

questionable interviewing techniques, cults, and sexual masochism. Both seasons send an erroneous message that if an individual commits a heinous act, mental illness is likely involved. The series does an unclear job of delineating the difference between competence to stand trial and pleading not guilty by reason of insanity. Each defendant undergoes a competency to stand trial evaluation, the portrayal of which is quite concrete. Cora is asked about her mental health history, her understanding of a trial, and whether she has any thoughts of self-harm. She is also asked what, as an adult, she would like to say to her teenage self. Julian is asked about his life in the commune, his understanding of the murders, and ideas of what happens after death. Detective Ambrose reads about schizophrenia (Season 1, Episode 3) and meets with the psychiatrist who performed Cora's evaluation. The psychiatrist states, "She passed, because technically she should pass. She's lucid, she's aware of her circumstances, her judgment isn't compromised" (Season 1, Episode 3). Detective Ambrose then asks the psychiatrist about the possibility of a song that "drove her to kill" (Season 1, Episode 3). The psychiatrist responds, "It sounds like PTSD psychosis, we see it in combat veterans a lot" (Season 1, Episode 3). Detective Ambrose and the psychiatrist subsequently perform two meditation sessions with Cora to revisit past traumas for possible clues about what led Cora to kill. Although not explicitly stated, the show hints at the idea of PTSD, specifically "PTSD psychosis" as a means for self-defense. The judge rules in each case that Cora and Julian would benefit from psychiatric treatment rather than prison, insinuating that their actions were secondary to psychiatric illness. In reality, diversion is rarely an option for someone who commits a violent crime.

The show's misperception of psychiatric evaluations and boundary violations compounds the misunderstandings the lay viewer may already have of court proceedings. The show uses jargon in an attempt to establish legitimacy, such as a "730 exam" to describe a competency evaluation. In New York, fitness examinations are referred to as "730 examinations" after Criminal Procedure Law Article 730.¹ In contrast, the independent evaluating psychiatrist would never actually say, "she passed" (Season 1, Episode 3) or consult with the detective. The show also contributes to a misperception that the psychiatrist and detective are working together to help defendants rather than taking separate, objective, and ideally unbiased

approaches. The show then uses the non-DSM-5 term "PTSD psychosis" and the unsupported method of "guided meditation" (Season 1, Episode 4) to extract clues for the case. The same psychiatrist who completed the competency evaluation appears to be the treating psychiatrist in the jail, violating one of the ethics principles of our field. Ethics boundaries are further crossed when Detective Ambrose is allowed to sit in during the meditation sessions. It is made clear that Detective Ambrose is an advocate for the defendant when he states, "I'm on your side" (Season 1, Episode 4). He is seen visiting and calling the defendants outside of work functions and sharing personal information. Although portrayed as admirable, these representations distort the realities of police and forensic work.

Despite the many misconceptions of forensic psychiatry and the law, *The Sinner* is well acted and an attention-grabbing piece of entertainment. It does adequately reveal the negative impact of trauma, and it challenges viewers' thinking about how this should affect the disposition of criminal cases. It also allows for a different definition of a "sinner." If the viewer (even a forensic psychiatrist) can suspend disbelief, just as in other works of fiction, *The Sinner* can be enjoyed for its dramatic acting and clever storylines despite the inaccuracies and misperceptions of psychiatry and the law.

Reference

1. N.Y. Crim. Proc. Law § 730 (2019)

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Munchausen's Syndrome by Proxy, Medical Child Abuse, and Darling Rose Gold

By Stephanie Wrobel, New York: Berkley, 2020. 320 pp. \$26.00.

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Key words: Munchausen syndrome by proxy; factitious disorder imposed on another; medical child abuse; Darling Rose Gold; fiction

Darling Rose Gold is Stephanie Wrobel's debut novel, and it appears to be inspired by the case of Gypsy Rose, the medically abused daughter of Dee Dee Blanchard. The book is a fast-paced, easy read with an interesting narrative approach; however, psychiatrist readers may be disappointed with the characterizations. The story is cleverly told through two converging timelines and points of view. Patty Watts, the mother of her darling Rose Gold and adjudicated perpetrator of aggravated child abuse, narrates the story in the present tense. Rose Gold tells her story in the past tense primarily over a period of five years, the length of her mother's prison sentence, and the time needed to hatch a vindictive and ultimately disappointing revenge plot. Eventually these two stories intersect in the present.

