



University of HUDDERSFIELD

University of Huddersfield Repository

Baldwin, Clive

Narratives of Innocence and Allegations of Munchausen Syndrome by Proxy

Original Citation

Baldwin, Clive (2003) Narratives of Innocence and Allegations of Munchausen Syndrome by Proxy. In: Narrative, Memory and Health. University of Huddersfield, Huddersfield, pp. 67-75.

This version is available at <http://eprints.hud.ac.uk/id/eprint/5118/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

7 Narratives of Innocence and Allegations of Munchausen Syndrome by Proxy

CLIVE BALDWIN

Introduction

This chapter will examine some of the ways in which those constructing a narrative of guilt in cases of alleged Munchausen Syndrome by Proxy (MSbP) attempt to silence, negate and manage the challenge thrown up by the mother's narrative of innocence. Such techniques are found in deliberate actions on the part of the narrators of guilt, within the conceptualisation and operationalisation of MSbP as a diagnostic category and in actions/decisions within the investigative process. While techniques of silencing, negation and management are utilised by both sides in the argument, it is apparent that the range of techniques and the ability to employ them is unevenly distributed in favour of those constructing a narrative of guilt. Due to the constraints of space this chapter will report only the techniques used in the construction of the narrative of guilt. However it is worth noting that such uneven distribution is rarely remarked upon.

A Note on Narratives

The starting point for this chapter (itself a narrative construction) is the view that narratives are the very stuff of life and that facts cannot be separated from the persuasive hypotheses that binds them together (Freeman, 1993). Furthermore, given that there can be competing narratives over something as relatively simple as a horse race (Riessman, 1993, citing Goodman, 1980), the more complicated a situation appears, the more likely it is that there will be competing narratives to explain the situation.

According to Plummer (1995), when narratives compete there are three possible paths that can be followed:

- a) a fundamentalism in which the truth of one account is upheld against the falsity of the other;
- b) a coexistence whereby each narrative is allowed to exist without a claim to moral superiority; and

- c) a tacit agreement not to speak of such things.

In cases of alleged child abuse, only the first of these is possible. It is simply not permissible to allow narratives of guilt and innocence to coexist or agree to not to talk of such matters. Necessary action depends upon one or other of the narratives being accepted as true.

Narrative Tactics

In order to be accepted as true a narrative has to become more persuasive than its competitors. Persuasiveness can be enhanced by substantiating one's own claims (for example, through such techniques as supporting evidence, triangulation, expert opinion), by minimising the opportunities for opposing narrators to develop and relate their narrative and by casting doubt upon the character of the narrator and thus the credibility of her/his narrative.

In what remains of this chapter I want to explore some of the obstacles faced by mothers accused of MSbP abuse in developing and telling their narrative of innocence. These obstacles fall into three broad types:

- a) those tactics that are deliberately employed by those promoting the narrative of guilt in order to silence, negate or manage the development and telling of the mother's narrative of innocence;
- b) those that are built into the very conceptualisation and operationalisation of the diagnosis of MSbP;
- c) obstacles that are the result of actions and/or decisions of investigating authorities but for which there is no way of knowing whether these actions and decisions are taken with the intention of hindering the mother in developing and telling her narrative of innocence or whether that hindrance is simply the outcome of actions and decisions taken for other reasons.

a) Deliberate Techniques by Those Promoting the Narrative of Guilt

In the research on which this chapter is based a number of techniques that were deliberately intended to silence or limit the development and/or of a narrative of innocence on the part of the mother were identified. At the extreme end of this spectrum were the forced undertakings and court injunctions against mothers talking to the media and/or specific individuals. Ostensibly to protect the child such injunctions also remove the actions of the investigating professionals from public scrutiny and accountability and it has been persuasively argued that the secrecy which surrounds child care investigations

serves professional interests more than it does those of the child or the family (Morgan, 1997). The restriction of possible audiences to only those professionally approved of constrained mothers in the research to developing and telling their narratives within frameworks experienced as alien and hostile, ie. those of social work investigations, medical and psychiatric evaluations and court hearings.

