Munchausen by proxy: myth or mental illness essay

Life, Emotions

Munchausen, according to medical practitioners, is a syndrome in the form of mental and pyschological disorder or most commonly known in the medical field as “ factitious” disorder. Ordinarily, a person with a Munchausen Syndrome creates, simulate real disease, and exaggerates symptoms of sickness in himself in order to acquire attention, support, and reassurance from medical staff. They play the role of a patient, acting as a sick and feeble person that desperately needs medical attention for their psychologically fulfillment. The understanding and compassion from loved ones and medical professionals momentarily appease their psychological urge to make themselves ill. But once that momentary attention is disappeared, they will time and again sense the necessity to lie all over again to take back the attention.

Don’t link them with malingerer or someone faking their sickness to gain advantage like getting disability payments or an excuse not to work. They are also not hypochondriacs who are unconscious that they are manufacturing the symptoms. The drive for people with factitious disorders is all internal. (Zangwill, 2004)The term Munchausen was derived from one Baron Karl Friedrich Hieronymus Freiherr von Munchhausen in the 17th century, to whom extremely ridiculous tales written by Rudolf Raspe were attributed. In 1951, remembering Baron von Munchausen, writer Richard Asher used the Baron’s last name to depict a pattern of self-abuse of individuals who are fabricating their illnesses. In general, the term is used for all factitious disorders but with a growing number of cases of this kind, the diagnosis of “ Munchausen Syndrome” is reserved only for the most severe type of this psychological unrest. (Rand, 1990)In 1977, Roy Meadow, an

English pediatrician and a former professor at the University of Leeds in England, described a form of child abuse by a second party, mostly mothers, deliberately inducing or falsely reporting illnesses of their own children as “ Munchausen Syndrome by Proxy”.

Later in 2002, the Royal College of Pediatrics and Child Health gave it the official name FII, Fabricated or Induced Illness. Although MSbP cases with artificial or induced physical illness gets the most attention, it is also possible that parents who emotionally abuse their children are just hiding the truth. Roy Meadow identify that mothers of two children in his practice engaging in simulations that put their children in the patients role, using them as proxies. (Rand 1990)In the 90’s and early 2000s, Meadow’s, an expert on the subject, testify in court that some parents suffering from MSbP murdered their children. The court believing Meadow’s testimony sent many parents to incarceration for murder and some potential victim were put into custody.

On the other hand, later in 2003, a number of famous cases tried in court for MSbP were acquitted and Meadow’s brainchild was put in severe disgrace. Meadow came under investigation, and later in 2005 and was found guilty of “ serious professional misconduct” (Rand, 1990). The existence of MSbP is now in question despite substantial evidences like hospital surveillance cameras catching MSbP abusers in the act and growing number of reports published throughout the world. These reports confirms that MSbP is not unique to the Western World but a global phenomenon. In addition, it can be noted that Munchausen Syndrome alone applies mostly on males while MSbP are common to females. Study shows that in over 90% of MSbP cases, it is

the mother or the caregiver is the abuser. You seldom find fathers involved as perpetrators of MSbP. One explanation of the female predominance suffering MSbP is the social precedent that encourages females to seek the sympathy and support of others while males in doing so are measured weak.

The other is the widespread social pattern that places women in caretaking responsibilities. There was no proof to link sympathy to gender-based genetic components because recent neuropsychological test results of perpetrators shows either normal or nonspecific abnormalities. Some of the classical and contemporary warnings and indications taken from the article of IPT-Forensic (IPT- Volume 2-1990) that a person is suffering from the Munchausen Syndrome by Proxy are as follows: 1.

Persistent or recurrent illnesses for which a cause cannot be found.- the child as a proxy, continues to be presented in victim role through fabricated causes. 2. Discrepancies between history and clinical findings.- child history of physical abuse that should evident after a physical examination but nothing can be found. For example, repeated anal intercourse, yet medical exam of the child is negative.

– history includes episodes of abuse that are literally contradicted, like for example story of child abuse happened in an underground tunnel that can’t be found. 3. Symptoms and signs that do not occur when a child is away from the mother.- child denies abuse when mother or accuser is not around. 4. Unusual symptoms, signs or hospital course that do not make clinical sense.

– Fantastic stories of abuse that is unbelievable.- Child seems happy during the time that abuse was supposed to have occurred. 5. A differential diagnosis consisting of disorders less common than Munchausen syndrome by proxy.- Fox example, allegations of multiple family members involved in incest, including grandparents. 6.

