The patient sought treatment twice more over the next 3 years. On both occasions the underlying issue was again Paul's ambivalence about further committing himself to the relationship (buying a house, having children). Paul had a recurrence of mental problems and, in addition, a complaint of pronounced agitation on the two occasions when he could maintain an effective marriage. During the treatment, greater attention was given to their relationship rather than simply focusing on the sexual problem. In the last report they had two children, had bought a house in the suburbs, and the sexual problem had again been resolved.

**The Bully**

J. P. is a muscular, 24-year-old man who presented himself to the admitting office of a state hospital. He told the admitting physician that he had taken to 200 mg tablets of chlorpromazine in the bus on the way over to the hospital. After receiving medical treatment for the suicidal attempt, he was transferred to the inpatient ward.

On mental status examination, the patient told a fantastic story about his father's being a famous surgeon who had a patient die in surgery. The patient's father then killed J. P.'s father, J. P. killed the father's murderer several thousand miles across the United States, and, when he found him, was prevented from killing him at the last moment. The story was told by the patient, his 94-year-old grandmother. He also related several other intriguing stories involving his father's 654,000 sports car, which had a 12-cylinder diesel engine, and about his children, two sets of identical triplets. All of these stories had a grandiose theme, and none of them could be confirmed. The patient claimed that he was hearing voices, as in a dream. He answered affirmatively to questions about thought control, thought broadcasting, and other unusual psychic symptoms he also claimed depression. He was oriented and alert and had a good range of information except that it was the numbers for the Iraqis (who had invaded Kuwait; referring in the Gulf War that took place in 1992–1995). There was no evidence of any associated features of mania or depression, and the patient did not seem either elated, depressed, or irritable when he related these stories.

It was observed on the ward that J. P. bullied the other patients and took food and cigarettes from them. He was very reluctant in his

**Discussion of "The Bully"**

Although the patient would have us believe that he is psychotic, his story, almost from the start, seems to conform to no recognizable psychiatric syndrome. That his symptoms are not genuine is confirmed by the observation of the ward staff that he seemed to learn from whenever the subject of discharge was brought up.

Why does this fellow try so hard to act crazy? His motivation is not to achieve some form of external incentive, such as, for example, avoiding the draft, as would be the case in Malingering, his goal of remaining a patient is understandable only with knowledge of his individual psychology (the suggestion that he is motivated to remain in the role because he derives satisfaction from being the "big man" on the ward). The diagnosis is, therefore, Factitious Disorder With Predominantly Psychological Signs and Symptoms (DSM-IV, p. 570).

**Toughen It Out**

Mindy Sharratt is an attractive, stylishly dressed, 25-year-old, an assortment for a trade magazine who comes to an anxiety clinic after reading about the clinic in the newspaper. She is seeking treatment for "panic attacks" that have occurred with increasing frequency over the past 3 months. She has had 2 or 3 attacks a day. These attacks begin with a sudden intense wave of "breathless" fear that seems to come out of nowhere, sometimes during the day, sometimes waking her from sleep. She begins to tremble, is nauseated, sweats profusely, feels as though she is choking, and fears that she will lose control and do something stupid. She ran screaming into the emergency room.

Mindy remembers first having attacks like this when she was in high