

Research on Factitious Disorder or Factitious
Disorder Imposed on Another
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Abstract

This paper explores the symptoms and effects of factitious disorder and factitious disorder imposed on another (formerly known as Munchausen's syndrome and Munchausen's syndrome by proxy). It will cite peer reviewed articles, credible websites, and information from the *Diagnostic and Statistical Manual of Mental Disorders 5th Edition* (2013, American Psychiatric Association). The paper will go into depth on the psychological and emotional effects of the imposition of this disorder upon other people and one's self as well as the potential treatments and biological/environmental causes of the disorder. The paper will also explore specific cases of factitious disorder and the real life implications it had on the afflicted, as well as the history, prevalence, and causes of the disorder.

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Factitious disorder (formerly known as Munchausen's syndrome) is defined as the falsification of physical/psychological symptoms on one's self or another person, typically to garner sympathy and/or special attention. While there are no reliable statistics regarding the amount of people who may suffer from factitious disorder, it is estimated that about 1% of people admitted into hospitals meet the criteria for the disorder, but it typically goes unreported. However, there are multiple symptoms that present themselves and are very important when attempting to recognize factitious disorder.

Cases of factitious disorder have appeared as early as the second century AD, and they were already being recognized in the 19th century, as the term "factitious" was taken from a book published in 1843, titled *On Feigned and Factitious Diseases*. Though the disorder has been present and recognized for a very long time, the modern study of it didn't begin until 1961, which is also when it was coined Munchausen's syndrome and Munchausen's syndrome by proxy. However, Munchausen's syndrome refers solely to patients to have physical symptoms, and after the discovery of individuals with psychological symptoms in 1977, the disorder slowly made the switch from Munchausen's syndrome to factitious disorder, though some within the medical community still use both interchangeably.

There are two forms of factitious disorder: one in which the perpetrator presents themselves as ill or impaired, and the other in which the perpetrator presents someone else (who

is not given the diagnosis, but often treated as an abuse victim) as ill or impaired. The diagnostic criteria for factitious disorder typically includes three major symptoms.

The first is the falsification of physical/psychological symptoms, or induction of injury or disease, this often followed by the desire to seek treatment for said disease or injury. As written in the *Diagnostic and Statistical Manual of Mental Disorders 5th Edition* (from this point forward referred to as the *DSM-5*), “Individuals with factitious disorder might, for example, report feelings of death and suicidality following the death of a spouse despite the death not being true or the individual’s not having a spouse...” (325) Individuals, in order to receive attention after an illness or disease, have been known to fake medical records, ingest substances, tamper with medical instruments in order to skew results, or physically harm themselves.

The second set of criteria requires that during diagnosis, it must be proven that the individual is taking extreme actions in order to simulate or cause symptoms of an illness or injury, even in a case without clear external rewards. While one of the main motivations of an individual with factitious disorder is usually to gain special attention and sympathy, deception without obvious rewards is an important diagnostic criterion.

The final criterion is that the behavior is not better explained by another disorder, as there are other mental disorders that can create similar symptoms to factitious disorder, but are not actually be the same. Some other mental disorders that can be commonly misdiagnosed as factitious disorder include delusional disorder or a variety of other psychotic disorders.

While it is actually much for common for an individual to have factitious disorder imposed on themselves, factitious disorder imposed on another gets quite a bit more media and general public attention, as the perpetrator is most often a parent, their victim being their own

child. In these cases, it is often considered a very serious case of child abuse (medical child abuse, in more specific terms). In these cases, the individual will go to great lengths to make their child appear sick by faking medical records, pharmaceutical notes, and often long lists of false diagnoses. Because of the individual's extreme exaggeration, and ability to induce specific symptoms, the child may receive unneeded medications, tests, or even surgery in order to determine the cause of said symptoms. According to Professor Emad Ahmed Zaky, "The mother may have previous healthcare knowledge... and she tends to pursue additional diagnostic and therapeutic options regardless of the pain and discomfort they may inflict on her child..." This treatment may lead to severe psychological issues with the victim, and even real health issues as the result of treatment for falsified ones, as well as social, environmental, and cognitive impairment. In extreme cases, it may even end in the child's death.

