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Pseudologia fantastica à deux: Review and case study

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While lying is a diachronic integral part of human interaction, pseudologia fantastica represents probably its psychopathological dimension. There are relatively few reported cases on psychological mechanisms of pathological lying and also on criteria concerning psychopathological development on a ground of lying. A review of literature on possible psychological mechanisms of pseudologia fantastica is presented. Psychopathological qualities are rather controversial, especially whether pathological lying is a conscious act or not. DSM IV-TR recognizes pseudologia fantastica in association with factitious disorder but not as a clinical entity. Diagnostic issues are raised regarding lying, deception, pseudology and its shared dimension. Cases of shared pseudology are rarely reported in literature. Related shared psychopathological phenomena such as pseudologia à deux, folie à deux and mass hysteria are equally examined and compared under the prism of 'mental infection'. Cases of pseudologia fantastica are poorly understood or underecognized and clinicians usually pay minor attention in its psychopathological significance. It remains doubtful, whether pathological lying should be considered as an autonomous clinical entity. The need for research both on phenomenology and pathophysiology is emphasized. In addition to reviewing literature, we also report a case of pseudologia à deux in a couple, a female and a male patient. Presented psychopathological manifestations, personality characteristics, psychological and social factors concerning both patients are considered, aiming to determine a sufficient phenomenological analysis. The diagnoses of pseudologia fantastica and folie à deux are discussed and documented. A second axis diagnosis of personality disorder and other diagnostic issues are also considered. A favorable issue of this case, within a follow up of one year, is due to the therapeutic and social potential of a community psychiatry's setting, offering an individual follow up to both partners and a family approach including the ex husband of the female patient and her two minor children. The presented case focuses on a notably rare and controversial form of pathological lying, pseudologia fantastica à deux, and possible underlying mechanisms.

Key words: Pseudologia fantastica, pseudologia à deux, folie à deux, mental infection, personality disorder, community psychiatry.

Introduction

Falsehood and deceit have universal spread, as they are self-defense mechanisms. Humans lie for many reasons and in many ways. Lies are more or less frequent, huge or small, altruistic or deliberate, obvious or subtle, intentional to specific goals or purposeless.¹ Children use lies and fantasy as a means of denial of reality and this is an important aspect of self-protection and personal development.² In adults, when lying behavior is repeated, persists or becomes disproportionate, then it may be considered as pathological. This phenomenon was described by the German psychiatrist D. Delbruck about a century ago, as "pseudologia fantastica".³ Since then, other terms such as mythomania, morbid lie, pathological lying have been used.

Recent reviews of Dike⁴ and Birch⁵ attempt to identify the qualitative characteristics of pathological lying. Historically, we observe conflicting views among those who believe that reality testing is impaired in pathological liars – and in these cases falsehood may acquire a psychopathological dimension, a kind of "wish psychosis"³ – and those who believe that pseudologia fantastica is a willful act, partially recognized – and in these cases pathological liars maintain a good reality control in other issues, a kind of "double consciousness" (actual and desired life run together).³ A pathological liar may believe his lie to a degree that his belief can acquire a delusional character for the others, but he is able to recognize, at least in part, that his stories are not authentic, when questioned vigorously. However, it remains doubtful whether pathological lying is always a conscious act and whether pathological liars always have control over their own lies.

In cases of pathological lying, it is often difficult to distinguish between fantasy and reality, but lies do not have a delusional intensity or an organic etiology due to memory impairment. Liars have generally good judgment in other matters. A psychological cause is often unclear for pathological lies and can be attributed to intrinsic motivations (e.g. self management, wish fantasy-fulfillment) and only partially to externally determined ones (e.g. financial gain or legal-punishment avoidance). Lies in pathological liars are often unplanned and impulsive. The excessive, impulsive pseudologia usually begins in adolescence and often becomes chronic.^{4,5}

