

Contents

Preface	<i>vii</i>
Acknowledgments	<i>xi</i>
Chapter 1. Pathological Lying: An Overview	3
Chapter 2. Normative Aspects of Lying	21
Chapter 3. Characteristics of People Who Lie a Lot	41
Chapter 4. Case Studies of Pathological Liars	59
Chapter 5. Pathological Aspects of Lying	87
Chapter 6. Pathological Lying on the Couch	115
Chapter 7. Assessment	131
Chapter 8. Diagnosis	161
Chapter 9. Treatment, Clinical Applications, and the Future	175
Appendix A: Survey of Pathological Lying (SPL) From Curtis and Hart (2020b)	205
Appendix B: Pathological Lying Inventory From Hart, Curtis, and Randell (2022)	207
Appendix C: Therapists' Diagnosis	209
Appendix D: Therapists' Suggested Treatments	213

References	221
Index	249
About the Authors	259

Pathological Lying: An Overview

A severe snowstorm had blanketed the countryside of Poland during the travels of Baron Munchausen. Weary, he decided to cease travel for a night's rest. He tied his horse to some pointed object that resembled a tree stump emerging out from the snow, secured his firearms under his arms, and soundly fell fast asleep in the snow. When the Baron woke, he was lying in a village churchyard, and his horse was hanging from the weather-cock of the steeple. The deep snow had melted overnight, leaving the horse caught on the steeple and the Baron lying on the ground. Without much deliberation, the Baron quickly fired a shot at his horse's bridle, which successfully freed his equine companion (Raspe, 2013). Unique stories, such as the adventures of Baron Munchausen, fascinate us. However, exaggerated stories, if told as truths, lead to skepticism and distrust. People do not like liars.

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Pathological Lying: Theory, Research, and Practice, by D. Curtis and C. L. Hart
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People often have a fascination with abnormal behaviors and rare circumstances, wanting a glimpse, but not wanting to get too close. The disheveled man on the street who talks to his hallucinations garners attention from the passersby. The child with autism who is having a tantrum in a store draws looks from other shoppers. Movies and shows that document a person's strange addictions such as eating drywall or hoarding broken appliances get viewer interest. Psychopathology has long captivated human curiosity, and pathological lying is no different.

At the same time, people tend to fear the unknown. The onlookers keep a safe distance when sneaking a peek at the man who aberrantly speaks to air. The shoppers steal a glance at the child's screaming and flailing without getting noticed by the child's parent. Movies and shows offer us the safety of watching other people's atypical behavior from the safety of a screen and the comfort of our couch.

When we consider the pathological liar, the same pattern appears to emerge. Those people who deign to flaunt the norms of honesty are spectacles that grip us and mesmerize us. They leave us fascinated. As much as pathological liars hold our attention, we also tend to resist affiliating with those who regularly lie to us. Liars are unreliable, disloyal, and even dangerous. They warp the very foundation of human relationships—trust.

The concept of pathological lying is widespread, and the term is foreign to few. Yet shockingly, the scientific community has made little effort or progress toward understanding pathological liars. Can we use the tool of science to understand pathological lying? When most people consider the pathological liar, they often assume the dishonesty is rooted in pure wickedness or think of pathological liars as monsters who seek to bring havoc everywhere. But might extreme forms of lying actually be symptoms of mental illness? Could it be that people who lie pathologically are actually the ones who suffer most from their lies? Like other forms of mental illness, could we not, perhaps, assess, diagnose, and treat pathological lying? Our goal has been to more closely examine pathological lying and to offer scientific advances in this area. Ultimately, we hope to illuminate and understand the world of the pathological liar, shedding light on the causal mechanisms of their disordered prevarications and proposing approaches

that may aid in reducing their lying to the benefit of the liars and the people around them.

