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"The Kindness of Strangers:" The Influence of Social Media on the Construction of Factitious Disorder Imposed on Another

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Abstract: Factitious Disorder Imposed on Another (FDIA), termed a psychiatric "Factitious disorder by proxy", compels individuals to solicit unnecessary medical interventions or commit medical abuses on another, almost always a child in their care. A recent phenomenon is that of individuals with FDIA using social media such as blogs and online support groups to perpetuate such abuse, while garnering sympathy from others who access these sites.

Through an examination of several recent high profile FDIA by Internet cases and using the concept of "neo-tribes' to identify the virtual communities of interest that form around these cases, new dimensions of FDIA appear. Fabrication of medical and social histories is facilitated and consolidated in the virtual sphere and readily enhanced through imagery and careful documentation. Betrayed communities experience exploitation and fraud. However, child neglect and child endangerment remain of concern, and identifying and investigating such claims across physical jurisdictions remain significant challenges for law enforcement.

Keywords: Mental disorder, online identity, social media, Internet.

INTRODUCTION

Factitious Disorder imposed on another (FDIA), previously referred to as Munchausen Syndrome by Proxy (MSBP), and termed a psychiatric "Factitious disorder by proxy", compels individuals to solicit unnecessary medical interventions or commit medical abuses on another, most often a child in their care. Early reports appeared primarily in the medical literature and focussed on diagnosis and the psychopathology of the perpetrators, characterized in non-exclusive sub-types of 'active inducers', 'doctor addicts' and 'help-seekers' (Meadow 1989; Libow and Schreier 1986; Schreier 1992). Most newer literature on this disorder and the illnesses simulated or produced in a child addresses its identification as child abuse and calls for policing by various healthcare professionals in order to prevent further abuse (Day and Moseley 2010; Criddle 2010; Sheridan 2003). Programmic literature across nursing, social work and policing forums have publicized risk indicators and proposed intervention strategies to identify and reveal perpetrators in order to support criminal investigations and offence charges (Brown *et al*. 2014; Criddle 2010). However, with so much of our private and social lives now being conducted on the Internet, privacy and ethical issues, as well as jurisdictional limitations have been noted generally as impediments to monitoring and investigating suspected conduct by those generating online identities within private groups and across virtual communities (Brown *et al*. 2014; Pullman and Taylor 2012; Recupero 2010).

A recent phenomenon is that of individuals with FDIA using social media such as blogs, Facebook and online support groups to perpetuate abuse, while garnering sympathy from others who access these sites (Brown *et al*. 2014; Cunningham and Feldman 2011; Lawlor 2018).

Phenomenology, the study of meaning-making in everyday life (Schultz 1972) provides a useful framework within which to examine how those with FDIA utilize the Internet and how online communities respond to their construction and self-expression of identity as care provider to a seriously ill child. Using a narrative case analysis of select recent high profile FDIA by Internet cases, the purpose of this article is to explore how readily accessible social media can now be exploited as a new terrain for FDIA. These case analyses illustrate how the fabrication of medical and social histories may be facilitated and consolidated in the structures of the virtual sphere and enhanced through visual imagery and careful documentation. In addition, with ready access to digital media, a new audience is implicated. Selected commentaries by betrayed communities, both online and physical, indicate how others may also experience this exploitation and fraud. As images of FDIA victims may remain available online for some time, exploitation of the Internet may create additional dimensions of ongoing child neglect and child endangerment. Investigative challenges for jurisdictionally-limited law enforcement will also be discussed.

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[1] The title phrase "the kindness of strangers" comes from a play by Tennessee Williams, "A Streetcar Named Desire" (1947).

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METHODOLOGY

This case analysis study builds on existing scholarship on the previously-termed Munchausen by Proxy Syndrome (Meadow 1989; Feldman 2004; Sheridan 2003; Levin and Sheridan 1995) and Internet searches identifying three recent cases, and the social media links and news items associated with these cases. The search terms Munchausen by Proxy, Munchausen by Internet, and Munchausen survivor were initially used in a Google search to identify select media-prominent examples. Subsequent scholarly literature searches were conducted using multi-disciplinary databases through the EBSCOHost and PUBMED platforms to capture academic literature on MSBP, Munchausen by Internet and FDIA across multiple disciplines, and to enhance and extend the analysis of FDIA by Internet through the application of research on social media and online communities.