From a psychoanalytic point of view, H. Deutsch considered pseudologia fantastica a daydream communicated as a reality.⁶ The subject, escaping from reality, declines in daydreaming and imagination in order to resolve internal and external conflicts. Deutsch compares the significance of lying for a pathological liar to that of poetry for the poet, as it can be a gratification in itself, opposed to the (single or "daily") lie, which is usually goal-directed, for a determined reason.⁷ In pathological lying, defense mechanisms of denial and repression may be partially recognized, but there is significant difference from other psychopathological conditions. Denial is a rather passive mechanism of defense, while in pseudology is actively involved in creating new mental conceptions.⁶ In repression, especially in the hysteric type of neurosis, libido is withdrawn from the object, while in falsehood this is not the case, as the object is replaced by other acceptable objects and returns as a symptom following the pleasure principle.⁶ Affects are manifested as tied to the surrogate object, while the relationship to the old (repressed) object has not been dissolved but continues in pseudology. Ford (1988)¹ summarizes some other internal mechanisms possibly involved in mendacity and includes autonomy, the need for self-esteem regulation, strength or aggression and wish fulfillment. Cyrulnic considers mythomania as an one hundred and eighty degrees reversal from non-expressed emotion and mental pain in fictional illusion.⁸

As far as neurobiological background is concerned, one study reported that 40% of the cases of pseudologia fantastica had a history of central nervous system abnormalities.⁹

Deutsch (1918) first reported and described a case of induced psychopathology respecting pseudologia fantastica.¹⁰ She called it "shared pseudology" or "pseudology à deux" (1922),⁶ as a clinical analog to "folie à deux", with the difference that hysterical rather paranoid personality structures are involved in shared pseudology and daydreams expressed as falsehood rather than delusions or psychotic experiences are shared here. While the phenomenon has been described almost since a century, it has not been sufficiently studied and remains almost unknown among specialists, unlike folie à deux which has attracted great clinical attention.

The conception of “double insanity” in the form of “mental infection” was formulated initially, one and half century ago,¹¹ and several references followed thereafter. First, the authors agreed that “mental infection is a kind of involuntary mimicry and differs to submission as it occurs spontaneously”. They pointed out the “mental superiority” of the primary affected individual to one or more than one secondarily “infected”, their close, emotional and symbiotic association and the plausibility of emergence of psychopathological, delusional “seeds”, with concomitant common emotional appeal.¹² Since then, extended reviews^{13,14} have covered the time display range of the phenomenon. The role of psychological, social, demographic factors, previous individual psychiatric record, family history and specific elements of the relationship between primary and secondary affected person in the emergence of shared psychotic syndrome is thoroughly examined. If some risk factors such as passive personality traits, social isolation, adverse life events, cognitive impairment and language difficulties are excluded, there are insufficient findings in favor of distinct causal mechanisms possibly involved in the emergence of the phenomenon. Emphasis is placed on investigating possible presence of genetic vulnerability or preexisting disorder in the individual secondarily “infected” by a psychosis. It is assumed that in these cases the manifestation of induced psychopathology points out a psychotic syndrome that would have appeared anyway. In literature, there have also been described phenomena in which psychosis can “infect” a larger number of people (e.g. folie à famille).^{15,16}

Another dimension of shared psychopathology concerns mass hysteria phenomena, which have long preoccupied the medical community. Mass hysteria, or otherwise epidemic hysteria, refers to a set of symptoms suggesting an unrecognizable organic disease, emerging in two or more persons, who share common beliefs on their symptoms. It may be considered as a social phenomenon that occurs in “healthy people” and is displayed by symptoms of anxiety and somatization (e.g. abdominal pain, dizziness, shortness of breath, nausea, headache) and motor symptoms (seizures, laughter, pseudoseizures, abnormal movements).¹⁷ Epidemiological studies report an increased incidence of mass hysteria phenomena in groups of adolescents and children, in groups of

women and generally in groups of people after exposure to severe stress or traumatic events and point out that they may spread rapidly through visual or narrative influence or the catalytic one of mass media. These symptoms are usually resolved after the separation of individuals who have experienced those common disorders and their removal from the aggravating environment.^{17,18} Although outbreaks of mass hysteria occur repeatedly throughout history in various ethnic, religious, cultural groups,¹⁷ there is no clear evidence on the pathophysiological dimension of the phenomenon. Recently, the involvement of the mirror neuron system was suggested.¹⁹

