*Case Report*

# Cyber-Munchausen syndrome : a case report

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**ABSTRACT**

Munchausen syndrome is a rare disorder where one fabricates and displays a picture of illness in the absence of a physical disorder to gain sympathy from playing the sick role. In the digital era and with the advent of the internet, anonymity online has encouraged people to play such roles online as well. We present here one such case of Munchausen via internet or Cyber Munchausen.

**Key words** – internet, Munchausen, Munchausen syndrome.

## INTRODUCTION

A large number of users surf the internet for health and medicine related information with studies putting the number at 30-50% of internet users. Sometimes the internet may be used as a source to garner to love and attention along with empathy that people miss in their real lives [1]. Sometimes people pose as being ill or helpless and seek help online thereby receiving many sympathetic messages and pledges of support that helps them make up for the loss of support that they feel in real life. Such behaviour may be viewed as a variant of Munchausen syndrome [2]. In this condition, people feign illness in themselves or others where the role is emotional gratification from commandeering the sick role. They may present as being terminal ill, join various groups in the form of different people and may also posit a false picture of trauma or victimization. They may display fabricated stories of abuse, sexual assault and domestic violence. They may lie vehemently which shall then form an element of pseudologia fantastica where the person lies floridly about his personal life in a manner which is touching and compelling [3]. We present here one such case of Munchausen syndrome that manifested solely via the internet.

## CASE REPORT

An 18 year old male who was a graduate and unmarried was bought by his parents to the out patient department which chief complaints of posing online as a terminally ill patient with end stage stomach cancer. The parents were not sure whether

this was a psychiatric problem but on the advice of family and friends had brought their son for a psychiatric consultation. On enquiry it was revealed that the patient posted regularly on a support group for cancer patients since the past 3-4 months and chatted with members of the groups for about 1 hour every day. He mentioned that he was a terminally ill patient with stomach cancer and he had only 6 months more to live. He garnered support, concern, sympathy from all the members and he interacted with the members and reciprocated their concerns and queries about them. He even befriended a person with stomach cancer who he mentioned would be his companion on this last journey. He exchanged personal information occasionally and mentioned that he did not want to reveal his personal identity.

Towards the end of 3 months on the group, the group had a support group meeting in Mumbai and the patient being from Mumbai was asked to come to the meeting. He was reluctant to meet them and even started ignoring messages from the group and left the site. One group member had some details about him and using that the group members reached his home and contacted family as they felt that counselling him would allay the fears he had in attending the support group meeting. On meeting the group members his parents were shocked and confronted their son about the incidents. The patient was callous, laughed at the group members for believing him and told his parents that it was a prank and tried to dismiss the incident as a joke. He had no remorse or guilt about the same. He informed the parents about similar instances in the past where he had also logged into a support group for multiple sclerosis patients and HIV patients posing as a patient with those illnesses as well.

A psychiatric history and evaluation revealed stubborn and oppositional behavior in childhood with a history of physical abuse by parents and uncle and also a history of sexual abuse by the uncle. There were long periods of separation from parents in childhood as both parents were working abroad. He was always a little aloof from his parents and had unstable personal relationships in his life with a failed love affair as well. He had a history of suicidal attempts twice in the past over some arguments with his parents. There was a family history suggestive of interpersonal conflicts among parents. His father was dominating, hot-tempered and the mother had history suggestive of borderline traits with one suicidal attempt. No psychiatric treatment was taken by the patient or family members prior to presentation. He was the only child and no significant birth or developmental history was reported. He was an average student at studies. During the psychiatric interview the patient was conscious, cooperative, oriented to time, place, person but rapport was established with difficulty. Eye to eye contact was initiated but ill sustained. He demonstrated a cheerful and unconcerned affect. He felt that his parents did not care for him or understand him and he could not share his feelings with others. He believed ill people got a lot of care and attention from others and lying on internet sites made him feel wanted. He believed it was a harmless way of getting attention and fantasized about group members replacing his family. He had no insight that this was a psychological problem. He was diagnosed as Borderline personality disorder with Cyber Munchausen syndrome. He was started on Oxcarbazepine at a dose of 150 mg twice a day and the entire family was called in for family therapy while the patient was also taken up for supportive psychotherapy using eclectic methods. Parental monitoring of Internet use was suggested and limitation of internet use was imposed as a behavioural measure. The patient was irregularly and lost in follow up.

**DISCUSSION**

The internet can serve as means of social and emotional support to patients with terminal illnesses, rare disease and even suicidal victims though there are high chances that this medium may be misused [4]. There are people who may misuse these communities and thereby hurt many patients unknowingly. When detected the internet provides an easy ruse to just log off and online anonymity prevents detection of these cases [5]. Support groups for various disorders must be aware of this problem to help them plan ways and means of preventing genuine patients being cheated by such online intruders. In an era of online psychotherapy and telemedicine where physicians may not interact with many patients face to face, there is a chance that this problem may grow and one needs to trained and equipped to detect these cases based on online behaviour and presentation while on the other hands we need stricter internet law and governance that can help bring these cases to treatment as well as justice.

**REFERENCES**

1. Griffiths EJ, Kampa R, Pearce C. Munchuasen syndrome by google. Ann Royal Coll Surg Eng 2009;91(2):159-60.
2. Cunningham JM, Feldman MD. Munchausen by internet : current perspectives and three new cases. Psychosomatics 2011;52(2):185-9.
3. Feldman MD. Munchausen via the internet : detecting factitious illness and crisis via the internet. South Med J 2000;93(7):669-72.
4. Barak A. Emotional support and suicide prevention via the internet : a field project report. Comp Hum Behav 2007;23:971-84.
5. Caspi A, Gorsky P. Online deception : Prevention, motivation and emotion. Cyberpsychol Hum Behav 2006;9(1):54-9.