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THE FACTITIOUS DISORDER: THE ANALYSIS OF MUNCHAUSEN SYNDROME BY PROXY CASES FROM TURKEY

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Abstract

Child abuse is a vital subject-matter with a broad definition ranging from neglecting child's basic physiological and emotional needs to causing his/her death by the negligent and abusive caregiver(s). In the article, as a form of child abuse, Munchausen Syndrome by Proxy is defined, discussed and presented with two MSBP cases selected from Turkey. The initial aim of the article is to present the cases from Turkey to analyze and investigate the reasons and consequences of MSBP as the fabricated disease and as a form of child abuse on the victims in the framework of etiology, prevalence and prevention methods on the cases in Turkey. In addition to that, the secondary aim of the article to elevate the public awareness on the phenomenon with respect to the protection of children's rights. The perpetrators are the mother(s) of the victim children in majority of the MSBP cases. Based on the analysis of the aforementioned cases from Turkey, the potential fatal consequences of the MSBP and the crucial role of medical staff in determining the cases and reporting them to the authorities abruptly so as to protect the children from the abuse and probable harms of the syndrome are discussed.

Key Words: *child abuse, factitious disorder, Munchausen Syndrome by Proxy, victim child*

I. INTRODUCTION

Violence and abuse against children has been a significant and a sensitive topic for decades all around the world. Children, because of their young age, are in need of physical, mental and economical protection by their parents and that makes them more vulnerable compared to adults. Children as frail beings are prone to be abused by any potential perpetrator who seeks for dominating and overpowering submissive people.

Child abuse is a broadly defined subject-matter by several institutions, NGOs, experts and scholars. One of the definitions is put forward by World Health Organization (WHO) as follows:

''Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.'' (WHO, 1999).

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Determining and recording the child abuse might be challenging for social workers and for the experts for many reasons. Polat (2019) specifies the possible reasons why the child abuse might not be documented officially as follows:

"1. The child may not recognize that what has been done to him is abuse, or the incident is not revealed because he is too young and he is too afraid to tell. 2. The child tells about the incident, but the child is not believed or the family of the child prefers not to inform the legal authorities, to cover it up. 3. Sometimes, doctors, psychologists or social workers may skip the event and not recognize the abuse. In addition, because there is not enough evidence, the incident is not transmitted to the legal authorities. In cases where the family is involved, the child's claims are not taken into account, usually believing the family's innocence." (Polat, 2019: 274)

From several forms of child abuse, Munchausen Syndrome by Proxy constitutes the main discussion of this article with presentation of two MSBP cases from Turkey. Before delving into the symptoms, etiology and prevalence of Munchausen Syndrome by Proxy, it is necessary to look back the historical background of the phenomenon. The term of Munchausen Syndrome was first used in 1950s to diagnose a patient with fabricated symptoms of illnesses oneself. The syndrome was named after Baron Karl Frederich von Munchausen who was known as gaining reputation through telling exaggerated and made-up battlefield stories to be appreciated by the villagers during 18th century. In the beginning, villagers were appreciating his bravery and believing his stories yet later on they found out about his lies and exaggeration of his stories (Walk, 2010: 4, Tunç, 2018: 18).

Munchausen Syndrome and Munchausen Syndrome by Proxy differ in definition in literature. Munchausen Syndrome is a factitious disorder in which an individual pretends symptoms of several diseases all at once or periodically to seek for medical attention and medical treatment. Diagnostic and Statistical Manual of Mental Disorders (DSM-V) determines the criteria of Munchausen Syndrome diagnosis as follows:

"Factitious Disorder Imposed on Self

A. Falsification of physical or psychological signs or symptoms, or induction of injury or disease, associated with identified deception. B. The individual presents himself or herself to others as ill, impaired, or injured. C. The deceptive behavior is evident even in the absence of obvious external rewards. D. The behavior is not better explained by another mental disorder, such as delusional disorder or another psychotic disorder." (DSM-V, 2013; 324);

In Diagnostic and Statistical Manual of Mental Disorders (2013), Munchausen Syndrome by Proxy is defined as follows:

"Factitious Disorder Imposed on Another (Previously Factitious Disorder by Proxy)

A. Falsification of physical or psychological signs or symptoms, or induction of injury or disease, in another, associated with identified deception. B. The individual presents another individual (victim) to others as ill, impaired, or injured. C. The deceptive behavior is evident even in the absence of obvious external rewards. D. The behavior is not better explained by

another mental disorder, such as delusional disorder or another psychotic disorder. Note: The perpetrator, not the victim, receives this diagnosis." (DSM-V, 2013; 325)