The story of Dee Dee Blanchard and Gypsy Rose has been sensationalized since Ms. Blanchard's murder at the hands of Gypsy Rose's internet boyfriend in June 2015. A compelling aspect is that many lay people felt duped once it became clear that Gypsy Rose Blanchard was actually a healthy adult, and not the sickly child who won free trips to Disney World, a home from Habitat for Humanity, and multiple other perks from her community.¹ After it came to light that Gypsy Rose Blanchard may have been abused at the hands of her mother, many still believed she was merely manipulative and not at all a victim.² These themes were also dramatized in the television mini-series *The Act*.³ Stephanie Wrobel's book appealed to this viewpoint, as her protagonist, anti-hero Rose Gold, was presented as a manipulative perpetrator in her own right rather than as an innocent victim.

In 1951, Dr. Richard Asher used the name of the eighteenth-century German officer, Baron von Munchausen, who was known for telling dramatic and untruthful stories, to describe an individual's pattern of self-abuse, known as Munchausen syndrome.⁴ Munchausen syndrome by proxy, coined by pediatrician Dr. Roy Meadow in 1977, is now referred to as factitious disorder imposed on another in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. This rare condition involves an individual deliberately either falsifying physical or psychological symptoms, or inducing injury or disease in another person, and presenting the victim to others as ill or injured. Examples of mechanisms include suffocation, poisoning, or falsifying laboratory results, among many other methods of abuse.^{5,6} Medical child abuse is the term used by child abuse

pediatricians to stress that the primary concern is the child's victimization, regardless of the psychopathology of the parent.

In the vast majority of cases, mothers are the perpetrators of medical child abuse.⁶ In contrast, fathers typically have minimal involvement. In *Darling Rose Gold*, when Rose Gold's estranged father, who temporarily came back into her life, realized that she manipulated him, he tried to distance himself from her and told her, "I expect my son to act out . . . but girls are supposed to behave" (p 219). Rose Gold says to herself, "I guessed my mom never got that memo" (p 219).

The fictional portrayal of Rose Gold shares striking similarities with the true story of Gypsy Rose.⁷ Besides the obvious use of the name Rose, the novel feeds into the media's perceptions by cherry-picking attributes of the actual case and blending them into a contrived story of Munchausen syndrome by proxy. The similarities include poor dentition, the secret internet boyfriend (with a twist in the book), obsession with Disney princesses (with Rose Gold being "[her] own Prince Eric" (p 297)).

In contrast to this fictionalized account, in the excellent memoir, *Sickened*,⁸ Julie Gregory tells her own story of a difficult journey after surviving years of medical child abuse at the hands of her mother, who nearly convinced doctors to perform an unnecessary heart procedure on her. Her story explores the sequelae of medical child abuse and how she does not escape unscathed. She also describes how she does not let it define her or control her behavior in adulthood.

As forensic psychiatrists, we are currently somewhat limited regarding data about outcomes of medical child abuse victims. Given the concealment of medical child abuse, it is difficult to identify the victims and determine the long-term psychological sequelae. Limited evidence gleaned from the small number of reported cases indicates that some victims may minimize subsequent health problems or medical needs in adulthood, while others may continue to report somatic complaints.⁹ Rather than depicting a two-dimensional revenge story, the story of tribulations and growth in *Sickened* is a journey worth reading about.

Ultimately, *Darling Rose Gold* is disappointing as it further sensationalizes medical child abuse and psychiatric diagnoses and deflates true aspects of a well-known case with a trite revenge story. Of note, this is the second popular novel in the last few years to fictionalize true-crime events depicted in popular news

media. For example, the French novel, *The Perfect Nanny*, by Leila Slimani, is a *Roman à Clef* (a novel about real-life events with the overlay of fiction) that appears to be based loosely on news stories of a real murder case in New York City in 2012. It is important for forensic psychiatrists to be aware of these stories, as they may distort the views of the lay public (and potential future jurors), and to be aware of novels that purport to be fiction yet appear to be sensationalized portrayals of complex events occurring at the intersection of psychiatry and the law.