Persistent failure of a child to tolerate or respond to medical therapy without clear cause.- Suspicious constant failure of a child to recover from abuse despite repeated and proper therapy. 7. A parent less concerned than the physician, sometimes comforting the medical staff.- Parents noticeably not showing real human concern or reactions over a child who is recently abuse.- Child seems to enjoy telling the story of her abuse. 8. Repeated hospitalizations and vigorous medical evaluations of mother or child without definitive diagnoses.

– Mother/Accuser’s obvious dissatisfaction over the negative results of the evaluation. 9. A parent who is constantly at the child’s bedside, excessively praises the staff, becomes overly attached to the staff, or becomes highly involved in the care of other patients.

– symbiotic, entangled relationship among mother and child, e. g. mother asserting on staying in room for child’s therapy interview. 10. A parent who welcomes medical tests of her child, even when painful.- mother/accuser appear to approve of repetitive sexual assault exams and questioning of child. 11. Frequent comparisons of the child’s medical problems to those of the parents.

– mother/accuser gives a history of having been molested as child. Additional warning signs of contemporary-type MSbP may include: 1. The accusing adult appears to know more about what really happened than the victim. 2.

Either mother/accuser or child twist the truth, control information by exclusion, or falsehood of any kind, e. g. school, employment, medical, history. 3. The accuser is more concern in building a case than in helping child deal with abuse and moving on.

4. There is a bond between mother and child, mainly when the child is unsuitably estranged from the other parent, who is the accused. 5. The accuser provides a history of herself having been physically abused as a child which is conflicting with view of the family held by the greater number of its members and with the family history as build by interviews with various family members. Roy Meadow in 1985 offered guidelines for the evaluation of classical MSbP that includes studying the history to determine which is fabricated and which is not. Seek the chronological relationship between illness proceedings and the presence of the mother. Check and investigate the information provided by the mother including personal, social and family history. Interview other family members and try to look the rationale for the behavior.

In 2005, MSbP’s existence was refuted and pediatrician Roy Meadows was found guilty of professional misconduct. Are the above diagnosis really proves that a person is suffering from MSbP. Is it really a mental illness or

just an invented myth? Many anti-MSbP as medical anthropologist Dr. Helen Hayward-Brown is concerned with the plight of parents accused of inflicting illness to their own children. Dr.

Brown presented the experiences of mothers who have been accused of MSbP and the implications it has on the families involved. Brown questioned the medical certainty and the scientific validity of MSbP. The lack of scientific credibility of the diagnosis can be seen by previous court rulings rejecting the MSbP diagnosis as evidence. The court argues that MSbP is an emotional topic and unfairly prejudicial if presented as “ facts”. Furthermore, as the rule of evidence dictates, testimonies of experts in relation to MSbP are undependable because an expert’s statement should be on the premise of scientific, technical or other specific knowledge and must lean on unswerving foundation. In addition, the profiling use by medical practitioner to distinguish a parent with MSbP is detrimental and erroneous because it lacks scientific validity (Brown, 1999). It is apparent that the existence and actuality of MSbP is just a theory in the medical literature because it relies heavily of on previous papers written by experts about the existence of MSbP. These papers may contain mistakes because many of those parents accused of MSbP were cleared of the allegations before the paper was published.

Therefore, any statistics taken before the paper was published is wrong and should not be use as a basis of MSbP’s existence. Analyzing the list of symptoms (Brown, 1999) to diagnose an MSbP parent will tell us how erroneous, invalid, and ridiculous those allegations are. Symptom #1:

Unexplained medical problems. This is simply assuming medical knowledge is finite. How can we be so sure its MSbP? Does it mean whenever doctors encounter something they cannot comprehend, they will readily diagnose it as MSbP? Symptom # 2: Parents (not a doctor) with good knowledge of medical terminology. This is a warning to all parents to be not so intelligent and do not remember medical terms informed to you by your doctor. Also, do not read medical books, magazines and journals because according to this symptom, a parent who has great knowledge of medical terms is MSbP sufferer. Symptom #3: Highly attentive parent.

This means a “ loving” parent with a sick child should not be so attentive. Do not be anxious otherwise doctors will suspect that you are an MSbP parent. Symptom #4: Neglectful parent. Where will you go? They will accuse you when you are “ highly attentive” but they will also suspect something if your not. Symptom #5: Angry or hostile parents. When a “ worried”, “ loving”, “ protective” and “ afraid” parent feel angry and becoming hostile.

Is it humanly possible to suppress your emotions when your dear child is sick? This is definitely a valid basis for any form of mental disorder. Symptom #6: Child gets better away from mother. This means when mother is not around the child gets well; therefore, mother is guilty of MSbP. However, what will happen if the child dies when mother is also not around? Does it mean mother is innocent? Symptom #7: Mother suffered same illness. What happen to scientifically proven genetics? Was it intentionally ignored just toestablish a case of MSbP for the mother? Symptom #8: Mother has marital difficulties, father absent. What is this a perfect society? We all do have

difficulties in our relationship especially when the other is away. Symptom #9: Networking with other mother. Suspiciously preventing a mother to seek other mother’s alliance.

