Encounters with Bernhardine - Munchausen syndrome in Adolescence - A case history. - Dr Diana Birch

"He who does not doubt,
Does not investigate.
And he who does not investigate,
Does not perceive.
And he who does not perceive,
Remains in blindness and error."
Al-Ghazali (1058-1111)

It is with this quote that Rutter and Herzov begin "Child and Adolescent Psychiatry". No quote could be more apt as applied to the investigation and diagnosis of 'Munchausen's' syndrome.

My first contact with Munchausen's was when, as a medical student I was coming to the end of a shift in the accident and emergency department at the Royal Free Hospital - an ambulance screeched up, siren wailing and we all waded in to deal with an acute collapse, possible coronary. As I pulled back the clothes to examine this middle aged man, I gasped in horror to see the criss-cross of scars covering his chest and abdomen. The casualty officer, newly arrived from University College Hospital, came up behind me and, rather unkindly I thought, pulled the oxygen mask from this unfortunate's face and said 'Not you again!' Apparently this fellow had a file a mile thick at UCH and had just been discharged after being confronted with the diagnosis of Munchausen's - he had done the same at several other hospitals and thought he was moving to pastures new.

We eventually, several hours later, managed to eject him - and I went to catch my bus home. Suddenly I became aware of a commotion in the street - A man had collapsed - he had a fit - call an ambulance! To this day I remember my embarrassment, trying to convince the 'well-meaning public' not to call an ambulance - 'please, there's nothing wrong with him, we've just discharged him!' - their looks were of incredulity and disgust at my lack of compassion.

Later, as a house officer, I was confronted with a female patient - a doctor's wife - who had recurrent unexplained fevers. Her blood cultures grew bizarre collections derived mainly by rubbing faeces in self inflicted wounds.

The eponym Munchausen's syndrome was applied by Asher (1951) to describe a syndrome characterised by dramatic presentation of physical complaints, pathological lying and wanderings from hospital to hospital. However, one of the most notorious cases 'The Godfather' who had hundreds of admissions was reported as early as 1939. (Stengel). Asher described three types - acute abdomen, haemorraghic, and neurological (fits and collapse) but subsequently a plethora of other presentations have come to light with symptomatology frequently mixed. (Bursten 1965, Birch 1951, Chapman 1957, Enoch and Trethowan 1980). The patients have been described as hospital addicts (Barker 1962).

Munchausen's has been classified as a hysterical personality type (DSM III) with depressive features and lack of clear personal identity. Attention seeking

behaviour with masochistic tendency resulting from a severely disordered personality. Many patients have been involved with the law in terms of petty theft and litigation against the medical profession is often threatened.

Interestingly, it was a legal issue which delayed the publication of one of the first reports of a mother using her child as an extension of her disordered self. The woman had exhibited Munchausen's for 16 years with admission to ten hospitals, fabricated diabetes in her two year old daughter and poisoned her five year old son with Promethazine to induce neurological symptoms. (Burman and Stevens 1977).

"... To find a name for this syndrome we sought the family history of Hieronymous Karl Frederich von Munchausen (1720-97). He married Jacobine von Dunten in 1744, but we can find no reference to any children in this marriage. Jacobine died in 1790 and Munchausen married the 17 year old Bernhardine Brun in 1794. In 1795 Bernhardine gave birth to Polle, who died a year later. As Bernhardine spent her wedding night dancing with another, the paternity of Polle must be suspect. We suggest ... such cases should be known as Polle syndrome - a child of a Munchausen whose life expectancy is liable to be short..."

It was in the previous week that Meadow published his first case reports and coined the term 'Munchausen by proxy' (Meadow 1977) - which formed the catalyst for collating reports which had appeared under varying headings. In the previous year six cases of poisonings in disturbed families were reported (Rogers 1976) and bizzare types of child abuse were understood to form part of this worrying illness. The most common presenting symptoms have been apnoea attacks and fits but fabricated illnesses have included Cushing's syndrome, bleeding from any orifice, repeated infections vomiting, deafness(Lee 1979; Kurlandsky 1979; Witt 1981; Hodge 1982; Waller 1983: Samuels and Southall 1992) My own experience has also involved broken glass added to a feeding bottle and ground tablets in infant food, salt induced hypernatraemic fits and suffocation with a pillow.

