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SINCERE LIES INTEREST ME: PSEUDOLOGIA FANTASTICA IN CLINICAL PRACTICE

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Abstract: INTRODUCTION: Fantastic Pseudology—also known as mythomania—was first described and conceptualized by Delbrueck in 1981. Although there is no well-established definition, certain characteristics stand out, such as the lack of a clear objective in the narrative, the narrator's portrayal as a victim or hero in a quest for admiration, and the inclusion of fanciful, detailed, and fantastic stories. It is sometimes difficult to differentiate mythomania from simulation or factitious disorders, but in the case of pseudologists, the stories are disproportionate to any obvious external rewards and cover a wide range of themes—far beyond illness or physical symptoms. OBJECTIVE: Fantastic Pseudology is a nosological entity that is rarely reported in the literature and is not included in classification systems such as the DSM-V and ICD-10. The aim of this report is to describe a case of Fantastic Pseudology in order to aid in its recognition and, consequently, its diagnosis. CASE REPORT: T.O.S., a 21-year-old female, was admitted to a psychiatric hospital with visual and auditory hallucinations characterized by hearing children crying and seeing her deceased grandfather, who gave her commands to attempt suicide. There were reports of several suicide attempts and difficulties in managing anger (e.g., breaking objects, going on rampages). The patient's narrative was fanciful, with the story becoming more elaborate with each new interviewer, always adding more details. She spent a significant part of her hospitalization sleeping under the bed because, according to her, "she was saving room for her grandfather, great-grandmother, and son." Her history included sexual abuse at the age of 13 and an abortion at the same time, as well as a conflicting family environment. Her past medical history included poorly characterized seizures, raising the suspicion of pseudo-seizures. Less than a month after discharge, she presented to the emergency room with hemiplegia and right-sided ptosis. An MRI of the skull was performed, revealing no abnormalities. The physical examination was inconsistent with neurological involvement, but Hoover's sign was present, as well as a posture of la belle indifférence. She was discharged and referred to a psychiatrist in our department, but she did not return for follow-up, and we were unable to continue monitoring the case. CONCLUSION: Mythomania is a rare condition, but one that can cause significant harm to the patient and those around them. It must be distinguished from factitious or simulation disorders to understand that, rather than being a "liar," the pseudologist uses fantastic narratives as a primitive defense mechanism, blending reality with self-aggrandizing fantasies, often as a way to cope with feelings of helplessness, depression, and suicidal thoughts.
Keywords: fantastic pseudology; mythomania; pathological lying

INTRODUCTION

Fantastic pseudology is one of the terms used for what is also known as mythomania or pathological lying. It is characterized by the elaboration of compulsive falsehoods with fanciful, disproportionate, and dramatic content, often intended to impress those around them. When questioned, the pseudologist tends to add even more details to support their story (SNEEP; JONG, 2022; KERNA et al., 2022).

The conceptualization of *fantastic pseudology* is not consensual, nor are there widely accepted diagnostic criteria. In addition, due to its infrequency, there is limited information on diagnosis and an even greater lack of guidelines for treatment (GREY; DURNS; KIOUS, 2020).

The aim of this case report is to describe and analyze a patient with *fantastic pseudology*, and thus contribute to a better clinical understanding of this disorder and its

differential diagnoses, as well as highlighting relevant aspects for medical practice.

The paper is organized as follows: in the 'Case Report' section, we will present the patient's anamnesis, clinical history, mental state examination and evolution. Next, in the 'Discussion' section, we will critically analyze the case in the light of current literature. Finally, in the 'Conclusion' section, we will summarize the findings, discuss the contributions of the report and present final considerations on the impact of *fantastic pseudology* on clinical practice.

CASE REPORT

T.O.S., female, 21 years old, admitted to a psychiatric hospital with visual and auditory hallucinations characterized by children crying, she said she saw her grandfather (already deceased) who gave commands for the patient to try to kill herself. There were reports of several suicide attempts and difficulty in managing anger (breaking objects, going on rampages). The patient's narrative was fanciful, and the story was added to with each new interviewer, always with more details. She spent a good part of her hospitalization sleeping under the bed because, according to her, "she was saving room for her grandfather, great-grandmother and son." History of sexual abuse suffered at the age of 13, as well as an abortion at the same time. Conflicting family environment. In the past pathological history, there was a history of poorly characterized seizures, which also raised the hypothesis of pseudo-seizures. Less than a month after discharge, she was seen in the emergency room with hemiplegia and ptosis on the right. An MRI scan of the skull was carried out, with no alterations. The physical examination was inconsistent with neurological involvement, but Hoover's sign was present, as well as a posture of *la belle indifference*. He was discharged and referred to a psychiatrist in our department, but he didn't return to the outpatient clinic and we were unable to follow up the case.