Diagnostic issues

It is not clear whether pathological lying can be considered as a separate psychiatric disorder. Literature does not elucidate whether it is a primary clinical entity, a symptom in the context of other major disorders or just a component of normal human behavior. In the field of clinical practice, pathological lying concerns mainly Forensic Psychiatry, because of the frequent concomitant legal issues. At present, pseudologia fantastica is recognized as a symptom in the DSM-IV-TR by the term of “falsification of physical or psychological signs or symptoms” and listed as one of the core features of Factitious Disorder. However, there is a clear correlation between cheating, feigning and pathological lying with other psychiatric conditions, such as malingering (where lying serves a defined purpose), confabulation (in the context of Korsakoff’s syndrome), Ganser syndrome (where falsehood has a simple content and coexists with disorders of consciousness, secondary amnesia, hallucinations and sensory alterations) and cluster B personality disorders.⁴ Specifically, in Antisocial Personality Disorder deception and repeated lies aim to personal gain or satisfaction, in Borderline Personality Disorder unstable self-identity, defense mechanisms of primitive denial, idealization and devaluation offer a fertile ground for pathological lying, while in Histrionic-Narcissistic Personality Disorder, characterized by behaviors of dramatization and of acceptance or attention seeking, lies are used in terms of self confirmation and become often obvious to other people.⁴ Finally, as far as the connection between pseudologia fantastica and delusion is

concerned, the boundaries can be blurred, imposing a differential diagnosis approach seeking a possible psychotic disorder or atypical affective disorder.

Emil Kraepelin, on the outskirts of the dementia praecox, had reported cases of patients with unremitting fantastic stories, without illusions which called *parafrenia fantastica*.²⁰ Indeed, despite the contradictions or exaggerations of the pathological liar, pathological lying may be considered as delusional. Nevertheless, unlike the delusional patient, when clear evidence contradicting the content of lying is presented, the pathological liar may acknowledge, at least in part, his mendacious narration or more frequently alter it. Notably, *pseudologia fantastica* always has some realistic basis unlike the potentially bizarre content of delusions.

The dual/induced pseudology needs frequently a differential diagnosis argumentation from shared psychosis (*folie à deux*). There is a primary and a secondary pseudologue. Every lie believable by more than one persons cannot be classified as shared pseudology (especially when the primary pseudologue has dominant personality and persuasion, the lie seems plausible and the secondary pseudologue is characterized by naiveté and passivity) as in cases of "collaboration in lying", where there are external incentives or benefits (e.g. manipulative behavior, deception or false testimony in court). Pathological lying, serving apparently unconscious psychological needs to both pseudologues via a common path, is distinguished from both, the deliberate and conscious expression of falsehood, as also from shared delusion.⁵

Case description

The clinic case of dual/induced pseudology concerns Lori and Nick:

- Lori is a 38 years old, unemployed mother of two young children, recently divorced with his over 20 years husband. She presented to Community Mental Health Center accompanied by his new partner (Nick) with depressive symptomatology, followed by panic attacks. She was administered with antidepressant and anxiolytic medication with moderate response. No previous history of mental illness, substance or alcohol abuse, physical disease was reported. Family history was unremarkable. Lori grew up in a strict and conservative

environment as the only child in a family of three. Her parents were described as successful professionals in their field. Their remarkable age difference was pointed out, inducing unconfirmed suspicions to Lori to be an adopted child. Lori indicated her affective attachment to her father, who was idealized. She had been sleeping in her parents' bedroom until adolescence. As she mentioned, she was not allowed to attend university after graduation from high school by her later-to-be husband. Nevertheless she was married to him despite her parents' objections. Her husband was described as authoritarian, alcoholic, violent, insulting and she was feeling emotionally trapped but also dependent on him. She never worked but managed to fulfill her role as a mother. Her mother died seven years ago. After her father's death, two years ago, Lori faced, as reported, a prolonged grief period. She was socially isolated, introspective, reporting lack of interest, increased appetite with significant weight gain and persistent preoccupation with internet social network sites. Gradually, while her husband's behavior became increasingly violent and insulting, she started telling and narrating stories on a long sexual relationship with an internationally renowned American actor, with whom she recently reconnected, after his suggestion. She was arguing that the famous actor was the biological father of her 12 year old son, whose hair she painted blond in order to "resemble to his biological father". At that time she felt like "a rebel trying to break free from the bondage of marriage" and adopted an eccentric style of exterior appearance. She was claiming that she had often been travelling abroad and also making money as a co-producer in her renowned lover's movies. These stories were ungrounded and without any validity according to her ex-husband and were accessible through social network sites, in which Lori had introduced fake internet profiles and deliberately inaccurate information about herself and her relationship with the renowned actor. Shortly thereafter, she met her present partner, Nick, on internet. Nick was a big fan of the renowned actor, facilitating greatly their getting together. Lori asked for a divorce, left her husband, moved to Athens and went to live with Nick in a very small apartment, while the two children were found in an ambigu-

