

# Munchausen By Proxy

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**Debbie Sorensen:** That was Andrea Dunlap and Marc Feldman on psychologists off the clock.

**Yael Schonbrun:** We are three clinical psychologists here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships, work and health.

**Debbie Sorensen:** I'm Dr. Debbie Sorensen, practicing in Mile high Denver, Colorado, author of ACT Daily Journal, the Act Daily Card Deck, and the upcoming book ACT for Burnout.

**Yael Schonbrun:** I'm Dr. Yael Schonbrun, a Boston-based clinical psychologist, assistant professor at Brown University, and author of the book Work Parent Thrive.

**Jill Stoddard:** And from Coastal New England. I'm Dr. Jill Stoddard, author of Be Mighty, The Big Book of ACT Metaphors and the upcoming Imposter No More.

**Debbie Sorensen:** We hope you take what you learn here to build a rich and meaningful life.

**Jill Stoddard:** Thank you for listening to Psychologists Off the Clock.

**Debbie Sorensen:** Hi everyone. Today's episode is really a fascinating one. I have two guests that I'm bringing you Andrea Dunlop and Dr Mark Feldman and they're here today to talk to us about a fascinating topic in psychology, which is Munchausen by proxy syndrome, which is something I've learned a whole lot about from the two of these guests very recently I want to quickly Munchausen by proxy syndrome is, we unpack it in the episode in more depth.

Um, but for listeners who aren't familiar, it's a syndrome where someone fakes or sometimes even induces a medical condition on another person in order to get attention. In most cases, it's a parent, usually a mother, who pretends that a child has a medical condition they don't really have or who even causes the child to have medical symptoms.

Um, and so it's been pretty eye opening for me to learn about this, um, from these guests through Andrea's podcast and through both of their work and through this conversation today. And I have Jill here with me to introduce the episode. Jill is a fan of Andrea's podcast and her writing.

**Jill Stoddard:** Yeah, so our listeners have heard me do a promo for Andrea's podcast called Nobody Should Believe Me, which you and Yael and I have all been fans of, um, it's really well done.

**Debbie Sorensen:** so good.

**Jill Stoddard:** It's. so good and it's not, you know, some true crime podcast can be a little bit exploitative of the victims, and this is certainly not that at all.

It's quite the opposite actually. And because of the podcast I read Andrea's, I think it's her third book, it's called, we came here to Forget and it's like half fictionalized, about a professional skier and then half really about her experience of having a sister who was investigated for Munchausen by proxy, and it was a great book.

So if people are interested in this topic, I highly recommend that. And so, you know, I feel like there's so much we could unpack here, but one of the things that stood out to me, um, I think it's closer to the end of the episode, but it was this harsh reality that in many of these cases, the perpetrators are not prosecuted.

The victims are not necessarily taken out of the homes of the perpetrators. Like there's a lot of work that needs to be done in terms of the system and protecting these kids. And one of the points that Andrea and Marc make are that it's still worth reporting. And it kind of made me think of our, you know, I see everything through our act lens and how process we have to focus on process and choice and action rather than on outcome.

And that if you suspect that this is going on somewhere in your orbit and you bring those suspicions to doctors, to cps, to authorities, it may never go anywhere, but it's still really worth doing because it starts a paper trail. And you know, the more instances there are of reports, the higher the likelihood that something will happen.

And it also may slow that perpetrator down, so it may protect the kid more than we expect it to

**Debbie Sorensen:** Yeah, I mean, that makes me think about how we, as psychologists are mandated reporters and certainly some other professions are as well, and so we have to report suspicions of any kind of child abuse or child maltreatment, but there are these kind of gray areas, you know, often you'll consult like, should I or shouldn't I report?

And you know, when in doubt it's better to report, but it can be really hard and scary too. And, and sometimes there is that question mark and I kind of feel that way too, that there can be, it's like, well, I don't really know for sure or this seems like it's unclear to me and it's better because what if this is an ongoing pattern of behavior, you really need to think about the safety of the child and the wellbeing of the child. I know it can be super complicated, so hard.

**Jill Stoddard:** Yeah, we had a, a similar, it had nothing to do with Munchhouse, but my daughter was a victim of assault when she was in first grade. And when I tell you the mama bear in me came out and I reported this thing every which way from Sunday, principal went above the principal to somebody who was bigger in the school system, went to the police, filed a Title IX complaint. Everything under the freaking sun and absolutely nothing happened. Absolutely nothing. It is still to this day, one of the most kind of distressing and, and traumatic experiences that I've had. But I was speaking with an advocate at the time, and in fact, I believe she said this to me right at the very start of this process, you know, she kinda warned me, it is very possible that nothing will come of this, but

even though it won't help your daughter, if you report it and there's a paper trail, it might help the next person who becomes a victim. And unfortunately there will be a next person. And that's the thing I kind of keep going back to and I find myself getting upset that I didn't get the outcome I wanted, but it was still worth taking those steps and making that choice because maybe just maybe, you know, it will help someone else in the long run.

**Debbie Sorensen:** That's right. Even if it goes nowhere there is that possibility. So yeah.

**Jill Stoddard:** Yeah. . The other thing that I think is really interesting in these cases is that almost always the perpetrators are women are mothers, and we don't really know why that is.

And if you listen to the end, you'll hear Andrea give her hypothesis. I mean, she is so involved in this area and she gives her hypothesis, which I just found utterly fascinating and compelling, and I would love to have some people do some research to see if they can determine whether this is the case or not.

**Debbie Sorensen:** I thought that was fascinating too, and I had never thought about that. And I think, it made me also realize that this is a little bit of a controversial topic in a way I didn't really realize. But I loved hearing her thoughts on this.

It really made a lot of sense to me.

And what's cool about this interview, I think, is that here you have two really passionate people about this. I mean, Dr. Feldman is really a renowned expert in this area, and so he's super knowledgeable and experienced with it, and Andrea has personal experience with it.

So I just learned so much from listening to them and really, I mean, you can tell that they care a lot and that they're really trying to do something that's very important here through this public awareness campaign.

**Jill Stoddard:** Yeah. And what I love about their, this duo, the pairing of the two is, you know, a lot of Mark's work has really remained in an academic sphere. And he talks about in the episode being on Dr. Phil. So he's certainly been out there too. But I think with Andrea doing this podcast, um, with her writing her book, you know, she's really doing her part to bring this out of academia into the rest of the world and you know, they say sunlight is the best disinfectant. And I think just having these conversations and being able to use

platforms to reach more people that, you know, this is really where change is going to occur.

**Debbie Sorensen:** And like you said, this is something that people need a lot of awareness of some resources to be able to try to prevent it. And that's not gonna happen if people aren't attuned to it. And if it's not on people's radar as a thing that happens. And so I think that's helpful and we hope that you all find this informative as well and that you learn something and find as as interesting as we did.

