants spontaneously discussed truthfulness and deception, and were asked questions to expand on this; half were asked directly whether anything had changed in their lives with respect to lies, deceptions and secrecy as part of the interview protocol (often the penultimate question) if they had not discussed this already. It is indicative of the commonplace nature of changes in truthfulness in this sphere, that when participants were asked about whether

anything had changed in this regard their immediate response was usually accompanied by some gentle laughter, or a big blowing out of air, which seemed to the interviewer to function both as a signifier of the potentially sensitive nature of the topic (nervous laughing at talking about lies) but also of its obvious significance (as in 'Hah, of course!' or 'oof, where do I start?').

The majority of the semi-structured interviews were conducted with carers face-to-face in a location of their choice (usually at their home or in a room on a university campus) and were mostly conducted in the north-west of England. Two interviews were conducted by Skype. All interviews were transcribed professionally, all real names replaced by pseudonyms, checked for accuracy by the primary researcher and coded independently by two researchers. The coding process was conducted using thematic analysis to find broad themes. One such area was the use of lies, secrecy and deception. Another focus area regarded habits, routines and mundane rhythms of life. At first pass, these two areas were not brought into dialogue in the data analysis. Following the first coding pass a targeted coding process was used to find further examples and differences in key areas identified. In our discussion of the independent coding processes, we discovered a link between these two broad themes and used the targeted reading to discern the temporal specification of accounts of lying and deception, and generated an analysis on the basis of time regarding the past, present and future. In the following analysis we treat carers' accounts both as relatively accurate descriptions of their practices (since their accounts often closely align with findings in the literature derived from observations and from our own observation work conducted in caring situations as part of this project), but also as accounts situated within the interview, and thus as strategic performances that give us a window into the sense-making practices invoked in talk about lies.

## **Lying and the Past: Relational Biographies of Deception**

Scholarship tends to view accounts made about the use of deception in dementia care as recently arising behaviour; that is, as having begun with the inception of a dementia diagnosis. Miron et al. (2018), for example, heard from young people who began to deceive their grandparents (living with dementia) in order to protect their feelings, but who said they would not have found it necessary to deceive them prior to the development of dementia. Contrary to this, our data point to the significance of pre-existing practices of deception in carers' lives, and of how these are entwined with long-standing aspects of relational biography that in some cases are understood to have begun in the distant past. Almost all of our carers referred in some way or other to their relational history when making sense of their current deceptive practices.

Laura (58) described to us how she was reluctant to discuss the issue of dementia with her mother (85):

As a child if ever I did some little thing that she didn't like or usually it was about losing things, if I lost anything, she kept telling me that I would 'send her to Shelton' and Shelton was the mental hospital. And so she used to go a bit hysterical and cry and be really mad looking and I'd be frightened of her [. . .] So in the context of that, mental health was something that perhaps I felt a bit, I would not mention.

When Laura's mother asks questions about her own symptoms today, for instance, 'what's wrong with me?', Laura is cautious in her response. She says,

I had to be very careful what I said [as a child] [. . .] the trouble is I'm her daughter and I am still the child when she's saying these things to me so perhaps I behave as the child being frightened and not wanting to say something.

Instead of telling her mother that she has dementia, Laura reported to us that she habitually evades the question, giving partial answers, keeping things secret or telling her mother lies. She accounts for keeping information from her mother by suggesting that on these issues of disclosure her relationship with her mother has not changed substantively since she was a young girl, because the power relations bound up with truth and deception are the same for her, from her viewpoint. Lying's context has certainly changed with respect to dementia, but lying is not new and Laura's lies today figure as part of long-standing relational patterns.

Kate (57) also accounts for using deception in the provision of care for her mother (83). Initially, she used the commonplace 'playing along' justification. Kate says she is happy to play along with some of her mother's statements or beliefs even though they are 'wrong'. She explained how her mother refers to 'Kate' as a third person while speaking to her, which she takes to mean that her mother either does not recognise her, or believes there are two of her:

So, she'll say things like, 'Is [Kate] cooking the dinner?' you know and I'll say whatever comes into my head, 'No, she's having a night off', or 'Yes she is', or whatever, because I think I'd cause her more distress by saying, 'There isn't another Kate, mum, I am Kate', because what's the point of that?