The mother or rarely father (Makar 1990) will appear close to the child, appear caring and cooperative with medical staff, be extremely clever and resourceful in deceipt and put on a show of wounded disbelief rising to overt threats of litigation when challenged. It is vitally important that staff support each other in this difficult diagnosis and keep the welfare of the child paramount when facing their own incredulity and wish to back off from what can be a very unpleasant situation. "The importance of maintaining a high degree of suspicion related to the warning signals cannot be overrated" (Mrazek and Mrazek 1991)

A number of authors have reported family disturbance whereby several siblings have been abused (Black 1981), some have died in unexplained circumstances, and Meadow has collated sibling mortality and morbidity (Meadow 1990; Bools, Neale and Meadow 1992). However for some time adult Munchausen's and

childhood 'Polle' were described as if discreet entities. It has been recognised that Polle's mother may have had Munchausen herself but the concept of a continuum in Munchausen is important and has been overlooked too long. We need to look at the Munchausen family dynamics and particularly - what happens to the adolescent?

Young people growing up in an atmosphere of deceipt are certainly prone to develop Munchausen's themselves and a number of authors have reported that children assist their mothers in deception. These unfortunate children are abused by their parents, abused by their doctors in over-investigation and inappropriate treatment - and finally abuse themselves.

Case History -

The following case illustrates a Munchausen family syndrome with **presentation in adolescence.**

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Kelly presented as a pregnant 14 year old who at the time had 'strong ulterior motives' for becoming pregnant. Pregnancy was in doubt until the results of an ultrasound scan was known since she had a 'pseudocyesis' two months before. She was a difficult, forceful girl - attention seeking and disruptive wherever she went. The family were under threat of legal action for school non attendance and Kelly thought her pregnancy would bring that to an end. Kelly gave a bizarre account of her pregnancy which became more elaborate each time I saw her and her mother forcefully added her embellishments to the story.

My suspicions were raised and on investigating the family history and collating all available information the following picture arose -

Birth -Described as difficult baby - 'mother had to fight hard to keep her alive'

Aged 8 - hospital for rectal bleeding (NAD)

ENT investigations - NAD

9 yrs Audiology ENT again **NAD** School complained regarding non attendance where upon complaints made against school - noise caused her deafness.

10yrs - welfare officer reports "for the past year I have been plagued by complaits of one medical disorder after another from this child". Mother insisted on keeping her off school.

11yrs earaches, ENT, hearing loss, gastric ulcers (none substantiated)

12 yrs -subject of CARE ORDER but left at home! - workers could not cope with mother.

13 yrs rectal bleeding, psychiatric referral, mal-adjusted school recommended - doctor states "Her mother's influence is certainly strong and can only be described as malignant"

All special help or attempts to remove girl or educate her met with stubborn opposition and more symptomatology. Her papers on education took nearly two years to complete "due to multiple problems within the family"

Family used multiple agencies and set one agency against another, caused dissention and invoked various complaints procedures. A psychologist stated "..Lengthy and widespread support has reinforced rather than modified mother's behaviour with consequent damage to the children who are constantly encouraged to view themselves as ill when this is not the case."

14 yrs - three important placements fell through due

to family manipulation. Kelly was being denied appropriate help. She has so far attended at least six hospitals. Kelly reported to be pregnant - not true. Pregnant 'again' - this time true. Varying stories regarding conception. 'Boyfriend' Mark said to be living in house with mother and said to have made both sisters pregnant. Later said to have got pregnant at a party and both sisters had sex and got pregnant with same boy on same night. Kelly reports she has a hole in the heart, deafness and gastric ulcers (not true).

15yrs - baby born - very demanding of medical attention but at same time refuting advice - took own discharge from hospital but then kept calling out doctor.

16yrs - during first year baby frequently at doctor or clinic - Several minor injuries and infections, moved flat three times, Seen in accident and emergency at 18 months - cut face, 19 months, cut mouth, 20 months fell onto glass cut face again.

17 yrs baby nearly two - grandmother is accusing Kelly of abusing child - child has attended four hospitals. Social worker has closed case.

18yrs flat vandalised, boyfriend Mark in prison, family moved away and untraceable.

Family History -

Mother - described as a very manipulative lady "her one delight is to fight authority whenever possible". She is wheelchair bound and can sometimes use crutches - but when I visited by the back door I found her walking normally and others reported hearing her run into the chair when the door bell rang. Constantly litigating, seeking compensation or threatening legal action. Decided to make a complaint regarding under age sex but the alleged perpetrator was openly living in her home and frequently seen pushing her wheelchair in public.

