

The reader obtains a sense of how individuals engage in deception and, more importantly, potential insight into what the motivations are for these individuals or how the condition often progresses. A drawback to this approach, however, is that the anecdotes start to blend together and, as noted by Feldman and Yates in the introduction, “these cases don’t make for easy reading” (p 6) given their graphic (e.g., intentionally injecting oneself with feces) and disturbing nature (e.g., a parent intentionally adding salt to infant formula or smothering a child to simulate illness).

The book is broken down into 10 chapters. The first chapter is an overview of the history of medical deception and the development of the current formulation of the condition. Subsequent chapters are devoted to specific aspects or permutations of the condition, such as chapters related to factitious disorder by proxy (Chapter 2. Medical Abuse: When Deception is Maltreatment), factitious disorder by internet (Chapter 8. Cyber-Deception and Munchausen by Internet, e.g., reporting to have an illness in blogs or patient-support websites), and Munchausen by animal proxy (Chapter 10). The book also includes a chapter about the impact of erroneous diagnosis of factitious disorder, as well as what happens when an individual with a past history of factitious disorder really does become ill (Chapter 9. Jumping to Conclusions: False Accusations). Chapter 3, entitled Mental Masquerades, may be of particular interest to forensic practitioners because this chapter discusses individuals with factitious disorder who simulate having psychiatric conditions rather than a more traditional somatic illness. This chapter examines questions forensic experts have to assess, such as the motivation for a faked claim of illness (i.e., is an exaggerated or factitious presentation due to malingering, to assume the sick role, or both).

Readers looking for an in-depth clinical study of factitious disorder will find that this book meets their needs. It is very good at conveying the clinical pathology (e.g., actions taken, responses when discovered, the ways in which individuals tried to avoid detection), significant elements of individual case histories (e.g., important aspects of the person’s history leading to the behavior, what motivated the individual’s behavior, and why it was hard to stop engaging in the behavior), and long-term impact of the condition on the individual’s life and the lives of others. *Dying To*

Be Ill is successful in humanizing those with the condition.

For professionals looking for a deeper forensic appreciation of factitious disorder, this book may or may not serve their needs. Given that the book consists primarily of anecdotal case reviews, there are few data or scientific references for the reader with a forensic focus to utilize. In addition, this book is not designed to be a convenient reference book. The chapters are often very long and dense. Although Dr. Feldman discusses aspects of his forensic experience, many of the anecdotes seem to be solely from his perspective with little to no mention of their legal application (e.g., court case citations, excerpts from judges’ rulings, how to perform a forensic evaluation for someone with the disorder). There was some discussion in Chapter 7 (Conscience, Ethics, and the Law) regarding how a clinician could avoid or respond to potential legal entanglement when treating someone suspected of having factitious disorder.

Overall, this book is well written, though it can be dense and tedious at times. Dr. Feldman’s experience and expertise as a clinician is clearly evident in this work. For a clinician who is looking for a text that provides a deeper understanding of factitious disorder and may allow examination of clinical experiences in a new light, I highly recommend *Dying To Be Ill*. For readers who may be more interested in information on the disorder as it relates to forensic work, this book, although informative, may not be the ideal resource.

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The Act

Created and produced by Nick Antosca, Michelle Dean, Britton Rizzio, Gregory Shephard, and Jan Peter Meyboom; directed by Laure de Clermont-Tonnerre, Adam Arkin, Christina Choe, Steven Piet, and Hannah Fidell. Hulu. First aired March 20, 2019.

In this eight-episode dramatization of real events involving Munchausen syndrome by proxy (MBP) and matricide, viewers learn the story of Gypsy Rose

Blanchard (played by Joey King) through the relationship with her mother, DeeDee Blanchard (portrayed by Patricia Arquette). This story was sensationalized in international news headlines in 2015 and affords an example of truth being stranger than fiction. It strains credulity even while watching the real events unfold: Gypsy Blanchard was confined to a wheelchair for most of her childhood, had her parotid glands removed for excessive drooling, and had a percutaneous endoscopic gastrostomy (PEG) tube placed for feeding, when nothing was actually medically wrong with her.

The series portrays how DeeDee and Gypsy Rose gained attention because of how sick young Gypsy Rose appeared. Gypsy and her family made multiple Make A Wish trips to Disney, and a home was built for them by Habitat for Humanity. Gypsy Rose's mother (who may have also experienced abuse at the hands of her own mother) and the doctors and hospital staff all failed her. A recent systematic literature review of medical child abuse found that the perpetrators are overwhelmingly mothers, and about one third of the time they had also been maltreated as children.¹ Professionals are often found to have a blind-spot in diagnosing medical child abuse. Gypsy Rose's father, who lived several states away and was not involved in the abuse, consistent with the literature, was unaware of the abuse and unaware of specific details of Gypsy Rose's alleged illness.²

On June 14, 2015, DeeDee Blanchard was found dead by multiple stab wounds in her Habitat for Humanity home. Gypsy Rose, whom neighbors had thought was confined to a wheelchair, was gone and feared dead. *The Act* series dramatizes Gypsy Rose's longing to be a normal teenager, including putting on makeup and going out with boys, with her efforts thwarted by her mother who lied about her birthdate and kept Gypsy Rose four years younger than her actual age. Instead of dating boys, Gypsy Rose has her food blended and given through a PEG tube in her stomach, which she does not need. She is wheeled by her mother in a wheelchair although she can actually walk. She must sleep with a CPAP machine that her mother often monitors by sleeping in the same bed as the teenage Gypsy Rose. DeeDee also perpetrated physical abuse and tied Gypsy Rose to the bed with scarves as punishment.

