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Munchausen Syndrome

Motives and the Relation to Deliberate Self-Harm

A case report of a 37-year-old woman with Munchausen syndrome which differs in many respects from the classical picture is described. Attempts are made to examine the motives behind the syndrome and to make a link with the common pattern of deliberate self-harm.

Munchausen syndrome in its classical form is well described in the literature. Cases exist which, although showing many features of the syndrome, are atypical in other respects and may resemble the more commonly encountered cases of deliberate self-harm. The following case report shows such features.

Asher described three main varieties of Munchausen syndrome: the abdominal, haemorrhagic, and neurological (Asher, 1951). Enoch *et al* (1967) described a number of other presentations: the cutaneous, cardiac, respiratory, and mixed. Within these categories there seems to be an almost infinite variety of individual presentations, and throughout the literature many bizarre and dangerous examples of self-induced or fictitious illness are described.

In their review, O'Shea *et al* (1984) attempts to outline some of the motives behind the decision to present the illness and try to gain some insight into the personal background, an endeavour which can be frustratingly difficult with these patients who often wander, lie pathologically, and frequently have no supportive family environment (Cheng & Hummel, 1978).

The following is an unusual presentation but also offers a little insight into some of the individual's motives.

Case report

A 37-year-old woman was referred to the duty psychiatrist from the medical wards where she had been investigated for a deep vein thrombosis, with negative results. She had suspicious marks on her leg, suggestive of a ligature having been tied around her thigh. She was initially reluctant to talk, but family members were present who gave a valuable background history and were able to encourage the patient to talk. She had had a rather disturbed childhood, her father being a heavy drinker who was frequently violent towards the family, although she described a close and affectionate relationship with her mother. At the age of 11 she was unfortunate to witness a childhood friend killed in a road traffic accident, and at 15 to view her boyfriend killed in a motorcycle accident. She married, in her early 20s, a man who, like her father, drank heavily and beat her. At the age of 23, her first pregnancy ended in miscarriage at 10 weeks' gestation. The following year she delivered a full-term baby boy by Caesarean section and he is now 13 years old. She developed a deep vein thrombosis post-partum.

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Between the ages of 24 and 29, she had one termination of pregnancy and two miscarriages. At 29 she began frequent admissions to hospital with suspected deep vein thromboses. Throughout her divorce proceedings and her remarriage over the next 7 years, her admissions continued. She would always present in the same way a swollen leg, pain, and haemoptysis. The family became rather suspicious, as it seemed that her presentations frequently coincided with family conflicts, arguments, or, most strikingly, family occasions such as weddings or christenings where she would often appear late and limping because of yet another 'blood clot'.

Her sister was fortunate to uncover her methods. She was seen tying a ligature around her thigh and sitting with her weight on that leg until it was swollen and discoloured. She would then complain of chest pain. The haemoptysis was produced by biting the inside of her lip and spitting out the blood. The family were exasperated by her behaviour but remained very supportive, saying it was all because she wanted attention and was upset because she had not been able to have another baby.

Her most recent admission was prompted by the tragic death at 30 weeks gestation of a baby girl who was delivered prematurely and contracted meningitis. Within a fortnight, the patient was in hospital with a swollen left leg, ligature marks still visible. When interviewed she seemed composed, dwelling on her physical disability rather than her feelings of loss. She denied feelings of grief or depression, her numbness being in stark contrast to the grief of her family. We talked at length, but she politely refused any help, accepted no part in her present physical problem, and discharged herself, still limping.

Discussion

This was an unusual case, not fitting the classical picture of Munchausen syndrome. The patient was from a reasonably stable family who supported her, she did not wander extensively, and there was a clear date of onset of her hospital admissions. The nature of her presentation was of interest, since her original deep vein thrombosis provided both a model of illness to reproduce and a symbolic reminder of an earlier, successful pregnancy. Her hospital admissions seemed to show a clear relationship to stress; incidents leading to feelings of envy, anger, or grief having been particularly prone to elicit the pattern of behaviour. The inner psychological distress seemed relieved, at least partially, by the production of physical symptoms, the hospital admission, and the care and attention of the staff and family. The admission may have been a means of achieving control when inner feelings or external events threatened to damage a rather precarious stability.

There are obvious parallels between those who deliberately poison or mutilate themselves as a means of coping with distress, and the much rarer Munchausen patient whose aims are more likely to be deception and the gaining of medical intervention. The patient described here lay somewhere on a continuum between the self poisoner or mutilator seen daily in most casualty departments and the classical, wandering, Munchausen patient. There seemed to be a common ground of inner distress culminating in self-directed harm. Self-poisoners or mutilators often express a release of tension as a result of their actions but may also gain some benefit from the care they, often briefly, receive. The Munchausen patient may experience the same unmanageable feelings but although importance is attached to the nature of the act, and perhaps its symbolic meaning, other factors may predominate. The need to deceive, and to wander to carry on the deception, as well as the pattern of care desired (surgical intervention, intensive care units), may be more important. In the case described here, the balance of factors, although probably weighted towards the need to be cared for, had more features associated with simple self-mutilation than is usually seen with Munchausen patients.

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