Unit 9
Munchausen Syndrome by Proxy

Introduction
- Falls under the umbrella of “facetious disorders”
- Also termed “Illness Induction Syndrome”

Munchausen Syndrome
- Named for Baron Karl von Munchhausen
  - 18th century figure who gained fame for his tall tales about his adventures
- 1951 – Dr. Richard Asher coined the term “Munchausen Syndrome” to describe patients who fabricate illness or make themselves ill.

Munchausen Syndrome
- Features:
  - Give plausible but fictitious medical histories
  - May fake or even cause their own illness
  - Often go from doctor to doctor and hospital to hospital
  - It is a bid to get attention and nurturance.

Munchausen Syndrome by Proxy (MSbP)
- 1977 – English pediatrician, Meadows, coined the term after finding that mothers of some of his patients had fabricated the children’s illnesses.

Diagnostic Criteria (American Psychological Association)
- MSbP is the intentional production of physical or psychological signs and symptoms in a person under the individual’s care.
- Motivation for the perpetrator’s behavior is to assume the sick role by proxy.
- External incentives (e.g., economic gain) for the behavior are absent.
- The behavior is not better accounted for by another mental disorder.
Features of MSbP
- The perpetrator assumes the sick role indirectly by producing or feigning illness in another.
- Perpetrators are almost exclusively mothers.
- Victims are usually children under age six.
- Perpetrators often have training, experience, or work in health related situations.

Features of MSbP
- MSbP ranges from diseases that are completely imagined to diseases that are fully induced in the child.
- The motivation is to gain attention and credibility.
- Prevalence – not known for sure, but appears to be more common than once thought.

Types of MSbP Perpetrators
- Help-seekers
  - Seek medical attention for child in order to communicate their own anxiety or needs.
  - History of marital discord or violence
  - Unwanted pregnancy
  - Single parent
  - Treatment is most successful with this group of perpetrators.

Types of MSbP Perpetrators
- Active Inducers
  - Use dramatic means to induce illness in their children
  - Psychological dysfunction
    - Anxious and depressed
    - High level of denial
    - Dissociation of affect
    - Paranoid tendencies
  - Controlling relationship with physician and medical personnel
  - Resistant to treatment

Types of MSbP Perpetrators
- Doctor Addicts
  - Obsessed with obtaining medical treatment for non-existent illnesses in their children
  - Inaccurate reporting of history and symptoms
  - May really believe their children are ill
    - Won’t accept medical evidence that the child is well
  - Paranoid, angry, suspicious, and antagonistic
  - Resistant to treatment

Warning Signs
- Prolonged, unusual multi-system illness with incongruent symptoms
- Signs and symptoms disappear when the parent is absent
- One parent (usually the father) is absent when the child is hospitalized
- Lab results do not match the health of the patient
**Warning Signs**
- History of SIDS in siblings
- The victim is under six years of age
- Evidence of separation and anxiety and maternal over-protection

**Parental Behavior**
- Pleasant, cooperative, concerned and supportive of the medical staff
- Thrives in the medical environment
- Becomes an “expert” on the child’s illness
- Assists with the health of the child
- Denies deception
- Lacks the usual parental concern
- May have suicidal ideation and threatens or attempts suicide

**Effects on Child**
- MSbP may pose grave danger to the child
- Psychological and physical impairment
- Short term and long term effects
- Child may be subjected to multiple tests and procedures
- Child may be subjected to multiple surgeries and invasive treatments

**Effects on Child - Physical**
- Skeletal damage
- Brain damage
- Kidney damage
- Blindness
- Permanent disabilities
- Death

**Effects on Child - Psychological**
- Intense anxiety and hyperactive behavior
- Sense of helplessness (external locus of control)
- May believe they are responsible for their illness
- May believe that the illness is punishment for something they did wrong
- Miss school and interaction with peers

**Effects on Child - Psychological**
- Children equate love from mother with being ill
- To avoid abandonment, they help in the deception
- Learn to identify with the illness
- Go on to become Munchausen patients
- May perpetrate this disorder on their own children
**Observation & Identification**

- One or more medical problems that are unusual, do not respond to treatment, and follow an unusual course
- Unusual or discrepant lab findings
- Mother has medical knowledge and enjoys the hospital environment
- Mother reluctant to leave the child’s bedside and is over-attentive

**Observation and Identification**

- Mother appears to be calm and supportive of medical personnel even in the face of difficult decisions, or….
- The mother may be angry and demanding…pressing for more treatment
- Signs and symptoms subside or do not appear when the parent is absent
- Family history of unusual or numerous medical problems that cannot be substantiated

**Observation and Identification**

- Family history of similar illness in the child’s sibling(s) or death of a sibling
- A parent who has a history or symptoms similar to those of the child
- Non-support from the other parent
- A parent who appears to need attention and makes efforts to be acknowledged publicly