Evidence of lying can be found in written records throughout world history. Historical, cultural, and religious documentation of lying and liars is robust and unequivocal. Lies and liars are viewed negatively. The Bible addresses lies and deceit throughout scripture. Within the first book of the Bible, Genesis, the serpent deceives Eve by telling her that it is acceptable to eat the fruit that God had commanded them not to eat (Genesis 3:1, English Standard Version). The act of lying as an abomination and unwise is recorded throughout the Bible. Satan is referred to as the Father of Lies (John 8:44, English Standard Version). In addition to religious texts, ancient Greek philosophers such as Aristotle discussed the ethics and virtues of being honest and truthful (Aristotle, 1941a). Lying was not viewed as virtuous. Other ancient, nonreligious texts, such as the Code of Hammurabi, portrayed liars as deserving of death (L. W. King, 2008). In general, liars are stereotypically painted as “cold and exploitative” (DePaulo et al., 2004, p. 147). Being called a liar can even be considered a “mortal insult” (Bok, 1999, p. 38). In fact, of 555 personality trait words, the word *liar* falls at the bottom, as the least liked trait (N. H. Anderson, 1968). Thus, people across cultures and throughout time have asserted that lying and liars are morally reprehensible, negative, bad, and sinful.

A great danger exists for the person who lies excessively—not only because of the potential harm from the lies but because of the resignation of their credibility and reliability. Most people do not expect complete and utter honesty from others. Leniency is granted to people who tell occasional lies, especially when those lies are of little significance, when the lies only serve “social niceties” and are intended to benefit others. People who occasionally lie are mostly honest, which provides some certainty and about their trustworthiness when interacting with them. Most of us operate within cultures where most people can be trusted at their word most of the time. The assumption that most people are honest most of the time aligns with reality; Levine (2014a, 2020) referred to this expectation of truthfulness as “truth-default.”

The very fabric of human society and interpersonal exchanges hinges on an honesty assumption, or a truth default. It would be difficult if not nearly impossible to accomplish any feat if it required individuals to sift through all information to ascertain which information was reliable. If honesty was always in question, business transactions would grind to a halt, relationships would bog down in endless verifications of sentiments, and interpersonal bonds would strain under questions of loyalty. In application, the practice of medicine requires an assumption of accurate and reliable reporting of symptoms. Similarly, the practice of psychotherapy requires the same assumptions. For example, one specific case of a patient who fabricated an entire therapeutic persona ultimately ended in a waste of time and resources, with no psychotherapeutic benefit and the patient potentially taking away the opportunity for the practitioner to help another individual (Grzegorek, 2011).

The concern of trustworthiness and being a reliable source of information was at the center of Kant's (1797/1996) argument of individuals' duties to be honest. Kant believed people should strive for honesty in all situations. It has been argued that Kant has the strongest position on the prohibition against lying (Bok, 1999). The idea of radical honesty in which one is always truthful provides a complete sense of consistency for oneself and for others. However, it is obvious that humanity does not adhere to Kant's precept, as most, if not all, humans lie. It is worth noting that while most people have lied, most people do not lie often (Curtis & Hart, 2020a; Curtis et al., 2021; Serota & Levine, 2015; Serota et al., 2010). Thus, the reliance on a truth bias largely dovetails with how the world operates, in that most people can be relied on to be honest most of the time. Generally, this way of thinking offers consistency and cognitive efficiency. However scarce lying is, it does still occur with predictable regularity, carrying with it enormous societal consequences.

DECEPTION AND LYING

The vested interest in understanding how to discern the veracity of others' statements has led to a plethora of research on the topic of deception. Research on liars and lie detection has grown significantly over the

past 60 years (see McGlone & Knapp, 2019). The study of deception is multidisciplinary, with findings emerging from anthropology, art, biology, botany, communication, economics, entomology, history, journalism, law, management, mathematics, media studies, medicine, psychiatry, philosophy, physics, psychology, political science, public policy, advertising, sociology, religion, sociology, and zoology (see McGlone & Knapp, 2019). Interest in deception and its detection has prompted government agencies, corporations, and others to fund a substantial body of deception research. More than \$1 million from the U.S. Federal Bureau of Investigations and Department of Defense has been issued to fund projects from some of the leading experts in deception. These agencies have a special interest in detecting deception, but so does the general public. Relationally, people are interested to know whether a significant other is secretly interested in another person, a child has been using illicit drugs, a parent has been forthcoming about finances, or a friend is using you for selfish gain. It is evident that everyday people, professionals, and agencies are curious to understand deception and want to learn how to better detect it.