ous situation between mother and father. The Department of Child and Adolescent Psychiatry of our Community Mental Health Center intervened as the children had presented with anxiety, depressive symptoms and problems in school.

- Nick is a 22 years old junior military officer. He met Lori on internet (Lori was an internet fellow of his mother) and was accompanying her in all her visits at the Community Center. He maintained a low profile, following obviously obediently and passively Lori's choices. He seemed to manage the relationship with Lori's children more as coeval to them. Nick had been endorsing the narration for Lori's previous relationship with the famous actor, admitting his supposed dominant role in their lives. A jealous type, violent episode of the couple provoked the intervention of the police, alerted by the neighborhood. Nick's parents, strongly opposed to his relationship with Lori, forced Nick to his unintentional admission and hospitalization. A diagnosis of possible psychotic symptomatology was given, which has never been confirmed, neither during a short hospitalization nor in follow-up visits. Nick continues to live with Lori, his parents refuse to meet him, while after the incident and the hospitalization, he was transferred into a low duty position in the army, after a period of follow up by the military mental health services.

Course and clinical outcome

Moderate improvement in Lori's anxiety and depressive symptomatology was notable after modification of the antidepressant and anxiolytic treatment. It should also be taken into account that realistic adverse life events were taking place at that period of time, concerning threats, violent behaviors both on part of her ex-husband for their children's custody and on part of Nick's family for the immediate breaking of their relationship. In this context, Lori's stories about the active role of the famous actor had a clear protective role – according to Lori the famous actor paid weekly visits with his private plane from London, he offered a large amount of money to Nick's family in order to leave them in peace, he used force to her former husband and he supported Lori psychologically in the miscarriage of an alleged pregnancy. Similarly, Nick used to confirm that the famous actor helped

Lori and himself by all means to overcome severe difficulties they were facing, although, as he mentioned, he had never met him. Our unit of community psychiatry offered a stable framework of care including Lori's and Nick's individual psychiatric assessment and follow up and also the medical care of the two children from our Child Psychiatry Service.

Differential diagnosis considerations

Besides the diagnosis of mixed Anxiety and Depressive Disorder, Lori's clinical investigation offered abundant narrations, considered as exaggerated, fantastical or unreal. As no evidence of truth was confirmed, the question that arises is whether these stories are delusional or not. It is evident that Lori resorted quite often in these tales in a rather impulsive way, drawing satisfaction by integrating them in her present everyday life and conferring upon them importance. Nick also did so following Lori, to a lesser degree. The content and the affective charge of Lori's stories are not likely to confirm a psychopathological experience of delusional intensity. On the one hand she maintained a good reality control and on the other hand her beliefs had not been unshakeable and did not motivate prejudicial acts. On the contrary, in any attempt by the therapist to challenge or confront some of her excessive narrations or inconsistencies, Lori reacted with discomfort, or came up with excuses (for example that she could not remember details), or she argued that she was tired and she did not like to answer specific questions. Finally, when after one year of follow-up a stronger therapeutic alliance was established, she partially admitted the untruthfulness of her stories, after the therapist's confrontation. It should also be noted, that in that period of time, Lori had not been receiving any antipsychotic medication systematically (occasionally only quetiapine 100 mg, used as sedative). As we have excluded a delusional context in Lori's beliefs or experiences, then a diagnosis of Delusional Disorder –erotomantic type– or de Clérambault's syndrome has not been retained. Nick, also, was sometimes doubtful about Lori's stories, but kept on confirming her stories. The narrations related to the famous actor did not keep pace with any major mood change of diagnostic importance. Throughout the course of monitoring this case, Lori's mood ranged from mild depressive to normothymic,

