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FAKING MUNCHAUSEN'S SYNDROME

Vicious Circle Insurance
Catch 22 Avenue
Athens, Georgia

Dear Vicious Circle Insurance,

Epimenides arrived at my office two weeks ago with vague and inconsistent complaints. He had unusual knowledge of medical terminology and procedures, And his "gridiron abdomen" suggested that he had a history of unnecessary surgery. This led me to initially suspect he was a sufferer of Munchausen's syndrome in which a patient feigns illness to gain the attention that goes with the sick role. Yet his "scars" washed off so easily that I concluded that he was actually faking Munchausen's syndrome itself. Whereas most sufferers of Munchausen's fake a variety of disorders, Epimenides was faking a single disorder: Munchausen's syndrome. When I confronted him with my suspicion, he initially threatened to sue. Eventually I was able to firmly but gently document that Epimenides has been going from hospital to hospital in the same pattern. Following established procedure, I then renegotiated my relationship to focus on his need for attention. I am submitting forms for reimbursement. If you wish further documentation, please do not hesitate to contact my Manhattan office.

Dear Dr. Daneeka,

We are in receipt of your claim for services provided for Mr. (First name?) Epimenides. Thank you for the offer of further documentation. However, we feel we can proceed without it.

Unfortunately, the claim must be refused. The basis is logical rather than empirical. If Epimenides has Munchausen's Syndrome, then he is not faking and so does not have Munchausen's Syndrome. But if he does not have Munchausen's syndrome, then Epimenides is faking and so does have Munchausen's syndrome. So if we assume that Epimenides exists, we fall into contradiction. Therefore, we must conclude that this patient, as described, does not exist. In general, there can be no sufferer of Munchausen's syndrome whose single feigned disorder is Munchausen's syndrome itself.

Epimenides appears to be the culmination of a history of fictitious factitious disorders. Twenty years ago, Drs. Marc Gurwith and Clare Langston published a warning, "Factitious Munchausen's Syndrome", in the New England Journal of Medicine 1982; 302: 1483-4. They described

a late middle-aged man who gives the name Norman U. Senchbau. Senchbau "stated that he suffered from Baron Munchausen's syndrome and demanded immediate hospitalization." Unlike Mr. Epimenides, this patient feigned having other diseases besides Munchausen's. Such a patient could really have Munchausen's because he could unparadoxically satisfy the description of being a faker by virtue of these other fabricated ailments.

The case of Norman U. Senchbau began to be cited, even appearing in a psychiatric textbook. A reporter, Martha Weinman Lear, eventually debunked Senchbau in the New York Times ("Body and Mind" July 3, 1988: 21 Section 6). Drs. Gurwith and Langston acknowledged the hoax, drawing attention to the clue that Norman U. Senchbau is an anagram for Baron Munchausen. A specialist in Munchausen's Syndrome, Marc Feldman, later wrote a letter to the New England Journal of Medicine (1992; 327: 438.) that prompted a more formal acknowledgment that Senchbau was a fictitious patient.

Dr. Feldman's own book, Patient or Pretender (New York: John Wiley & Sons) has a report from Drs. James P. Mayo, Jr. and John L. Haggerty, Jr. in which a 22-year old woman

called a hospital pretending to be a psychiatrist referring herself for inpatient treatment for "psychiatric Munchausen syndrome." While her admission was being arranged, she conned her way into the medical unit of the hospital by saying she had a peptic ulcer. She ultimately confessed to having Munchausen syndrome. . . ." (pages 219-220).

Vicious Circle Insurance acknowledges that this may be a genuine case of Munchausen's Syndrome. We at the Claims Division are obliged to keep open minds. But your description of Mr. Epimenides's "disorder" is contradictory. Since a contradictory description cannot be true, we are entitled to conclude, without rising from our armchairs, that it is not the case that Epimenides has Munchausen's syndrome about Munchausen's syndrome.