Father - A -real father left early on and divorced when Kelly was 5 years old. Said to be alcoholic and violent. **B-** Mother's second husband apparently lived with her before Kelly's birth and left when she was 12. Said to be a very violent man and to have thrown a fire bomb through the window of the previous flat. Two of the family's appartments have been burned out and it is generally thought that this was self inflicted by mother or Kelly with father blamed. This man and a friend of his are also accused of sexual abuse of Kelly and her sister but there is no evidence to support this claim. **C-** Mother has now established a relationship with a third man who she intends to move in with. He is the father of another pregnant teenager whose family background is similarly disturbed and enmeshed.

Brother - three years her junior. As baby had 'failure to thrive' and continued to have weight loss, insomnia, enuresis, psychological problems (aged 10) fainting attacks and fits (aged 12). None of these diagnoses were substantiated.

Sister - one year older. Multiple illnesses, ran away. At age 11 started to swallow glass, ball bearings and stones. She was referred for special schooling but the mother obstructed placement and like Kelly she also was placed on a care order which was never implemented due to mother's intimidating

authority. Age 14 - Pretended to have a grumbling appendix. Reported false pregnancy at age 15yrs, reported to have a termination of pregnancy at 15 (untrue), complained of sexual abuse - not substantiated.

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This family are illustrative of a number of features - falsification of a number of illnesses, use of many hospitals and many agencies to evade detection, frequent changes of address for the same reason. An enmeshed, disordered family with blurred interpersonal boundaries and transmission of Munchausen syndrome through three generations.

The reporting of illness and disastrous events is more than tinged with drama and excitement - the attention of many agencies is gained by exageration but they are not allowed to get close enough to see what is really happening. Many authors have commented on the need for professionals to work together in confronting Munchausen (Black et al 1991) and in family work this is of paramount importance. It is also important to realise that Munchausen is not only a 'medical' diagnosis.

The Munchausen family with it's 'hysterical personality' traits 'uses' the medical profession to gain attention for themselves or through their children - but it also 'uses' social services or police in the same way - by fabricating events and alleged abuses - for example, the fires caused by the family above, the reports of rape and sexual abuse. The legal system is also 'used' in making complaints which while serving to set up a smoke screen - also keep everyone dancing to the family's tune. Just as it is commonly remarked that Munchausen by proxy mothers have a little knowledge of medical matters (the ward clerk or a failed nursing student) so I believe do some families have a little knowledge of the other areas of involvement - such as the social services or the law. In this syndrome the adage 'A little knowledge is a dangerous thing' could not be more true.

Discussion -

The psychological aspects of Munchausen's render adolescents particularly vulnerable. Here we have a syndrome where there is an unclear definition of 'self' - something which all teenagers struggle with and which is particularly difficult for the pregnant teenager. Just as the Munchausen by proxy mother overidentifies with her child - so the young mother can subconciously desire motherhood in order to define her identity through her pregnancy.

Once that child is born - the only role model is that of the abusing Munchausen mother - so you please mother by being sick and identify and so understand mother by making your own child sick also. At the same time the fear grows that mother might abuse, kill or take away your baby - something which some girls are terrified of.

This same fear may lead some girls to terminate pregnancies - the ambivalence towards the child is also seen as ambivalence towards the pregnancy. Hence the stories of pregnancies, false pregnancies, terminations real and unreal. I have known of two disturbed girls who tried to end their pregnancies by inserting

foreign bodies into their cervix and this has been reported elsewhere (Goss McDougall 1992).

Certainly the teenagers mentioned here were abused physically and emotionally and deserve and require help to cope with that. Kelly was fairly certainly abused sexually also, even though she expressed her dilemma in a way which made it blend in with her fabrications. We are probably missing a number of cases of sexual abuse in these families where the boundary disturbance would lend itself to sexual taboos being broken.

The hysterical aspect of this illness also makes it hard to assess and treat. There are a number of cases where hysterical personality and abuse coexist leading to self abuse, cutting, overdosing without the connotations of full Munchausen.

I would argue that Munchausen in the adolescent can be seen as a perfect example of the abuse victim who is destined to becoming an abuser - but that if identified in the teenage mother, can be treated with support and help to overcome her own history of abuse. I am reminded that Polle's mother was actually a teenager - and we would do well to be alert to the cries for help of our Bernhardines. This is not a case for condemnation, but compassion and understanding. However such help can only be delivered in the context of a court order to protect the adolescent from family interference and sabotage of the treatment programme - and to protect the professional from spurious litigation.

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