Before wading too deep into a discussion about lying, it is important to first provide a basic definition of the phenomenon. Regarding deception, several prominent scholars have put forth a variety of definitions, with each building on or making some subtle and important clarifications. Definitions are discussed in more detail in the next chapter. The definition we use for deception is from Vrij (2000): *lying* is “a successful or unsuccessful deliberate attempt, without forewarning, to create in another a belief which the communicator considers to be untrue” (p. 6). Building on Vrij, Hart (2019) suggested that lying is different from deception and defined it as “a successful or unsuccessful deliberate manipulation of language, without forewarning, to create in another a belief which the communicator considers to be untrue.”

Scholars have traditionally discussed deception in two categorical dimensions: ethics and normativity. The majority of deception literature has discussed the normative aspects of lying, such as the prevalence and frequency of lying within the general population (see Levine, 2014b, 2020; Vrij, 2008). Even the most heavily researched and funded aspect of

deception, its detection, tends to focus on detecting deception from the perspective of the typical person (Granhag et al., 2015). In addition to the normative aspects of lying, there has been ample debate about deception and whether its use is ethical (e.g., Baumrind, 1985; Bok, 1999; Curtis et al., 2020; Curtis & Kelley, 2020b; Levine & Schweitzer, 2014; 2015; Sade, 2012; Tavaglione & Hurst, 2012). Much less has been written about the pathology of lying. Of the literature that has discussed pathological aspects of lying, it has largely remained fragmented or has not been discussed much, or at all, in other deception literature. The goal of this book is to focus on further understanding the pathological aspects of lying and synthesizing the existing literature in this area.

A LIAR

He does not answer questions, or gives evasive answers; he speaks nonsense, rubs the great toe along the ground; and shivers; his face is discolored; he rubs the roots of his hair with his fingers.—Description of a liar, 900 BC. (Global Deception Research Team, 2006, p. 60)

The label of *liar* has been used throughout history and within deception research but has rarely been the object of study (Curtis, 2021b). Liar is often descriptive of another person and is rarely used to describe one's own behaviors or traits (Curtis, 2021b). People generally like to think of themselves as good people. Using the term *liar* for one's own behaviors would threaten the consistency of self-image or, in other words, would cause cognitive dissonance or a discrepant perspective (Bok, 1999; Festinger 1957). It is intuitive that a person would likely avoid labeling themselves as a liar to preserve their self-concept as a good, honest, and upright person.

The use of the label *liar* raises the question of when we should label someone so. Elsewhere, we have considered whether the label should be applied to anyone who has ever lied, based on the relative frequency with which people lie, based on the consequences of the lies, or the situational contexts in which lies occur (Curtis, 2021b; Hart & Curtis, in press). If we classify liars based on whether a person has ever lied, then virtually every

person over age 3 years old would be a liar, as that is the approximate age in development where lying is evidenced (Sodian, 1991; Talwar & Lee, 2002). If being a liar is based on the relative frequency with which people tell lies, then most people, although having lied, do not lie often (Curtis & Hart, 2020a; Serota et al., 2010; Serota & Levine, 2015). Thus, only high-frequency liars earn the label. If being a liar is based on the harm resulting from the lie, then the application of the label would be a nuanced calculation involving all parties that were affected. People tend to label others more as a liar when a lie is judged to be more serious (Curtis, 2021b). Going further, the tendency to call others a liar is also based on the type of lie told, where others who tell fabrications are judged more as liars than those who tell white lies or exaggerations (Curtis, 2021b). Pragmatically, people are labeled liars when they lie (Curtis, 2021b).

