Commentary: Getting at the Truth about Pathological Lying

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Lying is common, and in its many aspects forms a normal part of social interchange. In this issue, Dike *et al.* review the literature on what has been referred to as pathological lying, highlighting the lack of information available about this phenomenon. In this commentary on Dike *et al*., it is noted that if pathological lying exists, it is not the lie, but the liar that is abnormal, with the abnormality relating not to the nature of the lies told, but to the mental state associated with the behavior. Before forensic opinions regarding pathological lying can be given with confidence, we need more data to help determine whether it is in fact a psychiatric entity, and if it is, about the physical and psychological characteristics that underpin it.

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The truth, the whole truth, and nothing but the truth. The words of the oath are of interest, not only because of their tacit recognition that people lie, but also because of their acknowledgment that "truth" is multifaceted. Lies may be overt, as in the case of Judge Couwenberg who, as described by Dike *et al.*,[1] made "misrepresentations" and "deliberately" provided false information, and as they indicate, Judge Couwenberg is not without illustrious colleagues. However, lies may also take the form of statements in which no actual untruths are uttered but which disguise a much larger truth, as was well illustrated by U.K. Cabinet Secretary Robert Armstrong, who in 1986 resurrected the phrase "being economical with the truth" in describing his actions in court proceedings to ban a book about the Intelligence Service. Lies may hide themselves within the truth, as demonstrated in a recent survey of National Institutes of Health-funded scientists, which reported that a third of respondents admitted to engaging in at least 1 of 10 types of behavior defined as fabrication, falsification, or plagiarism in their research.[2]

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Lying

From an early age we are taught not to lie, and lying carries with it a host of negative moral overtones. Put simply, we are supposed to tell the truth. Yet in his book on the topic,[3] Ford identified over 50 words synonymous with lies and lying and quoted research indicating that 90 percent of Americans admitted to being deceitful (with the other 10% perhaps being dishonest about it). In their work, Depaulo and colleagues[4] found that American college students on average tell two lies a day, and ordinary people in the community one a day. Given the ubiquitous nature of lying, therefore, is it possible to identify a pathological form of the behavior? To do so, it is necessary first to be confident that we understand the phenomenology of lying itself. It is not, however, entirely clear that we do.

Most definitions of lying refer to the deliberate communication of information believed to be false and intended to deceive (although terms such as "the whole truth" and being "economical with the truth" suggest that the inclusion of false information is not necessary to the concept of lying in its wider aspects). Thus, patients who communicate false information in the context of a range of psychiatric states, such as when they are confabulating, have delusional memory, or are demented, are not lying because they are not deliberately misleading us. But what of more borderline situations? Does the compliant individual who makes a false confession under interrogatory

pressure from the police lie when he confesses?[5] Or is the sex offender lying when he minimizes, rationalizes, or otherwise justifies the circumstances of an offense, something we more typically label as "cognitive distortion" or "denial"? And what about Vietnam veterans with symptoms of PTSD who appear to exaggerate the nature and extent of their service in Vietnam?[6]

In the realm of more overt and straightforward lies, people tell untruths in a range of ways and for a variety of reasons. Lies may be big, like Judge Couwenberg's, or small, as in the minor fibs we tell to smooth normal social intercourse ("yes, of course that dress/suit looks good on you"). Some are intended to achieve specific aims—to avoid getting into trouble for being somewhere one was not supposed to be or doing something one was not supposed to do, to sell a product (or oneself), or to impress—while others seem without purpose, designed simply to deceive. Lies can be altruistic (a 1989 study of American doctors found that over 80% would lie if it were in the interest of their patients[7]), or expedient. Lies may be obvious, or they may be subtle. And of course, some people lie more than others. Kashy and DePaulo[8] suggest that those who tell more lies are more manipulative, more concerned with self-presentation, and more sociable, but less socialized.[8]

Pathological Lying

Thus, lies are of different degrees and are told for various purposes and with differing frequencies. What, then, amounts to "pathological" lying, and what distinguishes the pathological liar from the person who just lies a lot? Dike and colleagues[1] suggest that the diagnosis is made when the lying is persistent, pervasive, disproportionate, and not motivated primarily by reward or other external factors. They also suggest, however, that a key characteristic of pathological lying may be its compulsive nature, with pathological liars "unable to control their lying," although another term they use is "impulsive." In addition, they refer to other accounts that speculate on whether the pathological liar may be unaware that he is lying, although they point to evidence showing that, when challenged, the pathological liar admits to at least a partial recognition of his or her lies (which assumes, of course, that pathological liars can be accurately identified so this can be tested in the absence of a clear definition or operational criteria).

Clearly, to be a pathological liar, an individual must lie on more than a few occasions, but how frequent does the behavior have to be? Is the scale of the lie really important, or does this just make the pathological liar easier to spot? And why is it relevant that the lies seem pointless? From a psychiatric point of view, lying is simply a type of behavior, albeit a complex one, that demands an appreciation of the abstract concept of truth. What makes a behavior psychiatrically abnormal is not its degree or its purpose, but the extent to which the individual has power over it. The fact that a behavior may cause the individual more harm than good and that there does not seem to be a rational reason for it may be indicators of psychiatric morbidity, but neither is necessary or sufficient to establish a disorder. What these indicators suggest, however, is an apparent lack of control. For pathological lying to exist, therefore, the individual must lie despite himself, just as someone with an anxiety disorder cannot help feeling anxious.