This is exactly the sort of thing found in the existing literature on how people deceive in dementia contexts. In the fuller account she developed during the interview, however, Kate linked misleading her mother to practices of deception that developed prior to the onset of dementia:

I'll not just make up a big load of stuff, but I just won't make her wrong. I mean mum didn't like being made wrong anyway beforehand. That was quite a cutting thing for her because it was stuff she carried with her from when she was young that she would get very defensive about. So I'm kind of conscious about that anyway, so I do work hard not to make her wrong.

Again, Kate's account suggests continuity between lying in dementia care and information management in the past. Unlike Laura, however, Kate understands her mother's behaviour as the result of her unhappy childhood and not as an intrinsic dangerousness. She effectively makes an account for it within her own account of concealment: her mother's beliefs are incorrect and her actions potentially hurtful, but neither are her fault (the classic definition of an excuse), so she is able to justify her own lies as in some way redeeming this wrong, compensating for its effect.

Rather than presenting deception as a set of practices that develops alongside their mothers' dementia (as it is generally seen in the dementia care literature, e.g. in Miron



et al., 2018), both Laura and Kate account for deception by referring to pre-existing practices of lying within their life stories, and by reusing the justifications that have previously helped explain these pre-existing practices (in their own and others' biographies). Their accounts are inflected by the different ways in which the specific narratives of their biographical past shape how current relationships are understood. As May (2016) reminds us, when we talk about our lives we present a narrative form that emphasises both coherence over time and change over the lifecourse, in a way that is seemingly paradoxical, but routinely accomplished. Lying is made sensible in this way, not only within the specific situation at hand and how things have changed recently, but also through a narrative of sameness and long-term change, in how that situation came to be the way that it is and how people came to be the way they are: accounts of lies are situated within temporally organised narrative practices.

Biographical information is used to show how other moral forces, power relations and ideals might supersede perceived norms against deception. For both women, the account itself forms part of caring relations insofar as they use it to demonstrate agency, negotiate power and responsibility with others, and recognise their own limitations within their social milieu and how it came to be that way. The sense is that people cannot simply undo the past in order to keep the truth in the present. In this way we might also assume that Laura's and Kate's descriptions demonstrate the ways in which long-standing practices of lying and deception can prime and make possible the spontaneous use of half-truths, 'playing along' and outright deceptions in the moment. The exact moral valence of these untruths, we would argue, is thereby premised not only on their use in that situation, but in their making sense within the long-standing uses of untruth in that particular relationship. The moral status of lies, too, is temporal.

## **Lying in the Moment: Battling with Truth and Time**

Talk about lies told in the moment could be found easily in our data. The most commonly occurring theme in our dataset concerning lies is that they are a moment-to-moment strategy for coping with the demands of care, of the 'playing along' or 'distraction' variety. In this section we engaged in a detailed situational analysis of Irene's (59) talk, as she describes caring for her husband Tom (64) who developed dementia in his early 60s. While she highlights the challenges in caring for Tom, her experience is generally positive: 'It's not all fun, it is flipping hard work but if we don't laugh with it then you know we're not going to get through it.' Part of the work she describes involves controlling her husband's day-to-day smoking habits, which Irene communicated via an extended account of how she maintains control by keeping cigarettes hidden, and only putting them into Tom's packet when he is allowed one. Irene knows that Tom wants cigarettes all the time, obsessively so, and in a marked change to his past habits. She tries to limit his smoking to one cigarette per hour. As she does so, she reports that Tom tries to manipulate her control techniques in order to get more cigarettes. 'How can the brain work like this?' She asks:

How can it be so badly damaged but it can find a way of manipulating people and saying 'Well I need a cigarette because I only had one two hours ago', and I say 'That was 10 minutes ago!'

And he'll say 'Oh sorry.' I know that's probably because he's forgetting [. . .] But yeah, again, I can manipulate him. I mean he's very clever, though, like if I say, 'It's 11 o'clock when you can have one', I have to be very strict with him, if I say he's had a cigarette at 10 and gets another one at 11, he's trying virtually from 10 until 11 o'clock to get an extra cigarette. 'Did you say quarter past 10 darling?' 'No, no, no, I said 11.' 'Oh okay. Darling didn't you say it was 20 past 10 I could have one?' 'No, no, no. Stop this rubbish. You know jolly well what time it was I said.' 'What time was it?' 'Eleven o'clock.' You see he knows, but he will just keep trying. And then, very cleverly, he'll say at 10 to 11, 'Oh I've got a feeling, I think I'll go and have a wee and then I can get my cigarette.' And then I say, 'Well, that's only going to be five to 11 darling!' [. . .] I know what he's doing.