One of the potential dangers of labeling others as liars is the negative attitudes or stigma that could stem from such labels. People tend to hold more negative attitudes toward others who are thought to be liars (Curtis, 2021b; Curtis & Hart, 2015). However, this is largely due, as previously mentioned, to the influence of anecdotal experiences and the historical stereotype of liars. The potential concern of labeling others as pathological liars is also worth consideration (Curtis & Hart, 2020a). It is unclear, and no research has been conducted to our knowledge, whether people may harbor negative attitudes toward pathological liars based on the label itself or based on the concern of potentially being lied to by the person. We encourage research in this vein, to explore social cognitions and perceptions of pathological liars. It has been argued that stigma resultant from psychopathology is a peripheral issue, that it arises from society and the beliefs that people hold which are largely influenced by media and film (Curtis & Kelley, 2020a). Stigma about psychopathology, specifically pathological lying, can be addressed by exercising sociopolitical responsibilities through educating students, practitioners, and the general public (Blashfield & Burgess, 2007; Curtis & Hart, 2020a).

A decision not to recognize or provide a label for pathological lying can also pose problems. There is a robust history of clinical cases documenting

people who suffer from pathological lying. As it stands, the failure to formally recognize these individuals prohibits a diagnosis and treatment (Curtis & Hart, 2020a). In fact, people who have been identified as pathological liars tend to receive other diagnoses, due to pathological lying not being recognized as a diagnostic entity (Curtis & Hart, 2020a). Thus, recognition of pathological lying as a diagnostic entity would promote scientific endeavors and provide clinicians with the tools to more fully help those who have historically been misdiagnosed, have not received treatment, or have not had effective treatments.

PATHOLOGICAL LYING: HISTORY AND NOMENCLATURE

More than a century of work on pathological lying has remained tucked away in case studies, mentioned in some neuroscience articles, alluded to within assessments, referenced within popular culture, and briefly mentioned in book chapters and encyclopedias. One of the great challenges in understanding pathological lying has been the fragmented state of the research and literature; there has not been an effort to consolidate and unify the important yet fragmented works. One conspicuous area of fragmentation around pathological lying is with nomenclature. Pathological lying has been referenced as pseudomania, pseudologia fantastica, mythomania, morbid lying, compulsive lying, and habitual lying. Dike and colleagues (2005) stated: “Pathological lying, *pseudologia fantastica*, mythomania and morbid lying are generally used interchangeably, although it remains debatable whether they all describe the same phenomenon” (p. 343).

One earlier term used was *pseudomania*. The root of pseudomania would be *pseudo* meaning fake, false, or lying, and mania meaning an excess. For example, in 1868 Wharton referred to a morbid lying propensity as pseudomania. The word was used within a legal context and referenced to as a psychiatric condition. In 1876, Peters used the word “psuedomania” to refer to a man who had an abhorrence of the truth so much that it was understood to be a disease. In psychology the word pseudomania was used by American psychologist G. Stanley Hall in 1890.

Hall (1890) used the term when discussing “pathological lies” that were less commonly found within children (p. 67). Hall stated that

pseudomania supervenes where lies for others, and even self-deception, is an appetite indulged directly against every motive of prudence and interest. As man cannot be false to others if true to self, so he cannot experience the dangerous exhilaration of deceiving others without being in a measure his own victim, left to believe his own lie. Those who have failed in many legitimate endeavors learn that they can make themselves of much account in the world by adroit lying. These cases demand the most prompt and drastic treatment. (p. 68)

Aside from Hall’s briefly using the term *pseudomania* and its sparse occurrences within legal contexts or debates of others, it did not gain much traction and largely did not become commonly used to refer to pathological lying. In some contemporary psychiatric contexts, the use of the term *pseudomania* does not refer to pathological lying but is used to refer to a false-positive diagnosis of mania, in which mania is typically associated with bipolar disorder (Braun et al., 1999; Swartz, 2003). Within the *Dictionary of Psychopathology* (Kellerman, 2009), *pseudomania* has been referenced as

shame psychosis and equivalent to an enosiophobia. Here the person is fraught with apprehension about having possibly committed a crime. With some such individuals, even writing something in black and white can be an enormous challenge the person will refuse because of the fear that writing anything will turn out to be the confession of a crime. (p. 193)

Conversely, the term *pseudomania* can still be found listed within medical terminology and references. The term has fallen out of use in describing pathological lying and is now used to describe other conditions (e.g., Mosby, 2017).

