case challenge

Pseudologia Fantastica: A Fascinating Case Report

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This is a quote from the patient:
“I made a Halloween house to scare others. The visitors were frightened by falling into a trap. They would see people without limbs or dead people with their heads half sliced open. Blood was spurting on them. There was also a person hanging from a tree during the ride. If they touched anything they would be electrocuted. Zombies were present… and this was so frightening the police were called. This haunted house was in a field my family owned. When the police came I took off in a red car at 400 mph and flew over a lake to escape the cops. May have been going only 100 mph…”

This is a quote from another session with the same patient:
“Once I saved a friend of mine. To help this friend I had to jump 1 mile up from a helicopter into a pool of alligators and sharks in Florida. I was able to fend off the shark attack and outmuscle the alligators with my strength. My friend treated me like I was a hero. And I had to use a harpoon to kill the many sharks and gators. The harpoon went into the alligator’s eye ball….”

**CASE BACKGROUND**

The patient is a 17-year-old (10th grade) male, who currently lives with his father, and has had a history of multiple hospital and residential placements for running away, mood lability, socially inappropriate/limit-testing behaviors, boundary violations, oppositional behaviors, hyperactivity, and poor attention span. Two years prior to the placement, he was charged with a fourth-degree sexual assault of a 7-year-old female. He has also been a victim of sexual abuse by his mother’s ex-boyfriend. He denies drug abuse. He has been enrolled in nine schools since age 10 years due to disciplinary issues such as disrespect, assaulting peers and teachers, throwing objects, and causing bodily harm. He has been psychiatrically hospitalized five times. He admitted to auditory and visual hallucinations, but denied delusions. He has a history of suicidal ideation with two attempts, including attempting to choke himself with his hands and sheets.

He was given the diagnosis of posttraumatic stress disorder, oppositional defiant disorder, attention-deficit/hyperactivity disorder (ADHD) combined type, child sexual abuse, and Klinefelter syndrome (XXY syndrome). He has been prescribed methylphenidate products, amphetamine salts, quipazine, risperidone, and selective serotonin reuptake inhibitors (SSRIs). He is currently on lisdexamfetamine (Vyvanse), paliperidone, s-citalopram, trileptal, and testosterone gel (AndroGel) for XXY syndrome.

**Medical History**

At age 11 years, because of excessive growth, he was sent for genetic testing that revealed XXY anomaly (ie, Klinefelter syndrome). His vital signs were normal. There were no reported major develop-
Mental problems except for his psychosocial problems. He began puberty at age 12 years and has been dating since age 11 years. Medical history, physical examination, and laboratory investigations were otherwise unremarkable.

Mental Status Examination
He was positive for restlessness, avoidant eye contact, mild pressured speech, anxious mood, and somewhat inappropriate affect. There was an absence of hallucinations or delusions. His short-term memory was intact and he demonstrated minimal insight.

Current Diagnoses
Axis 1: ADHD combined type, impulse control disorder not otherwise specified, sexual abuse of child perpetrator and a victim, rule out bipolar disorder. Axis 2: deferred; Axis 3: Klinefelter syndrome; Axis 4: past abuse, legal problems, family problems; Axis 5: Global Assessment of Functioning (GAF) score of 40

The term “pseudologia fantastica” was originally described by an Anton Delbrueck in 1891.\(^1\) The Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision (DSM-IV-TR)\(^2\) describes pseudologia fantastica as a form of factitious disorder that may engage in pathological lying, in a manner that is intriguing to the listener, about any aspect of their history or symptoms. Not many case reports, particularly with a focus on treatment, have been published.\(^3\)\(^5\)

Presently, the clinical picture of pseudologia fantastica includes the following:

- A marked tendency to lie. Normal lies are often defensive attempts to avoid consequences. In this disorder, the patient experiences a “high” from his imaginative story telling. Lies are not the result of immediate pressure or stress but are ongoing.
- The lies are quite dazzling or fantastical. The imaginative fluency of the lies tends to capture public attention, at least in the short term. The lies may have truthful elements, but are often unlikely.
- These lies tend to present the patient with pseudologia fantastica in a positive light.
- The lies have an internal (intrapsychic) rather than an external motivation.
- The average age of onset is age 16 years, but the average age for initial reporting is age 22 years.
- Pseudologia fantastica often manifests as a character trait.

POSSIBLE UNDERLYING CAUSES AND DYNAMICS

Biological
Using structural magnetic resonance imaging, Yang et al\(^6\) found a widespread increase in white matter (23%-36%) in orbitofrontal, middle, and inferior prefrontal subregions, and a 36% to 42% reduction in prefrontal grey/white ratios in liars. This white matter increase may predispose some individuals to pathological lying.

Intrapsychic
Deutsch\(^7\) distinguished normal lies, which are goal-directed, from pseudologia fantastica, which becomes its own gratification. Deutsch viewed the pathological lies as daydreams, or distortions of past events, or some mixture. These lies serve to improve self-esteem, create autonomy, and promote others’ admiration. In their confabulations, these individuals present themselves as heroes or victims. The patient with pseudologia fantastica may not be consciously aware or willing to admit these motives (eg, enhance social esteem, wish-fulfillment). Dithrich\(^3\) suggested that these fantastical lies are used to in an effort to maintain a good enough self despite being conflicted about it.

Cognition
There are underlying negative schema that manifest in the individual’s reliance on negative, distorted, and/or rigid and fixated cognitions. These serve to maintain low self-esteem and support the patient’s need to seek attention in this manner.