while Nick was constantly normothymic. Despite the clear protective role attributed to the imaginary famous partner in a particularly troubled period of Lori's life and the common reference to him in the initial phase of the relationship with Nick, Malingering and Factitious Disorder were excluded as possible diagnosis, as we have not identified a clear external benefit in order to undertake the patient's role. Any disorder due to Substance Abuse or Organic Disease was also excluded. Similarly, intact reality control and cognitive functioning ruled out possible Dissociative Disorder. Finally, a Personality Disorder diagnosis –especially of cluster B– may be strongly supported and discussed, as Lori was characterized by attention seeking, need for admiration, subjective sense of being important, excessive or dramatic emotional expression, minor mood swings, manipulative and dependent behavior. A follow-up of more than sixteen months confirmed this clinical impression, but her ex-husband's unwillingness to cooperate did not permit a reliable evaluation of anterior personality traits.

Moreover, her stories were disproportionally excessive, probably serving more an inner psychological requirement and less a clear need of impressing or handling situations. The MMPI examination was normal and scored high only for falsehood. Nick was constantly following Lori's decisions as, in the past, he followed those of his parents. Clinical observation highlighted on him passivity and dependent personality traits, not confirmed by psychometric tools, due to lack of cooperation, while sporadic monitoring for one year did not reveal any clear or major psychopathological manifestation.

Discussion

We believe that the clinical case described above is a case of shared pseudology. Lori was the primary pseudologue, as after her father's death she had to replace him psychologically with an almighty presence. We assume that her fantasy stories appeared during a grief process, while attempting to escape from the bondage of the past, at a time when daily life conditions seemed intolerable. In this context, her fantasy daydreams on the relationship with the renowned actor acquired a role of true experience, relieving her from reality pressure. Since Lori and Nick got together, they had to balance in a conflict-

ual world, facing fierce criticism, constant pressure for separation, even threats for their lives as well as internal questioning by themselves for their choices and roles towards their family and the community. Under these circumstances, Nick adopted Lori's protective but untrue stories. They both kept on telling lies in a pathological way, without any remarkable evidence of conscious, utilitarian pseudology, on the powerful influence of the famous actor in their lives, meeting their common psychological needs for security, protection and satisfaction.

As far as treatment options are concerned, from the few literature data concerning mainly Factitious Disorder, there is no evidence that confrontation to truth is superior compared to non-confrontation, nor psychotherapy compared to non psychotherapy.²¹ In shared psychosis besides pharmaceutical intervention, the separation of induced mentally ill is recommended and usually takes place through hospitalization.²² Psychotherapy, mainly a systemic approach with mild confrontation techniques in a well established therapeutic relationship, as well as a supportive framework, have been quiet helpful in cases of pseudologia fantastica.^{1,23} Our Community Center provided multiple care, both individual and family approach and assured the continuum of care, given that these patients are difficult to engage in a long-term treatment process. This supporting, caring and monitoring context helped gradually Lori in order to set aside her fantasy stories, admit, at least indirectly, the excessiveness and falseness of her narrations and try a realistic re-approach of daily life. A regular follow-up offered by a child psychiatrist and the social worker to the children, the cooperation with the school and the threat of a possible prosecution intervention for neglecting parents, permitted to continue a relatively good schedule of care for the children, with alternation of the primary caregiver's role between Lori and her former husband, while Nick kept a rather passive role.

Conclusion

The phenomenon of shared pseudology is not sufficiently understood both in terms of phenomenological analysis and pathophysiology. Pseudology may be considered as a symptom, as it contends with logical judgment, while the patient moves between reality, fantasy and daydream. It remains an open

question whether it can be a distinct clinical entity and the same can be argued on shared pseudology, which condenses the potential psychopathological severity of pathological lying individually or in group. The manifestation of induced psychopathology has been described by some authors through the term of mental infection, including shared pseudology, shared psychosis and mass hysteria. International

literature has reported the role of psychodynamic factors in shared pseudology, while little is known on neurobiological factors involved in it. Community based strategies, offering a spectrum of possibilities of care, may be useful in a further development of the research, both on the most effective therapeutic options and also on the long term evolution of this ambiguous clinical entity.