Dear Vicious Circle Insurance,

I have heard of remote medicine in which patients are diagnosed with a television camera. But Vicious Circle Insurance must be the first to offer a purely logical diagnosis!

I am tempted to send Epimenides to your Athens office to demonstrate that he exists and suffers from Munchausen's syndrome about Munchausen's syndrome. However, the a priori character of your letter leads me to suspect that you would not trust your own eyes. I have

no recourse but to pursue the issue along your narrow scholastic lines. Very well then. I object that the following horn of your dilemma is a falsehood: "If Epimenides has Munchausen's Syndrome, then he is not faking and so does not have Munchausen's Syndrome." You are assuming that Munchausen's syndrome about X involves knowledge that one does not have X. The weaker condition of belief is used in the definition of Munchausen's syndrome presented on pages 471-475 of the Diagnostic and Statistical Manual of Mental Disorders fourth edition (DSM-IV). Under this belief based definition of the disorder, the sufferer of Munchausen's syndrome can actually have the disease he is lying about. Munchausen's syndrome is the subjective state of disbelief. It is not the objective state of knowing that one's lie is false.

Dear Doctor Daneeka,

Vicious Circle Insurance always welcomes opportunities to clarify the reasoning behind its decisions. Often it is helpful to consider past cases.

Your subjective account of Munchausen's syndrome is inconsistent with the position you took on the "hypochondriac" you treated last year. Recall that this patient sincerely but obsessively complained of suffering from a single disorder: hypochondria. Our auditor objected that if the patient is hypochondriac, then it follows that he is not. For he would then really have the disease he complained of. And if he is not a hypochondriac, then his obsessive belief that he is a hypochondriac would make him a hypochondriac after all. The auditor concluded that no such patient was possible. Permit us to quote your old rejoinder:

Mere obsessive belief that one has a disease does not suffice for hypochondria. The belief must be false. I once treated a lawyer, Robert Antinozick. A beautiful gypsy fortune teller had convinced Antinozick that he was a leper. The gypsy's assertion led this Harvard trained lawyer to develop an obsessive belief that he had the disease. Despite ample evidence that he did not have leprosy, Mr. Antinozick irrationally insisted on being further tested. To my surprise, one of these later tests revealed that he was indeed a leper. Dumb luck!

I told Mr. Antinozick that I had good news and bad news. The good news was that he did not suffer from hypochondria. . . .

After Mr. Antinozick read the test results, he clearly knew that he had leprosy. Mr. Antinozick had this knowledge even though he would have continued to believe he was a leper had the test yielded the opposite result. The lawyer was still as dogmatic

and obsessive as he ever was. However, Mr Antinozick was not a hypochondriac about leprosy. Hence, internal mental states do not suffice to make one a hypochondriac.

If hypochondria entails false belief that one is sick, Munchausen's syndrome should entail true belief that one is not sick. (Whether the true belief constitutes knowledge is superfluous to our disproof of Epimenides.) After all, hypochondria and Munchausen's syndrome are just opposite, higher order diseases (diseases about diseases). Whereas the hypochondriac believes that he has the diseases, the sufferer of Munchausen 's syndrome believes that he does not.

Dear Vicious Circle Insurance,

I apologize for the slow response. Epimenides' demanding, unreimbursed, course of therapy has forced me to cut office rental costs. Enclosed is a change of address form. This redirects correspondence from 22 Park Avenue, Manhattan to 1213 St. Paul Street in the Park Slope section of Brooklyn.

My views about hypochondria have matured. Formerly, I believed that Mr. Antinozick was not a hypochondriac because he really had the disease. Similarly, I believed that the Iraqi dictator, Saddam Hussein, could not be paranoid because people really are conspiring against him.

I now believe that hypochondria is a matter of compulsively believing one is ill against one's own overall evidence. Mr. Antinozick was indeed a hypochondriac about leprosy even though he really had the disease. What made him a hypochondriac was the persistence of his belief against his own evidence. Whereas most people deceive themselves into believing matters are as they hope, the hypochondriac is self-deceived into believing matters are as he fears. Not all self-deception is wishful thinking!