This study focuses on three cases with ample publicly available materials illustrating the use of online platforms in conjunction with the perpetration of child harm characteristic of FDIA. The cases thus provide a snapshot of online behavioural conduct facilitated by the ready availability of online modes and audiences. The meaning of intentional acts does not hold the same meanings for all observers, and may be further complicated by issues of performativity and impression management (Goffman 1959). What the FDIA subject understands she is doing (perhaps soliciting support and praise) may differ from how these acts are initially and ultimately interpreted by other observers (audience reactions shift from valorization to condemnation). A phenomenological analysis blending both descriptive and interpretive methods allows us to view both online self-representation and observer reactions (Langdridge 2008) as the intersubjectivity of the virtual world creates a rich terrain to reveal multiple perspectives on lived experience.

Tellis (Tellis 1997) provides an overview of the case study method noting that case studies have been described as singular and microscopic, while still satisfying the three tenets of qualitative methods: “describing, understanding and explaining” (Tellis 1997, 4). He notes that case studies do not randomly select the cases of attention, rather, the researcher “works with the situation that presents itself in each case” (Tellis 1997, 4). Descriptive case studies also enable the researcher to study the development of a particular phenomenon over time, and incorporate a variety of data sources and multiple perspectives to establish meaning. A multiple or collective case study supports an understanding of similarities and differences among cases (Baxter and Jack 2008) However, in addition to the limits of transferability, a shortcoming of selective comparison of case studies is that it may overlook critical variations or consequences (Orum 2015).

Although publicly available materials about unique case examples cannot be claimed as either random or representative samples, they do illustrate and confirm the expression of FDIA through online media and across multiple diverse online communities. The case study methodology is an effective choice to approach this emergent, dynamic and multi-faceted social and psychiatric phenomenon, as it provides for a descriptive or intrinsic examination of particular cases situating them in their real life contexts (Baxter and Jack 2008).

DEFINITION AND EVOLUTION OF FDIA

The term Munchausen’s Syndrome was named after the infamous Baron von Munchausen (1720–97), a retired mercenary who entertained his weekend estate guests with fabulous tales. Munchausen’s Syndrome was first coined in 1951 by Dr. Richard Asher (Asher 1951) to describe patients exhibiting self-harming or symptom-fabricating behaviors for emotional or psychological validation who would previously have been diagnosed as malingerers, hysterics, or hypochondriacs. Munchausen Syndrome by Proxy (MSBP) was labelled by Dr. Roy Meadow in 1977 (Meadow 1989) as a type of abuse where a child is forced into a role of inappropriate illness, and is considered an extension of a similar diagnosis of fabrication or active commission of medical abuse on another person, usually by a mother, and usually of a child in their care. The most recent edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, (DSM5) (American Psychiatric Association, 2013) lists both Munchausen’s Syndrome (now Factitious Disorder) and Munchausen Syndrome by Proxy (now referred to as Factitious Disorder imposed on another (FDIA)) as psychiatric disorders under the classification, “Factitious Disorders”. FDIA is peculiarly, both a mental disorder and a form of child abuse, in which perpetrators either harm a child in their care or achieve harm through their insistence on medical tests and treatments for non-existent, fabricated, exaggerated or exacerbated conditions. Abuse may go on for some time, and sometimes this abuse results in the child’s death.

Prior to the ubiquity of easily-accessed Internet and social media platforms, the typical FDIA case involved the central dynamic between a care provider, predominately mothers, (Sheridan 2003) and health care personnel. Up until recently, the primary social site for the FDIA drama has been the terrain of medical experts. Doctors are trained to solve medical puzzles, and for various reasons, are reluctant to give up on complicated, elusive or obscure ailments. Langer (Langer 2009) and others such as Raitt and Zeedyk (Raitt and Zeedyk 2004;Talbot 2004) have written about how the FDIA diagnosis is heavily dependent on normative discourses of motherhood. As Schreier has observed, the FDIA mother-perpetrator presents ‘‘a haunting paradox, . . . [combining] two of society’s most intensely emotional yet diametrically opposed states, ‘good mothering’ and ‘callous child endangerment’, practiced simultaneously by the same person.” (Schreier 1992). The FDIA mother is adept in the role of tireless care, befriending and assisting nurses and often adopting medical terminology.

Medical concern in the identification and responses to FDIA allies with the huge growth in concern around child abuse and an expanded social service apparatus including law enforcement, in order to respond to growing awareness, both popular and professional, in child endangerment, failure to thrive, sudden infant deaths, and child abuse (Artingstall 1995; Chiczewski and Kelly 2003; Criddle 2010; Sanders and Bursch 2002; Kinscherff and Famularo 1991; Mercer and Perdue 1993; Talbot 2004).

The marshalling of punitive, denunciatory social power is therefore a critical component to the FDIA case. Expressions of this desire resurface with a vengeance within online communities and anonymous social media commentators.