Despite the heavy-handed monitoring by her mother, Gypsy Rose finds a way to set up a Facebook account and use an online dating website. Through

this online dating site, she meets Nicholas Godejohn (played by Calum Worthy), who claimed to have multiple personalities, and starts a secret romance with him which includes BDSM (bondage dominance sadism masochism) fantasy. She tried to arrange a chance meeting with her mother and Nicholas at a movie theater, but DeeDee does not play along and keeps Gypsy Rose away from him.

Related Works

The novel and television series, *Sharp Objects*, also addressed MBP, also known as factitious disorder imposed on another and medical child abuse.³ Despite *Sharp Objects* being fictional, that portrayal seemed even more realistic than the dramatization of Gypsy Rose's life as it was dramatized in *The Act* because Gypsy Rose's abuse was so extreme.

MBP is a difficult concept for professionals, much less juries, to grasp, because it includes hidden abuse perpetrated by an apparently loving other (most often the victim's mother). *Sharp Objects* and *The Act* may be very helpful in drawing it into juror's consciousness. Another work that may be helpful in this way is *Sickened*, an excellent and heartbreaking first-person memoir of Julie Gregory, who suffered medical child abuse victimization at the hands of her mother.⁴ Like *The Act*, *Sickened* demonstrates an extreme case of MBP, including the mother demanding invasive procedures such as open heart surgery and keeping the child out of school to drive her miles away to find a doctor who would perform the most invasive procedure. Unthinkably, her mother also failed to take her to a doctor right away when she was complaining of pain from a visibly swollen, broken wrist after a fall on the playground. Unlike Gypsy Rose, who found no opportunity to speak out against her mother, when Ms. Gregory attempted to tell adults the truth of her horrific victimization, she was not believed even by her peers at school.

These stories should serve as important reminders to psychiatrists that while the diagnosis of MBP or factitious disorder imposed on another may be thought-provoking psychological phenomena, the child who is abused should be the focus more than the mother's psychopathology. It is not uncommon that those children who kill a parent have been victimized by abuse. While we traditionally conceptualize this abuse as physical, as this series demonstrates, it can also be medical child abuse.

The limited series does not attempt to justify Dee-Dee Blanchard's murder at the hands of Nicholas, but it does succeed in allowing the viewer to empathize with Gypsy Rose's situation. It is unusual that the victim of murder is not the empathetic character. News articles have reported that the Blanchards (Gypsy Rose, her father, and her stepmother) were not contacted about *The Act* and there may be factual inaccuracies.⁵ Despite this, the series is a thoughtful portrayal of how victims of MBP might not be considered as culpable because they are programmed since young children and often are not given a say during the medical visits. Once Gypsy Rose was older, she clearly did not want to disappoint her mother, whom she understood needed her to be sick. In addition, as seen in *Sickened*, often people who do speak out are not believed because no one wants to believe that a mother could purposely make her child sick or enlist the medical community to perform unnecessary procedures on her child.

After watching the series, one may find it difficult to reconcile that Gypsy Rose is still serving a ten-year sentence for her part in the murder of her mother. In these cases, there is often a role for forensic psychiatrists to educate the court on the damage that systematic child abuse can cause, and depending on the case there could be evidence for an extreme emotional disturbance or mitigation defense, depending on the jurisdiction's laws. The acting in this series is inarguably compelling, and the story helps to shed light on this serious and often overlooked phenomenon that can result in multiple tragedies. For these reasons, it will be of interest to many forensic psychiatrists.

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Geriatric Forensic Psychiatry: Principles and Practice

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Oxford University Press, 2017. 400 pp, \$150.00.

The task of determining an older person's ability to make decisions, drive, or live independently can be fraught with ethics and legal pressures. Geriatric forensic assessments require a methodical approach, yet many forensic evaluators lack basic skills in this area, leaving older adults vulnerable with regard to their basic rights in navigating the courts and judicial and correctional systems. Though AAPL's Practice Guideline for The Forensic Assessment discusses special considerations for children and adolescents and for persons with intellectual disability, there is no subsection for older adults, and dementia, for example, is only briefly discussed.¹

The scope of geriatric forensic psychiatry is expanding as the elderly population increases. Until recently, the field has suffered from a dearth of scholarly interest and resources. Prior to the publication of *Geriatric Forensic Psychiatry: Principles and Practice*, there was no seminal work to meet the needs of the average forensic or geriatric psychiatrist. The last major volume authored by a psychiatrist on the subject was published over three decades ago.² Psychology publications in the meantime have put forward advances in geriatric forensic assessment and capacity research, including the invaluable collaboration between the American Bar Association and the American Psychological Association³ and recently a first title dedicated to forensic geropsychology.⁴

Geriatric Forensic Psychiatry: Principles and Practice is a groundbreaking, multi-authored textbook representing a leap forward for the field of geriatric forensic psychiatry. It speaks to a multidisciplinary audience, covering a broad array of topics, including geriatric psychiatry, forensic psychiatry, medicine, neuroscience, and law. The textbook's editors are highly distinguished, with hundreds of publications among them in highly relevant areas. Ambitiously,