

## Munchausen syndrome by proxy. Causes, signs and treatment

### Zastępczy Zespół Munchausena. Przyczyny, objawy i leczenie choroby

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#### Summary

Violence against children is a common issue as well known as in Poland and the whole world. The main problem that occurs is domestic violence, which in most of the cases remains unreported, due to the shame, fear, relationship and the lack of a victim awareness. Among the maltreatment we can name three most prevalent; shocked children syndrome, sexual abuse of a child and the Munchausen syndrome by Proxy (MSbP).

The purpose of this article is to describe the causes and effects of this dangerous disorder, where children become victims. We need to bare in mind that all people who interacts with children, for instance; doctors, teachers, psychologists, pedagogues may struggle this issue. Moreover they should also have knowledge about the health and surrounding conditions of a particular child. Thanks to understanding the acting of the mothers, who suffer from MSbP, we can not only protect children from further maltreatment, but also prevent them from complications and deaths. Furthermore, it will increase the probability of a medical help for mothers, like psychiatric and psychological treatment.

The MSbP is a special form of the violence – a parent to gain the attention and compassion of the surrounding is able to make a physical and emotional harm to a child. There also appears the threat of child's life, hospitalization and more over potentially harmful medical activities, not only to healthy children, but also chronically ill. As a result it may cause to exacerbation of the disease process and

even more to death of a child if we could not spot the difference between the real and fabricated symptoms made by caregivers.

### **Streszczenie**

Przemoc wobec dzieci jest zjawiskiem szeroko powszechnym zarówno w Polsce, jak i na świecie. Szczególnym problemem jest przemoc w rodzinie, która często zostaje nieujawniona ze względu na wstyd, strach, stosunki zależnościowe, a także nieświadomość ofiary. Spośród zespołów maltretowania wymienia się m.in. zespół dziecka potrząsanego, wykorzystywanie seksualne dziecka oraz zastępczy zespół Munchhausena.

Celem artykułu jest opisanie przyczyn i objawów tego groźnego zaburzenia, którego ofiarą padają dzieci. Mogą się z nim zetknąć zarówno lekarze, nauczyciele, psycholodzy, pedagodzy i wszystkie osoby mające kontakt z dziećmi. Osoby te powinny znać nie tylko aspekty zdrowotne dziecka, ale także uwarunkowania środowiskowe, w tym zwłaszcza rodzinne. Poznanie skutków działań matek cierpiących na zastępczy zespół Munchhausena przyczyni się do uchronienia dzieci przed dalszym maltretowaniem i pozwoli ograniczyć częstotliwość powikłań i zgonów w tym zaburzeniu. Jednocześnie zwiększy prawdopodobieństwo, iż chore matki zostaną objęte leczeniem psychiatrycznym i opieką psychologiczną.

Zastępczy zespół Munchausena stanowi szczególną formę przemocy. Jest to zaburzenie charakteryzujące się tym, iż rodzic, aby zyskać uwagę i współczucie otoczenia, wywołuje pewne schorzenia i wyrządza dziecku fizyczną oraz emocjonalną krzywdę. Poza zagrożeniem życia dziecka, efektem tego typu przemocy jest hospitalizacja i podejmowanie zbędnych, a także potencjalnie szkodliwych działań medycznych. Taki sposób krzywdzenia może dotyczyć nie tylko dzieci zdrowych, ale i przewlekle chorych. Może doprowadzić do zaostrzenia procesu choroby, a nawet śmierci dziecka, w mechanizmie powikłania obrazu, nakładania się objawów choroby „prawdziwej” z objawami spreparowanymi przez opiekunów.

### **Introduction**

Childhood is a time of a human formation, during which we are constructing the image of ourselves and other people. At this stage we acquire skills to build relationships and a bond with our surrounding. Thanks to this we are able to interact with people. Any other behavior, which is against our will or beyond the mutual relations may indicate the use of violence. If a child experiences emotions like pain, anger and anxiety, it may causes damages in shaping psyche. Moreover a harm made to a child from a close relative side is very traumatic and has an influence for further emotional development. Child abuse has become a social problem, which can occur in different ways, one of them is the MSbP.