“The Kindness of Strangers:” Shift in Focus from Medical Audience to Social Media Audience

What has changed? Most obviously, the Internet has become a vast repository for medical and health-related information (including misinformation). Who among us hasn’t conducted a late-night browser search for symptoms, both common and obscure? A Pew Internet and American Life poll in 2013 indicated that roughly 63% of all Americans Internet users have searched for a health-related topic about a specific disease or medical problem online (Fox and Duggan 2013).

The Internet also offers virtual support groups, readily available virtual communities of sympathetic respondents and correspondents across relevant topics of the illness experience. As McLellan observes, these topics broadly encompass “the physical effects of chemotherapy, the jumble of emotions that chronic illness stirs up in families, the bureaucratic entanglements of clinics, hospitals, and insurance companies, miscommunication between doctors and patients, and gratitude for serendipitous acts of kindness” (McLellan 1998). A conservative estimate from 2006 indicated that roughly 30 million Americans participate in medical or health-related Internet groups (Johnson and Ambrose 2006).

Communications researchers have explored the potential for constructions of virtual identity in personal web sites (Marcus, Machilek and Schutz 2006) and in game avatars (Yee, Harris, *et al*. 2011). Stokes (2012) observes that online social networks provide ample opportunities to manage impressions of the constructed self by others, persisting even after death. Researchers have also studied how social interactions in virtual worlds may shape personality, values and beliefs (Yee 2009) and the implications of virtual social networks as channels of information and emotional support (Hercheui 2011). While researchers have studied many online mutual help groups for individuals struggling with substance abuse, disability, suicidality, and mental disorders such as depression, obsessive-compulsive disorder, and attention deficit disorder as online versions of traditional support groups (Tichon and Shapiro 2003), the combination of online identity construction, community seeking and perpetration of active harm remains under-researched (Lawlor and Kirakowski 2017; Lanigan 2019).

With the rise of virtual support groups, blogs and other social networking platforms such as Facebook groups, the Internet has been a boon to caregivers able to publicise their circumstances and seek advice and support from others (Wright and Bell 2003). But some healthy individuals have tried to gain attention and followers through advancing a fictional online narrative of sickness. In 2000, Dr. Marc Feldman coined the term “Munchausen by Internet” (Feldman 2000) to describe the conduct of those who, instead of repeat and serial hospital visits, could now gain their needed gratification through a new audience among online support group members. Cases of Munchausen by Internet (as opposed to MSBP or Factitious Disorder imposed on another (FDIA) by Internet) were increasingly identified by online users in support groups for eating disorders, cancers and pregnancy, and have attracted the interest of researchers with roughly 24 case studies being reported in the literature (Lawlor 2018, 4).

Criddle (Criddle 2010) posits a selection of potential motivations for FDIA perpetrators, including gaining positive attention from medical personnel, social and emotional gain, public acclaim, and self-concept around a selfless and devoted maternal image. By extension to FDIA by Internet, the construction of an idealized version of the mothering self and expressions of social support and concern that are readily forthcoming from the online community may fulfil the FDIA caregiver's deep psychological needs for recognition and validation. The virtual community accessed, cultivated and targeted by the FDIA by Internet perpetrator provides a continuity of validation that may help to perpetuate the perpetrator's actions. With this new virtual terrain, we can also observe an expansion from the exploitation of scarce medical resources (which is still significant) to the perpetration of social and economic frauds on communities and charitable organizations, e.g. fundraising, provision of housing, crowdfunding, and other donations.

Visual Elements of FDIA by Internet: "A Picture Speaks a Thousand Words"

A troubling element to virtual FDIA is the posting of photos, sometimes even fabricated or misappropriated x-rays and other lab reports obtained from online sources. Images of FDIA victims in the throes of medical equipment, or albums seeming to or actually documenting scenes of innocent childhood play, contrasted with stalwart or frighteningly compromised hospital patients, seem to verify the FDIA perpetrator's illness narrative and tug at the heartstrings of viewers. Brown *et al*. note how the blogging activity itself exploits the child for attention and secondary financial gain (Brown, *et al*. 2014, 495). They also highlight the link between graphic exposure of images of the child or of medical therapeutic interventions and equipment and fundraising and charitable appeals (Brown, *et al* 2014). Indeed, crowdsourcing platform GoFundMe encourages campaign organizers to link their funding appeal with their FaceBook accounts to "verify" the campaign and substantiate trust in donors[2]. And while crowdsourcing platforms such as GoFundMe have protective guarantees for donors and beneficiaries in the event of fundraising misuse, these policies are restrictive and discretionary[3]. The community appeal is obvious, but what is perhaps not so obvious, is that the images not only document child abuse but, in a similar fashion to child pornography, are themselves a form of virtually permanent and ongoing abuse.