**Debbie Sorensen:** Andrea Dunlop is the author of four novels, including *Losing the Light* she *Regrets Nothing*, we came here to forget and women are the fiercest creatures. She's the host and creator of a popular true crime investigative podcast about munch, *Housen by proxy* called *Nobody Should Believe Me*, her non-fiction book. On the same topic as forthcoming. Andrea is a member of the American Professional Society on the abuse of Children's Munch *Housen by proxy* committee, and is the founder of *Munchausen support*, which is dedicated to providing resources for frontline professionals, families, and survivors dealing with *Munchausen by proxy*. Welcome, Andrea. It's good to have you here.

**Andrea Dunlop:** So good to be here, Debbie. Thank you for having me.

**Debbie Sorensen:** And my other guest, Dr. Marc Feldman is a clinical professor of psychiatry and adjunct professor of psychology at the University of Alabama, tuscaloosa, a distinguished life fellow of the American Psychiatric Association. Dr. Feldman is an international expert in fictitious disorders, including *Munchhausen Syndrome* and *Munchhausen by proxy*, as well as another form of medical deception known as *malingering*.

He's the author of five books, including *Dying to Be Ill*, true *Stories of Medical Deception*, more than 100 peer reviewed articles, and has appeared as an expert in dozens of television programs, print media, and documentaries throughout the world. Welcome, mark. It's good to have you here too.

**Marc Feldman:** Thank you for the invitation.

**Debbie Sorensen:** Well, you're the really the perfect pair to be talking about our topic today, which is munchhausen by proxy and medical child abuse.

And the reason you're such a great team is because you both have so much expertise. Dr. Feldman, you have the clinical and research expertise on this syndrome and Andrea. You have a personal connection with it, which you turned into your books and your amazing podcast, which if you're interested in what we talk about today, you have to listen to

nobody should believe me, I'm just here to tell you. It's fascinating. Um, but I was wondering if you could both tell the listeners, maybe starting with you, Andrea, just a little bit about what happened in your personal history that led you into this particular topic and that that's kind of behind your interest in this area.

**Andrea Dunlop:** Yeah. Thank you. So, as you mentioned, I have a personal connection to this. My older sister has been investigated for medical child abuse twice. She has not been charged with a crime. I talked a little bit about how we got to, um, become estranged around the first investigation, which happened 12 years ago now.

And in the second season of the podcast, I actually get into the second investigation, which was having to do with her younger child and kind of unpack some of the things that that happened there and some of the information I've been able to get ahold of.

But nonetheless, that situation was very devastating for my family. My parents and I became estranged from my sister and her children over it. And so that really was the first time that I had ever heard of Munchhausen by Proxy, except for maybe a couple of passing cultural mentions in movies. You know, there's a character in the Sixth Sense, like that kind of thing.

But it really was very much not on my radar, um, before it, it came into my life in that, in that really big way. And. When I was going through this, I really didn't know anything about it. I didn't have anyone to talk to, and I really felt like we were the only family in the entire world that had ever been through this.

And I Mark Feldman's, um, work was the first thing I ever found on this. And so I already had, by the time we ever talked on the phone for the first time, a, a long standing attachment to Mark and his work because it was the first thing that helped me kind of make sense of, of what, what I felt I was seeing in my family.

And, that really kind of started me off on this journey. I, um, ended up writing my third book was part of the, like sort of half the book, half the book is complete fiction and then the other half is very strongly based on my family. And so that was around the time that I was becoming a mom myself.

I started that book when I was pregnant with my older daughter, Fiona. And that was, that came out about five years ago. I thought that was gonna be the only project I ever did on, on this topic and that that was gonna be my catharsis and I was gonna get it out there, it was very important to me to be able to talk in the media about the fact that this was based on a personal experience, because I wanted people to understand that

if they did have that happening in their life, that they weren't the only one. Because that is, I think one of the powerful things that storytelling and fiction can do is to make you feel less alone in your experiences. And so that was the reason behind sharing it. And just because I hoped that it would bring some awareness and attention to it.

As I said, it was so isolating to go through. It the professionals didn't know what to do. We didn't know what to do, we didn't know what have anyone to talk to. It was, it was really hard. And so along that journey of talking to a media folks or reporter, introduced me to Dr. Mark Feldman and we became fast friends.

And that sort of started me off on all of the rest of this, which was meeting the committee and becoming a part of that committee, meeting my collaborator, detective Mike Weber, who, um, has worked with me on the podcast and also is my co-writer on the book that we mentioned and getting this 501(c)(3) up and running.

So, so, yeah, it's been a really interesting five years. I never would've expected this to play such a huge role in my life, but it's been by and large, a really good thing and a really healing thing for me to find some ways that I can hopefully help other people, which is, you know, a good sort of antidote to having been through something like this.

**Debbie Sorensen:** You know, and on the podcast we often talk about people turning a struggle into something meaningful, some sort of meaningful action, values based action. And I really feel like that must have been such a painful experience and you've turned it into truly a public service, trying to help people understand it, give support to people who have been, whose lives have been upended by this situation, and to make them feel less alone.

So I appreciate that, you're doing that work and that, and part of my mission for today, having you on partly is just that it's really a fascinating thing that I didn't know much about before I listened to your podcast. But also I think that people need to know more about this so that they can know what to look for.

So I appreciate that.

**Marc Feldman:** Yeah, I would've to add that Andrea has done more in those five years than I think I've accomplished in the last 34. Um, I mean, I helped put it on people's radar, but her energy and the work product that has come out and the inspiration she's been to all of us in the American Professional Society and the abuse of children has been amazing.

So I don't say thank you enough to her, but thank you very much, Andrea.

**Andrea Dunlop:** Oh, mark, you're gonna make me cry right at the top of the interview. I wasn't expecting to get, I wasn't expecting to get tears until at least halfway through. Thank you so much that I thought, obviously like means the world to me. I'm such an admirer of yours and you've been such a great mentor to me.

I didn't know that there was necessarily, I'm not a clinician, you know, I'm not, I'm not a doctor. I'm not a psychiatrist or psychologist. And it wasn't immediately clear to me how I could be helpful. It's been a really wonderful thing and I cannot tell you how much that means to me to hear you say that, so thank you.

**Marc Feldman:** Sure thing. Thank you.

**Debbie Sorensen:** Now, mark, turning it over to you, how about you? How did you get interested in this topic and what's your personal connection to this?

**Marc Feldman:** Well, I grew up in a home where my mother, my late mother tend to generally to doubt. When we said we were sick, and I won't belabor this, I've had a formal psychoanalysis to try to work through it. But um, it seemed intolerable to her when my brother or I had some kind of illness. She didn't seem to know what to do, even though my father was a physician, uh, that lurked in the background but it was total happenstance that I happened to meet my first patient with Munchausen syndrome that is she made herself sick or appear to be sick by feigning terminal breast cancer for a year and a half. She was a school teacher and was so convincing. She shaved her head and eyebrows. She died it to lose 50 pounds.



She even joined this breast cancer support group where she was always telling me, other women, they weren't dealing assertively enough with their doctors and others. Turned out she was not seeing any doctors for cancer. Never had it. And the children in the school had dedicated their school's basketball season to her thinking she was going to die at any moment.