The Munchausen syndrome by Proxy comes from the 18<sup>th</sup> century German's officer and baron Karl Friedrich von Munchhausen. He became famous from creating stories from battlefields and journeys. His adventures were finally written by Gotfryd A. Burger in a book titled *The Adventures of Baron Munchausen*.

Munchausen's stories were fantastic, incredible, unbelievable and did not come to one harmonious whole, that is why people saw him as a liar. As a fact, the German hero found a place in medicine as a disease calls Munchausen syndrome by Proxy, which is characterized with inclination to confabulate during the diagnosis. Hundreds years later, Richard Asher an English doctor compared Munchausen to his patients, who have made fabricated disease symptoms in order to state a diagnosis. In psychiatry Munchausen is being associated with personality disorder and physical suffering. The Munchausen syndrome is based on conscious fabricating physical and mental disease to obtain medical and secondary benefits (Heitzman, Opio, Ruzikowaska, Pilszyk, 2012).

In 1951 the Munchausen syndrome by Proxy was used by dr. Asher for the first time to describe mental disorders in people, who were fabricating a disease and giving themselves to an unnecessary treatment. Patients were characterized with frequent changes of the treatment place, hospitalization and the ability to lie. The main reason of this kind of behavior was to get the attention of the medical personnel. People suffering from MSbP in contrast to hypochondriacs become patients consciously and a disease makes them emotionally satisfied.

### **Munchausen Syndrome by Proxy characteristic**

The Munchausen syndrome is a diagnostically different disease entity. It is a mental disorder consisting on fabricating or causing disease symptoms in other people. It is commonly observed between parent-child relation. However, both medicine and law is familiar with cases in which one adult induced symptoms in another adult, as well as in animals. Furthermore, the MSbP can be also observed with pregnant women. The future mother causes abnormalities in fetal development in order to get the attention of a medical personnel.

People, who suffer from this disease take part in support groups. During the meetings they not only take the identity of a child's caregiver, but also receive the compassion and attention of the group's participants. This is a psycho reward for them (Janus, 2015). In most of the cases, the perpetrator is a parent (most often a mother) and the victim is a child.

In the Polish medical literature there are several names, which are commonly used for this disorder; *przeniesiony zespół Munchausena*, *zastępczy zespół Munchausena*, *zespół Munchausena udzielony*. In the anglosaxon literature, the term is; the Meadow's syndrome and the Munchausen Syndrome by Proxy (Kowalik, Gruszczyński, Radziszewska, Gruszczyński 2010).

Roy Meadow, the English pediatrician was the first person who described the MSbP in medical journal, *Lacet*. He illustrated cases, where women induced disease symptoms, like hematuria in their minor children. Nevertheless, symptoms have not been confirmed in laboratory examinations. After the diagnosis – MSbP, woman were taken into psychiatric treatment with the satisfactory results. Another example shows a mother, who has been giving her child some amounts of salt, thus led to child's poisoning. The child died due to the water and electrolyte balance disorder. After few years she confessed to her psychiatrist she had been doing this on purpose and consciously.

Over the years Meadow and his colleagues have been describing further cases connected to the Munchausen Syndrome by Proxy. To document them Meadow's team decided to videotaping suspicious mothers. The one of the video presents a mother strangling her child with foil. When child stops to breath she decides to call for help. It turns out the parents' actions may have diversity and different consequences. In some cases parents are faking syndromes, falsify medical examinations, which contributes to unnecessary medical interventions and in extreme situations they cause disease symptoms that threaten child's life.

### **Diagnostic criteria Munchausen Syndrome by Proxy.**

Based on the previous observations Meadow determined diagnostic criteria of this disorder:

- ❖ Mental or physical consciously provoked or faked by child caregiver
- ❖ Symptoms are vanished or reduced when a child is away from parents – the caregiver ensures about his credibility

Rosenberg (1987), distinguished four basis features of the MSbP;

- ❖ Simulating (fabricating) or causing the child's disease by a parent (caregiver)
- ❖ Persistent admonition of a child medical examination by a parent
- ❖ Parent assurance that she does not know the cause of the disease
- ❖ Regression of the disease symptoms during the absence of the culprit (Kowalik, Gruszczyński, Radziszewska, Gruszczyński 2010).

