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Factitious Disorders (Medical Deception)

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Summary by Frank Kelley

Paige Barker is a PhD student in the Faculty of Health and School of Forensic Psychology at Liverpool John Moores University.

Her research area is within Factitious Disorders involving medical deception, these being *Factitious Disorder Imposed on Self* and *Factitious Disorder Imposed on Another*. Her first study aimed to explore practitioners' experiences and/or knowledge of Factitious Disorders. These insights informed the second stage of the PhD to create and validate a psychometric in primary Factitious Disorder behaviours. Upon completion, the new tool can be utilised in subclinical populations to capture prevalence data or measure correlations for remaining personality constructs, such as dark triads, attachment styles, and so forth.

In this seminar she presented the findings from *Study One Practitioners' Experiences and/or Knowledge of Factitious Disorder*. During the data collection, nuanced forms of Factitious Disorders and associated typologies that are not within the literature emerged. It appears previous research is bound to a bias of *Munchausen's Syndrome* and *Munchausen by Proxy* (the chronic form of Factitious Disorders) that misinforms societies' perception that these conditions are peculiar and rare. Her presentation was based on an extensive understanding of these disorders including contexts we often overlook such as *Factitious Disorders in the Professions* and *Factitious Disorders Online*.

Paige provided knowledge on a contemporary theoretical model she is currently developing. *Understanding how Factitious Disorders present in varied contexts* will convey the level of research required to support current shortcomings.

These factitious disorders were originally named after **Baron Munchausen** a fictional German nobleman created by the German writer Rudolf Erich Raspe in 1785. The adventures the Baron tells are overtly implausible and easily recognizable as fiction. There is a strong implication that the Baron is a liar. He appears to believe every word of his own stories, no matter how internally inconsistent they become, and he usually appears tolerantly indifferent to any disbelief he encounters in others.

The DSM-5 recognises two disorders. These should not be confused with malingering where behaviour is motivated by external incentives or with the medical abuse of children.

Factitious disorder imposed on self is the falsification of physical or psychological signs or symptoms, or induction of injury or disease, associated with identified deception. The individual presents himself or herself to others as ill, impaired, or injured.

Factitious disorder imposed on another is the falsification of physical or psychological signs or symptoms, or induction of injury or disease in another, associated with identified deception. A person deliberately produces, feigns, or exaggerates the symptoms of someone in their care. The perpetrator's motive is to perpetuate factitious disorders in order to gain for another a patient role. They are often primary caregivers and appear to be very devoted carers. One modern development is of seeking support and validation for illness in online forums.

For both disorders symptoms can be fabricated, exaggerated or simulated. Examples include contaminating urine samples, taking hallucinogens, injecting faecal material to produce abscesses, putting potassium in food and coaching others to give a false medical histories

Research shows that the most common group are woman between the ages of eighteen and forty five. They are often articulate and many had previous employment in health and social services. In some cases professionals victimise their own patients. There is no evidence tying factitious disorders to any personality trait. Like Baron Munchausen they are indifferent to any disbelief and do not seek help or therapy. When challenged they often *doctor shop* until they find someone who will take their plausible symptoms seriously.

Unusually for a mental disorder there is rarely any history of childhood abuse. Even in the face of clear evidence they rarely admit they have problems and often do not accept the diagnosis of factitious disorder. Not surprisingly they are often misdiagnosed or under diagnosed.

A near relative of factitious disorder is the **Dark Triad**. This is a psychological theory of personality, first published by Delroy L. Paulhus and Kevin M. Williams in 2002. They described three notably offensive, but non-pathological personality types: Machiavellianism, sub-clinical narcissism, and sub-clinical psychopathy. Each of these personality types is called dark because each is considered to contain malevolent qualities. They are associated with a callous–manipulative interpersonal style.

Paige's research involved a large qualitative study of practitioners. This was used to validate a new measure. Her research gave a broader picture of people with factitious disorders.

Insecure people were anxious and neurotic and deceived in medical contexts. They are positively reinforced by others care and attention and had found they got attention when they were not well. When feigning a child's illness they will have frequent meetings with doctors, school nurses and teachers.

Avoidant people, and this is the most common form with men, are impulsive and antisocial. They deceive those who might challenge them. In contrast to most people with factitious disorder they are of low intelligence.

Histrionic people seek attention for their supposed illness in a dramatic and manipulative way. They often doctor shop and appeal to new professionals by saying how poor their previous professional carers have been. They also practice a higher level of deception. For example shaving their head to feign cancer or forcing aircrew to make an emergency landing.

Narcissistic people are very attention seeking and can create chaos. They can appear to be kind but when needed they can be coercive and aggressive in a calculated way. They are often grandiose and appear to be a very good parent who is working hard to get the best care for their children.

People with factitious disorder are troublesome for themselves and others. However in the worst cases the compulsive quality of their feigning illness can lead to severe illness and death. Among the most serious cases Paige told us about was a mother who suffocated her eight children, a not uncommon way for people with factitious disorder to induces symptoms of illness. Here the addiction to attention led to all her children dying. In another case a woman persistently poisoned her husband's food. This meant he needed her constant care, although she never sought medical help. His death was also revenge for his affair. All this was carefully planned and, not uncommon with factitious disorder, without any remorse.

Lucy Letby is a British former neonatal nurse who murdered seven infants and attempted to murder six others between June 2015 and June 2016. Letby was the focus of suspicion following a high number of infant deaths at the neonatal unit of the Countess of Chester Hospital. Like most professionals who suffer factitious disorder she worked night shifts which avoids surveillance. Like others she was a pathological liar and had a lack of remorse. A journalist who followed the whole trial said she still has no idea who Letby is and why she did it. She also thought that Letby had no genuine care for her patients.

Thank you to Paige Barker. We all really enjoyed her seminar, her knowledge of an area unfamiliar to us and her infectious enthusiasm.