Irene uses this account to explain how her manipulative approach to care is necessary in curbing what she sees to be Tom's manipulative requests for cigarettes. She presents him as an unreliable manager of his own behaviour, as someone forgetful and manipulative, and she justified her (potentially quite paternalistic or infantilising) behaviour to us by framing his inner world as confusing or indistinct, introducing uncertainty around whether or not his actions are intentional. The temporal dimension is clearly central to this as Irene points out how Tom attempts to counter her information management techniques with his own misrepresentations of time.

There is also a second layer to the temporality of Irene's account. Irene relays Tom's behaviour to the interviewer in an overly detailed fashion, and, by taking us through a repetitive blow-by-blow account of how Tom forgets or pretends to forget the time, and of how she must constantly find ways to respond that distract, correct or play along with his worldview, she enacts the temporal disturbance of the situation for the interviewer in the interview format itself. She uses the rhythms of her conversations with Tom with too much detail to demonstrate not only the breach in moral norms, but a breach in temporal norms. We can understand these breaches in time as specifically relating to the 'temporal landscape' (Tavory and Eliasoph, 2013); that is, the way time is organised into days, hours and minutes. Because we tend to agree on these elements (and other similar aspects, like weeks, months and birthdays) the temporal landscape is taken to be relatively universal. Zerubavel (1985) argues that although this regulation is not consistent across all of social life (some groups have very different organisations of time, like older people, retirees, artists, young children, etc.), our expectations on time's shape are a potent factor in our making sense of everyday experience, and breaching them results in an almost instinctual sense of something being wrong. Tom's confusion, deliberate or not, of how long certain periods of time are, along with the frequency of his questioning, are understood in Irene's account to constitute a breach of the temporal landscape that the interviewer is positioned to be sharing in, and that she demonstrates is shared by breaching it herself there and then in the interview interaction by being deliberately repetitive in her protracted explanation. She uses the interaction order of the interview to evidence time's connection to truth and lying.

By invoking common temporal landscape in her performance, she hopes to persuade us to empathise with her on the issues regarding truth and untruth, and, ultimately, to recognise her manipulations of information as a necessary part of caring for someone, and for oneself, where interaction within time has changed. It is a justification. But it is premised on something that Irene shows is deeper and more important than the truth and

that this is much harder to fix. In effect, such accounts argue that sometimes we *have* to lie (see Sacks, 1995). Irene's performative appeal to the interviewer is part of an everyday sociological analysis of how expectations of truth and fabrication are rendered ineffectual on temporal grounds; that is, Irene herself has clearly grasped how truth-telling requires coordination in time (is socially and temporally embedded). She shows how the *moment* of lying matters.

## Lying and the Future

I feel quite positive about the future. I look forward to doing lots of things. I'm going away at Christmas, I'm going to London soon. I will do these things but as soon as I've decided [laughs] doing them, panic sets in [laughs]. (Ruth, 50)

Carers often exhibited a mix of feelings and opinions about the future. For some, like Ruth, they were hopeful of the activities they could enjoy once they had adjusted to caring for a person with dementia. Others were worried about the arrival of the 'inevitable moment' when they would have to devote more time to care (Lucy, 57). And some were concerned with developing dementia themselves, and thus turned to trying to improve their health and diet, while also accepting that prevention efforts were limited: 'I just think "What will be, will be"' (Louise, 50). Whether our respondents expressed a general sense of optimism, pessimism or acceptance of the future, when it came to telling the truth we found a more consistent pattern. What we might call the 'no point' excuse for lying to someone is the most common type of relationship with the future demonstrated in our data and, as we note above, in the established literature. People lie and withhold information (play along or distract) because people with dementia forget that they have dementia and it would hurt them to know it, or they forget something painful (e.g. that a loved one has died) and carers want to spare them suffering the remembrance. In other words, carers come to feel that there is no point or aim in telling them the truth because they will not remember it in future anyway.