A second form of actively instigated silencing is the tactic of casting professional supporters of the mother as well meaning but ill informed and misled. The characterisation of the mother as deceitful, manipulative and believable is used to suggest that those professionals supporting the mother have been taken in (Schreier and Libow, 1993). The enrolment of others in pursuit of acceptance of one's position is a normal and essential part of narrative construction (for example see Latour, 1987). However, this normal and essential activity is problematised by the narrators of the mother's guilt in an attempt to silence the challenge that such enrolment presents to their own narrative construction.

A third form of silencing is the practice of excluding mothers from the investigative and deliberative process. For example actively refusing the mother access to decision-making meetings and expert evaluations being conducted without ever seeing the mother (or, indeed, the child). Although Local Authorities are under an obligation to act in partnership with parents this obligation is dispensed with as a matter of course in cases of MSbP. Dept of Health guidelines explicitly permit excluding parents from meetings and keeping information from them, an approach advocated at a recent conference on MSbP. In a number of cases in the research the expert reports were written without either the mother or the index child having been seen by their authors. Indeed, Herbert Schreier, the leading MSbP expert in the US makes it a matter of policy not to see the mother (Allison and Roberts, 1998). If deliberations are to be conducted in the absence of alternative voices, one must surely raise a question as to the fairness of the proceedings.

b) Problems of Conceptualisation and Operationalisation of Diagnosis of MSbP

While the mother's narrative of innocence is disadvantaged through the deliberate actions of her opponents, such disadvantage is usually visible. However, the mother's narrative of innocence is further disadvantaged in a less visible fashion, through mechanisms built into the conceptualisation and operationalisation of the diagnostic category of MSbP.

The first of these mechanisms is the process of recuperation in which the very act of telling an alternative narrative of innocence is taken to be proof of the validity (truth?) of the narrative of guilt. Indeed the presumption, long

before a case goes to court, is that the mother is guilty and thus any of her subsequent actions will be extensions of her MSbP behaviour.

Recuperation can take a number of forms:

- a) the very act of denial is part of the MSbP perpetrator profile;
- b) the challenging of the expert's report by detailed reference to the medical records is interpreted as 'typical of an MSbP mother' and thus adds weight to the report that advocates the mother's guilt;
- c) seeking second opinions can be interpreted as further attention seeking or as manipulation of professionals;
- d) the act of going to the press to tell one's story is interpreted as further attention-seeking behaviour and thus indicative of the mother's guilt;
- e) the act of seeking support, help, advice and information from others who have been accused is part of the MSbP perpetrator profile;
- f) seeking redress through the legal process is viewed as seeking attention via the courts when medical attention is no longer available or as being indicative of the mother's focus on her own needs rather than those of her child.

The second mechanism is that of character work. Much of the focus of the professional narratives of guilt in the cases in the research was on the character of the mother - invariably portrayed as deceitful and manipulative. Indeed professionals have been advised to disbelieve everything the mother says (Blinow, 1998) and to question every action even when that action appears to be reasonable and normal (case notes). Medical records are scoured for discrepancies and inconsistencies, which are then attributed to the deliberate misreporting of symptoms, history or events on the part of the mother. In none of the cases in the research were such discrepancies and inconsistencies attributed to differences in questioning, environment, relationship, circumstances or recording (Morley, 1995). To admit to such would undermine the persuasiveness of the narrative of guilt. The presentation of the mother as deceitful and manipulative serves to cast doubt upon the credibility of her narrative of innocence and as such is a major aspect of the narrative of guilt.

The third mechanism is the deliberate a-symmetry of approach towards the claims and evidence presented by the mother and the evidence and claims of professionals making the accusations. Statements by professionals regarding the mother's alleged MSbP behaviour were generally accepted as reliable without question. In one case the social worker claimed that the mother had

endangered her child by refusing to stay in hospital and that the mother had lied about a house fire. Initially other professionals without further investigation accepted these reports without question. Both these reports were unsubstantiated by external evidence yet it was the family who had to raise the issue of unreliability and (essentially) fabrication. Meanwhile the same professionals consistently disbelieved the mother's statements about other events.

On the other hand, claims by mothers were discounted without being investigated or were subjected to intense scrutiny. For example, one mother was accused of acquiring drugs on prescription by deceit. She claimed that she had been mugged and that someone was using her name and identification documents. This was disbelieved without investigation by the local authority and it was left to the mother to pursue. Eventually the police arrested someone in possession of the mother's identification documents and supported the mother's narrative.