Munchausen Syndrome by Proxy is titled as 'Factitious Disorder by Proxy' in former edition yet the criteria has not been altered for the diagnosis. Based on the criteria stated for Munchausen Syndrome and Munchausen Syndrome by Proxy in DSM-V, in Munchausen Syndrome by Proxy, the abuser of the child victim is diagnosed with MSBP rather than the victim. In Munchausen Syndrome, self-victimization occurs and the factitious disorders are self-imposed. On the other hand, Munchausen Syndrome by Proxy, the caregiver/ mother of the child victim imposes the symptoms onto the child intentionally for intangible gains such as appreciation of other people for her patience, love and good care for her child.

Literature review reveals the fact that majority of the Munchausen Syndrome by Proxy perpetrators are females and mostly the mother of the child victim but rarely male might induce the syndrome onto the child (see also Meadow, 1998). The majority of the victim of the MSBP abuse is children aged from 0 to early puberty (11-15 age) but some research studies MSBP cases as early as pregnancy period as well (see; Feldman, M.D., & Hamilton, J. C., 2007).

The general profile of the offenders of MSBP is that they might have medical knowledge or training, mostly narcissistic, prone to depression, 'great pretenders', high level of care for the child victim, mostly the biological mothers, accepting painful medical tests on the child victim such as biopsy etc., excessively appreciative of medical staff and so forth. On the other hand, the child victim draws the profile a dependant, immature, tolerant to medical treatments, suffering from separation anxiety, viewing the offender as an ideal parent if the child victim is older than usual age range of the MSBP victims. (Artingstall, 1998: 50-61)

II. METHOD

In this article, two cases of Munchausen Syndrome by Proxy from Turkey are presented in which the perpetrators are the mothers of the child victims. The characteristics of the MSBP mothers and victims in the cases are specified and discussed with the review of the literature on the syndrome. The identities of the child victims and the perpetrators are kept anonymous for the ethical code of scientific research and for the protection of privacy of the individuals in the incidents of the cases mentioned in this article.

Literature review has been conducted with respect to profiling the perpetrators and the victims of MSBP in the cases reported in the article.

The cases in this article have been reported based on the statements of the perpetrators and the medical staff. The stories of the incidents are reported without any changes.

III. CASE REPORT

Case 1 (Date: 07.10.2016)

A 37-year-old woman, a college graduate, a bank officer. Her husband is a bank inspector, so he is usually out of town. She has an only one daughter at the age of 4 who has been diagnosed with Type 1 diabetes for about 2 years ago. There are frequent hospital

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admissions. She had about 3 times/year hospitalization one year ago. These are usually caused by sudden deterioration, as there is a situation that cannot be regulated. During her last hospitalization, the condition was improving rapidly. Before her discharge from the hospital, after the final examinations, her hospitalization was extended, but the other patient in the room told that the 4-year-old diabetes patient child was fed chocolate by her mother at night, the mother was referred to psychiatry. The interviews, as a result of her psychometric tests, give a valid and reliable test, and she says quite frankly that she needs help. She admits her condition about this incident, which happened in the hospital. She says she was sorry, she was desperate. She says that as soon as she got home, she had to go to work, that there was no one who could take care of her child, so she was on leave as a companion. She says that her daughter is a really desired child that they work hard for having her, that because she is a single, working mother, there is no one to take care of her child, that the workplace does not understand her situation. A rest report is organized for her, evaluating it as a thought, “learned helplessness syndrome”, in which she has had constant depressive episodes for the last 6 months. Antidepressant therapy begins, frequent interviews are recommended. During the one- year period she was monitored, she recovered quite well; the child never had a new attack and had no hospitalization for another year and a half.