To avoid the repetition of such findings, we present and analyse two brief examples and bring this into dialogue with our argument regarding the temporal order. One carer (Liz, 53) noted that:

The funny thing is, I tell people that my Mum's got dementia [but] I don't think I've mentioned that word, dementia, to my Mum [. . .] Because it's not going to change the situation for her, so, yeah, I've never mentioned the word dementia to my Mum yet.

Concealment can be justified in this participant's account because her mother will always have dementia; the future is fixed and she is not going to change her behaviour if she is told she has dementia. Similarly, Linda (65), who cares for her husband, Mark (68), relays that Mark refuses to accept (he denies it) or sometimes seems not to remember that he has dementia. She also accounts for the resulting deception that she practises by reference to a sense of restriction in other options: 'I lie. I *do* lie because I've got to be *so* careful about what I say and remember to think before I say it. But what can you do? Nothing.' Here, Linda formulates an excuse for her in-the-moment strategies of lying

and misleading by pointing to a lack of other possible futures, futures, for instance, in which telling the truth might result in Mark knowing, remembering or accepting that he has dementia and thus futures in which they share an understanding of what is happening in their lives.

Accounts of deception that referred to the pointlessness of truth-telling were relatively common in our data, and appealed to the pragmatism of members of social life. They aimed to convince us that there is no real reason to tell the truth since what would usually be achieved *in the future* by doing so is impossible given this situation, for these purposes, to all practical extent. This sort of account justifies a moral wrong by separating ‘pointless’ action (truth-telling) from meaningful or helpful action (lying), which carries with it an assumed idea of truth-telling as requiring a ‘point’, a direction in time, if it is to be worth doing.

Plans, or anticipated future action, are a central feature of the way in which people coordinate social life (Tavory and Eliasoph, 2013). By sharing accounts of plans for upcoming events, participants to action can align with or decouple from the actions of others. The ‘pointlessness’ of truth-telling in carers’ accounts signals a difficulty with generating co-ordinated plans around truth: either that there are few viable plans to be associated with the action of truth-telling (nothing can follow from it that the person with dementia could subscribe and orient to) or that truth-telling is not a viable plan in itself because it will not become part of a stable coordination. When accounting for deception as a part of dementia care, carers not only explain that it would cause harm to tell the truth, but that something else has been disrupted: producing a shared ‘true’ account is no longer possible in a way that can lead to shared lines of future action. Instead, carers learn to ‘play along’ in the ways identified above, for example by pretending that a deceased love one *is* coming to visit next week, or that they do live in Jamaica still, down the road from their family. A future in which truth is possible, at least in these accounts, is closed off but the future is also being erased in a way that forgives these false promises. Ordinarily, we expect people might retain some memory of the things that we tell them and thus we can expect that we might be held to account for it if it turns out not to be true. But if there is some reason why people might not remember it seems the value of truth is blunted, it does not ‘point’ towards the future anymore.

Carers are not only excusing their perceived deviance in the past to the interviewer but also allowing for deviance in the future. After all, the implication goes, if telling the truth was pointless in the past, surely we can recognise that it will be pointless in future as well. As Murphy (2004) argues, while accounts are typically understood as explaining action *post factum*, in practice people use accounts to help make sense of future action in the form of ‘anticipatory accounts’. Her study ends with the tentative but intriguing suggestion that people seem more likely to take deviant action if they are able to excuse or justify it beforehand. Some scholarship on dementia care has signalled the importance of developing positive ideas of the future to combat the sense of inevitability associated with what is typically a progressive condition (e.g. Wolverson et al., 2010) while others (e.g. Hellström et al., 2007; Keady et al., 2020) have signalled the importance of the present moment in dementia care provision, emblematised in the idea of ‘living for today’. This involves reducing an emphasis on the future and future plans while ‘taking life one day at a time’. Hellström et al. (2007: 394) suggest that this forms part of broader

efforts to cope with ‘shrinking of temporal horizons’ in the context of living with dementia. Seen in the light of these effects, accounts of deception that seek to normalise the ‘pointlessness’ of truth-telling are part of broader efforts to manage time when living with dementia. But in this way, we also see how the future remains potent, even as plans become problematic. It is a future in which truths about ourselves, our lives, our relations, are less determinative. We could think of this as the inverse of the kinds of biographical resources used in carers’ accounts when invoking past relations. If that constituted a form of biographical retention, here is a kind of failure of biographical protention. When carers turn towards the future, whether in terms of increasing responsibilities or to their own health, they tend to think about their own lives as lives separated from the people they care for. Many carers appear not to project the relational self of the person with dementia into the future as they do into the past, and it is this change in future biography that underlies the anticipation of more untruth and forgives the lies and deceptions yet to come. How the past, present and future are being lived affects our relationship with truth and its others.