Skittish hypochondriacs forms beliefs on the basis of scant evidence. Dogmatic hypochondriacs, such as Mr. Antinozick, form convictions despite overwhelming counter-evidence. Since beliefs must be based on one's total evidence (which includes data about the rareness of the disease in question), all hypochondriacs have beliefs which are contrary to their evidence.

In sum, the bad news for me is that I misdiagnosed Mr. Antinozick. Gosh, he did have hypochondria about leprosy! How embarrassing! The good news is that I cured him of this hypochondria. When I gave him the leprosy test results his belief was now backed by strong evidence. Therefore, I am enclosing another claim for reimbursement. This one is for (previously overlooked) services rendered to Mr. Antinozick.

Dear Dr. Daneeka,

We wish you prosperity at your new location in Brooklyn. Sadly, we will not be able help by paying your claim for Mr. Antinozick. Meta-hypochondria is incoherent for exactly the reasons given by the first auditor. Meta-hypochondria is even more absurd than meta-Munchausen's syndrome. For meta-hypochondria also involves self-deception. If Mr. Antinozick was self-deceived, then he believed he had leprosy. That much is necessary for him to the victim of the deception. But since he was also the perpetuator of the deception, he could not have believed that he really had leprosy. So Mr. Antinozick would both believe he had leprosy and not believe he had leprosy. That's impossible. Therefore, meta-hypochondria is impossible in two ways.

Dear Vicious Circle Insurance,

Epimenides is making progress. I am sorry he felt obliged to enlist the Cretan anti-defamation league. Epimenides sought the large punitive settlement at his own initiative after consulting Mr. Antinozick. I merely wished to be compensated for services rendered. However, I admit that I will be relieved when that big check arrives. Our dispute wore out my nerves. So I happily accept your generous offer of a luxury vacation cruise to the Isle of Crete.

Despite my gratitude and although the issue is now academic, I cannot resist chiding you for some remarks in your last letter. Granted, there are philosophical difficulties with self-deception. But these should not be inflicted on health care professionals. Self-deception is real. It must take place somehow.

Like hypochondria, Munchausen's Syndrome is an intrinsic state of the mind. Deception is the attempt to persuade others of a proposition that one does not believe. The attempt could be made by a delusional individual who lies to leprechauns. External reality is irrelevant in the proper diagnosis of the disorder. Only the patient's mind is relevant.

Currently, my mind is filled with holiday plans. I shall be sure to send you an international postcard from a very satisfied customer!

Dear Dr. Daneeka,

At the risk of revealing a poor sense of humor, we are obliged to inform you that we have not received any communication from the Cretan anti-defamation league. Nor have we been able to locate such an organization in the phone directory.

As for your chiding, we think it entirely appropriate to bring logic to bear on practical issues. Logic is at least a little help in most situations. Why is it so surprising that it would be a big help in a few situations?

Your own view of deception seems open to a quick refutation. If deception were just an attempt to inculcate an unshared belief, there would be no such thing as a merely attempted lie. Deception is a social act that requires both a deceiver and his victim. If a schizophrenic hallucinates a psychiatrist, then he may try to lie to the imaginary man. But he can no more lie to a non-existent psychiatrist than he can kick him. The hallucinator might try to lie just as someone might try to lie to an uncomprehending foreigner.

A liar may be mistaken about the nature of his lie rather than its existence. Consider a sufferer of Munchausen's syndrome who mistakenly thinks that agoraphobia is fear of water. He feigns fear of water. Although he intends to fake agoraphobia, he is actually faking hydrophobia.

Similarly, a sufferer of Munchausen's syndrome might mistakenly think Munchausen's syndrome is an eating disorder. He binges and purges, then binges and purges some more. He intends to be faking Munchausen's disorder but is actually faking bulimia.

