

# LYING

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## LYING

**Primary Disciplinary Field(s):** Psychology, Ethics, Psychiatry, Developmental Science

### 1. Core Definition and Scope

Lying, fundamentally, is the act of intentionally making a false statement with the aim of deceiving another person or group. The concept spans a wide spectrum, ranging from common, developmentally **normal behaviors** observed in children to deeply ingrained, severe manifestations indicative of underlying psychological or neurological pathology. Psychologists generally approach the analysis of lying by distinguishing between normal falsehoods--often motivated by self-preservation, social convenience, or fantasy--and pathological forms. The latter are typically explored as either major characteristics of specific **character disorders**, such as antisocial personality, or as symptoms directly linked to certain **brain disorders**.

Two specific and related forms of presenting false information are treated separately in clinical contexts: **malingering**, which involves feigning illness or disability, and **confabulation**, which is the pathological tendency to unconsciously fill gaps in memory with false details, often without the intent to deceive. Understanding the mechanism and motivation behind the falsehood--whether it stems from conscious malice, developmental immaturity, or neurological deficit--is crucial for accurate psychological assessment.

### 2. Lying in Childhood Development

The propensity for children to lie is a common feature of moral development, though the motivation and meaning of these falsehoods evolve significantly with age. Early childhood lies are often expressions of **fantasy** rather than deliberate attempts at deceit. Younger children may struggle with accurately reporting complex details, leading to statements that appear false but are rooted in misunderstanding or imaginative exaggeration. Studies conducted in the mid-20th century suggested that boys tend to lie slightly more frequently than girls.

Crucially, peak periods for frequent lying among both sexes occur between the ages of five and six and again between eight and nine years of age. While some children are inadvertently encouraged to lie by parental example--such as being instructed to say a parent is not home or manipulating rules for travel discounts--the majority of childhood lies are motivated by intense **fear of punishment**, disapproval, or ridicule from adult figures. This fear often overrides the child's nascent ability to admit guilt, particularly when confronted by stern adults.

### 3. Classification of Childhood Lies

Psychologists have categorized the various falsehoods expressed by children into distinct types

based on their underlying motivation or content (Jones, 1954). Recognizing these types helps distinguish between normal developmental struggles and more concerning patterns of deceit.

**The Playful or Make-Believe Lie:** These are harmless expressions of imagination, often used for dramatic effect or storytelling, such as stating, "There's a dragon under my bed!"

**The Lie of Confusion:** This type arises from a misunderstanding, inaccurate memory, or an inability to report details precisely, exemplified by exaggerations like, "The dog was as big as I am."

**The Lie of Vanity:** Motivated by the desire for social acceptance, attention, or status, this lie seeks to inflate the child's importance, such as claiming, "I got more compliments than anybody."

**The Lie of Revenge:** Driven by anger or spite, this lie is intended to inflict punishment or disapproval on a peer, often seen in false accusations like, "I saw Johnnie break the window."

**The Excusive Lie:** This is the most common form, directly motivated by the **fear of punishment** or negative consequences, such as vehemently denying, "I didn't eat a single cookie."

**The Selfish Lie:** Used to gain immediate personal advantage or permission, often by misrepresenting rules or agreements, for example, "Mommie always lets me eat between meals."

**The Loyal Lie:** Also known as a "prosocial lie," this falsehood is told to protect a friend or peer from trouble, stemming from a sense of group loyalty, such as stating, "Jimmie didn't do anything wrong."

#### 4. The Shift from External Control to Conscience

Moral psychologists note a significant developmental shift in why children understand lying to be wrong. Children typically under the age of eight perceive lying as wrong primarily because it is an act forbidden by adults; guilt is only experienced if they are caught and punished. This represents control driven primarily by external rules and consequences.