DISCUSSION

The term fantastic pseudology was coined by psychiatrist Anton Delbruck in 1981 to define individuals who had pathological lying behavior. For a long time, the term mythomania was used synonymously and the concept of fantastic pseudology has yet to reach a consensus (SNEEP; JONG, 2022).

Despite this, many researchers use Healy and Healy's definition, in which pathological lying is described as:

> falsification entirely out of proportion to any discernible [evidence] and which may be extensive and very complicated, manifesting itself over the years or even throughout life, in the absence of definite insanity, mental debility or epilepsy. (HEALY; HEALY, 1915)

There is no codification of fantastic pseudology in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), so traditionally this nosological entity has been linked to factitious disorders or simulations, the latter defined as the

> intentional production of false or grossly exaggerated physical or psychological symptoms motivated by external incentives, such as avoiding military service, avoiding work, obtaining financial compensation, evading criminal prosecution, or obtaining drugs (American Psychiatric Association, 2014).

However, as a rule, simulation is adaptive and instrumental, unlike pseudological tales which are excessively theatrical and melodramatic (KERNA *et al.*, 2022).

The question arises as to whether or not mythomaniac patients believe their lies. Among the literature, the majority tends towards a compromised reality test. In this way, since it is an authentic experience for

the individual, the differentiation between a delusion and a fantastic pseudology would be nil. However, pseudology usually manifests itself more as longitudinal traits in behavior than as episodes (SNEEP, JONG, 2022; KING; FORD, 1988).

Around 1.65 lies are told every day by human beings, usually of a harmless or innocent nature, with the intention of avoiding problems or conflicts. The behavior of compulsive lying, however, usually arises independently of avoidance behavior or the existence of apparent gains (SNEEP; JONG, 2022).

According to Healy and Healy (1915) in a study of 1,000 juvenile offenders, 104 men (15% of the total male population) and 80 women (26% of the total female population) lied frequently. Of the total population, only 1% showed a consistent pattern of lies (between 8 and 10 people).

In a review by King and Ford (1988) of 72 cases, the average age of onset was 16 and the diagnosis around 22. A dysfunctional family or a history of mental disorder was found in 30% of cases. In the intelligence assessment, better performance was observed in verbal than executive skills. As for gender, there was an equal distribution, but with "a greater predominance of consistent lies in women". The authors also observed a 40% prevalence of a history of brain disorders, "especially related to the central nervous system (CNS), such as epilepsy, head trauma, abnormal electroencephalogram (EEG) or CNS infection". In 20% of the participants there was a history of psychiatric hospitalization.

Compulsive lying is related to specific personality disorders and can be subdivided into: the "pathetic" *liar* (an expression that matches a liar who is easily identifiable for telling lies that can be trivially exposed) in Borderline Personality Disorder (BPD); the narcissistic liar in Narcissistic Personality Disorder (NPD) and the sociopathic liar in Antisocial Personality Disorder. (SNYDER, 1986; WESTON; DALBY, 1991).

In BPD there is a difficulty in regulating emotions, while in NPD there is a heightened sense of self-importance. In both cases, the behavior of lying can be a strategy to align with one›s emotions or to distort reality. When it comes to Antisocial Personality Disorder, lying is frequently found, and the diagnosis of mitomania is inaccurate, since in APD there is lying for secondary gain or pleasure. (KERNA *et al.*, 2022)

According to Teaford *et al.* (2002), pseudo-self-confidence in the face of shame is commonly found in pseudologists. These tales are primitive defense mechanisms to avoid suffering, so that an alternative reality is created to avoid facing the real world. Ford et al. (1988) also agree with this idea, as they argue that childhood attaches itself to the ego of a pathological liar (KERNA *et al.*, 2022).

Children often tell pseudo-lies during development, and this is a normal acquisition. However, if the fantasy used by children persists into adulthood, it becomes a pathological aspect (HOYER, 1959).

According to Ford *et al.* (1988), there are three aspects that differentiate pathological from normative lying, which are: "a) awareness of false statements or confirmations; b) conscious intention to deceive anyone; c) preconceived objective or defined purpose". Furthermore, from a quantitative point of view, the former is more frequent, chronic and excessive, reaching a level of impulsiveness that eventually becomes irrepressible (HEALY, HEALY, 1915; (KING, FORD, 1988; HARDIE, A REED, 1998).