One of the most infamous cases of factitious disorder imposed on another is the case of Dee Dee and Gypsy Rose Blanchard. Since Gypsy was a young child, Dee Dee claimed she a series of major disorders from muscular dystrophy to leukemia, requiring Gypsy to use a wheelchair and a feeding tube. As time went on, Gypsy's diagnoses increased, as did her medication and various other forms of medical abuse, including surgeries she didn't need, such as the removal of her salivary glands. Dee Dee would play the part of a devoted mother, all the while increasing her hold on Gypsy. She was previously a nurse, so she was able to falsify symptoms using illegally obtained medication, and would move her daughter around to different doctors whenever her request for a new treatment or diagnosis was denied. Behind closed doors, there was also a level of typical child abuse happening as well: punishments such as being tied to the bed for two weeks, as well as Dee Dee's ability to keep Gypsy in her care by lying about her

age and mental state when Gypsy attempted to escape her situation. This case was one very typical of those with factitious disorder imposed on another, but the reason it received so much attention is because of the ending. Gypsy convinced a boyfriend she met online to murder to mother, and the two escaped together, only to be caught later on. Gypsy is currently serving a ten year prison sentence for her involvement in her mother's death, which was a highly controversial sentence, as many people consider this an act of self defense, and praise Gypsy for escaping her abuser.

Factitious disorder imposed on another very strongly affects the victim, but but both this and factitious disorder imposed on self affect the people around them greatly. The disorder is similar to those such as eating disorders or substance abuse disorders in the way that the behavior is extremely persistent, and there are great efforts to attempt to hide the disorder from family and friends through direct deception.

The onset of factitious disorder is usually in early adulthood. It is commonly found that the disorder presents itself after hospitalization for a medical condition, or sometimes, another mental disorder. After it begins its course, the disorder may present itself in either a single episode or over a recurring amount of time. When the disorder presents itself in recurring episodes, with a constant pattern of medical deception, the disorder has a likely chance of becoming a lifelong struggle to the individual. There is no specific known cause for factitious disorder, but there are multiple risk factors that may play a part in the disorder, and that psychologists looking to diagnose an individual may look for in their personal history. Some of these risk factors include childhood trauma, a serious illness during childhood, the loss of a loved

one, or other personality disorders. Factitious disorder may also come from a desire to be associated with medical centers, or having a previous medical background.

The first goal of the psychologist when treating factitious disorder is to reduce the individual's misuse of medical resources. (Of course, when treating factitious disorder imposed on another, the main goal is to ensure the safety of the victim.) Once the goal of reducing medical resources is met, the treatment continues, and psychologists work to diagnose any other underlying psychological issues that may explain the individual's behavior. Once that is done, the final stage of treatment begins. Psychotherapy is the most common method of therapy used to treat factitious disorder. According to the American Psychiatric Association, "Psychotherapy, or talk therapy, is a way to help people with a broad variety of mental illnesses and emotional difficulties. Psychotherapy can help eliminate or control troubling symptoms so a person can function better and can increase well-being and healing." Cognitive-behavioral therapy is also commonly used, and family therapy has the potential to be very helpful, as it teaches family members how to not enforce the individual with the disorder. As with all disorders, there is a potential for misdiagnosis with factitious disorder, as there are many other mental disorders with similar symptoms such as somatic symptom disorder, where there is excessive attention and treatment seeking, but no evidence of deceptive behavior/false information. Borderline personality disorder can also be mistakenly identified as factitious disorder, as individuals with BPD may deliberately self-harm, but factitious disorder requires that the self-injury occur specifically with deception.

Conclusions

Factitious disorder imposed on self or another is an extremely debilitating disorder that causes harm in many lives, including the individual's, their family and friends', and especially in cases where they are imposing their disorder on another. The disorder is considered "rare" but many people have gone misdiagnosed, and when gone untreated, this disorder can put the individual at risk of seriously harming themselves and others around them. More efforts should certainly be made to diagnose and treat factitious disorder, as it is very important to get the individual help right away, before any serious damage is caused.

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