several different names and usually seek treatment in several agencies to avoid detection or recognition by someone who has encountered the client during a previous hospitalization or office or clinic visit.

The fabricated symptoms—e.g., fever, anemia, hematuria—are indeed symptoms of “real” diseases; however, there is no organic reason for the appearance of the symptoms. The client provides an untruthful account of symptoms and fakes signs of illness in an attempt to receive medical treatment. Uncontrollable lying is the hallmark characteristic of individuals with factitious disorder; stories are fabricated in order to capture the attention of others. Even though symptoms are explained in very dramatic terms, it is difficult to gather specific information about their onset and duration (Malatack, Consolini, Mann, & Raab, 2006). Individuals with factitious disorder are usually very knowledgeable about medicine. Being knowledgeable, imaginative, and sophisticated about medical systems, medical terminology, and the routines of hospitals and other treatment facilities allows them to convincingly fake a constellation of symptoms. The diagnostic criteria for factitious disorder are given in the following DSM-IV-TR feature.

When the disorder is severe, chronic, and unremitting—involving repeated hospitalizations, traveling between health care providers and health care facilities, and pathological lying of an intriguing and fantastic nature (termed *pseudo-logica fantastica*)—it is often referred to as Munchausen syndrome. Ron is an example of such a person.

### DSM-IV-TR

**Diagnostic Criteria for Factitious Disorder**

A. Intentional production or feigning of physical or psychological signs or symptoms.

B. The motivation for the behavior is to assume the sick role.

C. External incentives for the behavior (such as economic gain, avoiding legal responsibility, or improving physical well-being, as in Malingering) are absent.

**Source:** Reprinted with permission from the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. (Copyright 2000). American Psychiatric Association.

### Table 19-1

**Comparison of Somatoform Disorder, Factitious Disorder, and Malingering**

<table>
<thead>
<tr>
<th>Somatoform Disorders</th>
<th>Factitious Disorders</th>
<th>Malingering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms are not under voluntary control.</td>
<td>Symptoms are deliberately produced.</td>
<td>Symptoms are feigned (consciously produced).</td>
</tr>
<tr>
<td>Unconscious motivation.</td>
<td>Motivation to assume sick role in order to gain attention and/or obtain medical treatment.</td>
<td>Various motivations, including financial gain, relief of duties, obtaining drugs.</td>
</tr>
<tr>
<td>Primary gain: reduction of anxiety.</td>
<td>No obvious secondary gain.</td>
<td>Obvious secondary gain(s).</td>
</tr>
</tbody>
</table>

As this clinical example demonstrates, Munchausen syndrome can become a lifelong pattern. Table 19-1 identifies the distinctions between somatoform disorder, factitious disorder, and malingering.

### Factitious Disorder by Proxy

**Factitious disorder by proxy**, sometimes called Munchausen by proxy syndrome, occurs when parents or caregivers deliberately induce signs of an illness in another person, usually their own child. It is difficult for health care providers to deal with situations in which a caregiver or parent deliberately injures the person under their care. In these