References

1. Nicolaou E: Gifts received by Dee Dee Blanchard. Available at: <https://www.refinery29.com/en-us/2019/04/228628/how-dee-dee-blanchard-made-money-with-no-job>. Accessed April 4, 2020
2. Gomulka S: Discussion surrounding Nicholas Godejohn involvement with Gypsy Rose. Available at: <https://www.oxygen.com/killer-couples/crime-time/nicholas-godejohn-think-gypsy-rose-blanchard-manipulated-him>. Accessed April 4, 2020
3. Rosenbaum KB, Friedman SH, Galley N: The Act. *J Am Acad Psychiatry Law* 47:534–6, 2019
4. Fish E, Bromfield L, Higgins D: A new name of Munchausen Syndrome by proxy: defining fabricated or induced illness by carers. *The Australian Institute of Family Studies. Child Abuse Prevent Issues* 23:2–11, 2005
5. Shaw RJ, Dayal S, Hartman JK, DeMaso DR: Factitious disorder by proxy: pediatric condition falsification. *Harv Rev Psychiatry* 16:215–24, 2008
6. Yates G, Bass C: The perpetrators of medical child abuse (Munchausen syndrome by proxy): a systematic review of 796 cases. *Child Abuse Negl* 72:45–53, 2017
7. Genzlinger N: Review: The Bizarre Case of ‘Mommy Dead and Dearest’. Available at: <https://www.nytimes.com/2017/05/14/arts/television/review-the-bizarre-case-of-mommy-dead-and-dearest.html>. Accessed April 4, 2020
8. Gregory J: *Sickened: The Memoir of a Munchausen by Proxy Childhood*. New York: Bantam Books, 2003
9. Shapiro M, Nguyen M: Psychological sequelae of Munchausen’s syndrome by proxy. *Child Abuse Negl* 35:87–8, 2011

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Stigma, Shame, and Transcendence in Japanese Cinema

Sweet Bean, Directed and written by Naomi Kawase, adapted from the novel *Sweet Bean Paste* by Durian Sukegawa. Released in Japan May 30, 2015.

37 Seconds. Directed and written by Hikari. Released in the United States January 31, 2020.

Reviewed by Kenneth J. Weiss, MD

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“Don’t tell me what I *can’t* do!”—the battle cry of those pinched by the perception of disability, a social-legal construct. Previous reviews of films from France¹ and the United States² have focused on overcoming disability and adapting to differentness. In two award-winning films, set in contemporary Japan, we see the stigma of physical disease and how the affected individuals transcend it. While they are neither forensic nor psychiatric, the sensitive treatments of the characters provide guidance on the bread-and-butter work we do: explaining individuals’ adaptations for use in civil and criminal settings.

Sweet Bean, beautifully filmed in Higashimurayama, within greater Tokyo, takes us to a snack shop on the ground floor of an apartment building. The shopkeeper, Sentaro, makes one food item, *dorayaki*: two pancakes with sweet bean paste between them. Sentaro works hard and has a small following of teenaged girls, including Wakana, who is about to drop out of school. Something is missing from his life, and he cannot accept being a role model for Wakana. One spring day, Tokue shows up, a timid 76-year-old woman with gnarled hands. It appears she has arrived by chance, as she looks up through the cherry blossoms to the heavens, grateful. Poetic, she takes in the world sensually, uncritically. She sees Sentaro’s help-wanted sign and expresses interest in his work, but he is indifferent to her, unable to see her value through his misery. He tries to talk her out of it, saying the work is too hard. After he gives her a free *dorayaki*, she vows to return. She does, critical of his bean paste, saying she has made it for 50 years. He is unrelenting about hiring her. Tokue leaves him a small package and walks away.

In the package is bean paste. He has never seen “chunky” bean paste, which, after licking it from his finger twice, starts to change his world. Later, having tempura with Wakana, he admits that Tokue’s