



Child Abuse & Neglect 28 (2004) 225-239

## Diagnostic, explanatory, and detection models of Munchausen by proxy: extrapolations from malingering and deception<sup>☆</sup>

#### Richard Rogers\*

Department of Psychology, University of North Texas, P.O. Box 311280, Denton, TX 76203-1280, USA Received 12 December 2000; received in revised form 21 August 2003; accepted 21 August 2003

#### **Abstract**

**Objective:** The overriding objective is a critical examination of Munchausen syndrome by proxy (MSBP) and its closely-related alternative, factitious disorder by proxy (FDBP). Beyond issues of diagnostic validity, assessment methods and potential detection strategies are explored.

**Methods:** A painstaking analysis was conducted of the MSBP and FDBP literature as it relates diagnostic and assessment issues. Given the limitations of this literature, extrapolations were provided from the extensive theory and research on malingering as a related response style.

**Results:** Diagnostic formulations for both MSBP and FDBP de-emphasize the clinical characteristics of the perpetrator. In the case of FDBP, inferential judgments about motivation (e.g., adoption of a sick role) are challenging on conceptual and clinical grounds. When explanatory models from malingering are applied, most research has focused pathogenic models, often allied with psychodynamic thought. Finally, clinical methods for the assessment of MSBP and FDBP are not well developed.

**Conclusions:** Refinements in the conceptualization of MSBP and FDBP can be provided through prototypical analysis. Drawing from malingering research, explanatory models should be expanded to include adaptational and criminological models. Finally, detection strategies for MSBP and FDBP must be formally operationalized and rigorously validated.

© 2004 Elsevier Ltd. All rights reserved.

Keywords: Munchausen by proxy; Malingering; Response styles; Factitious disorders

<sup>&</sup>lt;sup>★</sup> An earlier version of this paper was presented at the National Institute of Mental Health and National Institutes of Health (Office of Rare Disease Research), International Research Conference on Munchausen by Proxy, Stockholm, Sweden, August 1 and 2, 1998.

<sup>\*</sup> Corresponding author.

#### Introduction

The accuracy of symptom presentation is an integral facet of effective evaluations for medical and mental disorders. As noted in a comprehensive review by Cunnien (1997), dissimulation among patient populations covers an array of presentations that vary in the magnitude of distortion, underlying motivations, and detectability. Among these distortions, Munchausen syndrome by proxy (MSBP) is a complex variant of feigning that extends beyond the individual to the fabrication/induction of symptoms in others. To understand MSBP better, the boundaries of this syndrome will be critically examined with a discussion of its place within the broader framework of feigning.

This paper is organized into three major sections that progress from theory to practice. First, the conceptualization of MSBP as a syndrome and possible diagnosis is critically examined. Given the imprecision in establishing MSBP as a clinical entity, prototypical analysis is proposed as a systematic method of assessing its representative criteria. Second, the primary motivations for MSBP are explored. For this purpose, explanatory models are borrowed from the malingering literature which has extensively evaluated the likely motivations of feigners. Third, existing detection methods for MSBP are reviewed and found wanting. Extrapolating from malingering research, possible detection strategies are proposed for empirical validation.

#### **Diagnostic models**

MSBP was first described by Meadow (1977) and involved dramatic cases in which parents actively induced life-threatening conditions in their children. Subsequent reviews (Masterson, Dunsworth, & Williams, 1988; Parnell, 1998a) have indicated that parental involvement may vary markedly (e.g., contaminating laboratory results and fabricating prior symptoms) with highly variable consequences to the victims from discomfort and unnecessary medical procedures to life-threatening conditions and even death. To address this syndromal heterogeneity, Rosenberg (1987) articulated the four cardinal features of MSBP: (a) the child's illness simulated or produced by the parent/caretaker; (b) often persistent presentations for medical evaluation and treatment; (c) the perpetrator's denial of any knowledge about the etiology of the illness; and (d) the abatement of acute symptoms when separated from the perpetrator. Of the four cardinal features, only two address the fabrication/induction of symptoms ("a" and indirectly "d"). The other two criteria are also likely to occur in nonabusing parents, who are seeking treatment for unexplained symptoms.

The development by the American Psychiatric Association (1994, 2000) of an alternative classification, namely factitious disorder by proxy (FDBP), further complicates the defining features of this syndrome/disorder. Meadow (1995) cogently described the fundamental differences between MSBP and the DSM-IV provisional criteria for FDBP. Clearly, FDBP is more encompassing than MSBP in allowing the classification of persons other than parents. However, it is more circumscribed in its delimitation of patients' putative motivation to the adoption of a "sick role." Meadow (1995) recommended broadening the motivation to include attention-seeking behavior to avoid arbitrarily constraining the usefulness of this proposed diagnosis. Similarly, Schreier and Libow (1993e) underscore the importance of the FDBP patients' relationships with medical staff; they expressed concern over the narrowness of the DSM-IV formulation.

# دريافت فورى ب متن كامل مقاله

### ISIArticles مرجع مقالات تخصصی ایران

- ✔ امكان دانلود نسخه تمام متن مقالات انگليسي
  - ✓ امكان دانلود نسخه ترجمه شده مقالات
    - ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
  - ✓ امكان دانلود رايگان ۲ صفحه اول هر مقاله
  - ✔ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
    - ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات