

My mother faked my illness and had me on morphine daily. How I survived Munchausen by Proxy

Katy, 37, spent her childhood on a cocktail of opioids for her chronic health conditions. After she left home, she discovered that she'd never been ill

Katy*, 37, spent much of her childhood feeling unwell. From infancy to her teenage years, she suffered with a litany of issues from colic to fibromyalgia, a long-term condition that causes pain all over the body. Her mother took her to many different doctors, and Katy was prescribed lots of medication. She needed antiviral medicine Valtrex, in such high doses that she remembers blacking out in the school corridors. “My friends would have to walk with me to stop it happening,” she tells **i**.

For her pain she was also prescribed antidepressants Trazodone, and then Amitriptyline. At 14, she was given opioids. “I had Oxycontin,” says Katy. “I’ll never forget how crazy I felt on that – and then morphine each day. As well as that, I had codeine that I’d take as needed when the morphine wasn’t enough, and my mum would crush it up into a spoon and put it under my tongue.” That way, Katy has since learnt, the drug reached the bloodstream faster.

Katy remembers having a tight-knit group of friends, she went to birthday parties sometimes, and she liked learning. Yet, she also missed a lot of school and social events. “From the age of 14, my Friday nights were spent staring at the wall in an opioid haze,” she says. “At other times I was in an opioid-induced sleep.” However, Katy knew from her mother that all these doctors, and all this medicine, was only to prevent her pain, to guard her against [chronic illness](#). It was all for her own good. “My mum was my saviour,” she says.

What Katy now knows, however, is that she never had a long-term chronic illness, and she had no reason to be on highly addictive, incredibly strong opioids. In fact, she now believes, as do some of her former school-

teachers, her relatives and therapists, that Katy's mother had Munchausen Syndrome by Proxy (MSbP), a condition identified in 1977, also known as Factitious Disorder Imposed on Another (FDIA). It is described by the NHS as "a condition where a person fakes or induces illness in a person under their care, such as their child". Here, that child was Katy, and the person faking or inducing the illness was her mother.

Munchausen by Proxy Syndrome has been brought to light by the BBC's recent popular podcast, *Believe in Magic*, in which journalist [Jamie Bartlett](#) investigates the strange and tragic story of medical deception involving British child Megan Bhari and her mother Jean. Together, the mother and daughter founded a charity to help ill children, claiming that they were spurred on by Megan's own experience of having a [brain tumour](#).

As Megan's brain tumour worsened, Jean crowdfunded hundreds and thousands of pounds from the public to pay for specialist surgery in America. But gradually suspicions were raised about Jean's claims. And when Megan died in 2022, the coroner found no brain tumour. After her death, it was reported that doctors had noted Megan's "opiate-seeking" behaviour (there was an attempt to obtain morphine using a forged prescription). Megan repeatedly missed medical appointments and hopped from doctor to doctor.

Bartlett says; "Megan was 23 when she died, so legally an adult. But she was still a child when the charity was started. We will never know for sure who was driving this behaviour, or what Megan really thought of it all." Jean has said that she "loved and cared for" her daughter, and it is "absolutely sickening" to suggest she harmed her.

Katy says of Meghan's story: "To me, she's the alternate reality." From the age of five, Katy was given Dimetapp, an allergy medication for children, every night, being told it would help her sleep. "I remember my mother soon after that mixing pills of some kind into my apple juice and telling me not to tell anyone what was in there." Katy later learnt from her aunt that when she cried as a six-month old, her mother would routinely drug her with Benadryl, otherwise known as Acrivastine capsules, strap her into her car seat, put her on top of the washing machine and lock her in the laundry room to escape the cries.

At 14, when she got pain in her wrist from playing the viola, the doctor told her she had tendonitis. “I remember a rheumatologist vividly telling her to stop speaking for me, and to let me answer my own questions. He suggested yoga, hot showers and Tylenol, and all would be well. “Now I’m a mum myself,” says Katy, “I can see this is reasonable, but I was not encouraged by my mum to do these things. Instead, we went back to the doctor, then to other doctors, with my mum reporting that I was having so much pain. When a doctor gave me Amitriptyline for the first time, I slept for three days straight.”