Διαδική φανταστική ψευδολογία: Ανασκόπηση και μελέτη κλινικής περίπτωσης

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Ενώ το ψέμα αποτελεί διαχρονικά αναπόσπαστο τμήμα της ανθρώπινης αλληλεπίδρασης, η φανταστική ψευδολογία συνιστά την ψυχοπαθολογική του διάσταση. Υπάρχουν σχετικά ολιγάριθμες αναφορές και αντιφατικές απόψεις όσον αφορά τους ψυχολογικούς μηχανισμούς γύρω από το ψέμα και αμφιλεγόμενα συμπεράσματα για το πότε αυτό αποκτά ψυχοπαθολογική βαρύτητα. Στην παρούσα μελέτη γίνεται βιβλιογραφική ανασκόπηση στην τεκμηρίωση της παθολογικής ψευδολογίας, αλλά και της επακτής/δυναδικής ψυχοπαθολογίας με συγγενή χαρακτηριστικά. Παράλληλα εξετάζεται η δυναδική ψύχωση, η οποία θέτει συχνά διαφοροδιαγνωστικό πρόβλημα, αλλά γίνεται αναφορά και σε φαινόμενα ομαδικής υστερίας. Τα ψυχοπαθολογικά χαρακτηριστικά είναι μάλλον αντιφατικά, όταν εξετάζουμε το παθολογικό ψέμα ως συνειδητή ή μη συνειδητή πράξη. Το DSM IV-TR αναγνωρίζει τη φανταστική ψευδολογία –με τον όρο της «προσποίησης»– και αναφέρεται ως ένα από τα κριτήρια της Ακατανόητα Προσποιητής Διαταραχής (Factitious Disorder). Εξετάζονται τα διαγνωστικά κριτήρια σχετικά με το ψέμα, την εξαπάτηση, την παθολογική ψευδολογία και τις επακτές/δυναδικές τους μορφές. Οι περιπτώσεις δυναδικής ψευδολογίας είναι σπάνιες στη βιβλιογραφία και η κατανόησή τους παρουσιάζει σημαντικά κενά. Παραμένει αμφιλεγόμενο το αν το παθολογικό ψέμα αποτελεί μια αυτόνομη κλινική οντότητα και τονίζεται η ανάγκη για περαιτέρω φαινομενολογική και νευροβιολογική έρευνα. Παρατίθεται κλινική περίπτωση δυναδικής ή επακτής ψευδολογίας, επί ζεύγους χρηστών της μονάδας. Το περιστατικό τεκμηριώνεται κλινικά και βιβλιογραφικά, όπως και η διαφορική του διάγνωση από τη δυναδική ψύχωση, και τίθεται το ερώτημα της συνύπαρξης, σε δεύτερο άξονα, διαταραχής προσωπικότητας, η οποία επίσης τεκμηριώνεται. Περιγράφεται η αντιμετώπιση των δύο ασθενών σε πλαίσιο κοινοτικής ψυχιατρικής, για ένα περίπου έτος, με ατομικές και οικογενειακές παρεμβάσεις, από την υπηρεσία των ενηλίκων και την παιδοψυχιατρική, που αφορούν την ψυχοπαθολογική δυάδα, αλλά και τον πρώην σύζυγο και τα παιδιά της γυναίκας ασθενούς, που παρουσιάζουν σειρά από προβλήματα. Επιτεύχθηκε η ύφεση των ψυχοπαθολογικών φαινομένων, αλλά και η διαχείριση δύσκολων οικογενειακών καταστάσεων που αφορούν τα ανήλικα παιδιά. Η μακροχρόνια παρακολούθηση θα επιτρέψει και την επαλήθευση των διαγνωστικών μας υποθέσεων.

Λέξεις ευρητηρίου: Φανταστική ψευδολογία, επακτής ψευδολογία, δυναδική ψύχωση, ψυχική μόλυνση, διαταραχή προσωπικότητας, κοινοτική ψυχιατρική.

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