Jakubowska-Winiecka (2008) listed three three stages of MSbP intensification:

- ❖ Mild stage – a mother explains fabricated symptoms to medical personnel, child is being unnecessary medically examined. This stage is the easiest to be missed
- ❖ Moderate stage – symptoms are being provoked by a parent
- ❖ Severe stage – the most dangerous, mutilation, starvation, poisoning, smothering or other actions which can lead to child's death.

All the both mentioned parent's activities are previously planned and performed with diligence in order to not being unmasked. Therefore, the suspicion of the MSbP appears relatively late, due to the fact that at the beginning there are no shown the suspicious actions towards a child.

In addition, the delay of the diagnose depends on several factors like; medical personnel, specifics of the hospital, health clinic and finally on the type of a disorder.

The Munchausen Syndrome is rather a rare disorder and not commonly known. In the Polish literature there are still not much polemics about the occurrence frequency, the formation process and mostly

important treatment of the MSbP. Therefore, there can be observed a lack of knowledge and resistance to recognizing harmful actions made by medical personnel. Besides, late detection can be caused by personnel shortages, overworking and lack of special personnel dealing with difficult cases.

Parents have different sophisticated methods of inducing different symptoms, for instance; manipulation during medical interview, exaggerates symptoms, report symptoms, which does not occur and emphasize the ineffectiveness of the current treatment. They are also able to fabricate genetic diseases, for example; a woman lied to a doctor that her husband suffers from hemophilia in order to suggest that her child also suffers the same disease. What is more parents make it impossible to deliver child's medical documentation from hospitals, where they have been before. The medical personnel have no reason to question the information provided by a parent during the medical interview, especially when taking into consideration little kids. Moreover, teenagers are not allowed to tell the truth, but they are forced by a parent to lie by telling the fabricated complaints what keep children in conviction about the disease.

Another way of inducing disease symptom is physical violence. The most frequent form of physical abuse is strangling. During this action symptoms occur immediately. The method is to hold the child by neck, strangling with a pillow or a hand, covering the mouth and nose, simultaneously pushing the child's head to a bed. Sometimes, torturer uses a tool to hit his victim, also pinch a child's body through clothes.

Next method is poisoning and chemical substitution abuse. Caregiver uses drugs, which are easy to reach. Prescription drugs are obtained by stealing, falsification of a prescription and also by buying them from unknown sources (the black market). Most common are; laxatives, sedatives and barbiturates (Janus 2015). Typical practice is giving a child laxative and vomiting drugs.

One more practice is manipulation on medical equipment, which is used for parenteral nutrition and stomy bag, for example; injections of contaminated water, urine, faeces, blood drawing from central puncture and putting it in a diaper and gastric probe.

In addition to distract their suspicious behavior, parents try to pay more attention to a child than to themselves by using props. Child wears corrective glasses, orthopedic shoes, earplugs what is more convincing that a child requires constant care.

Restrictive diet, parents starve a child in order to receive a weak, sick appearance and focus attention of a medical personnel. They deliberately eliminates from child's diet essential nutrients, for instance iron, causing anemia.

Prevalent procedure is falsifying laboratory material, which is going to be examined. For this purpose to child's urine and faeces, blood is added. Often albumin and sugar are also added to urine container. There is an example of mother, who impersonate as a medical student and has obtained sputum of a child suffers from cystic fibrosis, which were supposed to come from her four month son (Fiedorowicz A, Fiedorowicz M, 2012).

Apart from adding blood to samples for laboratory examination, parents simulate internal bleeding of a child by adding blood to vomit or what is worse they puncture child's lips with safety-pin. External bleeding also appears – puncture the skin or they put their own blood on child's body.

People, who suffer from the MSbP are even able to harm their child. Frequent practice is placing foreign object into child's body. The literature describes a matter of placing stones in a coil urinary, so that a child cannot urinate. Another case – mother puts a needle in a child's brain by fontanel.

In a situation when a parent notices insufficient attention or when the medical personnel becomes suspicious – she transfers a child to another hospital, where everything starts all over – finding a cause of patient's malaise.

Most often in the MSbP an initiator is a mother. A father is withdrawn and emotionally indifferent. He rarely visits a child in hospital or he does not appear at all. He is unaware about the situation, until the doctor tells him the diagnosis. A mother, who suffers from the MSbP is very loving and caring. She does not leave her child during the hospitalization. She also makes relationship with a medical personnel; she treats them like friends, they admire her for her devotion and medical knowledge. Recognition and admiration is what she was expected to get, she feels satisfied. Nevertheless, in the reality a child is being rejected by a mother.