Katy grew up in the US, in the 70s, where opioids were more readily prescribed and more widely available than in the UK, but still, Katy remembers her mum “shopping” around doctors for one who would be more likely to write a prescription. A particular doctor they went to regularly would go on to lose his medical licence about five years later. What was Katy thinking this whole time? Did she believe she was really ill? “This life was all I knew,” she says, “so I didn’t realise that there was anything unusual about it. I remember as a teenager feeling pain spreading across my body, so I figured this level of medication must be necessary. A doctor has since told me that the terrible full body pain in my hips, legs and feet was probably morphine withdrawal, as my mum was probably upping and downing my doses, and when prescriptions ran out there’d be some time without any opioids in my system.”

Then there was the fact that she was given fast food burgers every night for dinner from a young age, almost without exception, and fizzy drinks all the time – Megan Bhari’s sisters have also spoken about how she was fed an unhealthy diet of junk food. Katy was severely underweight and unhealthy, which she says may well have added to any pain.

Then there’s the more complex part. “It’s true that I was taught to equate pain and sickness with love,” says Katy. “It felt good to be taken care of like this. When something hurt, mum would coddle me, she would kneel by my bed on the floor, stroke my hair and rub my back. I felt taken care of when she shoved the spoon of sugar mixed with hydrocodone [an opioid] under my tongue.” Katy says she thinks her dad had his suspicions, but he didn’t feature heavily in the medical side of her life. According to experts, this dynamic is relatively text-book for Munchausen families.

“Every month when we ran out of prescriptions,” says Katy, “I was coached to look sad and worried to the pharmacist so they would renew

my prescription. I knew I was playing things up, in the moment. But I remember also being genuinely terrified of withdrawals between this medication that I believed I needed, because my mum said it would be worse than death. I felt like my mum was fighting to get me the things I needed, and in my world, the doctors who were reluctant to believe us, were ‘gatekeeping’. After all, why would you question your own mother, the one person in the world there to love and protect you?”

[Dr Marc Feldman](#) is one of the world’s most renowned experts on factitious disorders such as Munchausen by Proxy Syndrome, and has spent three decades investigating them. “It is uncommon compared to other forms of abuse,” he tells i, “but I also think that the vast majority of cases are never identified. They slip under the radar and doctors have inadequate education about Munchausen by Proxy, and about their responsibilities to report suspicions.

“In many cases, it’s teenagers who have been groomed for years by the parent who is telling them they’re ill, that they need this medication. The teenager may believe all the lies, but even if not, there’s often a sense of helplessness. They might fear more overt abuse if they fail to present to doctors as ill, as the parent wants. There are times when they may cooperate, but in my experience it’s very rare that a teenager colludes with the intention to deceive doctors.”

Feldman also says that even in the cases of teenagers, the parent with Munchausen by Proxy Syndrome tends to do all the talking, as happened in Katy’s case, causing a doctor to shout at her mother to stop answering for her. “It’s understood that the victim will keep quiet during contact with doctors,” says Feldman, “and many of them feel that’s what they better do, or they’ll get in trouble with their parents.”

Through all this, Katy was determined to get to university. “My mum would lock me in the house and not let me go to school because she’d say I was sick, and we’d have fights because sometimes I really did want to go to school, but I had this disability education plan she’d negotiated with school, which allowed me to be absent as much as I wanted as long as I kept my grades up.” So Katy taught herself the syllabus at home – “I don’t know how I managed it while on all those drugs” – and got into university. Just before she left home, things improved a little. The doctor who originally prescribed her opioids lost his licence and the newer, younger doctor who bought the practice was horrified by Katy and her mum. “I

remember him shouting at my mum, saying ‘you cannot have this kid on this level of morphine.’ Katy didn’t understand this at the time, but her mum was also taking the drugs, and was an addict, so the two of them were racing through medication. “My mum had me diagnosed or prescribed whatever drug she wanted to take herself,” Katy says. “I believe she’d mess around with my doses, increasing and reducing it all the time.” When Katy moved away from home, the pain she had felt for years stopped. “I didn’t have a hint of anything wrong with me, although I kept waiting for the terrible flare-ups I’d been warned of from my mum.