In contrast, older children develop a more sophisticated moral framework. They begin to feel that lying is wrong not just because it is forbidden, but because it **violates mutual trust** and conflicts with the standards held by their parents and broader society (Medinnus, 1962). This transition signifies a shift from moral control dictated externally to moral control governed internally by a developing **conscience**. Most psychological experts agree that promoting truthfulness is more effective through explaining the inherent need for honesty and trust than through the application of harsh punishment or damagingly labeling the child as a "liar."

#### 5. Pathological Lying and Antisocial Personality

In adults and, occasionally, adolescents, habitual and compulsive lying is often categorized as pathological lying (or mythomania). This behavior is strongly associated with the severe character disorder known as **antisocial or psychopathic personality**. Individuals in this category exhibit a cluster of severe traits, including profound egocentrism, irresponsibility, impulsiveness, a near-total

absence of internal moral standards, and an inability to form deep, authentic emotional attachments.

These individuals are frequently opportunists, confidence artists ("conmen"), and impostors. They are typically consummate and utterly convincing liars who make expansive promises with disconcerting ease, deny misconduct with complete nonchalance, and often engage in **gratuitous lying**--telling solemn falsehoods even when detection is virtually guaranteed or when the lie serves no discernible material purpose. Cleckley (1959) highlighted the peculiar quality of these lies: the psychopath not only lacks qualms but frequently does not seem fully aware that their statements constitute a falsehood, failing to grasp the fundamental nature of untruth. It is theorized that while they may genuinely intend to fulfill a promise in the moment it is spoken, that resolve dissipates almost immediately afterward.

## 6. Lying as a Symptom of Brain Disorders

Lying can also manifest as a fairly common symptom associated with various organic **brain disorders**, resulting from conditions such as severe head injury, chronic alcoholism, congenital syphilis, and **encephalitis**. In these clinical contexts, the lying is generally associated with a broader pattern of diminished intellectual capacity and cognitive impairment.

In cases linked to post-encephalitic syndrome, the lying may be part of an "acting-out" behavioral complex that also includes impulsivity, stealing, and destructive actions. These types of falsehoods are often linked to specific neurological syndromes, such as **Korsakoff's Syndrome**, where memory deficits necessitate confabulation, or chronic conditions resulting from lead poisoning or syphilis affecting executive functions and impulse control.

## 7. Illustrative Case of Pathological Lying

When habitual fabrication and misrepresentation become autonomous and self-perpetuating activities in adulthood, the condition is termed pathological lying. However, this behavior often represents the persistence of immature coping mechanisms more typical of childhood. The relative immaturity of this adult deviation is evident in cases where the lies serve as elaborate rationalizations or patently wish-fulfilling fantasies translated into communicative speech.

An illustrative case (Cameron and Magaret, 1951) involved an eighteen-year-old boy who had habitually falsified statements since age six. As a child, he lied to evade responsibility and told "tall stories" focused on personal accomplishment and courage. In adolescence and early adulthood, he escalated these fantasies into reality by stealing large sums, expensive cars, and engaging in dangerous stunts. Clinically, his "pathological lying" was traced to the common rationalizations and fancies of childhood, serving as a compensatory mechanism against neglect. The patient, who was the only child of a widowed, alcoholic mother who frequently expressed regret over his birth,

explained his habitual falsification as a direct attempt to "build himself up," compensating for a lack of a stable home environment and emotional support.

### Further Reading

Cameron, N., and Magaret, A. (1951). *Behavior Pathology*. Houghton Mifflin.

Cleckley, H. (1959). The Mask of Sanity. *Journal of Clinical Psychology*.

Jones, H. E. (1954). The Environment and Mental Development. In L. Carmichael (Ed.), *Manual of Child Psychology* (2nd ed.). Wiley.

Macfarlane, J. W., Allen, L., & Honzik, M. P. (1954). *A Developmental Study of the Behavior Problems of Normal Children Between Twenty-One Months and Fourteen Years*. University of California Press.

Medinnus, G. R. (1962). The Relation Between Parental Self-Acceptance and Parental Acceptance of a Child's Behavior. *Journal of Consulting Psychology*.

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