

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 could sometimes use innocent lies in their lives. This condition that could be encountered often with children, could also be observed among healthy adults in the form of innocent lies. 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 pseudologia fantastica. However, none of these studies mentioned a case, where the patient consistently self-incriminated. This article aims to analyze within the context of literature, the clinical findings about a patient suffering from mythomania, that continuously self-incriminates, and being tried for the crime of perpetration.

Keywords: Mythomania, perpetration, pseudologia fantastica.

INTRODUCTION

A lie is defined as changing the truth knowingly and willfully to serve a purpose¹. 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 pseudologia 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 story². On the other hand, mythomania differs from PF for in mythomania the individual could tell different stories in different environments³. 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.

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36 **CASE REPORT**

37 38 years old, married with 3 children, primary school graduate male patient was brought to
38 our clinic by the police. His physical examination results were considered normal. The
39 patient, who looked older than his age and mentally retarded, had poor self-care, and was
40 cooperative and with a good level of willingness to form relationship. The patient was
41 distracted, but had no symptoms of perception disorder. There were no hallucinations or
42 obsessions in his intellectual structure. A slight impairment was observed in his social
43 adaptation. He stated that he was not ill and brought to the hospital by force by the police. He
44 claimed that he had 3 cases in the court against him, but he was innocent in all of these,
45 however he claimed that he stayed in the jail for 16 years as a result of these cases. In the first
46 case he stated, he shot by mistake his wife and two children from this woman while he
47 cleaned his weapon, and the children died on the spot and his wife was wounded and died
48 while he was in prison. He claimed that after completing his 8 years long jail term, he married
49 for the second time, but again convicted for carrying illegal substances for 4 years during the

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

62 **Clinical Observation**

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

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

92 **DISCUSSION**

93 This case is significant since it was a case of mythomania where the patient, different from
94 other cases of the crime of falsification a crime, only charged himself, not others, for the
95 crime he claimed to commit, whose discourse was not evaluated as hallucinations, and was
96 never defined in the literature before. The case did not meet the conditions of diagnosis for
97 pseudologia fantastica. Because, the story is constant and persistent in pseudologia fantastica.
98 Furthermore, the story is related to the facts⁷. However in our patient, the stories were
99 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, a differential diagnosis was conducted for bipolar disorder. 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-TR⁸ 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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