Because I was off opioids, I was no longer having withdrawal between prescriptions.” Katy went for a job in a restaurant to support herself through her studies, although her mum had told her she was much too sick to do physical work. “I worked there through college, and a bit into grad school, too, and never had problems. Even on a slow night at the restaurant I’d walk seven miles, and I probably felt better than ever because for the first time in my life I believed in my own physical capacity, I wasn’t on drugs, and I was getting exercise.”

After her father’s death in her mid-twenties, Katy had conversations with relatives and friends, and began to piece her childhood together. “It became clear that nobody ever understood why I was sick, and I started asking a lot of questions of people who had known me.” It turned out that there had been concern from relatives, teachers, and doctors but – as in Megan Bhari’s case – there was a sense that none of these people were talking to each other. In Katy’s case, who were outsiders to question a teenager with a little-understood chronic illness?

In all of this, the big question is; why did Katy’s mum fake her daughter’s illness? “In my experience,” says Feldman, “it’s often a search for attention and sympathy from being the indefatigable caregiver of a terribly ill child who doctors can’t diagnose. Either because the condition is so rare, or they’re inept. Others do it because they want to feel in control of not only the child but also of high-status professionals and people in the community who rush to support them. Some are rageful and a bit sadistic, and in other cases they want to keep the child dependent on them. They’re threatened by the child as the child starts to gain independence – and keeping someone sick is a good way to keep them dependent.”

Katy believes that in her mother’s case, there was an element of attention-seeking. “She’d tell my teachers about all these illnesses and disorders I’d

had since infancy, like Oppositional Defiant Disorder. What baby is diagnosed with disruptive behaviour?” But Katy thinks there was something far bigger at play, too. “The way my childhood therapist has since put it is that my mum wanted to believe she fixed me. She needed to believe deeply that something was wrong with me, that she could make me ok. I think that she experienced a deep dissatisfaction when she became a mother, and her lifelong quest to figure out what was wrong with me, would show that she wasn’t lacking, that she had a purpose. It was about her internal self-worth.”

The result of that, thinks Katy, was that her mum – who was fairly isolated – wanted to keep her daughter from being free and healthy. “I believe she wanted to keep me addicted to drugs with her for ever,” says Katy, “She wanted a companion in me. She wanted me to be super-smart, but never able to leave home or graduate because of ‘life difficulties’.”

Katy never confronted her mother about her discovery, and instead cut off contact with her. Their relationship had already become extremely strained, partly due to her mother’s addiction, and out-of-the-blue phone calls asking for money. Although her mother is now elderly, frail and lives in a different country from Katy, who has since moved to Europe, she feels panicked when she imagines her mother back in her life. “She can’t get to me now, but I still would panic if I felt that she ever knew that I even had kids.”

Katy in her adult life avoids doctors as much as possible but also suffers intense health anxiety. “Doctors were always the solution, but also the nightmare,” she says. With her own children, she checks with doctors and friends she trusts to check that the level of medical attention they get when unwell, is appropriate. “I meet their health needs but I am careful about what I medicalise.” Katy herself is currently in good health; the long-term implications of years of unnecessary drugs have not yet been an issue. “Since I left home for college, I’ve had no aches or pains in my life.” Katy, who has gone on to have a successful career, knows that only the most extreme cases of Munchausen Syndrome by Proxy end in death end up in the courts, in the news, and as the subjects of TV dramas and films. “Most cases involve a mother falsely reporting symptoms or exaggerating symptoms,” says Feldman. “Most cases do not involve injecting the child with bacteria or suffocating the child, or putting blood in a urine specimen. It’s often far more insidious than that.”

As it's hard to prove and rarely prosecuted, many survivors struggle to publicly accuse the caregivers who abused them. Katy – who would like to use her real name but is unable to for legal reasons – is still piecing her youth together. “I sat bolt upright in bed sometime after my husband and I got together,” she says, “and asked him, ‘is it normal that my mum mixed crushed opioids and sugar onto a spoon and fed it to me as a kid?’. His shocked face told me it wasn’t. In the end, the most successful cases are always hiding in plain sight.”

**Names have been changed*