Case Examples

Lacey Spears

Lacey Spears, a 27 year old single parent of Scottsville Kentucky was convicted in 2015 and sentenced to 20 years in prison for murdering her five year old son Garnett by repeatedly poisoning him with high doses of salt through a feeding tube in his stomach. They visited 20 different medical facilities over time, and her son was hospitalized many times with high temperatures, seizures and digestive problems. She claimed that her son was a "failure to thrive" child. She fictionalized his father as well as the father's tragic death. (Hess 2015; Roberts 2016; Associated Press 2015; Kramer 2014)

Lacey convinced a doctor to insert an abdominal feeding tube when Garnett was only 8 months old, and another to perform a surgery to prevent him from vomiting (Roberts 2016). Ultimately her son died, from the massive sodium in his system imposed over roughly a two week period, including in hospital, where the mother's surreptitious conduct shortly before an acute attack was captured on video. Although her defence attorney refused to raise the issue of Munchausen Syndrome by Proxy at her trial, the judge referred to it in his reasons for not imposing a maximum sentence (Associated Press 2015). But Spears didn't just poison Garnett, although she continues to assert her innocence. She also turned to an online community for support, comfort and sympathy. She tweeted about his illness (@GarnettsMommy), (with 255 followers) blogged about it ("Garnett's Journey"), and documented it with photographs posted to FaceBook and other social media (Hess 2015). A sample tweet from November, 2009 reads "My Sweet Angel is in the hospital for the 23rd time. Please pray that he gets to come home soon" (Spears 2009). The Assistant District Attorney for Westchester County presented internet search

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[2] See e.g. Rosie Hopegood, "My mum drugged me, shaved my head and faked my 'terminal' cancer when I was just seven," 21 January, 2018, Mirror Online, https://www.mirror.co.uk/news/real-life-stories/mother-drugged-daughter-shaved-hair-11880231 Texas mother accused of faking son's illness: boy had 13 'major' surgeries," 14 December, 2017, CBS News, online: https://www.cbsnews.com/news/kaylene-bowen-wright-texas-mother-accused-of-faking-sons-illness-possible-munchausen-by-proxy/.

[3] https://pages.gofundme.com/verification/ accessed May 22nd, 2018.

evidence at trial that as her son was dying, she laid next to him in his hospital bed searching “salt poisoning” on the Internet (Roberts 2016).

Monika Burgett

Crowdfunding scams are becoming more commonplace, with one 39 year old mother in Iowa raising $40,000 US on GoFundMe by exaggerating and misrepresenting her 3 year old son’s medical condition and posting photos of him online. Monika Burgett had earlier teamed up with a friend to establish an online consulting agency called “CheerUp Buttercups” to provide a centralized referral service for parents seeking expert advice on feeding problems, sleeping difficulties, post-partum depression counselling and even car seat installation (Vallapando 2013).

Her third and youngest baby had been born prematurely at 25 weeks, and did have some complex health issues. She had previously taken him to hospitals in Austin, Dallas and Houston Texas and in Tennessee. But Monika Burgett convinced doctors at Cincinnati Children’s Hospital Medical Center that her son had a brain tumour, even shaving his head and eyebrows, which fabricates the appearance of previous chemotherapy treatments (Grasha 2017). She went beyond this assertion by convincing doctors (and her second husband and sister) that she herself was a physician. She worked closely with his health care team, and supported them in treating the boy with pain medications such as oxycodone and methadone and the insertion of various intubation lines (Grasha 2017). In 2017, she was convicted of child endangerment and telecommunications fraud and sentenced to five years probation (Associated Press 2017). As part of the sentence, she was ordered to pay back more than $26,000 to GoFundMe, which has a process in place to refund people who donate to fundraising appeals that turn out to be fraudulent. Her three healthy children now live with their father in Texas.

