***Case Study***

# A SELF-INCRIMINATING CASE OF MYTHOMANIA

**Abstract:** A lie is changing the truth deliberately to reach an objective. This is frequently encountered in childhood period, as much adult individuals can sometimes use innocent lies in their life. Children with this condition often encountered, sometimes possible to see the lives of the innocent lies in the form of healthy adults. Mythomania, known as lying pathologically, is an individual lying about almost anything in various environments and believing in these lies himself. In literature, there have been case reports on mythomania and pseudologica fantastica. However, none of them mentioned about continuously self-incriminations. This article aims to analyze the clinical findings of a patient suffering from mythomania, that continuously self-incriminates, and being tried for the crime of perpetration, under the light of the literature.

**Keywords:** Mythomania, perpetration, pseudologia fantastica**.**

## INTRODUCTION

A lie is defined as changing the truth knowingly and willfully to serve a purpose[1]. This occurrence, which we could observe frequently with children, could be witnessed with healthy adult individuals in the form of innocent lies from time to time. However, the cases where lying continues chronically and repetitively, at a level that might cause social, domestic, and professional problems, fell into the category of pathological lying, which is a psychiatric concept. The concepts of pseudologica fantastica (PF) and mythomania could be used to define the cases like these. Due to their similarities these concepts could be used interchangeably, although in reality there are differences between them. PF is defined as creating constant and persistent stories based on a truth that was skewed, exaggerated or enhanced with additions. The subject matter of the stories change, while the individual

remains as the protagonist or the victim of the story[2]. On the other hand, mythomania differs from PF for in mythomania the individual could tell different stories in different environments[3]. Although there is no classified DSM diagnosis for mythomania, it is considered as a symptom that could accompany a psychiatric disease. There are case reports in the literature on both mythomania and PF[4, 5, 6]. However, none of these cases mentioned a mythomania patient who charges himself with a crime continuously. An examination of criminal justice cases on fabrication of crimes demonstrated that these perpetrators always charged others for the crimes. Thus, it was considered that the subject matter of this study would contribute to the literature since it was a criminal justice case of mythomania where the individual accused himself for the crime.

## CASE REPORT

38 years old, married with 3 children, primary school graduate male patient was brought to our clinic by the police. His physical examination results were considered normal. The patient, who looked older than his age and mentally retarded, had poor self-care, and was cooperative and with a good level of willingness to form relationship. The patient was distracted, but had no symptoms of perception disorder. There were no hallucinations or obsessions in his intellectual structure. A slight impairment was observed in his social adaptation. He stated that he was not ill and brought to the hospital by force by the police. He claimed that he had 3 cases in the court against him, but he was innocent in all of these, however he claimed that he stayed in the jail for 16 years as a result of these cases. In the first case he stated, he shot by mistake his wife and two children from this woman while he cleaned his weapon, and the children died on the spot and his wife was wounded and died while he was in prison. He claimed that after completing his 8 years long jail term, he married for the second time, but again convicted for carrying illegal substances for 4 years during the

fist year of his second marriage. He finally stated that he was convicted again for another 4 years for fighting with an individual, who called him on the telephone and claimed falsely that his wife died in a traffic accident. The review of his history did not reveal any organic diseases. There were no stories of alcohol or substance use with the exception of smoking. He had no relatives under psychiatric care. The anamnesis taken from the relatives demonstrated that he was married twice, was married to his first wife only for two months, and the first wife filed for a divorce because he was lying. He never received inpatient or outpatient psychiatric care and was never subject to a judicial process in his life and completed his military service in time. His relatives stated that the patient constantly lied, based his life on lies, and even divorced from his wife because of these lies. They claimed that he came up with different lies everyday, and finally a case was brought against him for fabricating crimes since he claimed everywhere that he had killed his children.

**Clinical Observation**

As a result of the polyclinic examination during the application of the patient, the decision to monitor the patient was taken. The statements of the patient continued, and a desire to attract attention, variable and shallow emotions, suggestibility and an inclination to exaggerate were indicated in the patient. The patient, whose outlook displayed borderline intellectual activity, scored 79-80 on the IQ test. Minnesota Multiphasic Personality Inventory was requested from the patient whose histrionic personality characteristics were prominent, however he could not finish the test. The short psychiatric evaluation scale that was conducted indicated 5 points (no symptoms). To exclude a possible neurological disease, a neurological consultation was requested. The patient had normal abstraction, reality testing and reasoning skills. MR (Magnetic Resonance Imaging) was requested for the patient, for whom confabulation diagnosis was excluded in the neurological examination performed, to exclude other possible organic factors. MR results did not demonstrate a pathologic symptom. All routine blood and

urine tests including EEG and toxicology panel were considered normal. At the end of the initial one month period without medication, since the statements of the patient did not alter, and since it was considered that the existing claims could be formed on psychotic grounds, the patient was put on an Olanzapine 5 mg/day treatment. Patient had a few unsuccessful escape attempts from the service due to his denied requests of discharge. The patient commenced to harm himself and the environment because of the increase in his agitation and aggression, and his antipsychotic dose was gradually increased up to 20 mg/day. Despite a month long drug treatment, no changes were observed in patient's discourse or in the clinical picture. At the end of the two months long observation, drug treatment was ceased since the existing condition of the patient was evaluated as borderline mental capacity and mythomania. It was concluded that he had full criminal capacity for the wrongdoing he committed. A supportive approach was initiated and his self-esteem was attempted to be promoted by highlighting his positive traits. When he was discharged, there were minor improvements in the patient's discourse; the thought that perhaps a little portion of his statement could be a false representation of the truth became prominent. A follow-up appointment was planned for a month later, but the patient never showed up for the appointments, and his last status could not be evaluated.

## DISCUSSION

This case is significant since it was a case of mythomania where the patient, different from other cases of the crime of falsification a crime, only charged himself, not others, for the crime he claimed to commit, whose discourse was not evaluated as hallucinations, and was never defined in the literature before. The case did not meet the conditions of diagnosis for pseudologia fantastica. Because, the story is constant and persistent in pseudologia fantastica. Furthermore, the story is related to the facts[7]. However in our patient, the stories were presented in different forms in different social environments by the individual, and had no

relations whatsoever with the reality. Since the patient accepted the facts when he was exposed to reality, it was determined that his discourse was not delusional. The provisional diagnosis of simulation was also discarded since there was no significant secondary benefit for the patient. Parallel to the anamnesis taken from the patient and his relatives, since no active psychiatric symptoms were observed with the patient except for lying, and since there were no periodic complaints and symptoms particular to bipolar disorder, the differential diagnosis with bipolar disorder was conducted. It is observed more in individuals with pathological lying, antisocial personality disorder, borderline personality disorder and histrionic personality disorder. Histrionic personality traits such as desire to attract attention, variable and shallow emotions, suggestibility, and exaggeration tendencies helped shape the clinical picture in our patient. The patient, whose neurologic examination and all tests conducted were considered normal, was diagnosed with mythomania and borderline mental capacity based on DSM 4-TR[8] diagnostic criteria. A story of a judicial patient where artifact psychosis symptoms accompanied a borderline personality organization was presented in this article.

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