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LYING



If lying is a common human behavior, when does it become pathological?

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The Oxford Dictionary defines a lie as "an intentionally false statement." Although our society finds lying reprehensible, research shows that adults in the community tell an average of one lie each day (DePaulo et al., 1996). Younger people lie more frequently than older people. Whether they are *white lies* — innocuous lies sometimes told to make people feel better, *defensive lies* — told to avoid the consequences of truth telling, or other more damaging lies, the bottom line is, everyone lies. As obvious as this may sound, it is not necessarily acceptable to all. Certain individuals might view such a statement as an affront to their personality; being called a liar implies that one is morally inept, a shady character. Such is the magnitude of societal disdain for lying. Yet, everyone lies.

If lying is a common human behavior, when does it become pathological? In psychiatric parlance, pathological lying is commonly referred to as *pseudologia phantastica* (or *pseudologia fantastica*), and less commonly, it is used synonymously with *mythomania*, and *morbid lying*. Despite its relative obscurity, pathological lying has been recognized and written about in the psychiatric literature for over a century. Although there is as yet, no consensus in the psychiatric community on the definition of pathological lying, there is general agreement on its core elements. Pathological lying is characterized by a long history (may be lifelong) of frequent and repeated lies for which no obvious external motive or benefit can be discerned. While ordinary lies are goal directed, and are told to obtain obvious external benefit, pathological lies often appear purposeless, and in some cases, might even be self-incriminating or damaging, which makes them even more incomprehensible to the audience.

Pathological lying does not describe the magnitude, callousness or consequences of the lying behavior, nor is it defined solely by compulsive or impulsive lying. Rather, it is the chronicity, frequency, and the apparent lack of benefit from the lies that define it. Even when there appears to be an external motive for the lies in pathological lying, the lies are so out of proportion to the perceived benefit that most people would see them as senseless. Such characteristics of pathological lying have led some researchers to conclude that the lying behavior appears to be a gratification in itself, the reward is internal to the liar.

There is paucity of information on the epidemiological characteristics of pathological lying. We do not, for example, know if it presents the same way across cultures, and whether there are gender differences. There are no consistent findings of sex ratio, age of onset, or prognosis. It is generally believed, however, that pathological lying cuts across all socio-economic strata. Interestingly, our research (Dike, Baranoski, & Griffith, 2005) showed that highly successful and prominent individuals are not immune to the phenomenon, and some have suffered shame, humiliation and loss of status and livelihood as a consequence, when their lies have led to a clash with administrative bodies, or the law.

Through the years, psychiatric scholars have wondered if pathological lying is a psychiatric disease. At present, it is not recognized in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) as a disease entity in its own right. It is recognized only as a symptom of another psychiatric condition, Factitious Disorder. Factitious Disorder is defined as intentional production or feigning of physical or psychological signs and symptoms in order to assume a sick role. A common syndrome under Factitious Disorder is Munchausen's syndrome. While there is no doubt that pathological lying may be a symptom of Factitious Disorder, there is evidence that there are people with pathological lying who do not tell lies in order to assume a sick role. This is an indication, therefore, that pathological lying is not always associated with Factitious Disorder. As a matter of fact, there is mounting evidence that there are individuals with pathological lying who do not have any other underlying psychiatric disorder. Whether that then means that pathological lying can stand alone as a diagnosis, or may be a symptom of other diagnoses other than Factitious Disorder, is debatable.

Some prominent psychiatrists have wondered if the lying behavior in pathological lying rises to the degree of a delusion, given the frequent observation that pathological liars appear to believe their lies to be true. A delusion is a false belief that is firmly held despite incontrovertible evidence to the contrary. This is an important symptom that often denotes psychosis. Pathological liars hold firmly to their lies, and do not appear to be bothered by them; they show no feelings of guilt. Unlike delusions however, when pathological liars are vigorously challenged, they may grudgingly give up their lies, or more commonly, change the topic.

An important controversy surrounding this phenomenon is whether pathological liars have the capacity to control their lies. Pathological lying has a compulsive or impulsive quality that makes this controversy more than a casual

question. The implications of concluding that pathological liars are unable to control their lies are huge. Such a conclusion would mean that if pathological lying led to criminal behavior, it could be argued that the pathological liar was not guilty by reason of mental disease or defect, and therefore, should be acquitted of their crimes.

This scary scenario is currently more theoretical than practical. A whole lot more needs to be understood about the nature of pathological lying before the issue of criminal responsibility can be fully addressed. For example, it is as yet unclear what causes pathological lying, and how best to treat it. The association of Central Nervous System (CNS) abnormalities and pathological lying reported in the literature is neither consistent nor firm. Likewise, the outcome of treatment, currently psychotherapy, is unclear. As far as I am aware, there are no reports of long term follow up studies of individuals with pathological lying treated successfully with psychotherapy, the only treatment modality discussed in the literature. Despite these obstacles, the question of whether or not pathological liars should be held fully responsible and accountable when their lying behaviors are directly related to, or cause them to commit crimes is a fascinating one. Perhaps, it could more successfully be argued that their pathological lying diminished their responsibility, even if it did not completely absolve them of responsibility.

A more important question in the legal/forensic arena is whether pathological lying impairs the competency of the liar to stand trial. Lying repeatedly to one's own attorney certainly raises the risk of being found not competent to stand trial, especially if the lying behavior is found to be uncontrollable; impulsive or compulsive.

In conclusion, pathological lying is a special form of lying, narrow in its definition, and complicated in its presentation. Although it has been poorly researched in recent times, and scarcely mentioned in the DSM-IV, its apparent rarity may be due to lack of awareness of the existence of the phenomenon by clinicians. Unfortunately, it periodically causes significant hardship to the pathological liar. Literature review suggests that not all pathological lying is secondary to a pre-existing psychiatric disorder; some authors believe true pathological lying is a primary psychiatric disorder, and not secondary to another illness. Therefore, an argument could be advanced for recognition of pathological lying as a disease entity in its own right. However, for this to be successful, more systematic research is needed to determine if the symptoms are consistent, coherent, and stable enough to warrant a separate diagnosis in the DSM-IV.▼

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References

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