What is worth mentioning, is the fact that 80% of mothers, which are described in the literature were professionally related to medical industry – nurses, registrars. They had an easy access to prescriptions, pills and knowledge about disease symptoms.

It turns out that mothers, who make an act of violence, were rejected by their own mothers. They felt the lack of love and acceptance. Other reason, which is pointed – loss of a one parent or experience of neglected and harassment. The source of the disturbance is also noticed in long-term isolation from a parents, for instance; illness, then a medical personnel is being treated as a missing parent. Current frequent contacts with doctors are some kind of an extension of childhood experiences. Seeking help for a child is the way to get the attention. Thank to fact that she can advise and suggest diagnosis, she feels satisfied.

It is assumed that mothers, who causes diseases symptoms in their child are mentally unstable and narcissistic. A child is someone who has its function for them, an extension of mother's herself (Schier, 2016). When her dedication to a sick child is appreciated, her self-esteem increases.

### **We can determine three types of mothers.**

First type, a mother who looks for a help. She expects interest and attention from a medical personnel. She comes from pathological family and has experienced a violence. Her pregnancy was unexpected and often raises a child on her own. She mainly agrees with a diagnosis, child's treatment and for a foster family.

Second type, a mother an 'active perpetrator'. She is able to use a very aggressive and harmful methods toward a child. She is characterized by being emotionally unstable, depression and strong denial mechanism.

Third type, a mother who feels a need to be the most important person during a treatment. She has a medical knowledge, suggests her own solutions to doctors, tries to mislead them, so as a consequence she can undermining doctors competences. She feels important and that is her goal to gain.

### **Models of the Munchausen Syndrome by Proxy**

Richard Rogers (2004), from Psychology Department of the University in North Texas distinguished four models of the MSbP; pathogenic, criminological, adaptive and transactional.

Pathogenic model, development of disease syndromes is a purposeful action, it is a way of gaining control. A parent is mentally unstable, uses violence against a child by causing a disease. This type of a parent has experienced a psychological, physical and sexual violence. Mainly she was raised without one parent or a parent who has suffered from the MSbP. Researchers are based on psychodynamic theory – mother uses her child as a fetishistic object. There is also a theory that mother is jealous of a doctor's penis. Another aspect is that her main feature is immaturity, fear of isolation and abandonment. These mothers are often diagnosed with various personality disorders; borderline and histrionic. She can also have Medea complex – desire to regain husband's love.

Criminological model, the main motive is an antisocial impulse, a perpetrator is being recognized as a criminal and also manifests antisocial personality. From harming a child she receives a secondary gratification. In childhood, she suffered from autism, Tourette's syndrome, bipolar disorder. She used to be a convict and had some conflicts with the law.

Adaptive model, mother provokes disease syndromes in order to try to solve her own and family problems. Thanks to it, she is able to control the surrounding, she is in the middle of the actions, the attention is on her side, so her self-esteem rises. One of the motive of mother's action can be material benefits, such as; receiving compensation for fabricating child's diseases, long term treatment or medical malpractices. This model can be recognize as a game between a mother, a child and a doctor. Parent manipulates the surrounding, a child is simulating syndromes and a doctor is just involved in this game.

### **Qualification of the Munchausen Syndrome by Proxy**

Despite of the sincere desire to help children, detection and to diagnose the MSbP is extremely difficult. It has been examined thoroughly in the USA, various methods have been used to prove mothers that they contribute to child's abuse. One method was putting cameras in the hospital rooms and recording their behavior. However, it has met dissatisfaction of judicial authorities. They based on Constitution, which says that a citizen must have right to privacy. In the Great Britain cameras in hospital rooms were also banned, due to the unethical act.

The MSbP has no legal and medical definition, what makes it more complicated. According to the International Classification of diseases ICD-10 (1996), classifies this syndrome as a fabricating,

imitating symptoms or psychological and physical failures. On the other hand Diagnostic and Statistical Manual of Mental Disorders DSM-IV, classifies the MSbP as pseudo disorders.

