



Psychiatric aspects of normal and pathological lying



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ABSTRACT

The paper outlines the difference between the so-called normal (common) lying and pathological lying. Pathological lying is an intriguing topic, still lacking any strong professional consensus, clear etiology, treatment options and prognoses. The paper explores some possible psychological mechanisms of pathological lying, reviews biological factors in pathological lying, and considers forensic significance of normal and pathological lying. The relationship between pathological lying and mental disorders is also discussed. The authors suggest that lying should be considered as a heterogenic and multidimensional behavioral pattern. The paper highlights how important it is to assess the patient's control over lying, the function of lying, insight into and awareness of lying, as well as the effect of lying on everyday functioning.

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1. Introduction

Lying is a frequent behavioral pattern, which largely has a clear purpose: to make adequate gain, to obtain different types of benefits, to avoid punishment, to protect others from the truth, etc. It is also a *complex cognitive activity* with important legal, moral and social implications (Karim et al., 2010).

According to the findings, an average person lies once to twice per day (DePaulo, Kashy, Kirkendol, Wyer, & Epstein, 1996; Sadock & Sadock, 2000). There are cases recorded in literature portraying various, even reputable persons, who were excessive liars, and whose lying had a significant impact on their social and work functioning (Grubin, 2005).

There are many different definitions of lying, including the ones given by the authors who differentiate between “normal” and “pathological” lying. Although described as early as more than a century ago, pathological lying nevertheless remains a barely intelligible concept short of any professional psychiatric consensus and clear definitions in professional references (Dike, 2008; Dike, Baranoski, & Griffith, 2005; Paraskevoulakou & Antonopoulou, 2010). Currently, there are no systematic studies based on a larger number of participants trying to elucidate the concept, and the research on this topic largely includes commentaries and case studies on various types of lying.

Psychiatrists notwithstanding know very little about the phenomenon of pathological lying and find it difficult to detect. It is not completely clear-cut why this phenomenon occurs: whether its origin lies in psychological or organic reasons or in their combination. It can be assumed that some of the reasons why so little is known about pathological lying may be ascribed to the patients of such kind who cannot

be frequently encountered in clinical practice or who lack motivation for treatment and are unwilling to participate in clinical studies.

2. Normal and pathological lying

2.1. Normal lying

To lie is to make a false statement with the intention to deceive (Simpson & Weiner, 1989). *Normal, “non-pathological” lying* incorporates obvious motivation for lying. A person who lies has some interest and gain from so doing. It can be said that people often use different reasons for lying throughout their lifetime, and that there are different degrees of lying (Grubin, 2005). Whereas some people tell lies to help reduce stressful situations in their lives, to avoid embarrassing situations or to compensate for developmental traumas, others lie to get the feeling of comfort or to fulfill the need for personal gain and manipulation. Some persons might feel guilty because of lying, whereas others, like the persons who suffer from personality disorders (e.g. antisocial personality disorder), may not feel guilty of their behavior and lying to others.

2.2. Pathological lying

In addition to normal, “non-pathological” lying with obvious motivation, there is lying without obvious motivation discernible at all times, the so-called *pathological lying*. The term pathological liar in everyday life is often used to describe the persons who lie excessively, mostly the persons who tell lies for their own benefit. From the psychiatric perspective, such people are not necessarily pathological liars. In fact, the foregoing term should be reserved for those who find it difficult to control lying and who lie without having any external reason or making any gain (Dike, 2008).

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Different terms used throughout the history of psychiatry implied some forms of lying, such as *pseudologia fantastica*, *mythomania* or *compulsive lying*. However, it is not certain whether all those terms were used to cover the same phenomenon of pathological lying without obvious motivation (Janssens, Morrens, & Sabbe, 2008; King & Ford, 1988), having in mind that different authors used different, and sometimes overlapping definitions.

In their commentary on the previous discussions about pathological lying, Adetunji et al. (Adetunji, Basil, Budur, & Oladinni, 2006) suggest that the word “pathological” gives additional meaning to the term and should be omitted to allow for a more objective assessment. When assessing lying, they suggest that the frequency of lying should be determined, as well as its recurrence. They also think that it is important to note whether the persons experience their lies as ego-syntonic or ego-dystonic, and whether they are willing to be treated for their problem with lying. Furthermore, the authors describe two forms of lying: one that stems from the structure of the personality and could have compulsive or impulsive characteristics, and the other caused by an external factor, which induces the need to lie (Adetunji et al., 2006).

Grubin, whilst making his comment on the current studies, claims that if pathological lying does exist, then it is not the lie, but the liar that is abnormal, i.e., the abnormality is not related to the nature of the lies told, but to the mental state and the behavior of the liar (Grubin, 2005).

In the context of various definitions and concepts provided for pathological lying, we tend to side with the work of Dike et al. (Dike, 2008) who suggest that the cases of *pathological lying* have a long history of lying, which occurs frequently and repetitively, without any clear external reason or gain or a need to avoid an embarrassing situation or responsibility for that matter.