Perhaps some people can lie about diseases that they have merely heard about. This would be more than unusual for sufferers of Munchausen's syndrome. They are notoriously knowledgeable about the diseases they fake. Little wonder: sufferers of Munchausen's syndrome must present symptoms of the disorder. They cannot merely say they have the disorder. Sufferers of Munchausen's syndrome participate in the drama of illness. In acting out the sick role, they elicit diagnostic and therapeutic responses from physicians and nurses. Those responses must be inferences from a competent performance. Just as an actor cannot play Hamlet by just declaring that he is playing the role of Hamlet, the sufferer of Munchausen's syndrome cannot present a disease by merely reporting he has it. He must act it out in a way that would convince an audience steeped in the genre.

Dear Vicious Circle Insurance,

I hope hand-written letters are acceptable. Impatient creditors have seized my computer equipment. I fear that I had over-estimated Epimenides' progress and under-estimated his mendacity. I need that reimbursement check now more than ever. Note my new address in Hoboken, New Jersey.

My previous letter was not intended to trigger a discussion of the metaphysics of lies. Let us avoid these issues by instead concentrating on a logical point about faking. You are assuming that faking that p implies the falsehood of p. But faking that p is compatible with p being true. A spy who pretends that he is washing a window is also actually washing the

window. All that is needed for Munchausen's syndrome is the appropriate kind of faking -- the kind that is compatible with p being true.

Dear Dr. Daneeka,

Your rapid sequence of address changes triggered an automatic audit of all claims involving your remaining patients. Vicious Circle Insurance regrets any inconvenience caused by the payment moratorium.

Perusal of your old files shows that you have no aversion to metaphysics. Recall the case of Howard Haecceities. You diagnosed him as having multiple personality disorder. Whereas typical sufferers of the disorder have widely divergent personalities, Mr. Haecceities had two qualitatively identical personalities with identical ostensible memories. Your unification of these separate personalities into a single individual struck us as a well, ambitious foray into psychiatric ontology.

But let us return to your suggestion that the Munchausen sufferer could unwittingly have the disorder. If the Munchausen patient unwittingly has Munchausen's, then he is faking that he is faking a disease. But what disease is he faking? By hypothesis, he is faking no disease other than Munchausen's. He cannot fake the very act of faking. For if he is faking that he is faking, then he is faking at the higher level.

Your window washing spy does not show that faking that p is compatible with the truth of p . The window-washing spy is faking the action of merely washing a window.

It is also worth noting that there is no species of faking that p that is compatible with belief that p . Bertrand Russell once asked his notoriously truthful colleague G. E. Moore whether he ever lied. Professor Moore replied yes. Russell believed that this was the only lie Moore ever told. But Russell could not have been right. If Moore's answer was his only lie, then his answer would not have been believed by Moore. But if Moore did not believe his answer, he was lying. In that case he would realize that his answer was a lie and so would believe it after all. Similarly, if the Munchausen patient was faking when he presented himself as faking, then he would be aware of the truth of what he said, and so would not be faking.

Dear Vicious Circle Insurance,

As a psychiatrist, I value mental health. Since your sophistry is driving me crazy, and my sanity is worth more than the amount of the contested claims concerning Epimenides, I hereby withdraw them. However, I do wish to officially protest against the scholastic methodology employed by Vicious Circle Insurance. Medicine should be based on science, not lawerly debate about hypothetical cases.

Dear Dr. Daneeka,

We too value your sanity. Our records indicate that, despite some late premiums, you yourself are covered by Vicious Circle Insurance. It would be bad business drive you crazy.

Although conceptual analysis is a new tool in the insurance industry, we are obliged to make the most of it. Vicious Circle Insurance has pledged to keep its premiums low. Armchair methods cut costs to the bone. We at Claims Division are proud to pass these savings on to valued customers such as yourself.

**Vicious Circle Insurance salutes its dedicated staff of consultants: J. C. Beall, Bernard Gert, Laurence Goldstein, Patrick Grim, and Hud Hudson.*

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