Around the time Hall (1890) published on pathological lies and *pseudomania*, Anton Delbrück (1891), a German psychiatrist, published his work on pathological lying. Delbrück used the term *pseudologia phantastica* to refer to lying that was so far outside the parameters of normality that it

was a pathological condition. Both pseudologia phantastica or pseudologia fantastica have been used, depending on the language and usage. Pseudologia fantastica can roughly be translated to false words of an extraordinary degree. According to Healy and Healy (1915), Delbrück coined the term pseudologia phantastica based on his work with five patients over several years. Delbrück believed these cases (which are discussed in Chapter 4) deserved a new and separate name that could describe the abnormal lying that was not accounted for by delusion or false memory. The term pseudologia phantastica was then adopted and used by other authors who followed Delbrück (Healy & Healy, 1915).

Pseudologia fantastica is a bit more descriptive than pseudomania because it more directly emphasizes a false word, or lie. Fantastica highlights the pathological aspect of a false word, in that the false words are of an extraordinary magnitude or size. Pseudologia fantastica is a term that can still be found in wide usage today. For example, the *Dictionary of Psychopathology* defines it as a

symptom of Munchhausen syndrome that can also be seen in psychopathic individuals who create stories because of a need for continuous external stimulation. It is thought that the person experiences the self as having an impoverished inner life, thereby requiring the creation of such endless external stimulations. Thus it is a fear of silence in the inner life and can also be seen in organically damaged individuals. (Kellerman, 2009, p. 193)

The American Psychological Association (APA; 2020a) *Dictionary of Psychology* defines *pseudologia fantastica* as

a clinical syndrome characterized by elaborate fabrications, which are usually concocted to impress others, to get out of an awkward situation, or to give the individual an ego boost. Unlike the fictions of confabulation, these fantasies are believed only momentarily and are dropped as soon as they are contradicted by evidence. Typical examples are the tall tales told by people with antisocial personality disorder, although the syndrome is also found among malingerers and individuals with factitious disorders, neuroses, and psychoses. (para. 1)

In 1905, French psychiatrist Ernest Dupré used the word *mythomania* to refer to the pathological tendency to lie. The root of myth or mythos (μύθος) means stories or falsehoods and mania meaning excessive, resulting in mythomania meaning to tell excessive falsehoods or untrue stories. Dupré indicated that the pathological tendency to lie was voluntary and conscious. He wrote that “pathological mythomania is constituted, in abnormal children as in adults, by the excess of duration and intensity, and finally by the abnormal nature of the mythopathic manifestations” (Dupré, para. 35). Dupré argued that pathological mythomania may be evidenced early in child development, where most children tell stories, fabricate details, simulate, or outright lie as a part of normal development. He suggested that in abnormal cases, instead of manifesting itself, in fact, as in the normal child, like a kind of imaginative sport and in the innocent form of the spontaneous play of exuberant psychic energies, mythical activity is put at the service, in abnormal subjects, of vicious tendencies, instinctive perversions or morbid appetites; it thus manifests itself as a particular mode of intellectual activity, directed by pathological feelings and therefore no longer represents an instrument of play, but a weapon of war, all the more dangerous the more intelligent the patient is (Dupré, 1905, para. 36).

Around the same time, in 1902, Emil Kraepelin, one of the founders of modern scientific psychiatry, published *Clinical Psychiatry: A Textbook for Students and Physicians* (Kraepelin, 1902/1912). Within his textbook, he discussed pathological lying and termed one who does so as the “morbid liar and swindler” in reference to Delbruck’s pseudologia phantastica. He described four psychopathic personalities: born criminals, the unstable, the morbid liar and swindler, and pseudoquerulants (Kraepelin, 1902/1912). He indicated that the morbid liar exhibited a disorder that consisted of “a morbid hyperactivity of the imagination, inaccuracy of memory, and a certain instability of the emotions and volitions” (Kraepelin, 1902/1912, p. 526). Further, he suggested that one of the characteristic features of morbid lying was “the satisfaction which the patients derive from the willful falsifications of memory—the ‘joy of lying’” (Kraepelin, 1902/1912, p. 527).