So really a dramatic, and in some ways egregious case. I was assigned randomly to see this patient when it all exploded as it often does. That is the group leaders did a routine review of her medical records and found she didn't have any, she hadn't seen any of the doctors whom she claimed were treating her.

So, I was the youngest member of the Duke University Medical Center staff in psychiatry, and therefore got what were viewed as the least desirable patients, and nobody knew what to do with her and were scared of the situation. It ended up that she did really well with treatment.

She was able to turn her back decisively on lying not only about illness, but on any lies. And I was so gratified by that, that I wrote up her report, uh, for a medical journal. And that led to my first book deal. When I was researching that book, I kept coming across this thing called Munchhausen by, uh, proxy, and I had no idea what it was.

I was a thoroughly trained psychiatrist and had never heard the term factitious or Munchhausen in, in all of my training. So I became keenly interested in it, researched everything I could read about it, and have studied it for the last 34 years, being fascinated by it the whole time.

**Debbie Sorensen:** Wow. That one clinical coincidence that you ended up with this particular patient really shaped your entire career and led you down this path.

**Marc Feldman:** Now I think some people would have viewed her as, some people have said it as a bullet to be dodged or a tar baby is another term some people have used with me. That is, you'll never get unstuck from one of these patients, uh, once you treat them or try to treat them. And I also heard they're simply not treatable, so you're wasting your time.

All of that is untrue, and I've had so many gratifying experiences over the last 30 years with patients, whether it's, uh, munchhausen syndrome, adult Munchhausen syndrome, or munchhausen by proxy, where there have been surprisingly good outcomes. Not tons of such cases, but enough to keep me

really focused on the positive effects that mental health treatment can have in many cases.

**Debbie Sorensen:** Yeah, I'll ask you a little bit more about that later because I think that's really an interesting thing in terms of, is this treatable? How do you, you know, how do you work with clients like this? Um, I wanna start with some definitions though, because as you mentioned that, you know, before you got into this world, you didn't, you weren't very familiar with it.

I know a little bit about it, but before listening to your podcast didn't know much, and I would imagine for a lot of listeners, some of the terms are confusing. Why don't we have you walk us through, mark, some of the different terms to get us oriented in terms of what does it mean? So starting with both Munchhausen and Munchhausen by proxy, can you describe what those conditions are?

**Marc Feldman:** Munchhausen syndrome and Munchhausen and by proxy are the historical terms, the first terms used to refer in the first case to people who feign exaggerate actually self-induced illness because they're looking for some form of emotional gratification. That is, they're not after disability monies or opioid medications, at least not mostly.

They're after sympathy, care, attention concern, things they feel unable to get in their lives otherwise. Munch Chasm by proxy was named in 1977 by a British physician who found that one of the mothers of his patients had adulterated a urine specimen. So it appeared that the child was very sick, but he detected that the blood in the urine specimen, in fact, came from the mother, not the child.

Uh, he was very astute in. And, uh, he wrote up a publication called Munchhausen Syndrome by Proxy, the Hinterland of Child Abuse, which is a classic article. So it refers to caretakers, almost always the child's mother who feign exaggerate or induce illness in their child again because they gained some sort of emotional satisfaction as a result. Some of them get gifts and money as well, but the primary goal is intangible.

**Debbie Sorensen:** Okay, so the by proxy part means when it's done to another person, usually a child, and usually a mother to a child. Then what is fictitious disorder? What does that mean?

**Marc Feldman:** Factitious disorder is the American Psychiatric Association's formal term for what, uh, I've just described. So what we used to call Munchhausen syndrome, we now call, at least in official circles, factitious

disorder imposed on self, uh, we call Munchausen by proxy factitious disorder imposed on another.

Those terms have never really caught on. Even though they're the official ones, they're kind of long and clunky and it's not really apparent what they mean. So there are probably 10 to 15 other terms that have been proposed. For example, in Europe they use the term fabricated or induced illness in a child which has the advantage of talking about behavior and what really happens.

And it puts focus on the child who is after all a victim, uh, often the victim. So that has a lot to recommend. It. There are a slew, like medical child abuse is one I use in my latest book, because that also focuses on the victim, the child, but it does tend to overlook the fact that children can be made to appear to have psychological emotional ailments rather than medical ones. So you can debate and we have, in APSAC, the American Professional Society and the abuse of children debated at nauseum, what term is best. But you were right to highlight that factitious disorder as the base term is what is officially recognized by the A.P.A.

**Debbie Sorensen:** So is there always a medical child abuse component of Munchausen by proxy because at least emotional abuse is going on in all of these cases. Is it always the case that they're doing something like you mentioned blood, something like that.

I think we've probably all seen depictions on TV of poisoning children or something like that. I'm just curious if it's more of a lie that doesn't result in that, or do they always sort of go together?

**Marc Feldman:** No, I think you're making a really important point, and that is probably most cases involve at least Munchausen by proxy involve the mothers. Providing false reports or exaggerating some mild authentic symptoms the child has. The cases that get reported in the media and in the medical literature tend to be the most extreme ones.

And those are the ones in which there's active induction of illness, like injecting a child with bacteria or suffocating the child until the child loses consciousness. The media have done a great job in making the public aware of Munchausen by proxy, but not the subtle forms. The ones they feature, not surprisingly, are like the Gypsy Rose Blanchard case, where Gypsy rose, a victim of Munchausen by proxy arranged to have her mother killed by her boyfriend.

That was the basis of a six episode series on Hulu called the Act. Uh, and that captures the public's imagination, but it also tends to make them think that all cases must be that extreme.

**Debbie Sorensen:** I see. So there's different variations of it

**Andrea Dunlop:** Yeah. And it's interesting that, you know, and, and Mark has written about the sort of how this takes a form as educational abuse too. So people saying their children have learning disorders that they don't have, we see a lot of fake autism Spectrum disorder diagnosis, A D H D diagnosis, that kind of thing. And like in fact, the twins that we talked to in the first season, theirs was all around a fake, uh, diagnosis of, fetal alcohol syndrome. And so they were being taken to, you know, mental health professionals and, and that's, that would be very hard, you know?

I know because from working really closely with Mike Weber, those things would be next impossible to fit into any definition of a crime. It's hard enough to, to, to fit the stuff that, that can possibly be deadly into, into sort of criminal law. But it's very important as, as Mark's kind of getting out to recognize that those things are abuse also, because one thing that I've seen now in looking at so many cases and having gotten to talk to a lot of survivors is just the way that this really messes with someone's identity to be told that they're sick, that they're different, that they'll never be like other children to be separated and isolated from other children. So unfortunately, not all forms of abuse are against the law, right? If you're talking about an emotional abuse, I mean, that's not something you could ever take someone to, to court over.

So I think those, those distinctions are really interesting too. And there is like a, a spectrum of behavior and I'm, I'm very fascinated, you know, mark, if you have any, any ideas about like what sort of makes someone stop at a certain point versus what makes someone escalate, because that's something I've definitely wondered about.