Is this a way of silencing a parent from exposing doctor’s medical malpractices? With the weakness of the above symptoms, how can medical practitioners prove that MSbP diagnosis is indeed correct and positive? There was no concrete evidence to prove the existence of MSbP allegations and it was never significantly established. The allegations were based on insubstantial possibilities and inconsistent profiling method and therefore MSbP itself is a myth. If there are behavioral cases involving a mother and her child, it is mainly isolated and contributed to either mother’s mental illness or child’s behavioral disorder. Mentally related disorders do not generally contribute to criminal behavior; it is largely attributed to character disorder.

As Elaine Gottlieb wrote in her article “ Inside the Criminal Mind: It is Different?” men committed most crimes in their early age. A pattern that exist in almost all societies in the world. The reason for this occurrence is a hormone evident and flooding the body of all males, testosterone. Testosterone is accountable for male’s physical distinctiveness and behavioral patterns such as violent behavior and impulsivity. A common type of criminal is a sociopath or previously known as psychopath (Gottlieb, 2006). This is a character disorder distinguished by lack of conscience and inability to be compassionate to his victim. In theory, sociopath is inborn, a “ bad seed” (Gottlieb, 2006). Some psychologist argues that this is the result

of intense irritation in early childhood, in which a small boy fails to acquaint with his parents and does not acquire the capacity of love and caring.

Vicious and violent criminals generally suffered some form of abuse at their early age. They have been neglected, abandoned, sexually abused and brutally harm. They grow up believing they are weak and as an adult, seek dominance, control and power (Wilson, n. d.). They rejoice over the suffering of their victims and therefore fell good, satisfied and important to themselves.

“ No surgical, medical, or pharmacological intercession can heal criminality because it is not a medical or psychiatric illness,” says psychiatrist Dr. William H. Wilson. However, many psychiatric illnesses are characterized by symptoms that make individuals prone to behaviors that can lead to criminal charge. These symptoms include: a) impaired judgmentb) lack of impulse controlc) suspiciousnessd) shynesse) paranoiaf) inability to trust othersg) delusions & hallucinationsh) hyperactivityi) irritabilityj) inability to concentratek) inability to communicate or engage in social interaction Criminality generally considered harmful to the public wellbeing, morals, or interests of the state is legally barred and a social concept.

It is important to know the distinction between criminality and psychiatric illness to avoid mistreatment. One must have the knowledge of the association or difference between indications of psychiatric disorder and anti-social behavior. The knowledge will help in the successful rehabilitation

of individuals suffering from the treatable psychiatric illness rather than sending them to jail. References: Blume J, 2001, “ Principles of Developing and Presenting Mental Health Evidence in CriminalCases”, Chapter 4, [online], http://dpa. state. ky. us/library/manuals/mental/Ch04. htmlBrown H, 1999, “ False and Highly Questionable Allegations of Munchausen Syndrome byProxy”, [online], http://www. pnc. com. au/~heleneli/paper. htmBryan B, 2003, “ Mother’s Day Manifesto: “ Munchausen by Proxy” labels exploit motivation myth”, NewsReleaseWire. com, National Child Abuse Defense and Resource Center, [online], http://www. expertclick. com/NewsReleaseWire/default. cfm? Action= ReleaseDetail; ID= 4128; f5= 1Gottlieb E., 2006, “ Inside the Criminal Mind: It is Different?” Health One Surgical Center, [online], http://healthlibrary. epnet. com/Rand D., 1990, “ Munchausen Syndrome by Proxy: Integration of Classic and ContemporaryTypes”, IPT-Volume 2 -1990, [online], http://www. ipt-forensics. com / Journal / volume2 /j2_2_4. htmWilson et al., 2004., “ Psychiatric Illness Associated with Criminality”, eMedicine, [online], www. emedicine. com/med/topic3485. htmWikipedia, n. d., “ Munchausen Syndrome”, [online], en. wikipedia. org/Wiki/ Munchausen_syndromeThe Cleveland Health Clinic Information Center (CHCIC), 2006, “ Munchausen Syndrome byProxy”, [online], http://www. clevelandclinic. org/health/health- Info / docs / 2800 / 2822. asp? index= 9834Zangwill M, 2004, “ Munchausen’s Syndrome and Factitious Disorders: Fact and Fiction”, The Pretend Patient, [online], http://healthlibrary. epnet. com/