The fourth element in the operationalisation of the diagnosis of MSbP is the setting of a trajectory very early on in the investigations. This trajectory, presumptive of the mother's guilt, seems to make it far more difficult for the mother to unwind the developing narrative of guilt (for example see Baldwin, 2000). Once this trajectory has been set, investigations, evaluations and court hearings already have a framework within which they must operate. To challenge this framework is interpreted as 'not taking the allegations seriously' or 'not co-operating with the professional investigators' - and can be viewed as further reason to exclude, ignore or disadvantage the narrative of innocence.

Most of the mothers in the research reported that they felt they had to prove everything they said while allegations made about them were accepted without serious, if any, investigation. In other words, the mothers' narratives of innocence were subjected to more intense scrutiny than the professionals' narratives of guilt. It is little wonder that the mothers in the research all felt that those whose job it was to investigate fairly were not listening to them.

c) Other Obstacles

We have seen that in attempting to develop and tell their narratives of innocence mothers accused of MSbP abuse have faced obstacles deliberately placed in their way by the professionals constructing the narrative of guilt and obstacles inherent within the conceptualisation and operationalisation of the diagnostic category. There are, however, other obstacles that while hindering the development and telling of a narrative of innocence are not necessarily intended for that purpose. They are, however, the result of deliberate actions and/or decisions on the part of the investigating authorities such as the local authorities, guardian ad litem and the courts.

In constructing their narratives of innocence a number of mothers reported actions/decisions that hindered them in attempting to tell their story. All those who made such claims could provide documentary support. These claims included:

- a) the non-disclosure of documents - for example, one local authority hid the initial expert report from the mother for many months and constantly refused to disclose the social work file to the mother or her legal team throughout the care proceedings;
- b) the late disclosure of documents thus making it impossible to formulate an adequate response;
- c) the alteration of medical records and other documentation - either adding hand-written notes to original documentation or blanking out sections of documents before disclosing them to the mother and her legal team;
- d) a local authority refusing to agree to joint instruction of an expert despite this being normal practice;
- e) a local authority making unsolicited approaches to the mother's independent expert regarding the issues they wanted addressed;
- f) one guardian ad litem unilaterally soliciting further reports from the MSbP expert who was initially jointly instructed thus depriving the mother and her legal team of the opportunity to comment;
- g) one guardian ad litem attempting to solicit the support of a family member into deceiving the mother into meeting her (and deceiving the mother as to the purpose of the meeting) in order to gain information surreptitiously.

It is impossible to know the extent to which this sort of thing happens in cases of MSbP but from other cases that have come to my attention I think it is reasonable to suppose that it is far more common than we might be led to believe.

A second set of action/decision obstacles arose when the cases appeared in the courts. While it is usually assumed that the courts are impartial upon investigation of how the competing narratives are allowed to be presented and how each is treated, there seem to be reasons to doubt that assumption.

- a) in b)-f) above no comment was made by the courts as to the inappropriateness of the actions/decisions of the local authorities or guardian ad litem;

- b) the social worker who fabricated events and failed to investigate the house fire was not criticised in any shape or form by the court;
- c) one mother was not allowed the opportunity to cross-examine the doctors who made the original accusations against her. Indeed the doctors did not even attend court despite the local authority having relied upon their reports to remove the child;
- d) one mother was not allowed the opportunity to present witnesses in her own defence;
- e) several mothers have been forced to represent themselves through extensive and traumatic legal proceedings (1);
- f) the refusal of leave to appeal thus preventing the mother from presenting her narrative of injustice to a higher court (2).

Concluding Remarks

In conclusion I would like to make the following comments.

First, I hope that I have demonstrated some of the difficulties faced by mothers who challenge the accusations of MSbP abuse. The obstacles to developing and telling a narrative of innocence would seem to be deliberate, systemic and common. Even in the supposedly neutral arena of the courts mothers in this research experienced disadvantage.

Second, although difficult it is not impossible to tell a persuasive narrative of innocence. Most of the mothers in the research on which this chapter is based had successfully argued their case in court. However, it takes time, money, emotional and physical energy and determination to mount such efforts and challenging the institutions of medicine, social work and the courts is often too daunting a task.