Not to, not to redirect, cut the conversation, Debbie, but I

just, as as we were thinking about that, that's been something that's been very much on my mind because you see, like, you know, these serious cases, which is mostly what we talk about on the podcast and, and the information that I've found about my own sister's case indicates some pretty serious things.

And with those, you know, it, for me, looking at those, it, it's hard to imagine someone really being able to come back from some of these behaviors. Like,

you know, we talked about in the Hope Ybarra case where she bled her daughter, where she poisoned her daughter, you know, people that intentionally starved their children over a long-term period.

It's very hard for me to imagine that person having anything like a normal level of empathy. But then there are these other, like, there's this whole other sort of spectrum of the behaviors where I wonder if those people are sort of more treatable and what makes some people confine their behaviors and what makes these other ones escalate.

**Marc Feldman:** I think when there's active induction of illness, uh, we really have to look at the criminal justice system. Maybe therapy can be offered while the person is imprisoned, though prisons aren't known for rehabilitation per se, but the prognosis is in a word, terrible when there's been active induction, I rarely recommend reunification of children with abusive parents, but there was one case where I did do so where the mother's. Deceptive behaviors were focused on providing false reports of seizures and liver problems, but she never actually did anything to the child. And in fact, that was part of the discovery. She's claiming seizures.

They did monitoring of the child with video electroencephalography for, uh, 72 hours. She was indicating all sorts of seizure activity during that time. But there was a video showing the child and an e e G showing the child wasn't having seizures at all. And in that case, you have to ask, is she misunderstanding normal behaviors as being indications of serious problems.

That was one where I met with her, got to know her pretty well. She had done everything I could ever ask for in terms of trying to prove her effectiveness as a parent, not just parenting classes, but, she trained in caregiving and was working as a caregiver for elderly, disabled, uh, patients and doing splendidly.

And so I felt comfortable in that rare case to say, let's have reunification gradually and see how it goes. And it's now years later and it went splendidly. So I feel really good about that case.

**Andrea Dunlop:** Now, mark, in your opinion, does that person not have the underlying disorder?

**Marc Feldman:** No, I felt she did enough lying, deliberate lying, and that's the key word, deliberate deceit that she herself acknowledged. After she read about it, she said to me directly, I have Munchausen by proxy, misunderstanding it to be a health condition of her psyche as opposed to a form of abuse. But she was

very educable and open and, uh, presented herself well in court, which is always important too.

And, again, the outcome has been one that's been really gratifying for me.

**Debbie Sorensen:** Well, that leads to a question I was gonna ask, so it's a good segue because, you know, I think this concept of, is it a delusion? Is it, do they know they're lying? Do they have to be lying directly, or do they believe in it? Could you unpack that a little bit as well? Either, either one of you, whoever wants to, to answer that?

Because I think before I listen to the podcast, I didn't have a sense of like, do people actually believe that this is happening or is this a deliberate lie? What are your thoughts on that?

**Marc Feldman:** Well, I did present a case that sort of crosses the line there. Uh, there were some authentic belief, but then also some active lying. I think the term medical child abuse recognizes the full range of problem behaviors that may lead to the child's being perceived as sick. Munchausen by proxy, involves and factitious disorder imposed on another, if you want to use that term has at its base deliberate deceit.

So these are not mothers who are simply mistaken or who are delusional and think that maybe an evil demonn is possess a child. They know that they have lied. Often you can see considerable planning to deceive other people. And so that's a cardinal difference and I'm glad you pointed it out.

**Andrea Dunlop:** Yeah. And just to piggyback off that, because I'm tasked with explaining this for the most part to people that don't have any clinical background, right? And so I have to try and make it as straightforward as possible, or I will just absolutely lose people, right? Like, I'm always aware of kind of attention spans of the public and et cetera.

So, You know, for my purposes, we've had a couple, you know, Mark's been on the show, obviously Mary Sanders, another colleague of ours, Beatrice Yorker, is gonna be on the second season. And we talked to all of them about this, right? Like are there cases where, for instance, someone is suspected of this abuse and then it turns out not to be that, or like what's a case of something where it looked like Munchausen by proxy, but then didn't turn out to be right?

Because this case of the specter about false accusations has been very blown up in the media, and that's kind of a whole other conversation. But I wondered, you

know, how common is that sort of phenomenon? And so they've all talked about this range of behavior and the term that I like to use that I got from the peer reviewed literature, but is overmedicalization right?

I think that's kind of a helpful term because to me that intent is so different if you are having some kind of psychotic episode. If you are really, really, really anxious and you're over medicalizing your kids too much because of that, you're taking the doctor, you're literally like having overreactions to normal childhood things.

I mean, that, that's, that's something that we probably have all seen someone go through if we haven't been through it ourselves. It is pretty understandable. You know, I have really little kids, so this is very immediate for me. I have a one-year-old and a four and a half year old, and I remember what having my very first new baby, it's like, you know, then you like, are like, ah, you take em to the doctor, you call the her, you're like, you're watching their fever.

You know, all those kind of things. That's pretty relatable. And so someone you could see if they had some existing anxiety problems, could really go too far with that and, and be negatively impacting their kid. But I think in terms of intent, it's very different than what I see as people who are perpetrating the crime of medical child abuse, which is that like really intentional. You know, there's planning, they're looking up symptoms, they're telling one doctor one set of symptoms, and then when the doctor says, well, it can't be this thing because they're missing X, Y, and Z, they go to the next doctor and tell them they're doing X, Y, and Z. You know, it's like you can look through the medical record review and see this deliberate pattern of deception.

So it's not someone getting their facts wrong or misunderstanding what's happening, or feeling too anxious. you can see the sort of pattern of deliberate behavior. And I should also add just for like, I think it's important for the public's understanding, there's such a high comorbidity of these cluster b personality disorders with this behavior like narcissistic personality disorder and borderline personality histrionic that usually every, I'll say this, every perpetrator I've ever read about and seen and looked at a case, especially, you know, the ones that are coming from Detective Mike Webber, which are the ones that have ended up in the criminal justice system.

You see a ton of other deceptive behavior going on, right? So they're lying at work, they're having affairs, they're, you know, doing the financial fraud. Like, you just see this whole sort of pattern of deceptive behavior. So it, it's not this sort of like one thing, one time. It's sort of everything all the time.

**Debbie Sorensen:** Yeah, almost like pathological lying in this one particular form, but it's a broader pattern.

I would love to hear more about what is driving this? Like what's the gratification that people are getting? Because this is one of those things that when you hear about it, it's really a terrible thing to do, especially to your child, but also even if it's to yourself, it just, there's gotta be something driving this. What's kind of underlying this behavior?

**Marc Feldman:** I think as Andrea sort of suggested, it's almost invariable that there are severe personality disorders underlying the behavior. The evidence for a personality disorder might be present very early. I mean, I've had four year olds who would qualify for the definition of factitious disorder imposed on self with whom I've spoken as a matter of fact.

