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Munchausen Syndrome by Proxy

OVER the last two years I have become more aware of the increasing use of the label 'Munchausen Syndrome by Proxy' (MSBP), having been involved in a case in which this diagnosis was accepted by a Family Court resulting in the loss of four children from the family. I have since read a considerable amount about this disorder, and am left feeling decidedly uneasy.

I cannot establish a robust scientific base and am aware of a number of cases in which mothers (men are not usually implicated) have had children removed on the basis of this diagnosis to discover later that their children had real illnesses/disorders which were missed when the notion of MSBP loomed large and led to fearfulness in the caring professions. Their children were returned.

The outcome for those associated with this syndrome is dire — children are usually taken from their mothers and placed into our collapsing care system; new infants are sought after prior to their birth and women could find themselves hounded forever and possibly behind prison bars.

Given such outcomes it is surely imperative that we understand this label. I am of the opinion that we need to clarify the nature of MSBP with some urgency. That some disturbed women are known to have seriously harmed their children should not lead to distortions of thinking in which many are assumed to have done so. One swallow does not make a summer.

In cases where there is scientific evidence for alternative explanations of childhood illness behaviour, or in which the child may suffer from a rare disorder and the failure to recognize it damns the practitioner rather than the mother, I am more than slightly curious to understand why, at this so-called advanced stage in our social development, a diagnosis of a disorder with no robust scientific and statistical base is increasingly accepted by professionals and courts, leading to highly punitive and disempowering

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interventions and appalling family tragedies. These interventions run counter to all that I have considered important when working with families and children and the notion that increasing numbers of people are considered to be beyond help seems to me a very sad indictment of our so-called caring society and, indeed, our so-called caring professions. Something seems to me to be going very wrong.

I would very much like to see this issue explored and investigated by the Society and would welcome contact from any other psychologists who have links with MSBP cases.

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