



LETTER TO THE EDITOR

An investigation at the point where mythomania meets manipulative lie: A forensic case

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Dear Editor,

Mythomania, also known as pathological lying and pseudologia fantastica, was introduced to the literature by the German physician Anton Delbruck in 1891. It is the chronic behavior of compulsive or habitual lying without an apparent benefit or justification, unlike telling the occasional white lie to avoid stress or deriving personal gain (1). Additionally, its persistent characteristic, which is distinctive, is almost an identifier of personality (2).

Case reports and anecdotal presentations have demonstrated mythomania in the literature. However, the emergence and motivations of mythomania have not been fully elucidated (3), and its prevalence is unknown. It has not yet been classified within the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) (4). Here, we present a 42-year-old male patient hospitalized with a court order.

He was detained in the unit to be assessed for criminal responsibility for the alleged offense, "improperly undertaking public duty." His medical history revealed no pathology. Mental state examination was normal, and psychometric tests did not show abnormality. Routine blood tests were within normal limits.

He was a single man living with family. In the later interviews, it was learned that the patient was a high school graduate. It was learned that his brother was a construction company. After detailed information, he

expressed that he occasionally helped his brother at work. Examining the investigation file regarding the crime he allegedly committed, we learned that he went into a district courthouse where he did not reside, introduced himself as a newly appointed lawyer by the bar association, and walked around the courthouse in a lawyer's robe. He stated that his clothing was to convince his lawyer girlfriend, whom he introduced himself as a lawyer, that he is. A week later, he gave different reasoning, declaring that he had wanted to be a lawyer since childhood and that he, therefore, used to walking around the courthouse. He continued stating the same reason at all the interviews during the observation process.

The social work examination revealed that he had been lying for no reason since adolescence, introducing himself as a doctor or a lawyer to the people he had just met. He used to visit courthouses in a lawyer's robe in more than one city and introduce himself as a newly appointed doctor in the town. He once borrowed money from a jeweler. Later, his elder brother covered this debt, and there was no lawsuit against him.

He did not have many friends, had occasional disagreements and arguments with his family. He had multiple suicide attempts in adolescence; however, he had no history of psychiatric inpatient treatment. After being evaluated by the health board after three weeks of medication-free detention, the patient was discharged. The health board decided that the patient has full criminal responsibility for the crime.

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Mythomania is frequently examined for its association with other diagnoses, such as factitious disorder, malingering and personality disorders. Factitious disorder is a mental disorder in which a person appears sick or produces physical or mental illness (4). Lying that occurs verbally in mythomania manifests itself as a physical symptom in a factitious disorder. Although there is no discernible profit, it is possible to identify similar implicit motivations that play a role in the manifestation of symptoms. Our case had a profit by introducing himself as a doctor, resulting in borrowing money. However, no such benefits and motivations were found in his other lies. Malingering is the false simulation or exaggeration of physical or mental disease performed to obtain an important financial or legal benefit (3). We excluded malingering, as our case did not produce any physical or mental symptoms. Lying is frequently seen, especially in antisocial personalities whose manipulative aspects are prominent. Although the exaggerated expressions and frequency of lying suggest mythomania (4), the motivation and the benefit, not having been involved in a recurrent crime, and no history of substance use rule antisocial personality disorder out in our case. Besides, no behavioral pattern suggested a tendency toward violence during his hospital stay. Narcissistic people may resort to lying and exaggeration to regain their fragile self-perception (5). The lies rarely reach an intensity suggestive of mythomania. Lying is a common manifestation in individuals with borderline personality disorder. Despite the inconsistent interpersonal relationships and impulsive suicide attempts suggested borderline organization, we did not make a diagnosis of a personality disorder considering his fully detailed personal and medical history, clinical observations, and mental examinations.

In conclusion, mythomania is an underreported phenomenon. It has not yet been classified as a standalone diagnosis in standard diagnostic manuals. More reports are needed to determine its prevalence and recognize its clinical manifestations. Despite being uncommon, it is essential to distinguish it from manipulative lying in clinical management.

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