And as they grow, the personality disorder becomes more and more evident, and it is the cluster b personality disorders, as Andrea said. But a personality disorder just means they have long-term, unhealthy ways of trying to get needs met. and Munchausen by proxy or medical child abuse is certainly a desperate behavior.

These are people who don't know how to use words and healthy actions to get what they need. Instead, they resort to pathological behaviors that are often very self-defeating. Certainly when they're discovered to have been lying about a child's illness, it can explode in their faces. And though it doesn't happen enough, in my opinion, they may face criminal prosecution and even in some few cases, incarceration.

I always think about, say, borderline personality disorder as an almost invariable aspect of these cases.

**Andrea Dunlop:** Yeah, and I think, you know, Debbie, I always like to use the example when I'm trying to explain it to people because it does from the outside seem like such a bizarre behavior. Or like, it's very hard to understand. I think especially when it gets to Munchausen by proxy, which is obviously especially serious because there's a child victim involved, you know, where like, why would anyone ever want to have a sick child?

That's every parent's nightmare, right? But I think if you can take a step back, especially taking a step back to sort of the more Munchausen behaviors where someone's doing it for themselves. You know, you see the way these stories play out, like the one that Mark mentioned, and that's really similar to the Hope



Ybarra case where she had, in addition to the Munchausen by proxy, she had these fictitious disorder behaviors where she had an eight year long cancer journey that turned out exactly the same, where they were looking for medical records and there were none.

And she had two remissions, she had massive parties, she went skydiving, she got tattoos. And I think a lot of us can relate to like, Wanting to stay home from school when you're a little bit sick, but maybe not that sick, right?

Like you get a little extra love and care and attention and you get to be kind of the center of attention. Especially like if it's these big things with like cancer or even having a child that has cancer, you get, you know, people showing up for you in this huge way because they perceive you to be in crisis.

And you get celebrities coming to visit your kid at the hospital and a trip to Disneyland, be from the Make-A-Wish foundation and it's all this sort of like special treatment. And now normally that would never be enough for someone to like, want to be in that situation of having cancer or having a sick child.

I sort of think of these people as almost that they can't metabolize love in the normal way. So it's like someone being kind to them or saying, Hey, you're doing a great job at this. Or like all the normal like positive affirmations like don't seem to sink in. It's like the only way they can get that need met of feeling taken care of is to be in that sick position and have all of that attention on them for that.

It's a very extreme version of a behavior that probably most of us can find some way to relate to.

**Marc Feldman:** That's such a, an important point. When we're talking about Munchausen by proxy of perpetrators or Munchausen syndrome patients. We're not talking about some other foreign alien class of human beings because as Andrea pointed out, we all know what it's like as a child to say, I've got a tummy ache, especially on Sunday evening because they don't want to go to school the next day.

And we call that normal illness behavior or the benign use of illness. Or we may have an adult who calls his his boss and coughs into the receiver a few times and said, I've got the flu. I sure hope I don't infect anyone else when they really just want some emotional r and r. So sometimes I get asked the question, does that mean my child is on the cusp of developing Munchhausen syndrome, or is this employee demonstrating really pathological behavior? And the answer is

no. They're just on a continuum with the really extreme cases on the other end. And my second book was called *The Spectrum of Factitious Disorders* for that very reason, we wanted to emphasize this is not another class of human being.

This could be you or me, and we've probably done it, but to a very mild extent, that doesn't dominate our behavior.

**Debbie Sorensen:** That helps it make more sense. They are getting something out of it. In fact, in, I think in your podcast you describe it almost like an addiction to that sort of attention and the dopamine that hit that you get from it. And I thought it was really fascinating too in your podcast that you mentioned Bell Gibson, is that right?

She was an influencer who faked cancer and had all these like millions of followers and media and was getting all this money and examples like that where maybe the internet world that we're living in and everything on, on WebMD. And it's like, this might be just the perfect environment for this to be coming out right now because a lot of people are getting really famous for fake conditions.

**Marc Feldman:** Yeah. I've called that Munchausen by internet and it is stunning what people will do to get attention online. It's much easier to do than real life Munchausen syndrome. And the same is true for Munchausen by proxy. I mean, it used to be that people would have to go to medical libraries, study up about some esoteric illness, go to a doctor's office and act out the illness beautifully enough to get hospitalized. Now you just go to Wikipedia or WebMD, read for five minutes about an ailment that may be really, uh, unusual and about which doctors don't know that much typically. And, uh, you can go online, click to a support group that exists specifically to offer support, not to question what they're told.

And, it's very gratifying. If they're discovered, they simply sign out of that group and go elsewhere online and do the same thing. And this can occur with Munchausen by proxy, which has the kind of clunky name of Munchausen by internet, by proxy. That's, led actually to the recognition by the American Psychiatric Association in the latest iteration of the psychiatrist Bible, the DSM.

And it says now for the first time, that factitious disorder behaviors can occur in real life online or both. And that's a dramatic change for a very conservative organization, to acknowledge the internet can actually facilitate this behavior. Though it's also been a conduit for providing information as we know about, uh,

factitious disorder, Munchhausen syndrome, and Munchhausen by proxy, especially if you check out Andrea's work.

**Andrea Dunlop:** Yeah, and I think people are always shocked about actually how easy it is to pull this off in this era because as Mark said, anybody can go to web mt. And if you think about what appointments with a doctor are like, or appointments with a pediatrician, if you're a parent, you're spending 10 minutes talking to that provider

and the vast majority of stuff that you're gonna be talking to any doctor about, unless it's a broken bone or something that you need a blood test for, it's just gonna be based off of symptoms. And so that's either coming from you if you're doing this behavior to yourself or it's coming from the parent if you're doing this behavior to the child.

And so it's really not hard to pull this off because of how complicated the system is. And I think sometimes the finger gets pointed wrongly at doctors for saying like, well, why would doctors do these unnecessary surgeries? Well, they're doing it in good faith because they're being told that this child's having symptoms that are not resolving with these other interventions.

And so you see these escalations, you know, when we see an almost every case that I've read about, where, again, I'm talking about cases that get to the level of being escalated to c p s and, and sometimes law enforcement, um, a lot of these cases involve feeding tubes. And so you see these escalations, right?

So they bring the child in, they have quote, far failure to thrive, you know, they're not gaining weight as they should. And so they try one intervention, the feeding tube that goes in the nose, and then the parent says they're still not gaining weight. And so they try another intervention, the G tube that goes in the stomach.

And then if the parent says they're still not gaining weight, then they move on to t P n, you know, intravenous nutrition. And it's like that doctor has no way of knowing. And of course there are children that legitimately have these issues, right? And do follow that path. And it's not abusive. The parent is doing everything the doctor's telling them to.

And it's not, but the doctor has no way of knowing in the course of those appointments if the parent is lying to them and they're just not giving the child the formula, or they're just not feeding the child. And that's why they're saying,

so the difference between a side effect and a symptom is not gonna be clear in the course of a doctor's appointment.

And it puts doctors in a horrible position. No doctor gets into pediatrics because they wanna be used as a tool to abuse a child. Many parts of this are under research, but I think that the trauma that this can cause to doctors, especially those that go on to get excoriated in the media for, you know, turning someone in, which happens unfortunately way too much.