Dee Dee Blanchard

The case of Dee Dee Blanchard and her daughter Gypsy Rose attracted a great deal of media attention in 2016 after Dee Dee’s murder in 2015. This mother was a large and friendly-looking person who devoted herself fulltime to her daughter’s care and home-schooling. In striking contrast, Gypsy Rose, the daughter, was small, frail and confined to a wheelchair, frequently sporting an oxygen tank and nasal cannula. She had bad teeth, and wore large glasses and a hat or wig over her shaved head. Dee Dee claimed that her daughter had chromosomal defects, muscular dystrophy, brain damage, epilepsy, leukemia, asthma, sleep apnea and eye problems. Dee Dee claimed to have come from an abusive background in Louisiana, where Gypsy Rose’s father was a substance-abusing deadbeat. She added an “e” to Blanchard to further confuse their actual identities (Dean 2016). After Dee Dee claimed they had lost everything in Hurricane Katrina in 2005, Habitat for Humanity volunteers built them a house in Springfield, Missouri, with special features for Gypsy Rose, including a wheelchair ramp and a Jacuzzi tub. The mother and daughter went on charity trips to Disney World and met country star Miranda Lambert through the Make-a-Wish foundation. They received free flights from a pilot’s volunteer organization and free stays at Ronald McDonald lodges. A neighbour described them this way, “They were just perfect. Here was this poor sick child who was being taken care of by a wonderful patient mother who only wanted to help everybody” (Dean 2016).

One day in June 2015, (when Gypsy Rose was 23) troubling messages began to appear on Dee Dee Blanchard’s Facebook page. “That Bitch is dead” read the first post. Neighbours, noting that Blanchard’s brand new cube van was parked in the driveway and all of Gypsy Rose’s wheelchairs appeared to have been left in the house, were concerned when they could not reach them, and someone called 911. Dee Dee was found dead inside her home, having been stabbed. Gypsy Rose was nowhere to be found. She had surreptitiously created a FaceBook account, met a young man on a Christian Singles site, and had been secretly corresponding with him for close to two years. After a search warrant permitted the tracking of the FB posting to Gypsy Rose’s boyfriend’s IP address, she was found with him in Wisconsin, able-bodied, spikey-haired and with no apparent need for oxygen or medications (Dean 2016). Her father, who was 17 when 24 year old Dee Dee became pregnant, had kept in touch with them at a distance over the years and provided $1200 a month child support as Dee Dee continued to insist that Gypsy Rose had a complex spectrum of medical difficulties, frequently changed their names and moved across several states. He knew nothing of all the local news stories about his daughter and the charitable benefits they had received (Dean 2016). Her mother had compelled the extensive fraud since shortly after her daughter’s birth, confining her daughter to a wheelchair, arranging for a feeding tube to be inserted abdominally, forcing her to use a sleep apnea machine and take various medications that rotted her teeth and created medical symptoms and telling her that she was mentally disabled and had cancer, and was four years younger than she actually was. In 2016, Gypsy Rose pleaded guilty of second degree murder in her mother's death and was sentenced to 10 years in prison (Dean 2016). She is the subject of several TV specials including a full-length 2017 HBO documentary "Mommy Dead and Dearest" (Home Box Office 2017). The boyfriend, Nicholas Godejohn, pleaded not guilty and that he killed Dee Dee to free Gypsy Rose from her control. In November 2018, in Greene County, Illinois, he was found guilty of the first degree murder of Clauddine "Dee Dee" Blanchard and in February, 2019 was sentenced to life in prison (Keegan 2018).

DISCUSSION

There are several novel aspects to the online dimensions of FDIA, the most obvious being the expansion of audience in the active construction of the illness identity by the perpetrator. Audience impressions are fostered to reflect well on the FDIA caregiver. In addition, the virtual sphere provides a creative forum to elaborate the fabrication. Blogs, photos, Facebook posts, documentation of charitable benefits, media feature stories and supporters' comments all serve to reinforce the credibility and perpetuation of the child's condition and the caregiver's selfless devotions and travails. These narrative elements construct and reinforce a richly textured and coherent personal history which may be lacking from the medical records alone.

The Internet excels at bringing together, even temporarily, those who have a common interest, for example, a common medical problem. "Neo-tribes" (Johnson and Ambrose 2006) is a term applied to describe the fluid and impermanent postmodern construction of virtual communities of interest wherein people form informal social ties and join for common purposes in intentional online communities, each with its own tacit protocols, rituals and roles. These communities are typically comprised of "weak-tie" relationships whereby people may interact regularly and seek support, but do not form close or intimate relational ties. While close and familial relationships are normally more homogenous, weak-tie communities tend to be more diverse. The relative lack of social presence online permits people to talk about issues and problems without the complications and challenges of embodied relationships. Researchers have found that, as a result of this relative anonymity, people may be more candid and open in expressing their emotions within these communities of interest than they are with family and close friends (Wright and Bell 2003). Consistent with Goffman's famous theory on self-presentation in everyday social interactions (Goffman 1956), there is ample opportunity online to manage self-presentation and to generate a coherent and idealized perception of the self in others. Communication researchers have also adopted Putnam's concept of "the virtuous circle" of trust in group associations (Putnam 2000) to indicate that people who are more trusting in "real life" seem also more likely to trust those they interact with online and less likely to anticipate that those others will exploit or mislead them. And although the majority of users believe that online deception does occur, they themselves do not engage in it and few have had personal experience of being deceived (Caspi and Gorsky 2006).

