



## **Client Behaviour Can Be Confusing!**

By Dr. Linda Hancock

### **ABOUT THE AUTHOR**

Dr. Hancock has written a regular weekly column entitled "All Psyched Up" for newspapers in two Canadian provinces for more than a dozen years. Over the years, her readers and clients have said that they have benefited from her common-sense solutions, wisdom, and sense of humour. Dr. Linda Hancock, the author of "Life is An Adventure...every step of the way" and "Open for Business Success" is a Registered Psychologist who has a private practice in Medicine Hat. She can be reached at 403-529-6877 or through email [office@drlindahancock.com](mailto:office@drlindahancock.com)

### **Published**

November 24th, 2008

Have you ever wondered if your child is really sick - or just trying to avoid attending school? Does it seem convenient that someone who is charged with a criminal act claims that s/he cannot be responsible for their actions because of mental illness? Do you wonder why someone who is receiving a disability payment appears to be healthy? Are there times when you watch individuals "doctor" for years without being diagnosed?

Humans are complex. Most people who claim to be physically or psychologically ill, really are experiencing legitimate symptoms and can be diagnosed and treated.

There are, however, cases where medical professionals are confronted by confusing or deceptive circumstances. The Diagnostic and Statistical Manual IV-TR published by the American Psychiatric Association describes three terms that can be used to explain and treat individuals who are not ill but claim to be.

**Malingering** - This is not a mental disorder but can accompany one. It involves deliberate behaviour of fabricating or exaggerating symptoms of physical or mental disorders. The motivation for malingering is to gain external incentives or benefits. These might include avoiding work or school, getting reduced court sentences, receiving financial compensation, obtaining drugs or gaining sympathy or attention.

**Factitious Disorder** - This is a mental disorder in which the client deliberately feigns or produces symptoms of a psychological or physical disorder. The motivation for this is that the client wants to assume a sick role. There are no external incentives and the client is not trying to gain or avoid anything as is the case for those who are malingering.

**Somatisation Disorder** - This term describes a client who has a number of physical complaints beginning before they are 30 years of age but lasting over a period of several years that cannot be medically explained. Diagnosis includes criteria of at least four pain symptoms, two gastrointestinal symptoms, one sexual symptom and one pseudo neurological symptom over time that interfere with their ability to function. The symptoms are not intentionally feigned or produced.

Those who are malingering or who experience a factitious or somatisation disorder can be costly to society. Their absenteeism, received insurance benefits and use of medical resources drain society and prevent those who need the services from receiving them in a timely manner.

This article is not meant to alarm readers or lead you into a situation of trying to apply labels to friends or family members. It is merely to raise awareness to the fact that there are specific terms which are used by professionals which might not be commonly known.

Medical professionals are constantly becoming more and more skilled in the areas of diagnosis and treatment. Their understanding of these terms helps them to streamline the system and channel those who identify themselves as needing help into the appropriate services.