Case 2 (Date: N/A)

26-year-old Primary School graduate woman, a housewife, married with 3 children for 6 years. In Istanbul, where she came here by arranged marriage, she has no social support, and there is physical and verbal violence caused by her husband at home. She lives in Fikirtepe with her mother-in-law, her husband and her children. Her youngest child, 2-year-old boy is being treated for growth retardation, spasms, prolonged fainting and deep sleep. His condition is being monitored by pediatric neurology and pediatric endocrinology, but cannot be fully diagnosed because of the changes in his condition, different and various syndromes are considered. Accompanied by a mother, the child has very frequently hospitalized, and each hospitalization lasts a very long time, the child has spent almost 14 months in the hospital since the day he was born. The mother does not complain about this situation, the service employees now consider her part of the service employees. She is making friends with the staff; however the majority of the staff thinks she is mentally unhealthy. After it is suspected that drugs that are not in the treatment, given by the mother were used during the child’s last 23-day hospitalization, the performance status of the child quickly improves when the drugs were taken from the mother and given under the supervision of a nurse. Yet the mother reacts to the situation, showing behavior in the form of hitting her child hard on the bed while the child was in the bed. A psychiatric consultation was requested, although she refused to receive psychiatric treatment, tests conducted under the force of the Department Head, were deemed to be valid and unreliable because of her intention to exaggerate the situation, and in this case there were problems due to inappropriate responses. In the intelligence test, I recognized a slight degree of Mental retardation, but when the person was evaluated by bearing in mind that her being primary school graduate and general status functionality, it was thought that this test did not reflect the truth. For treatment, family members were also removed from the hospital due to judicial interference, especially her husband not helping the

wife very clearly. It turned out that she gave his child drugs such as (Clonazepam for epilepsy), which the child did not use, and an antipsychotic (Risperidone or Haloperidol, the name of which we do not know). The hospital police and lawyer were contacted by social services and procedures were initiated after the interview but she never re-applied. As a psychiatric diagnosis, the reluctant interviews and the test result were thought that the person was either imitating a psychosis or had antisocial personality disorder and dull normal intelligence.

IV. DISCUSSION

Munchausen Syndrome by Proxy is a sophisticated phenomenon to diagnose because of several reasons. The perpetrator might abstain from the treatment under the supervision of the same medical doctor to avoid the doctor's follow-up on the patient child's condition with the fear of revealing the truth.

The categorizations of Munchausen Syndrome by Proxy are identified as 'simulated' and 'produced'. In 'simulation', the caregiver or the mother does not induce any physical symptoms onto the child victim but fabricates symptoms and testifies that the medical examination's necessity and the offender might keep genuinely sick child deprived of prescribed medication to stimulate the preexisting symptoms or worsen the overall condition of the sick child to gain attention from the medical staff. In 'simulated' category of MSBP, the child victim might be conditioned to believe that he/she is sick as well. On the other hand, in 'produced' category of MSBP, the physical symptoms induced by the offender by harming the victim physically which may occur through injecting bodily fluid onto the child's bloodstream, making the child take non-authorized medicine/drugs as well as methods like suffocating and poisoning are used by the offender. Once the offender reaches her goal of inflicting the child with the symptoms of any possible illness, medical attention is sought by the offender for her child's well-being yet the offender has tendency not to let go of the symptoms with the fear of losing the attention and appreciation which she is receiving through giving care to the child in which she may increase the frequency of the harmful acts on the child to keep him/her sick which might cause the death of the child victim eventually. (Artingstall, 1998: 22-26)

Based on the categorization of Munchausen Syndrome by Proxy incidents, it is possible to state that in Case 1, the perpetrator's act of feeding Diabetic child with 'chocolate' falls into 'the simulation category' of MSBP since the offender triggers the symptoms of the preexisting health condition of the child. Diabetics might go under diabetic coma which might result in the fatality of the patient when the level of blood sugar reaches to the certain level because the insulin level of diabetic patients must be supervised by the medical doctors meticulously if the patient is in critical condition. In this case, the offender is caught by eye-witnesses in her last attempt of worsening the child victim's condition yet it can be deduced from the history of hospitalization of the child in previous years that mostly likely the mother of the child kept feeding the child with inadvisable food/drinks that rich in sugar because diabetics must follow certain diets in order to keep their insulin at certain level. After the MSBP diagnosis, the offender has gone under medication for depression treatment and the

child victim has not been hospitalized again. From Case 1, it is apparent that the perpetrator desperately seeks for attention, care and appreciation for accompanying and taking care of the child at the hospital. However, if the perpetrator had not been caught, the child may not have been alive at the moment. Hence, the role of medical staff and health workers are significant in diagnosing MSBP cases and reporting the incidents immediately to prevent any possible fatal consequences.