As might be imagined, once these extended frauds are revealed, there are significant impacts on communities as an agreed-upon definition of the situation dissolves. One Facebook poster commented about Lacey Spears, "I feel so betrayed! I lived next door to her for 13 years and she always seemed like a "wonderful" mother who truly loved her son and he seemed to be the center of her world. I can't believe she was lying to us all this entire time while secretly hurting such a sweet and loving little boy!" (Kramer 2014). Dee Dee and Gypsy Rose's neighbours and family members also felt manipulated and mislead. A neighbour queried about Dee Dee, "At that point it really became: 'I don't know anything about this person. What have I been believing? How could I have been so stupid?' Another neighbour said, "Were they behind closed doors laughing at us suckers?" (Dean 2016).

Other amateurs sleuths, most with no relationship with the family or local community often flood social media such as FaceBook with various online speculations and research. One online author assembled many of these posts about Dee Dee and Gypsy Rose Blanchard in a 48 page online blog on thoughtcatalog.com (Pack 2015). Some case-related groups had over 10,000 members and several of these groups remain active on FaceBook including, Dee and Gypsy Blancharde Murder Case, Dee and Gypsy Blancharde Case Discussion; and Dee and Gypsy Blancharde: Who are they really? In 2019, the FaceBook page Mothers 4 Lacey Spears still has 463 followers (Facebook 2014). Online posters have investigated the neighbours and the estranged relatives of perpetrators. They call police detectives; they have attended court appearances and speak with media representatives (Pack 2015).

In comparison to expressions of disbelief and betrayal, there is a fair amount of comment about Dee Dee Blanchard's murder by Gypsy Rose and her boyfriend which is sympathetic to the daughter. Several comments posted online on *The Guardian online*, Aug 27th, 2017 (Carr 2017) are illustrative of this supportive tone: "a tragic story. The 10 year sentence seems rather harsh. The poor girl has already endured some 20 odd years of imprisonment by a person of trust," and "Ten years in prison will probably be easier to tolerate than time spent with her psychotic mother. I do feel it is far too harsh a sentence nevertheless - doubt that a European court would have imposed such a severe punishment under the circumstances. I suspect her worst penalty will be that she will always miss her mother very much, irrespective of how abusive she was."

It is noteworthy that many of these comments were posted after arrests had been made and charges laid, by those seemingly unwilling to believe that they could have been so successfully duped. However, as several news releases regarding these cases dutifully have mentioned, fraudulent appeals pursued on crowdfunding sites are not so uncommon and these platforms have had to anticipate the potential by creating fraud policies.

Once an FDIA case is reported, a darker aspect to the online reactions is revealed. Computer-mediated communication researchers have proposed that hostile messages are linked to minimal relational obligations and the absence of non-verbal clues within this environment (Wright and Bell 2003). Often because of the anonymity and weak or temporary ties facilitated by online discussion or comment forums, random commentators feel enabled to express idle speculation and state extreme and violent opinions about the deserved fate of the FDIA caregiver-perpetrator or others associated with her. Examples from 'Garnett's Journey'- Lacey Spears' blog, include the following: "What a disgusting poor excuse of a mother you are! To deliberately poison your own child for your own gain of attention is truly messed up and people like you don't deserve to live a life breathing same air as everyone else," and "Once she is proven to be the murderous, evil witch she is, I hope she lives every day in turmoil. She was entrusted with a precious soul and squandered it." On the FB page, 'Moms 4 Lacey' one poster wrote, "Someone should check in to the skank running this page and see if she is abusing her kids!" (Facebook 2014).

Commentators often seek to point blame broadly, extending from the FDIA perpetrator, to family members, and to medical practitioners themselves. A newspaper commentator posted about Monika Burgett: "And this woman calls herself a mother!!! Shameful. Why was this child operated on? Surely the doctors in this case have some questions that need answering. How was this allowed to happen?" (O'Neill 2017) The FDIA mother may adopt this blame-shifting stance towards medical personnel as well. In an exclusive CBS 48 hours interview, (April 8th, 2016) when asked about why her son's sodium levels were so high prior to his death, Lacey Spears maintained. "You would have to ask the hospital that. My son is not here today because someone in that hospital screwed up and neglected to take care of him" (Dillon 2016).