If this formulation is right, then there are no pathological lies, only pathological liars. And whether or not this is primary or secondary to another condition, it suggests a disorder that is either compulsive in nature or something akin to an impulse control disorder. Although if it is true that some or all pathological liars are in fact unaware of their lies, something more fundamentally organic seems likely. Without evidence of compulsivity, excessive impulsivity, or brain dysfunction, habitual lying, no matter how grand, is not a symptom, syndrome, or diagnosis, but just plain lying.

Identifying Pathological Liars

According to the Blue Fairy in *Pinocchio*, "Lies are easily recognized. There are two types of them. Those with short legs, and those with long noses."[9] Was she right? And if so, are the lies of pathological liars short legged or long nosed in nature?

First, the Blue Fairy was wrong in believing that lies are easily recognized, except that the long-nosed ones of Pinocchio could be easily spotted. Even if one focuses only on overt lies rather than the much more complicated "whole truth and nothing but the truth" type of lie, a number of studies have demonstrated that people are poor lie detectors, being able to identify lies in experimental studies at about chance rates, and sometimes below chance.[10] Experienced detectives, Secret Service personnel, and CIA agents are better than average at detecting lies, but they still

achieve accuracy rates of only about 70 percent.[11,12] What the research also shows is that, in general, people are more likely to judge statements as truthful than untruthful (a so-called truth bias) and that attending to content rather than "body language" or voice cues is likely to be a more productive strategy in correctly recognizing a lie.

There are two implications of this research. First, it is unlikely that the pathological liar will be readily recognized from interview material alone. Not only is good documentary evidence required with which to check the individual's self-report, but a high level of suspicion is necessary in the first place if that evidence is going to be sought and attended to closely. It is worth remembering that even in the apparently more transparent arena of physical complaints, doctors are easily fooled by simulating patients, and in fact pick up fewer than a quarter of feigned complaints.[13] Second, because of this difficulty in detecting liars, let alone pathological liars, it is unlikely that we will ever know the true prevalence of the condition.

Although the true prevalence of pathological liars may remain well hidden, a good operational definition would mean that when we have a putative one in our grasp, we could better understand the phenomenology, enabling us in future to distinguish pathological liars from ordinary ones, or from other presentations. For example, I am not as confident as Dike and his colleagues[1] that the lying that takes place in Factitious Disorder is necessarily distinct from that of the pathological liar or that the goal of lying (in the case of Factitious Disorder to assume the role of a sick person) is an important distinguishing characteristic. Similarly, complexities introduced by coexisting personality disorder could be more readily teased out. From the account given by Dike and colleagues, how sure can we be that Judge Couwenberg does not have a narcissistic personality disorder, and if he does, whether it matters?

Confidence in identifying an individual as a pathological liar would also allow the condition itself to be better understood. In particular, we as yet do not know whether something different is happening physiologically or psychologically when the pathological liar is telling a lie compared with when ordinary folk lie. Based on a review of the literature, King and Ford[14] claim that 40 percent of cases of *pseudologia fantastica* have a history of brain abnormality and that there is also evidence of verbal-performance discrepancies on IQ testing. If there is an underlying organic basis to the condition, does the corresponding psychological deficit affect cognition (for example, problems in processing information related to abstract concepts like "truth"), emotion (perhaps a lack of negative emotions such as the guilt normally associated with lying), interpersonal functioning (for instance, linked to antisocial or even psychopathic traits like ruthlessness and manipulation), or behavioral control? Or might the explanation be more purely psychological, related to self-identity and self-worth?

A useful starting point in investigating the pathological liar would be to attempt to resolve the question of the extent to which the pathological liar recognizes that he or she is lying. Given the inherent difficulty in relying on self-report in these individuals, a productive approach might be to use polygraphy to examine the pathological liar's physiological responses to lying. Although polygraphy is not 100 percent accurate in identifying either liars or truth-tellers, its accuracy rate is believed to fall within the range of 81 to 91 percent,[15] sufficient for a study of this nature. The key aspect of the polygraph examination is not, as some believe, that subjects should feel anxious when telling a lie, but rather that they recognize they are lying and that the aim of the examination is not to be caught doing so. If pathological liars regularly "beat" the polygraph, then this would suggest either that they do not perceive themselves to be lying, or that they are particularly good at using countermeasures.

Conclusion

We know very little about pathological liars. We may think we can recognize one when we see one, but without a better understanding of the phenomenology of the condition we cannot even say with certainty that it exists as a pathological entity. Questions involving their responsibility for the lies they tell or their fitness to plead can therefore at present be answered only speculatively and based on opinion, which will be heavily influenced by examiners' psychiatric biases (that is, whether they come from a psychodynamic, psychological, or biological tradition), their moral views on the nature of lying, and the extent to which they are willing to stray beyond the limited evidence available.

In respect to whether the lies of the pathological liar are short legged or long nosed according to the

Blue Fairy—short legged based on the Italian proverb that says that lies have short legs because they do not take you very far and long nosed, perhaps, because they are directly in your face—the answer seems clear. Based on the careers of some of the potential pathological liars referred to by Dike and his colleagues,[1] it appears that the lies of these individuals have long legs that have taken them very far indeed, despite, and possibly because of, their prominence.

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