Comorbidity
These symptoms often co-occur with other psychiatric symptoms such as anxiety and mood disorders, traumagenic conditions, and pervasive developmental disorders; personality disorders/traits may be there as well. When there is comorbidity, the clinical picture is further complicated and a careful differential is important.

DIFFERENTIAL DIAGNOSIS
Factitious disorder is the intentional production or feigning of
physical or psychological symptoms with the intention of assuming a sick role. This disorder has external motives rather than the internal motives of pseudologia fantastica.

Munchausen syndrome is a more severe form of factious disorder, with predominantly physical signs and symptoms requiring hospitalizations and/or medical procedures.

Malingering is the presentation of symptoms with a conscious motivation of obtaining some benefit, such as compensation or avoiding prosecution.

Confabulations, which are almost always associated with some organically derived memory impairment, is a filling in of memory gaps with imagined experience. They are similar to delusions in that the memory is believed, but distinct from pseudologia fantastica in that the story is not necessarily fantastical.

Ganser syndrome is a rare disorder categorized as a factitious disorder or a dissociative disorder that often results in habitual lying, specifically the pretending of psychosis in forensic settings.

Bipolar disorder (mixed or manic) can appear to have similar grandiosity as pseudologia fantastica, but in the former pressured speech and flight of ideas are present.

Schizotypal personality disorder includes odd thinking, speech, unusual perceptual experiences, and inappropriate affect. Pseudologia fantastica is often not eccentric, but more fantastical.

Narcissistic personality disorder is very similar to pseudologia fantastica in that the former often tells exaggerated stories about the self to obtain constant attention and approval from others and overcome the underlying inadequate sense of self. In pseudologia fantastica, the stories are even more extreme and often not even possible, whereas the narcissist tells stories that are within the bounds of reality.

Borderline personality disorder and pseudologia fantastica can both cause patients to lie and not be able to acknowledge the truth from falsehood. However, in pseudologia fantastica, the other prominent features of pseudologia fantastica in that the story is not necessarily fantastical.

Borderline personality disorder and pseudologia fantastica can both cause patients to lie and not be able to acknowledge the truth from falsehood. However, in pseudologia fantastica, the other prominent features are that they often cannot admit to themselves that they have issues around telling the truth. Lack of attention, negligence, and abuse can contribute to individuals developing a need to lie; they create a pseudo-world into which they escape. The psychotherapist needs to enter and accept that world before issues of self-esteem and identity can be addressed. Psycho-education of the bio-psycho-social aspects of the disorder for both the patient and family is an important element in treatment. If any comorbidity is present, education about this is also in order.

Cognitive-behavioral therapy and techniques can be extremely helpful. Techniques involving the identification of situations and thoughts that precede the spinning of fantastical stories help in enabling patients to establish a connection between the narcissistically injuring precipitating events and the subsequent development of negative, distorted, and fixed cognitions. Often, negative thoughts, which are manifestations of low self-esteem, are embedded in their cognitions and changes in these negative thoughts can lead to behavioral change.

The story of the patient with pseudologia fantastica is analogous to fantasies and daydreams, unconsciously invented to satisfy pressing and specific psychological needs and a need to increase and maintain self-esteem. Their degree of belief in their own story may lie at a halfway stage between ordinary daydreaming and the full and absolute belief of a delusion. Therapy needs to provide a holding and containing environment, which allows for the gradual
emergence of potential space for the sense of self to develop.

Listening and acceptance without judgment or critical questioning of the reality is necessary to establish rapport and allow continued expression of the fantasies (in the form of fantastical stories). Over time, this nonjudgmental stance seemed to reduce the patient’s need to tell the tales. Attention to the underlying negative mood and affects seemed to have also helped to improve the patient’s mood. Although the initial stories were presented as true events, this gradually evolved into acknowledgement that the stories were “dreams.” He would discuss his tales in the form of a dream with detailed content and with much affect. Later, in subsequent sessions, the stories were discussed in terms of being “movies.” He would speak of making adventure/scary movies (of his tales) where he would end up as the hero. From our perspective, the empathic, unconditional listening to his tales helped his self-esteem and his mood. Later, he would bring in pictures of sport cars, boats, cartoons, and occasional pictures of gore and blood. They were less grandiose and less dramatic. There was more interaction between doctor and patient, and he would ask for an opinion on the favorite car and speak about real-life events. His affect seemed calmer and his mood was brighter. This further reduced the need to tell tales. He often looked forward to the sessions, and staff noted he was calmer and more pleasant after the sessions. This would carry over and contributed to lessening of craving for intense inappropriate attention.

The story about the 400-mph car evolved after a few months into a “dream” he wanted/needed to talk about in the session. The dream was very similar to the tale and was told with a bright, restless, and very expressive affect. Again, after a few months, the patient spoke of a movie he wanted to make of his original tale of frightening people at a Halloween party and having to escape by driving/flying his sports car over a lake at 400 mph.

After another few months, the patient began bringing photos of sports cars, boats, planes, and an occasional picture of a person who was bloodied or badly burned. He stated it was “fun” showing the therapist the photos. His affect was calm and pleasant. He no longer was telling tales, “dreams,” or movie ideas. After one of the recent sessions, he thanked the psychiatrist for talking with him when “I needed to talk.” His pseudology was slowly declining over the months, although it was still present when he felt threatened by his daily life. Psychopharmacology has limited value in treatment of the pseudologia fantastica symptoms, but is appropriate and helpful with comorbid conditions.

CONCLUSION

Understanding and increased awareness of etiology, phenomenology, and differential diagnosis of pseudologia fantastica and other pathological lying conditions can be very useful in providing useful, effective, and cost-effective treatments and prevent the costly medical, legal, and social consequences often associated with it.

REFERENCES