As with more typical FDIA cases, doctors are often deliberately and selectively cultivated for their unconscious complicity. It is important to note that there is frequently a lack of unanimity and the cases often present as medically contentious (Brown, *et al*. 2014). One doctor who suspected FDIA in the case of Dee Dee and Gypsy Rose Blanchard was told to "treat them with golden gloves." When he raised concerns about the mother's questionable medical history of her daughter, she requested his notes and changed doctors (Dean 2016). Another physician termed them, "My favorite mother child couple" (Dean 2016). A doctor's comment about Monika Burgett was that, "She became part of the medical team" (Grasha 2017). Whether through the presumption of a bond of trust between doctor and patient (here, most often the caregiver who speaks on behalf of the child), workload excesses, or concerns about liability, doctors are often reluctant to request deep investigations into cross-jurisdictional medical histories.

Cross-jurisdictional privacy issues (e.g. personal health information privacy legislation, child abuse and neglect investigations) may also make these cases difficult to track and difficult to prosecute. State laws and privacy practices are notoriously sectoral, piecemeal, and vary considerably by jurisdiction (Murphy 2013), although welfare applicants frequently undergo considerable background scrutiny and record-checking (Gustafson 2009) pointing to a disproportionate surveillance of the poor. And while many privacy statutes provide access and disclosure exemptions for law enforcement purposes, this anticipates that a police investigation has already been initiated.

In both the Spears and Blanchard cases, the mother-perpetrators were able to continue their abuse undetected over time and across jurisdictions. News reports reveal that the Department of Human Resources (DHR) in Decatur Alabama, which handles child protection services, was called during one of Garnett Spears' early hospitalizations when Lacey Spears' disclosed that the baby was not feeding or digesting properly and that she just couldn't cope. There was no investigation, which is not unusual, as generally a plan of care would be developed and the parent referred to a third party parenting support group if warranted. Over the next years, Lacey and her son would relocate from Alabama to Florida to New York. The DHR was called again by the local hospital just days before Garnett died, to inform them that he was bleeding from the eyes, nose, mouth and ears and was being transported to the county children's hospital. However, there was no allegation of abuse or neglect, and so no file was opened (Cohen and Kramer 2014).

Dee Dee and Gypsy Rose Blanchard lived in several towns in Louisiana, then moved to Missouri, with Dee Dee claiming that all of Gypsy Rose's health records had been lost in Hurricane Katrina. On one occasion in 2009, when Gypsy Rose would have been turning eighteen, an anonymous wellbeing check was requested to local police on behalf of Gypsy Rose. Dee Dee reportedly told them that her minor name changes were an attempt to elude a violent spouse (Dean 2016). Police were reassured, and the file was closed.

Limitations of Current Research and Potential for Future Research

While three case examples have been selected for a narrative examination of the convergence between extended child harm and exploitation of social media in the construction of an idealized mother-sick child dyad, none of the three women received a definitive FDIA diagnosis. There is little reported case law and few psychiatric case studies on FDIA and none known to the author where a definitive discussion of the use of social media platforms (FDIA by Internet) is central to the case findings. As a consequence, there is a lack of verifiable evidence regarding perpetrators' motivation and intentionality.

However, there is a small but growing literature on the use of social media and the Internet in Factititous Disorders. Brown, *et al*. examined a convenience sample of three hospital cases where it was determined that a child was suffering from caregiver-fabricated illness. They became aware of the publicly available blogging activity of one parent and used name searches to locate other blog and open-access Facebook activities on the Internet, including fundraising appeals. They observe that the content of the blogs proved useful to Child Protection Service workers although they caution that there is little justification for scrutinizing the blogging activity of parents routinely and that it would erode the trust between patient and health provider to do so (Brown, *et al*. 2014). The nature of their sample and study may be thought of as secondary sources for already commenced child protection investigations.

In some ways, the extensive online construction of identity by FDIA by Internet perpetrators may be usefully compared to others who fake their own illness in order to defraud local or virtual communities. Pullman and Taylor observe the ease of deception, difficulty in detection and potential danger to victims of the deception in Munchausen by Internet subjects who participate in online health support groups (Pullman and Taylor, 2012). While these groups strive to be open and supportive, they are clearly damaged by the violation of trust and sense of betrayal associated with the Munchausen by Internet deception. Pullman and Taylor propose practical ways for online health care group facilitators to detect and confront those suspected of Munchausen by Internet. While they consider various legal remedies, they conclude by endorsing group self regulation as the most positive action within online support groups (Pullman and Taylor, 2012). With respect to the dearth of available research information, they suggest that a qualitative content analysis of social interactions in online communities might be a useful way to study both manifest and latent content, both what is being discussed and what its expression means to members.