It can be really, really horrific for them as well.

**Debbie Sorensen:** Well, and that's something that I think is really important about this conversation. When you see those extreme depictions, it, it almost seems like, oh, it'd be so obvious because this is such a strange thing. But it's really not.

I, In your podcast, you say, we believe our eyes, right? We tend to trust people. We don't have a reason to go questioning most of these behaviors. So what do you think about that in terms of what to look for or like how would you know that this is even happening in the first place?

What would raise a little red flag that something's not right here either for a family member or for a medical professional?

**Andrea Dunlop:** I think you know that the reason that we always have that soundbite in the podcast and why people have such a hard time wrapping their heads around it because these women, and I say women again because most of the perpetrators are that we know about are, are moms of of children.

They often seem for lack of a better word, totally normal, warm, loving mom next door. Like there's nothing that, just like sitting in a room with them would like raise alarm bells, right? And often, in fact, like kind of in analog August, that story Mark told about like this, they, they get really involved in the community, you know, with, like hope you Barr, she was on the parents' council at Cook's Children's.

She was, you know, raising money for cystic fibrosis, which she said her daughter had and she didn't. So they all, they, they look like, part, part of it I, I think is getting off on like looking really heroic. So not just getting the attention in sympathy, but also being like, oh my gosh, what a brave mom. What a strong mom, what a fighter, you know, et cetera, et cetera.

And so I think we're all just very distressed by the idea that someone who's capable of the most horrific act we can wrap our head around. Because I think if you actually sit with what some of these women do, Intentionally poisoning your child over time, starving your child on purpose, lying to doctors about that, you know, putting your child in pain, really torturing your child over a long period of time.

that person would have to be so devoid of empathy to do that. And the thought that someone like that could appear to be such a normal, nice mom next door is the most horrifying, is the reason. This is a horror movie trope. Right? Because it's so, it's so scary. I've thought a lot about why people come around or don't come around who are part of these cases, right?

Because a pattern I've seen both in, you know, the case with my sister and the other cases I've looked at is that, Sometimes people are confronted with evidence and they go, oh my gosh, there's a problem we need to do something. And some people, it does not matter what evidence you confront them with, they will never believe.

It doesn't matter how many things pile up, they will find other explanations. I remember listening to Mike's interview with a, a perpetrator's mom, Mary Welch, who we talked about in the first season. We talked to her, uh, ex-husband Doug Welch and her mom, when Mike Weber interviewed her as part of her investigation was just on about the hospitals are in a conspiracy with c p s so that they can get kickbacks for parenting classes.

And I mean, just the truly like wildest conspiracy theory thinking, and those are the mental back flips that you have to start to do to make any of it make sense. I can say what it was for us. And, and when I've talked to, you know, family members and, and again, the people who are gonna be talking to me for my podcast are the people who did, to my mind, do the right thing.

Right? Who, who saw evidence and, and acted and protected that child, even if it was uncomfortable, even if it costs them that relationship with the perpetrator and the child, which it often does, right? It's a hard decision to make. But a lot of times people just described it as sort of this creeping unease, this bad feeling.

And for us, you know, with my sister, she had a previous history of Munchhausen behavior, which doesn't always lead someone to be a perpetrator. I always wanna say that because, Even that case that Marc was talking about with Bell Gibson, she has children and there's no evidence that she has ever done anything to them.

And obviously she's very on the extreme end, end of Munchhausen and behavior. So it doesn't always translate, but obviously it's a risk factor if, you know someone is already capable of, of lying about their health and has that kind of fixation. And so my sister, you know, as I talked about in the first season, had these things like shaving her head in high school, you know, fake twin pregnancy, et cetera.

So we were already pretty on edge, when she got pregnant and then when the baby came early and it was dramatic and he started having health stuff right away. And so, you know, it was sort of like, even if we weren't aware of what to call that pattern, we were aware that there was a pattern.

And it was when we started noticing That things were not adding up. The specific thing that sort of pushed my mom over the edge to go and talk to the, um, my nephew's pediatricians, was that my sister reported that the doctors were saying that he should have, you know, we were talking about these different feeding tubes, that he should have a G-tube, a surgically enchanted G tube.

And she was in an appointment with the doctor and he clearly was not pushing for that. Right. Again, you're looking for actual deception, right? And at that point we didn't know what we were dealing with. We were sort of putting it more in that hypochondria category, right? Where we were like, oh, she's just, you know, she's misinterpreting this or she's worried, or, you know, these kind of things. And so, you know, my mom reported to the doctors and then they took it up the chain to c p s and the whole thing blew up. And, it was really, you know, upsetting, but we felt there was a problem

so we stuck to that. I think a lot of it is education, because once you see these patterns, you just cannot unsee them.

Now it's like, you know, every case I see looks the same. They have so many commonalities. And it's not to say, you know, perpetrators can use anything, right? Like sometimes people ask me, well, could this look like this? Or could this look like that? It could look like anything.

Anything that's not like a broken, they wouldn't use a broken bone, right? Because you can see that on an x-ray. But anything else is like you can see perpetrators use anything. So, um, yeah, it's education. It's if people know what they're looking for and just that feeling, over a period of time that that parent is not being truthful about their child's health. And what you are seeing with your own eyes with the child does not match up. You know, lots of cases, like the

Duke Welch case that we talked about, his teachers were the people who reported because they were spending so much time with him every day.

And their mom was saying, he has this, he has that, he has this and taking him out of school. And then they were seeing that this was like a perfectly healthy little boy that was running around. And so I think if you are seeing that pattern of it just not matching up, then I think it's really important to report.

And I think a, a big misconception that we deal with, and I know Mike deals with, is that even doctors, but especially other folks feel like they have to present some hard evidence to report. No, if you are worried about this, you should report it to c p s and law enforcement hope that one of them does something about it and it's their job to do the investigation, but, Doctors, teachers, you know, anybody who works with kids in, I think all states in the country are mandated reporters.

So if you have a suspicion that a child is being harmed, you have to report it and they let the other people who are in charge of investigating it do their jobs from there, I think there's just a huge misconception about that. Right.

**Marc Feldman:** That's even a misconception among the c p s workers themselves. There's no guarantee that even when you present a beautifully organized list of the deceptions that a C P S worker will have heard of medical child abuse or even the related symptoms, and some of them may not take any action. It's as if they don't want to recognize that just because a mother appears normal and says the right things, she may still be engaging in horrific medical abuse.

They have one visit sometimes with the mom and child. The mom does all the talking and any medical equipment is squirrel away into a closet, and they come across as convincing on a brief, uh, evaluation that said, You need to make the report. It is a requirement in all 50 states and in some states the average citizen is a mandated reporter.

That is everybody who sees abuse or is concerned that abuse is occurring, is required legally to report that to child protective services and the police and or the police, which is a step that seems so dramatic to many people that they hesitate to do that. But as Mike Weber has pointed out to us and educated me about, these are criminal acts by definition, uh, in almost every case.