Curtis and Hart (2020) defend pathological lying as a separate psychiatric nosological entity, differentiated from comorbidity and Kerna et al. (2022) group some characteristics of the pathological liar based on reviews as shown in Table 1:

1	Great storytellers with vivid, dramatic, fantastic and detailed fiction
2	Lies can be convincing, as they tend to come across as natural entertainers.
3	They often tend to portray themselves as victims or heroes
4	By repeating the same lies over a period of time, they tend to identify their lies as reality
5	When confronting or arguing, they tend to speak restlessly without being specific about the issue and therefore act disproportionately without establishing a clear objective

Table 1Characteristics of the pathological liar

SOURCE: (KERNA *et al.*, 2022)

To relieve their anguish, pseudologists resort to drastic changes in their identity. Depending on the coping situation, this change may or may not be temporary (KERNA *et al.*, 2022).

Mythomania has no standard treatment, mainly because it is not a recognized nosological entity. The diagnosis is made based on the suspicion of deception based on the characteristics of physical and psychiatric comorbidities (BIRCH; KELLN; AQUINO, 2006).

Kerna et al. (2022) add that once a directly associated medical condition is suspected, it is possible to proceed with treatment (for example, psychotherapy or medication for personality disorders). The management of pseudology is still controversial, given its variability in clinical presentation and associated conditions. The author also attributes this difficulty to the lack of detailed clinical research and little access to clinical trials, with the availability of case reports being greater in current literature.

Two approaches to treating pathological liars have been proposed: the first would be to confront their representations and the second would be to remain indifferent to the patient's disproportionate stories, while maintaining an interest in them. While confrontation showed an increase in pseudological phenomena, the second approach was more successful (HOYER, 1959; TEAFORD *et al.*, 2002).

Confronting the patient can evoke responses of frustration and a sense of offense, which leads them down the same behavioral path as pathological lying - instead of changing them, as well as damaging the doctor-patient relationship (SNYDER, 1986).

The proposal of an "inexact interpretation", defined by Eisendrath (1989) as an "incomplete, albeit partially correct interpretation", would avoid direct confrontation and would direct the patient towards the dynamics and avoid producing more false symptoms. In this way, acting in an unpretentious way helps patients to feel more secure. It performs a crucial psychic function that helps patients to feel secure so that they can convalesce. Furthermore, the author ratifies that "understanding pseudologists without confronting them directly is more likely to be a successful approach than one with the role of accuser".

Psychotherapy is the only treatment available for fantastic pseudology, associated with pharmacological interventions to improve comorbid symptoms to date (KERNA, N.A. *et al,* 2022).

Patient T., from our case report, has an age at diagnosis compatible with that reported in the literature. In addition, we observed that in the aforementioned case, fantastic pseudology is comorbid with Borderline Personality Disorder, which is also related to the data from our research. Patient T.'s exuberant and disproportionate tales would categorize her as a *pathetic liar*, given the brilliant content and the ease with which she exposes her untruths. In this context, we observed that fantastic pseudology is probably a phenomenon of avoidance in order to cope with past anguish and trauma (sexual abuse and abortion).

The patient reported a history of epileptic seizures, which is in line with data on CNS disorders in pseudologists, although the report has not been confirmed by diagnostic tests and there is the question of Psychogenic Non-Epileptic Seizures.

We also observed a picture of a probable underlying conversion episode (called Functional Neurological Disorder by the DSM-V), demonstrating the fragility of the aforementioned patient's *self*, in which her psyche establishes as a strategy the transmutation of psychic symptoms into physical findings, which is common in personalities associated with emotional instability. Although we didn't approach the patient with confrontation, we were unable to follow up the case due to the patient's poor adherence to the service.

CONCLUSION

In summary, fantastic pseudology represents an intriguing psychological phenomenon that deserves attention and in-depth investigation. Throughout this study, we explore the characteristics, underlying causes, differential diagnoses and controversies of this condition, highlighting the complexity and variety of manifestations it can take on.

As well as contributing to an understanding of the clinical picture, this work also highlights the relevance of fantastic pseudology from a legal perspective and in our approach as health professionals. Understanding this condition is crucial for proper management of affected individuals and for actually promoting behavioral change.

It is imperative that future research further explores the clinical and treatment aspects of fantastic pseudology, thus contributing to advancing knowledge and improving clinical practice.

