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SYMPTOM COACHING: FACTITIOUS DISORDER BY PROXY WITH OLDER CHILDREN

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ABSTRACT. *This paper proposes the idea that the story of factitious or exaggerated illness is coauthored or that symptoms may be coached through the dynamics of the family. The physician is unwittingly engaged as a coauthor by performing diagnostic tests and treatments. Children and family members may be invited to coauthor or collude in the presentation of false symptoms as well. The importance of assessing the participation of family members in illness presentation was discussed as well as the difficulty in determining intentionality of symptom production. Four cases are presented including test data which indicate that the more "active" the family may be in presentation of symptoms, the more likely they are to present a cohesive family picture and to seek outside support and the less likely they are to report stressors. Treatment ideas include acknowledging the possibility of both conscious and unconscious production of symptoms by family members in the creation of a story of illness. Treatment suggestions included the promotion of an alternative story to illness.*

FACTITIOUS DISORDER by Proxy (FDBP) describes a form of child abuse in which someone (usually the mother) persistently fabricates or creates symptoms on behalf of another person (usually her child) causing that person to be regarded as ill. The parent tends to relate a fictitious medical history and may also induce signs and symptoms of illness, thus subjecting the child to extensive hospitalizations, invasive treatments, and painful procedures. This leads to suffering by the child, sometimes permanent disablement and may evolve into actually causing illness and/or death. When the child is older, he or she may be invited to "collude" or participate in the illness story. Symptom coaching refers to the invitation the parent may give to the child to participate in symptom production.

This paper explores the phenomenon of symptom coaching of the parent and collusion of the child and other family members in the presentation of false or exaggerated illness. Test data from four case examples are given, and it is hoped that by

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obtaining a fuller understanding of the experience of these individuals, we will be better equipped to provide useful interventions.

COAUTHORING OF ILLNESS

We all have stories about ourselves that result from the events in our lives to which we have assigned meaning (Bruner, 1986). These stories also direct us to select certain events in our lives to attend to and direct us in choosing life events in the future. Stories are coauthored in a community of persons. We obtain meaning of events through our interactions with others (Bruner, 1986). Our selective memories may be guided by our dominant stories and we revise our histories through selective recall of past events to make them consistent with our current attitudes (White, 1990).

In cases of FDBP, the physician is invited to coauthor a story of illness with the parent. The lead characters are the "illness," physician, and parent (usually as martyr, and/or rescuer), and the child. The coauthoring occurs and actually becomes "text" in the form of a medical chart. The physician unwittingly is led into helping the parent create and maintain a story of illness by doing his or her job of attempting to diagnose and treat the illness that is reported. This attempt then becomes a part of the story and when the parent moves to the next set of doctors, he or she has a written "book" indicative of illness that lends credence to that story.

It should be pointed out that many times the parent's report is charted to sound as if the charter had witnessed the event. This may be very confusing later when trying to determine if anyone besides the parent actually witnessed an illness event. These false stories are especially harmful to the child, who may be presumed to have an active illness and thus receives intrusive tests and treatments. Also, when reports are charted as if observed, it is difficult for the treatment team evaluating for the presence of FDBP to determine whether the parent had "fabricated" versus "induced" the illness.

It is interesting to note that one of the indications of falsification of symptoms is stories that change over time. It seems that these stories are fairly fluid and that events seem to become confused frequently, perhaps because some of the events are created and some are "real," and it becomes difficult to tell them apart. Also, the language in which these stories are told may often be very dramatic (i.e., miracle baby, raging diarrhea).

It seems that despite the "fantastic" or unbelievable quality to many of these stories, many people still come to believe them. The physician, child, and the parents may all come to believe the story to some extent. It seemed that one FDBP mother this author evaluated utilized the "story" to convince herself of illness. In defending the story of illness, she said, "look at all the medications she was on, she must have been ill".

DIAGNOSIS

A diagnosis of Factitious disorder by proxy has been included in the Appendix of the *Diagnostic and Statistic Manual of Mental Disorders* (DSM-IV; American Psychiatric Association, 1994). This diagnostic category continues to be in need of additional investigation and refinement. The substantial number of cases reported and the significant morbidity justifies the addition of this diagnosis.

In the DSM-IV, the perpetrator is given the diagnosis of "Factitious Disorder Not Otherwise Specified." Perpetrators may also have coexisting diagnoses of Factitious Disorder, Somatoform Disorder, or Personality Disorder. The victim is given the diagnosis of "Physical Abuse of Child" or "Physical Abuse of an Adult." If there is evidence

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