And, police involvement makes sense and they can do things, say to preserve online false posts about the child and really memorialize those and keep the

chain of custody so that it's admissible in the court system. And that alone can be really convincing to judges if they're willing to open their eyes and take a look.

**Debbie Sorensen:** I think that this idea of making a report can seem daunting to people and it is a crime and it is child abuse and so it's necessary to do that. I guess maybe a piece of education around that, as a mandated reporter myself, is that, you know, you can make an anonymous report. You don't have to have even evidence or anything like that, all you have to do is call and report it, and then they take it from there. And so maybe if anyone knows anyone, whereas some of these kinds of red flags are showing up, or if you are a therapist or a healthcare professional or a teacher or someone who works with kids and has a suspicion that you know it's the right thing to do and it sounds daunting, but you can do it.

**Marc Feldman:** And complete lists of the risk factors appear on a number of websites, including my own, which is munchhausen.com and on munchhausen support one word.com. Uh, it exists on other places. I, I appeared on the Dr. Phil show to talk about this, this kind of scenario, and he was kind enough to have his staff post the known risk factors or warning signs or red flags of.

Munchhausen by proxy on his website. So if you look, you can find them. And they have stood the test of time. Many of them are research based, uh, but others are, were developed over 30 years of dealing with these cases almost every day. So they tend to call a lot of information into bullets, especially on [munchhausensupport.com](http://munchhausensupport.com).

And on that website, virtually anyone who might come in contact with a case has information there that they can use that will educate them in a really quick way but also pretty definitive way because it's been vetted by experts.

**Andrea Dunlop:** Yeah, thank you for mentioning that, Marc. I put together munchhausen support with guidance from Mark, and that was sort of my first job when I joined the committee. And it was just pulling together kind of all of the literature and the guidelines that he mentioned that the committee put together a few years ago, and just making that really accessible and easily understood and I always like to emphasize to people, you know, I mean two things. So if it's something where it looks like it might be this behavior and it's not, that's gonna become clear really fast once they sort of do an investigation. Because the case is where it is that it's never one report, there's always gonna be like all of these other things that are uncovered in the course of investigation.



That's why they do an investigation. Right? It's unlikely to be just one person reporting is going to escalate things. And I also like to point out that, you know, I think it can be, obviously it's daunting. Nobody wants to report a friend or family member to cps, p s or the police, right?

That's just emotionally a hard thing to do. But I think you have to remember who's really being harmed and it's the child. And also that this abuse can be deadly. It is the most deadly form of child abuse. And that even if the system fails, which I'm sad to report most of the time, I feel that it does.

I think most of us feel, you know, on the committee that this is underreported and that most of the cases slip through the cracks even in those instances. I believe Mike Weber believes, that it slows the abuse down. So you see some of these perpetrators escalating and if there are more eyes on that child, if there are more people paying attention, if there's an investigation, maybe some family members close to that child wise up, and they just act a little more protective even if they're not willing to like totally, you know, metabolize the truth about what that person's doing.

That can be the difference between a child surviving and a child dying. I mean, you had this, the Olivia Gantt case, which was a five-year-old whose mother just sort of starved her to death in plain sight. And I look at that case and I just think there's so many people that failed that child. And if people had intervened more, That child could easily still be with us.

Maybe her mom wouldn't have been held accountable and gone to prison. But it, you know, it, it, they can make the difference. So I, I really think like reporting is always the right thing to do. And it can be cumulative, right? Because a court's gonna look differently. That's someone who, it's their first time being reported to c p s versus it's their fifth time being reported to cps.

Ps if it's one doctor reporting suspicions, that looks a lot different than four separate hospitals reporting suspicions. So even if nothing happens with that report, it's adding to this log. And, you know, when Mike Webber is doing these investigations, they look at all of that, right? They're doing collateral interviews with friends and family members and teachers.

They're doing the medical record review. So all of that stuff is gonna come into play.

**Marc Feldman:** That's such a good point and what I hadn't really thought about before, the value of making a report. Even if you think and are fairly sure

nothing will happen in terms of c p s activity or the mother won't wind up in court, so thank you for adding that.

**Debbie Sorensen:** Yeah. That's really helpful. Just couple things I wanted to just really quickly check in about. One, I just wanna talk about this, the fact that it's typically women. So is that true? Like, do you know the rates on that?

Is it ever dads or men doing this? Or is it pretty much universally women doing it? It seems like that's at least a vast majority of the cases.

**Marc Feldman:** Yeah, I think about research has been done, uh, looking into this. Looking actually at case reports of 796 perpetrators, a huge undertaking. And they found that 96 to nine to 98% of the perpetrators are the child's mother. In the remaining cases, it's often another female, like a daycare provider or a grandmother or respiratory therapist or something like that.

And there's a vanishingly small percentage that are dads. And that's been an observation made since the very beginning of the recognition of Munchausen by proxy and you can come up with loads of different theories as to why this is the case. And some people reject the finding, saying that it proves that medical child abuse is a sexist diagnosis used to punish women.

No. I think what's going on is that, uh, it's a crime of opportunity to a large extent. Women tend to be typical caregivers. In most societies, if not at all, and they have much more access to the children. It doesn't surprise anyone if mom shows up with child to the doctor's office and dad is never seen.

Whereas if it were the dad, um, time after time, people might ask, where's mom? At least they'd be more likely. So I view it trying to put it as simply as I can and not get immersed in all the possible theories. I do view it as a behavior of opportunity.

**Andrea Dunlop:** I've thought a lot about sort of where we give women power in society as just piggybacking off what Mark says about it being a crime of opportunity. Like children are the only place we give women power without question, right?

Like, that's the place we give women in our society power and authority without being questioned. And so if you are an abusive person, then you're gonna take advantage of it, sort of where you can. So the same way that child sex abusers will get into the priesthood or become soccer coaches or become Boy Scout leaders because that provides them the opportunity, for women that opportunity

is presented by the sort of institution of motherhood. Right. And talking to Mary Sanders, uh, another colleague of ours, it, it really struck me that she said, this is a behavior that women, and, you know, mark said it's a desperate act. It's a behavior that women, you know, who do it are feel very sort of disempowered, right?

So it's like, it's a way to take on this power over another person. And I think that the avenue that we give women to do that is over children. And that's sort of the only place we give women dominion. So I think it's like, not that, you know, most women would ever go down that road, but I think you have these sort of unhelpful beliefs on both sides that contribute to this.

So if you're talking about sort of the more conservative side of things, people sort of dey mothers and that's a woman's place and like no mother would ever harm a child. And then on the other side of things, if you're looking at it through a feminist lens, some people would say like, oh, this is sexist to say that like, women are just evil in creating this crime.

I mean, I think it's sexist to say that women are not capable of committing horrible crimes because I think women are capable of the full spectrum of human behavior, including depraved acts. And I think that's what keeps us from absorbing it. And our colleague Bea Yorker has said, and I I love the way she put this, that we're very bad at recognizing female violence.