Pathological liars lie impulsively and obsessively, their control over lying is lax and they could behave as if their lies were true, but their belief in lies does not reach a delusional level.

In our opinion, pathological lying can be considered as a disorder by itself, but is probably more often comorbid with some personality deviations, such as a personality disorder, as will be argued below.

3. Psychological mechanisms of pathological lying occurrence

As far as the psychodynamic understanding of pathological lying is concerned, several authors have written on this subject, primarily on *pseudologia fantastica*, viewing *pseudologia* as a way of defending oneself from the reality in which one lives. Fenichel holds that this type of lying is the way of avoiding contents that are painful and cause anxiety, and that the actual painful content is hidden (Fenichel, 1954; Ford, 1996). *Pseudologia* can also serve as a way of preserving the person's identity and defending oneself from the reality (Ford, 1996). Furthermore, it can be considered as the projection of negative parts of a person to an external object or a person (Ford, 1996; Snyder, 1986). In his paper on pathological lying, Grubin questions whether etiology of pathological lying has an organic or a psychological cause. He suggests that if one takes the psychological cause into account, then pathological lying might be explained through psychological factors related to the self development (Grubin, 2005).

Following the above mentioned mechanisms of the development of pathological lying, our opinion is that pathological lying can also be seen from the perspective of low self-esteem and development in the context of the false self.

Unlike the real self, which refers to what we really are, the false self often develops as a form of defense. The false self may be characterized by idealizations, striving for perfection, feelings of grandiosity and greatness, excessive pride, manipulations, etc. (Harter, 1999; McWilliams, 1994; Norcross & Goldfried, 1992), which in fact all form a part of the clinical presentation of pathological lying. The persons exhibiting pathological lying have a false self and often lie about their important origin, success, status, love success, etc.

The beginnings of the development of the false self may be traced back to early childhood. Certain distorted experiences may contribute to the development of the unauthentic self, if a person accepts the modified version of experience. Winnicott makes reference to children of intrusive or over-involved mothers, who whilst trying to meet the mother's requirements and expectations, may express their false external self which does not represent their genuine internal experiences. The parents may additionally contribute to this by rejecting the child's true self and acknowledging only the falsely presented self. Stern offers the biological predispositions for the development of the false self. The false self might lead the person to the risk of becoming alienated from internal experiences which represent his/her true self (Harter, 1999).

In addition, the difference between the real and the false self may also be affected by a cause and effect – the person feels that s/he will obtain support only if s/he can fulfill high standards of his/her parents or colleagues. A failure to meet such expectations is linked with a low feeling of one's own self-worth and self-esteem (Harter, 1999).

The processes which affect the development of the false self are especially prominent in adolescence. In that period the phenomenon of the false self may become more discernible through attempts to hide one's true self, which does not manage to achieve the standards and the values established in mental representations of the individual, which in turn came into being during the development in interpersonal relations with emotionally important objects. According to the studies, adolescents who had a feeling of weak support, which they experienced as conditional, demonstrated the highest levels of the false self, which triggered the feeling of hopelessness. They tried to please others through developmental stages by constructing the false self, which made them subdue their true self. The type of a relationship and the environmental support are important for the expression of one's own views. The development of the false self leads to negative outcomes such as low self-esteem, hopelessness, depressive feelings, separation from oneself, which likewise make it difficult to develop the mature identity and good enough relationships throughout life (Harter, 1999). One of such outcomes may be pathological lying inside the immature identity.

The existence of the false self does not necessarily imply, by itself, that someone is a pathological liar. The people who are prone to pathological lying experience deeper changes in the structure of personality, more pronounced ego deficits and low ego capacities. Pathological lying dominates their behavior and such individuals have a constant need to lie in order to preserve their world, gain a certain unconscious gratification and protect themselves from unpleasant feelings, poor self-esteem and low self-confidence. For this reason, their lying and model of functioning can be considered pathological.

4. Biological factors in persons who exhibit pathological lying

It might be argued whether there is a specific abnormality in the cerebral structure of persons who develop pathological lying, which would be useful for treatment guidelines in terms of indication for psychopharmacotherapy. Some authors have investigated the biological factors possibly associated with pathological lying, but in general, the studies on biological factors of pathological lying are rare, and to date have not provided a clear picture of pathological lying.

In their 1988 study King et al. collected seventy-two cases of *pseudologia fantastica* from twenty-six reports in the period dating back to 1891. They claimed that at least 40% of the cases had the central nervous system abnormalities (King & Ford, 1988).

Spence and Kaylor-Hughes highlighted the importance of the prefrontal cortex in lying and truth-telling (Spence & Kaylor-Hughes, 2008). Poletti et al. also studied the neuropsychological correlates of pathological lying, and offered an option according to which a dysfunctional prefrontal cortex may be involved in pathological lying, suggesting the possibility that neurocognitive deficits are involved in the development of pathological lying (Poletti, Borelli, & Bonuccelli, 2011).

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