Third, the successful challenging of narratives of guilt takes considerable time. Most of the mothers in the research had been involved in lengthy legal proceedings prior to the argument being ruled in their favour. In a recent case heard by the European Court of Human Rights (*P, C & S v The United Kingdom* 2002) the parents' narrative of injustice took over three years to be heard.

Fourth, if my contention regarding the unevenness of narrative evaluation is persuasive, the integrity of the narratives of guilt can be called into question when their persuasiveness is founded on the deliberate and systemic

disadvantaging of the mothers' narratives of innocence rather than a symmetrical evaluation of competing claims.

No-one seriously disputes the reality of child abuse. However, it is important that throughout the investigative and deliberative process the evaluation of competing narratives is fair and symmetrical. Both the narrative of guilt and the mother's narrative of illness utilise and contain techniques to silence, negate and manage the opposing narrative. The ability to use these techniques is, however, unevenly distributed in favour of the narrative of guilt. To privilege one narrative from the outset (through a-symmetry, character work or exclusion) or to deliberately disadvantage one narrator (through, for example, failure to disclose documentation or the denial of legal representation) may have devastating and irreversible consequences for children and families.

Notes

- 1) In an interesting case ruled on after the original version of this chapter was presented (*P, C & S v United Kingdom* 2002), the European Court of Human Rights (ECtHR) has ruled that Justice Wall violated the human rights of one mother by refusing an adjournment so that the mother could seek further legal representation and insisting on continuing the care proceedings and hearing the freeing order application without the parents being legally represented. The ECtHR ruled that legal representation was essential for the parents' interests to be heard (Article 6 of the Human Rights Act) and that they could not rule out the possibility that had the parents been legally represented the outcome may have been different. The ECtHR, however, does not have the power to insist on a re-hearing of the case and there is, currently, no legal mechanism by which the adoption of S can be overturned.
- 2) The mother in P, C and S was denied leave to appeal in the original hearing and then later by the Court of Appeal who ruled that the original 'judge was throughout meticulous and scrupulously careful to consider any points that went to the advantage of the mother' (Re: B 1999). This, however, was not the view of the European Court of Human Rights (*P, C & S v United Kingdom* 2002) who upheld the parents' arguments regarding violations of Article 6 (the right to a fair hearing) and Article 8 (the right to family life).

References

- Allison, D. and Roberts, M. (1998) *Disordered mother or disordered diagnosis? Munchausen by proxy syndrome*, Hillsdale, NJ, Analytic Press.

- Baldwin, P.C. (2000) Munchausen syndrome by proxy: Telling tales of illness, PhD thesis, University of Sheffield.
- Blinchow, D. (1998) Conference notes: Conference on Munchausen syndrome by proxy, March 26th, Pavilion Publishing.
- Freeman, M. (1993) *Rewriting the self: History, memory, narrative*, London, Routledge.
- Goodman, N. (1980) Twisted tales, or, story, study, and symphony, in Mitchell, W. J. T. (Ed), *On narrative*, Chicago, University of Chicago Press.
- Latour, B. (1987) *Science in action: How to follow scientists and engineers through society*, Cambridge, Mass., Harvard University Press.
- Morgan, B. (1997) A study in secrecy, in *Report and Recommendations of the Child Exploitation and the Media Forum*, Dover, Smallwood Publishing Group.
- Morley, C. J. (1995) Practical concerns about the diagnosis of Munchausen syndrome by proxy, *Archives of Disease in Childhood*, 72(6), June, 528-529.
- P, C & S v The United Kingdom (2002) Application no. 56547/00, Judgement 16 July, Strasbourg.
<http://hudoc.echr.coe.int/hudoc/ViewRoot.asp?Item=13&Action=Html&X=723165144¬ice=0&Noticemode=&RelatedMode=1> (accessed 25 July 2000).
- Plummer, K. (1995) *Telling sexual stories: Power, change and social worlds*, London, Routledge.
- Re: B (Children) (1999) EWCA Civ 1772, Judgement 5 July 1999.
<http://www.bailii.org/cgi-bailii/disp.pl/ew/cases/EWCA/Civ/1999/1772.html?query=%7e+munchausen>. (accessed 7 Sept 2002).
- Riessman, C.K. (1993) *Narrative analysis*, London, Sage.
- Schreier, H.A. and Libow, J.A. (1993) *Hurting for love: Munchausen by proxy syndrome*, New York, Guilford Press.