We're better at recognizing violence that looks male, right? So aggressive, um, sort of anger, right? Not like, Tears and hysterics and manipulation, which is what it looks like, and that's what violence looks like in this crime.

**Debbie Sorensen:** That's a really interesting way to think about it in terms of the cultural context of the gender piece of it. So, you know, earlier we were talking about those rare circumstances where treatment happens, that there have been some cases where there's been some signs of hope with treatment.

To me as a psychologist, I mean, I just don't see people coming in saying, oh, I have this problem, I need help with it. Where they admit it. I think I'm actually probably more likely to see a victim of it or someone like you, Andrea, who's like a family member.

Cuz certainly that is, has a huge impact. Do people have to admit that they're doing this and

what would be some signs that maybe there is hope and that someone would be responsive to getting help and treatment that they could turn this kind of behavior around? Or do you have any thoughts about what might be clinically useful for someone who's doing this?

**Marc Feldman:** Yeah. You brought up the issue of acknowledgement of the behavior and the American Professional Society and the abuse of children, especially Dr. Sanders and Dr. Bursch, uh, have authored an important paper on how to proceed through treatment with perpetrators. But treatment begins with the perpetrator, acknowledging what she has done.

And that almost never happens for a variety of reasons. Personality disorder is part of it, but legal culpability is another issue. I have had people admit to me what they've done, but it's been typically anonymously through the internet. , and in my latest book, *dying to Be Ill*, I got permission to include the confessions as it were of two women. Interesting. Neither is from the us and both then misused their contact with me when they were charged criminally to say, Dr. Feldman has already provided me with treatment, so I'm better. And I provided nothing of the sort. I did provide them with referrals to local resources and to muchausen support and other resources online.

Other therapists perhaps if they can be identified. But so the manipulation continues, but while I really respect those who publish the paper about the steps, one must go through to effectively treat the perpetrators. Generally, it doesn't apply because of that failure to acknowledge what they've done.

**Andrea Dunlop:** Yeah. And those two colleagues of ours also recognize, and like Mark, I have tremendous admiration for their work and they're really two brilliant minds on this. And I think it's a worthy goal, right? To say is this some percentage of people who commit this behavior, who are able to be rehabilitated.

And you know, I don't think once you've crossed the line with harming a child in this way, that you should ever be allowed to have custody back or really be around children. I think it, we should treat it the same way that we treat sex offenders, which is now there is a rule about how physically close you can ever be to a child.

Again, I think it should fall in the same category. That doesn't mean that there's no reason to have, you know, them put in treatment. And also if there is a way they can be accountable to their victims that can, can be helpful to adult victims.

I've never spoken to an adult victim who has had anything like accountability from their perpetrator.

And again, you know, Dr. Bersen, Dr. Sanders would agree that it's like a vanishingly small number that would every be able to get past that, that first step. I've been on my own world journey with this because I wanted to believe that there was maybe more hope than I feel like now there is.

And I think that that to me is a consequence of really spending a lot of time really deep into these cases. And just looking at the facts and looking at the patterns of behavior and, and just, and again, you know, I, I should say I'm not a clinician. I'm not, don't have a PhD. I'm not doing this research and some of my colleagues are doing.

So this is just sort of my feelings about it. When you really picture what it would take to, to do these things, it's, it's hard to me to think that that person is capable of empathy and capable of healthy human relationships. Being a mom too, myself, it's like you really have to go all the way, kind of over the edge.

And I just think that there's a line that you sort of cross and, and can't come back from. And again, with the, with the caveat that I, I think that looking at treatment of perpetrators is a worthwhile goal. I would really like to see a lot more focus on, treating survivors because as you can imagine, most cases that I've heard about, certainly I think across the board there, there hasn't been really much research on this, but most survivors are gonna end up being raised by their perpetrator, right? If they get separated for a short time, they're given back, very few are gonna be permanently separated from their abuser. And so you're talking to people that have had an assault on their physical person, their emotional and psychological well wellbeing from the moment they were born.

And even in some ways before birth, because a lot of these, you know, we believe that there are a certain number of these offenders that induce premature births, which is something that someone confessed to Marc, and that was part of what ended up

I. In his book, dying to Be Ill. And so this is a very like the, they're told they're sick, they're told they're gonna die young, they're told they're different from their peers.

I mean, it's just such an assault on someone's identity. And with that said, I've met some incredible survivors who are so resilient, but they've really had to find

their way through and explain it to the people who are trying to care for them. And people often treat them with a really unwarranted level of mistrust, right?

Because they then perceive that they are going to lie about their health. And often they're very confused about their health because they were always told they were sick. So they don't know what sick feels like, or they don't, they don't understand like those cues from their body. So they either will go to the doctor too much because they find that a comforting space or they will avoid the doctor altogether even when they really need to go.

So there's just some really specific things that survivors need a lot of help with. And we're, um, you know, we have these survivor support groups that we're running out of Munchausen and support and we're really learning a lot about survivors and, my colleagues B Yorker and Joe Runk are helping collect data on that.

And I'm very hopeful about that. But I just think that that is like, those are the people that most need the help. Those are people who are victimized as children and are the most deserving of our empathy. Not that perpetrators are not deserving of any empathy, but I feel like there is this tendency to get very fixated on the mental health of the mother as though it's something that can be fixed with therapy.

There was like the, the results of the first investigation against my sister, it was a CPS investigation only. The state did not end up filing for dependency. So they did not move to take her kids away, but they sort of sent her off with according to the social worker, a safety plan and some recommended mental health treatment.

And unfortunately, I think that that's often how these cases are viewed. And so as much as there are obviously mental health issues going on with the perpetrator, I am very much of the mind that we should move away from talking about it as though it is primarily a mental health issue of the parent when it's really about the victimization of a child.

**Marc Feldman:** I agree. I think that's really well stated, and the emphasis is well placed. Now, the American Psychiatric Association, once again decided to introduce factitious disorder imposed on another as a mental disorder. And I oppose that because now these women sometimes say, I'm the helpless victim of this mental illness called factitious disorder imposed on another.

And it has been used as a mitigating factor in some cases where the child has actually been killed as a result of medical child abuse.

**Debbie Sorensen:** Wow. So that really kind of orients the whole conversation today, I think, in a really important way, which is more about really protecting kids. Knowing what's going on here, protecting kids, doing everything we can to protect kids and giving them support. And so I think that's a really important distinction

I'm so glad you made it because that's really what matters here ultimately, and that's why I appreciate the work that both of you are doing to educate people about this, to help us know what's going on here, what to look for, and we will absolutely link on our show notes today to some of the resources that you mentioned, both of your information to your support network and some articles and that kind of thing, but so that folks can access really easily more information about this.

Or if someone happens to be listening whose life has been affected as a victim or as a family member, um, so that they can get support

**Marc Feldman:** Thank you. I'll be glad to help you with doing that.

**Debbie Sorensen:** Thank you so much for coming on the show today.

Really appreciate it.

**Marc Feldman:** Thank

**Andrea Dunlop:** you.

Debbie.

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