In the early 1900s, a variety of prominent scholars began to discuss pathological lying. Karl Jaspers (1913/1963) discussed pathological lying in his book titled *Allgemeine Psychopathologie (General Psychopathology)*. He indicated that pathological lying was a group of falsifications that are not the result of false memory. Jaspers described pathological lying as “stories about the past which are pure fantasy are eventually believed by their inventor himself. Such falsifications range from harmless tall stories to a complete falsification of the whole past” (p. 77). He also indicated that pathological lying may be a manifestation found within children who have nervous disorders.

In 1915, Healy and Healy discussed the term pathological lying, more specifically as a psychological disorder. The Healys provided a definition of pathological lying, stating that it is

falsification entirely disproportionate to any discernible end in view, engaged in by a person who, at the time of observation, cannot definitely be declared insane, feeble-minded, or epileptic. Such lying rarely, if ever, centers about a single event; although exhibited in very occasional cases for a short time, it manifests itself most frequently by far over a period of years, or even a lifetime. It represents a trait rather than an episode. Extensive, very complicated fabrications may be evolved. This has led to the synonyms mythomania; pseudologia phantastica. (p. 1)

The definition paints a picture of pathological lying as excessive lying across situations by a person who does not exhibit other psychopathology or does not lie as a result of other psychological disorders or physiological conditions. Further, pathological lying is defined as a smaller portion of the population that has been engaged in excessive lying for a long duration. Healy and Healy (1915) also indicated that pathological lying was a trait rather than episodic. Lastly, it was suggested that the features of pathological lying have led to the synonyms of mythomania and pseudologia phantastica. Healy and Healy (1915) believed that these synonyms were different names for the same disorder. This position is also shared by the APA (2020a), as in its definitions of pseudologia phantastica and

mythomania, the *APA Dictionary of Psychology* indicates “See also pathological lying.”

Although many people reference the definition of pathological lying proposed by Healy and Healy (1915), the only consensus tends to be that there is “no consensus definition for pathological lying” (Dike et al., 2005). In 2005, Dike and colleagues revisited the concept of pathological lying and put forth a modified definition from Healy and Healy’s (1915) original. They suggested a modification that was simplified and did not contain etiology. Dike and colleagues defined pathological lying as “a falsification entirely disproportionate to any discernible end in view, may be extensive and very complicated, and may manifest over a period of years or even a lifetime” (p. 343).

Other iterations of pathological lying have been used to convey the same phenomenon. For example, pathological lying may be called compulsive lying or habitual lying. Compulsive lying is documented by Dupré (1905) referencing compulsive lying vanity. Ford (1996), in his book on deceit, defined *pathological lying* as “lying that is compulsive or impulsive, occurs on a regular basis, and either does not seem to serve overt material needs of the person or has a self-defeating quality to it” (p. 133). Ford (1996) suggested that pathological lying was compulsive and suggested that compulsive liars have a low self-esteem. Dike (2020) recently alluded to the aspect of compulsive being paired with lying may be the influence of the American Psychiatric Association (1987) with descriptions of factitious disorder consisting of a compulsive feature.

Similarly, pathological lying has been referenced as habitual lying, historically and currently in popular culture. Essentially, habitual lying is descriptive, in that it captures the aspects of pervasiveness and chronicity, indicating, like Healy and Healy (1915), that it is not episodic or situational. Jaspers (1913/1963) used the term *habitual lying* when he discussed dementia due to organic cerebral processes. Ford (1996) discussed habitual lying as a type of pathological lying. Ford suggested that habitual liars lie for many reasons and tend to harm the lives of family, friends, and coworkers as well as make their own life difficult. Buzar and colleagues (2010) published a paper on habitual lying within a philosophy

journal. The authors constructed an argument, putting forth criteria of lying and habitual lying, detailing the distinctions. They suggested that habitual lying is different from lying because it occurs in daily life, across professions, occurs more frequently, and is lying with intention in action (Buzar et al., 2010).