## Conclusion

We have sought to look underneath the moral justification and excusing of lying and move instead towards a better understanding of how such accounting strategies figure within the past, present and future of people’s caring work, and of their use of the past, present and future in their accounts to articulate the underlying processes in which lies and deceptions are experienced within everyday life. In the empirical setting of dementia care, we have shown that lying is temporally situated through people’s excuses, justifications and anticipations. Thus, the moral status of lies is tied up with the temporal order. Lies are not only made sense of by reference to the current situation, but with regard to the biographical history of participants to the situation and with respect to the future possibility of those lies being discovered, or of having to retell them, time and time again. Equally, our analyses shed light on the temporally embedded nature of truth-telling. Our respondents stake their cases around the idea that sometimes telling the truth is not possible because of problems with the temporal landscape in which they find themselves. The historical past can place too heavy a weight on the present to allow for truth-telling. Interactional norms for the present moment are sometimes so disrupted that efforts to tell the truth become equally scrambled. Othertimes, there is no future for the truth; coordinated plans cannot be made for it, and so, carers argue, they have no choice but to be ready to lie again and again. Interruptions in the routing of life through the temporal landscape are enough to derail truth-telling.

In what our respondents said of truth and lying we find a relational phenomenon, emergent from a temporally determined social life, which goes far beyond naive accounts of lies as simply bad and truth as simply good. In order for all disciplines to better understand lying we need to appreciate the ways in which truth and lying are woven into the complete fabric of experience.

The empirical context of dementia care has specific qualities that perhaps make these connections more easily visible, since dementia disrupts the temporal order by affecting memory, coordination and health. But there is no reason to believe that such connections between lying

and time will be found only in this context. No doubt in a range of social settings people will draw on their biographical past, on the history of their relationships with other people, when making sense of the lies they tell or of those they are told. The present moment of temporal disruption is perhaps a little more peculiar to dementia settings, but there are many ways in which the present can become stretched. A broader set of interactional phenomena will attest to the generalisability of this observation of lying and truth's relationship to the moment. For example, people often overstay their welcome when visiting family or friends, and small lies to ease their departure are routine. Most of us will be familiar with the situation in which you wish to exit an interaction you are caught in, but cannot explain for one reason or another the real reasons for wanting to exit (perhaps they are personal, too obscure or would require too lengthy an explanation) and so a simple lie about time suffices ('I am sorry I have to get going to a meeting'). Temporal disruptions and deceptions are likely partners in the dance of social interaction across many settings and relationships. And of course, with respect to the connection between lies and the future, any number of possible situations come to mind where one might lie in the present with an orientation to the future.

The generalisability of these findings helps us to scout a terrain in which the sociology of lying can be advanced. First, sociological studies of lying must take moral work to be relevant but not determinative of lying's salience, and explore the broader set of social practices in which any given lie or pattern of lies figures. Exploring this requires us to build in-depth empirical studies of deception and lying, which need to be concerned with how lies figure in people's personal lives, within different sets of practices, against the background of identity and social change, within different cultural settings and in the many layers of social and political order. We should be less concerned with how people detect lies, and more interested in how they live with them.

Specifically with regard to the temporal order we need more research that examines, for example, people's lying routines and habits, how lies from the past stew and transform our present relationships and future anticipations, how and when we expect the truth and when we do not. This will help us to understand the dynamics of family and personal life. It also has the potential to better explain people's recent reactions to, participation in or rejection of a contemporary moment, characterised by claims and counter claims of spin, lying, bullshit, fakery and fraud, in the battle with far-right politics, a time in which lying, credulity and distrust are seen to be in transformation. What is the future of lying? From the personal to the political, how do our everyday practices of lying and accounting for lies become embroiled with, constitute or resist these broader socio-political discourses? Sociologists can answer these questions but we need to move beyond the moral question of lying in order to do so.

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