



Factitious Disorder Psychotherapy: its Treatment and Prognosis

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Description

Factitious disorder is a serious mental disorder in which someone deceives others by appearing ill, deliberately making themselves ill or harming themselves. A factitious disorder is a condition in which a person, without feigned motive, acts as if they have an illness by deliberately inducing, feigning, or exaggerating symptoms, purely to achieve (for themselves or for another) the role of the patient. People with feigning disorder can induce symptoms by contaminating urine samples, using hallucinogens, injecting fecal material to form abscesses, and similar behaviors. Self-imposed disorder (also called Munchausen syndrome) was for some time an umbrella term for all such disorders. Fictitious disorder imposed on another also called pretend disorder by proxy is a condition in which a person deliberately produces, fakes, or exaggerates the symptoms of someone they care for. In both cases, the perpetrator's motive is to commit feigned disorders, either as a patient or vicariously as a caregiver, in order to achieve (for himself or another) the role of patient. Mimicking is fundamentally different from feigned disorders in that mimicry simulates an illness with the intention of obtaining material benefit or avoiding duty or responsibility. Somatic symptom disorders, although also diagnoses of exclusion, are characterized by physical complaints that are not intentionally caused.

Treatment

No actual psychiatric medication is prescribed for the feigned disorder. However, Selective Serotonin Reuptake Inhibitors (SSRIs) can help manage the underlying problems. Medications such as SSRIs, which are used to treat mood disorders, can be used to treat a delusional disorder because a mood disorder may be the underlying cause of a delusional disorder. Some authors (such as Prior and Gordon 1997) also

reported good responses to antipsychotics such as Pimozide. Family therapy can also help. In such therapy, families are helped to better understand the patient (the individual in the family with the pretend disorder) and that person's need for attention.

In this therapeutic setting, the family is encouraged not to condone or reward the behavior of the individual with the feigned disorder. This form of treatment may be unsuccessful if the family is uncooperative or shows signs of denial and/or antisocial disorder. Psychotherapy is another method used to treat the disorder. These sessions should focus on the psychiatrist establishing and maintaining a relationship with the patient. Such a relationship can help suppress the symptoms of a delusional disorder. Monitoring is also a form that may be indicated for the patient's own good with a feigned disorder; feigned disorders (especially proxies) can be harmful to an individual's health if they actually cause real physiological illnesses. Even feigned illnesses and injuries can be dangerous and may be followed for fear of unnecessary surgery.

Prognosis

Some individuals experience only a few outbreaks of the disorder. However, in most cases, feigned disorder is a chronic, long-term condition that is difficult to treat. There are relatively few positive results for this disorder; in fact, the treatment yielded a lower percentage of positive results than treating individuals with overt psychotic symptoms, such as people with schizophrenia. Furthermore, many individuals with a feigned disorder do not seek treatment and often insist that their symptoms are genuine. However, some degree of recovery is possible. The passing of time seems to help this disorder a lot. There are many possible explanations for this phenomenon, although none are currently considered definitive. It

is possible that an individual with a feigned disorder has mastered the art of faking illness over so many years of practice that the disorder is no longer recognizable. Another hypothesis is that an individual with a feigned disorder is often placed in a home or has

health problems that are not self-inflicted or feigned. In this way, the problem of acquiring the status of “patient” is solved, since the symptoms arise without any effort on the part of the individual.