Treanor (2012) explored definitional constructions of pathological lying. She agreed with Dike and colleagues (2005) that there was not a consensus with regard to defining pathological lying. Treanor reported finding 32 total definitions of pathological lying within the literature; however, 17 of these definitions were original definitions. Subsequently, Treanor coded definitional themes, assigned the theme a score, and then combined the themes of past definitions into a synthesized definition of pathological lying. The result of coding themes led Treanor to propose a definition of pathological lying as

the habitual, extensive and repeated production of falsifications often of a complicated and fantastic nature, which are entirely disproportionate to any discernible end in view. Often the lies can be easily verified as untrue and the possibility that the untruth may at any moment be demolished does nothing to abash the liar. Such lying is not determined by situational or external factors, the pseudologues' falsehoods are not told for personal procurement—profit and material reward or social advantage—do not govern the pseudologue's motivation to lie. Instead unconscious internalised motivations, such as self-esteem enhancement, defence, narcissistic gratification, and wish fulfilment predominate. When an external reason for lying is suspected the nature of the lies told are often far in excess of the parameters of that reason. The pseudologue can be held hostage to their lies and cease to be master over them. The pseudologue demonstrates an impaired ability to distinguish between fiction and reality and may partially convince him or herself that their fabrications have some basis in fact. The lying behaviours manifest over a period of years or even a lifetime and the onset can be traced back at least to adolescence or early adulthood. The pseudologue cannot be declared insane, feeble-minded or epileptic and the lying cannot be accounted

for by an intellectual defect, illness, organic memory impairment or delusion. (pp. 65–66)

Although Treanor's (2012) definition is an interesting and informative summary of past definitions of pathological lying, it is likely too tangential and unwieldy to be useful in application.

PATHOLOGICAL LYING: A DEFINITION BASED ON THEORY AND RESEARCH

Although there has been a robust historical recognition of pathological lying, two enduring stumbling blocks have been disagreements about nomenclature and the absence of a widely agreed-on definition that can be used within research and practice. Regarding nomenclature, the use of multiple names for pathological lying has likely contributed to fragmentation and maybe even hinderance of the understanding and scientific study of the phenomenon. Arguably, before a definition can be advanced, basic nomenclature should be established. One of the six basic goals of any classification system is nomenclature (Blashfield & Burgess, 2007). The early work of Karl Jaspers (1913/1963) in setting a foundation for general psychopathology and Emil Kraepelin (1919) in establishing broad nomenclature for two classification categories represent the importance of terminology. Common nomenclature and diagnostic categories are essential for mental health professionals to communicate with each other and provide the basic building blocks by which clusters of symptoms are described and understood (Blashfield & Burgess, 2007).

There is a twofold dilemma regarding the nomenclature of pathological lying. On one hand, different terminology to explain and describe pathological lying existed before and during the establishment classification systems. It is evident that the lack of unifying language has led to disjointed work or even replication under a different name. While Jaspers (1913/1963) was certainly instrumental in compiling a survey of general psychopathology and a comprehensive text of a variety of psychopathologies, it was not designed as a formal classification tool. The first international classification, the "International List of Causes of Death,"

was implemented in 1893, primarily as a system that focused mostly on diseases that resulted in death (World Health Organization [WHO], 2021b). A plethora of terminology to refer to pathological lying preceded the first edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1952). On the other hand, there has yet to be an authority (i.e., classification system or specific workforce committee) to provide or even adopt a framework for pathological lying. Clearly, several prominent individuals laid foundations for the recognition of pathological lying as a diagnostic entity. Hall (1890) put forth the existence of pathological lying within children, Healy and Healy (1915) laid out a compelling document for the existence of the disorder, and even Jaspers (1913/1963) documented pathological lying and pseudologia phantastica in his book on general psychopathology. Even so, pathological lying has yet to be recognized within major nosological classification systems, such as the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013) and the *International Classification of Diseases, Eleventh Revision* (ICD-11; WHO, 2019). If classifications had recognized pathological lying, then the nomenclature would likely have crystallized into a common framework.