In Munchausen Syndrome by Proxy, a person who need medical treatment is a mother, not a child. A child is a victim of mother's actions. The key person during diagnosis is a pediatrician. Based on observation and symptoms he should suspect the mentioned above syndrome. Moreover the most important is a medical interview and a conversation combined with an observation. There can be also used additional examinations, but they often are divergent from syndromes, which have been previously observed. As a consequence, incoherent medical history, unclear symptoms, which cannot be confirmed by clinical and laboratory examinations are factors that may suggest a diagnosis of the Munchausen Syndrome by Proxy.

In countries of the European Union, hospitals have a specialist, who works together at the same time; psychiatrist, psychologist and pediatrician. In cooperation with welfare they can diagnose the MSbP in young patients. In the Great Britain doctors learn how to recognize violence against children. In the United States, parents, who abuse their child, loose parenting rights immediately (Gregory, 2004).

While diagnosing the MSbP is extremely difficult, treatment is a real challenge for psychiatrists and psychologists. Often treatment of disordered parent is impossible, due to the fact that diagnosis is being associated with disease denial. For most mothers, disclosure of the disease is a huge trauma, which leads to depression and suicide tendencies. First step of a treatment is a separation of a mother from a child. After that there is a long or short term psychiatric or psychological treatment. Mothers undergo to immediate psychotherapy, most often it is long and ineffective cognitive-behavioral therapy. According to professor Schier (2006), psychotherapy can be effective only if a patient associates disease with closeness and what is more is aware of this fact. A psychopathic person does not show motivation to change her behavior, so teaching an empathy is almost impossible.

Unfortunately, there are no methods, which can prevent an occurrence of the MSbP. If we are able to notice the basic suspicious symptoms, most importantly is to separate a mother from a child. A mother should be taken to social and medical care to monitor whether she repeats harmful actions towards other children.

There is no strictly defined amount of people who suffer from the MSbP. Only severe cases are reported. In the USA annually, there are being reported 1200 cases, but 1000 children are a violence victims. In England and Ireland there are being registered 2.8 cases for 100.000 children in age of 1 or younger. 0.5 cases for 100.000 children in age of 16 or younger.

In Poland annually, there are being described a dozen of people, who suffer from MSbP (Berent, Florkowski, Gałeczki, 2012). However, the actual scale of this disorder still remains not recognized.

Mainly the parents' victims are newborn children, infants and young children (up to 6 years old), but sometimes also teenagers might be victims. Julie Gregory (2003), an expert in the field of Munchausen Syndrome, was 16 when she was sent to a foster house. In age of 24, she found out that her mother suffered from the Munchausen disorder (Gregory 2003).

In victims we can observe psychiatric disorders, such as; behavioral, attention, mental performance, high level of anxiety, sleep and post-traumatic syndrome disorder. Studies show that 7% of victims have long term health damages or permanent disability. As adults they face with serious emotional problems and suffer from the Munchausen syndrome. 10 people admitted that they did not feel loved and did not have a sense of security (Berent, Florkowski, Gałeczki, 2012).

The MSbP is one of the most dangerous forms of a child abuse, due to the fact that it is not easy to diagnose, even with numerous guidelines. Most revealed parents' behavior, for instance; medical knowledge – very good knowledge of a disease, checking medical procedures by following their every step, often and encouragingly declare help to a medical personnel. A hospitalizing child has no visitors whose presence could contribute to suspicious and inappropriate parent behavior. After a diagnose a parent denies a psychiatric examination.

A perpetrator will never admit the fact that she has been inducing disorder symptoms in her victim. Moreover, she is able to manipulate people around her. Her acts are reckless, but very well planned, so as a consequence directly threatens child's health and life. We need to remember that both, a lack of the diagnosis and wrongly diagnosed disorder can be dangerous and harmful for a parent and have a dramatic consequences. Dr Meadow did not avoid such a mistake. He testified as a court expert stated that Sally Clark killed her own children. It turned out they died as a result of cot death. In many cases, where Meadow performed women were proved guilty.

Early recognition of the MSbP can not only help to reduce damages, which child suffered during abuse, but also prevent victim's death. Cases of the Munchausen syndrome are not obvious, a diagnose of a disorder requires a presentation of indisputable evidences.

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