In Case 2 presented, the produced category of Munchausen Syndrome by Proxy can be observed through the mother's inducing the child with unprescribed medicine such as Clonazepam, Risperidone or Haloperidol which must be taken by the genuine patients in recommended doses by the medical doctors. By giving aforementioned medicine to the child victim, she is providing the medical evidence for her claims of her sick child's symptoms so that she would not be accused of fabricating any symptoms of illness(es). In Case 2, the offender's profile is in align with the MSBP mothers for being in "close relations with medical staff at the hospital" and "being an ideal mother who does not whine about her child's being constantly sick". For this case, the mother is not formally educated on pharmaceuticals or medicine, mostly the MSBP mothers are knowledgeable on medicine and drugs, but she has medicated the child victim with unprescribed medicines with hazardous side effects in case of overdose. In this case, the attentive medical staff has saved the victim from probable death by observing the dosage of the prescribed medicine given to the child by the mother and preventing her from being in charge of taking care of the child which result in the betterment of the child's health condition and that revealed the occurrence of MSBP incident. As a result, the crucial role of attentive medical staff is highlighted through Case 2 of MSBP to save the child victim and punish the perpetrator. Besides that conducting psychometric tests are vital for objective evaluation of the perpetrator's psychological condition for taking just psycho-legal actions (Polat, 2018: 24).

The mother figure or caregiver in Munchausen Syndrome by Proxy cases ought not to be confused with overanxious mother profiles that are always alert for possible hazards or take their babies or children to the hospital in case of minor physical discomfort of the children because MBP perpetuator(s) are fully aware of the fact that her child is completely fine yet she convinces the medical doctors and staff to treat the child with the intention of seeking attention, appreciation and empathy of medical staff for being a great mother. However, the mother with high anxiety level might have tendency to take her child to the hospital with genuine concerns of her child's well being and health. One of the main behavioral pattern difference of these two mother profiles is that the MBP mother of the child may not be satisfied with "Your child is fine" statement of the medical doctors or staff because she becomes deprived of the rewarding feeling of being appreciated for great motherhood. On the other hand, "Your child is fine" statement of a medical doctor would be a great relief for the anxious mother since her only intention is to make sure her child is healthy. In this manner, these two mother figures' reactions need to be examined meticulously by the medical doctor/pediatrician. Amlani et al. (2015) reminds that despite the abundance of the resources on MBP literature, there are fewer guidebooks or little information for the medical personnel about how to handle with malingering cases (Amlani et al., 2015, 171).

According to Polat (2015); the reasons why the diagnosis of Munchausen Syndrome by Proxy is overlooked are that "1. The physician does not want to admit that a parent can harm their child. 2. He may not want to get involved in a family matter. 3. He can skip the incident because he has not received sufficient training. 4. In general, people believe what they are told and make their decisions accordingly." (Polat, 2015: 152). In this sense, it can be stated that the meticulous examination of the child with acclaimed diseases are significant for preventing maltreatment of the child and preventing the probable loss of the child to Munchausen by Proxy Syndrome.

According to several researches, it is observed that the psychological behavioral patterns of abusive parents are mostly driven by controversial feelings of resentment, rage, envy and rejection towards their children and it is revealed that only 10% of these parents are suffering from serious mental disorders (Polat, 2001: 190). Thus, the psychological evaluation of MSBP mother is crucial for taking further legal action against the offender to serve the justice and deter the similar incidents from occurring in the future.

V. CONCLUSION

In conclusion, it can be stated that Munchausen Syndrome by Proxy is a complex phenomenon which requires an attentive observation of the medical staff to diagnose and to prevent the probable fatality of the child victim. As the offender in MSBP cases being the biological mother of the child, the medical staff should not overlook the fact that the abuse with the cultural bias about 'a mother cannot harm her child' perception. In case of slight suspicion of MSBP abuse, the medical personnel ought to surveil the suspected mother's acts towards the child which result in the catching the offender red-handed most of the time and when the offender is caught, the legal authorities must be informed about the incident rapidly to take legal actions against the offender and social services must provide shelter for the child victim. Taking immediate action against the perpetrators has a vital importance in MSBP cases as the child victim may end up losing his/her life because of maltreatment, overdose or suffocation. Hence, it is significant to stop the offender from inducing the victim child with factitious symptoms.

As a final remark, the training of the medical staff and prospective medical doctors on diagnosing Munchausen Syndrome by Proxy plays a distinctive role on practicing medicine to avoid being misguided by the offender as well as saving the child victim's life.

DATA AVAILABILITY STATEMENT

Data supporting Section 3, Case 1 dated 07/10/2016 and Case 2 dated N/A are not publicly available in order to protect patient privacy.

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