After establishing nomenclature, definitions help advance other goals of classification systems (Blashfield & Burgess, 2007). As indicated previously, definitions are important in the understanding of a construct and progressing scientific inquiry as well as achieving other goals of classification systems (e.g., prediction; Blashfield & Burgess, 2007). Therefore, we hope to advance understanding by suggesting the term pathological lying as the nomenclature for understanding the phenomenon referred to in the past and present as pseudomania, pseudologia fantastica, mythomania, compulsive lying, and habitual lying. The use of the term pathological lying appears to be endorsed by the large majority of scholars studying pathological lying (Teanor, 2012).

The various terms and definitions that have been proposed have certainly shed light on pathological lying and provided insight into commonalities. Teanor (2012) suggested that “while definitions identified

throughout the literature, such as Healy and Healy's (1915), hold good face validity and make intuitive sense, their legitimacy is undermined by poor empirical and/or theoretical justification" (p. 65). Recently, we proposed a theoretical framework for understanding pathological lying (Curtis & Hart, 2020). This framework was based on a model to understand psychopathology (Curtis & Kelley, 2016, 2020a), the biopsychosocial model of psychopathology (Engel, 1996), and an alignment with the major nosological classification systems (i.e., *DSM-5* and *ICD-11*).

Drawing from the framework of previous definitions and case studies, grounded in the theory of psychopathology, and adhering to major nosological classification systems, we proposed a definition of pathological lying (Curtis & Hart, 2020). Our definition was empirically tested and corroborated by our findings. We expand on the theory and research in subsequent chapters and discuss its utility for clinicians and researchers. Our work and theory led to the proposed definition of pathological lying as

a persistent, pervasive, and often compulsive pattern of excessive lying behavior leading to clinically significant impairment of functioning in social, occupational, or other areas, causing marked distress, and posing a risk to the self or others, occurring for longer than a six month period. (Curtis & Hart, 2020, p. 63)

RECONSIDERING THE PATHOLOGICAL LIAR

Bok (1999) argued that pathological liars are relatively harmless by asking one to consider "a pathological liar, known to all, and quite harmless; someone, perhaps, who is falsely immodest about athletic feats in his youth" (p. 126). This description flies in the face of the opening of this book, in that people tend to think of pathological liars as cold, calculated, manipulators. We would kindly disagree with Bok (1999) and assert that pathological lying is certainly not harmless, as our definition and research indicate. Our findings indicate that pathological lying carries a heavy toll, damaging relationships, causing dysfunction in many domains of life, and ultimately leaving a wake of distress (Curtis & Hart, 2020).

We do not hold the position that pathological liars lack normal emotions and empathy or are out to wreak havoc at every opportunity. Although there are people who do lie with great frequency and may have malicious intentions, this does not broadly represent the overall group of people who engage in pathological lying. The stereotypical view that pathological liars are sinister could better be attributed to psychopathy. In the opening of Robert Hare's (1999) book *Without Conscience: The Disturbing World of the Psychopaths Among Us*, psychopaths are described as "social predators who charm, manipulate, and ruthlessly plow their way through life, leaving a broad trail of broken hearts, shattered expectations, and empty wallets" (p. xi). Pathological lying is sometimes conflated with psychopathy or antisocial personality disorder due to deceit being a symptom of those disorders (American Psychiatric Association, 2013; Hare, 1991). As Hare (1996) differentiated psychopathy from antisocial personality disorder, we too make a case that pathological lying is distinct from both of these psychopathologies.

For well over a century, pathological lying has been given many names and has been characterized in many ways. The study, diagnosis, and treatment of this intriguing phenomenon have been unfocused and faltering. We have written this book as a functional and cohesive source for clinicians and researchers to better understand pathological lying. We aim to demonstrate that previous accounts of various forms of disordered lying can be understood as a singular phenomenon. We also make the case that there is a common set of features among pathological liars. We hope that a unified terminology and definition around pathological lying might guide researchers and practitioners by offering a succinct, theory-driven, and empirically corroborated account of this disorder, which will serve as a guide for future research and as a reference for practitioners.