A similar research approach is to conduct an ethnographic study of a select online health support community. For example, using an "Ethnonetnographic" methodology based in online fieldwork as a moderator in an online breast cancer support group which enabled the collection and analysis of three months of online chat transcripts, Witney, *et al*. examined participation by a member suspected of Munchausen by Internet (Witney, *et al*. 2015).

Lawlor (2018) conducted a series of related observational research projects on Munchausen by

Internet perpetrators in two publicly accessible online support groups for those with factitious disorder and several other online communities where participants discussed their experiences with those exhibiting Munchausen by Internet. Using a grounded theory approach to analyze the motivations expressed by support group participants in group threads, she concludes that observational studies are speculative and have little practical value. With the ultimate objective of identifying cues and methods to detect online perpetrators, she then applied a social language processing machine learning program to analyze relevant discourse to identify deception. She proposes that this may prove to be an effective investigative tool for internet mediated researchers.

As individuals continue to "shed" personal information online, and as more powerful search tools are developed to collate online data, new methodologies for narrative analysis of online discourse will contribute to an enriched interdisciplinary literature on online conduct.

Although privacy-sensitive healthcare and child welfare systems and state-restrictive policing jurisdictions may make it difficult to track and monitor cases where perpetrators change their names or move from state to state, the jurisdiction of the Internet knows no such limitations. It is also noteworthy that graphic images of the abused children remain online even after the mother's conviction. Recent case law and legislation in the European Union provides for data erasure or "the right to be forgotten"[4,5] and this concept may spread to other jurisdictions, providing some avenue for the child victims of MSBP. However, images and contact information and details of participants and third parties involved in a crowdsourcing campaign may be harvested extensively, leaving their exploitation and commodification broadly vulnerable in perpetuity[6].

CONCLUSIONS

FDIA by Internet is not a new disorder, but one with some interesting dimensions played out on a new virtual terrain. The FDIA perpetrator thrives on attention-seeking and the drama associated with serious medical events. Typically, she will present herself as a tireless advocate for the child's definitive diagnosis and wellbeing, often winning accolades for the courageous parent-child dyad in the form of charitable awards and benefits.

While cautions must be raised against wholesale surveillance of the families of complexly ill children, these cases illustrate how the FDIA perpetrators eluded investigation by health providers child welfare systems or law enforcement by seeking treatment at multiple hospitals and by moving from state to state. In the physical realm, cross-jurisdictional investigations may be hampered by regional differences and informational silos.

For those seeking a virtual community of trust and support, the Internet is a pervasively powerful sphere in which stories may be constructed and played out, autobiographies and character can be carefully invented and curated, and sympathy, support and economic benefits can be solicited. Active exploitation across multiple platforms serves to consolidate the illness identity and caregiver roles central to the FDIA dynamic. When fraud, misuse and abuse are revealed in the medical abuse of a FDIA child victim, both geographic and virtual communities exhibit a medley of loyal support, speculation, disbelief, betrayal, denunciation, threats and blame-seeking. Disturbingly, the social media including journalistic investigations of identified perpetrators and their victims may provide long lasting continuity and permanent records of the abuse.

By examining online activities in some widely documented cases of extended medical child abuse, this analysis reveals the extent to which the compulsion to precipitate such attention has extended beyond the physical sites of hospitals and local communities. Social media provide rich opportunities for the fabrication, documentation, solicitation and affirmation so necessary for the FDIA caregiver role. The Internet provides a vast multijurisdictional resource, forum and audience for the construction of virtual identities. Unfortunately, in this context, the Internet is also the site of exploitation and victimization and these are actual harms not virtual ones.

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[4] The GoFundMe "Guarantee", for e.g., stipulates that donors will be reimbursed only if they have contacted the campaign organizer for resolution within 72 hours, applied for a refund to GoFundMe within 30 days of making their donation and only up to a donation contribution of $1000 (U.S.) Beneficiaries are subject to further restrictions https://pages.gofundme.com/guarantee-faq accessed May 22nd, 2018.

[5] EU Data Protection Regulation https://www.eugdpr.org/article-summaries.html accessed May 24th, 2018, in force, May 25th 2018. However, a request to withdraw consent under art. 17 is subject to comparison with the public interest in the availability of the data.

[6] See e.g. GoFundMe Privacy policy, online at https://www.gofundme.com/privacy accessed May 23rd, 2018, which includes the statement, "Our Services may include online chats and message boards. Please remember that any information that is disclosed in these areas becomes public information for both us and other users to use and share."

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