REFERENCES

KERNA, N.A. *et al*. Pseudologica Fantastica: Evidence-Based Research Elucidating the Pathophysiology and Presentation of Pathological Lying. **Ec Psychology And Psychiatry**, [S.L.], v. 8, n. 11, p. 47-56, 29 jul. 2022.

SNEEP, S.; JONG, I. de. Pseudologia Fantastica: a case report. **European Psychiatry**, [S.L.], v. 65, n. 1, p. 709-709, jun. 2022. Royal College of Psychiatrists. http://dx.doi.org/10.1192/j.eurpsy.2022.1828.

GREY, Jessica S.; DURNS, Tyler; KIOUS, Brent M.. Pseudologia Fantastica: an elaborate tale of combat-related ptsd. **Journal Of Psychiatric Practice**, [S.L.], v. 26, n. 3, p. 241-245, maio 2020. Ovid Technologies (Wolters Kluwer Health). http://dx.doi.org/10.1097/pra.0000000000000462.

HEALY, William; HEALY, Mary Tenney. Pathological Lying, Accusation, and Swindling: a study in forensic psychology. **Criminal Science Monographs**, -, v. 1, n. 0, p. 1-278, set. 1915.

KING, B. H.; FORD, C. V.. Pseudologia fantastica. **Acta Psychiatrica Scandinavica**, [S.L.], v. 77, n. 1, p. 1-6, jan. 1988. Wiley. http://dx.doi.org/10.1111/j.1600-0447.1988.tb05068.x.

SNYDER, Scott. Pseudologia fantastica in the borderline patient. **American Journal Of Psychiatry**, [S.L.], v. 143, n. 10, p. 1287-1289, out. 1986. American Psychiatric Association Publishing. http://dx.doi.org/10.1176/ajp.143.10.1287.

WESTON, W.A.; DALBY, J. Thomas. A Case of Pseudologia Fantastica with Antisocial Personality Disorder. **The Canadian Journal Of Psychiatry**, [S.L.], v. 36, n. 8, p. 612-614, out. 1991. SAGE Publications. http://dx.doi.org/10.1177/070674379103600814.

TEAFORD, Teresa *et al*. Pseudologia Fantastica Associated with Pervasive Developmental Disorder. **Psychiatry**: Interpersonal and Biological Processes, [S.L.], v. 65, n. 2, p. 165-171, jun. 2002. Guilford Publications. http://dx.doi.org/10.1521/psyc.65.2.165.19932.

American Psychiatric Association (APA). **Manual diagnóstico e estatístico de transtornos mentais: DSM-5**. 5. ed. Porto Alegre: Artmed, 2014

FORD, C. V. *et al*. Lies and liars: psychiatric aspects of prevarication. **American Journal Of Psychiatry, [S.L.],** v. 145, n. 5, p. 554-562, maio 1988. American Psychiatric Association Publishing. http://dx.doi.org/10.1176/ajp.145.5.554.

HOYER, Thomas V.. Pseudologia fantastica: a consideration of "the lie" and a case presentation. **The Psychiatric Quarterly**, [S.L.], v. 33, n. 2, p. 203-220, jun. 1959. Springer Science and Business Media LLC. http://dx.doi.org/10.1007/bf01575451

CURTIS, Drew A.; HART, Christian L.. Pathological Lying: theoretical and empirical support for a diagnostic entity. **Psychiatric Research And Clinical Practice**, [S.L.], v. 2, n. 2, p. 62-69, 16 out. 2020. American Psychiatric Association Publishing. http://dx.doi.org/10.1176/appi.prcp.20190046.

HARDIE, T J; A REED,. Pseudologia Fantastica, Factitious Disorder and Impostership: a deception syndrome. **Medicine, Science And The Law**, [S.L.], v. 38, n. 3, p. 198-201, jul. 1998. SAGE Publications. http://dx.doi.org/10.1177/002580249803800303.

BIRCH, Cheryl D.; KELLN, Brad R. C.; AQUINO, Emmanuel P. B.. A review and case report of pseudologia fantastica. **Journal Of Forensic Psychiatry & Psychology**, [S.L.], v. 17, n. 2, p. 299-320, jun. 2006. Informa UK Limited. http://dx.doi.org/10.1080/14789940500485128.

EISENDRATH, Stuart J.. Factitious Physical Disorders: treatment without confrontation. **Psychosomatics**, [S.L.], v. 30, n. 4, p. 383-387, nov. 1989. Elsevier BV. http://dx.doi.org/10.1016/s0033-3182(89)72243-x.