

Musings on Functional Neuropsychiatric Disorders (S Nelson with contributions from R Eichenstein and A Wilkson, October 2018) Adapted in part from J Stone, A Carson, M Sharpe (2005) Functional symptoms in neurology: Management. J Neurol Neurosurg Psychiatry;76:i113–i21

Parent/Child Vulnerabilities

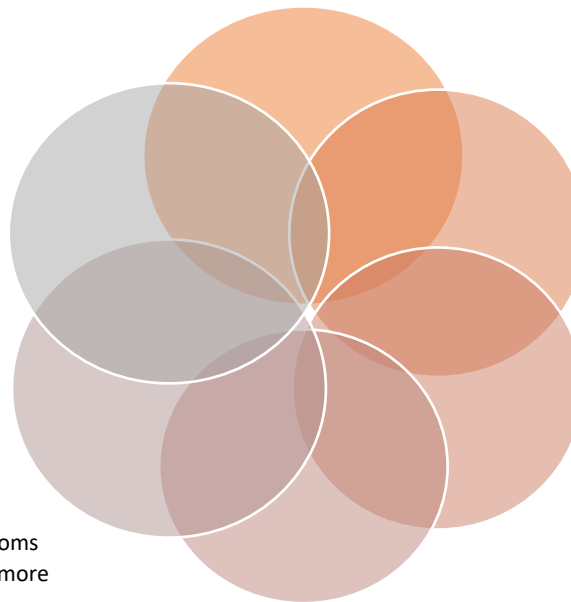
- Parents: Strong desire to have a child and to be "perfect" parents; idealization of expectant child as meeting all of their expectation (both conscious and unconscious)
- Parents: Anxiety, depression, somaticizing/low-psychological coping style
- Parents: neurobiological hormone surges: vasopressin in males, oxytocin in both sexes,
- especially moms, create protective loving dome over child, gets over-reactive as aggressively
- over-protective parent with inability to look objectively
- Difficult conception or birth (birth or conceptual causes trauma for parents)
- Child: Reactive, fussy infant --> May interfere with bonding, contribute to parental postpartum symptoms, cause parents to feel rejected, + cause stress, self-care lapses, sleep deprivation
- Child Medical - possible predisposition to autoimmune response to infection/inflammation

Emotional/Adaptive (Child)

- Anxiety and depression
- Failure to develop emotional coping skills leading to increased emotional lability
- Social "deconditioning," from reduced social interaction --> immaturity, 'young' interests, peer rejection, oddity, social passivity
- Reduced self-confidence and feelings of accomplishment
- Increased dependence on parent --> separation anxiety, failure to sleep alone, "clinging" behavior

Physiology/Neurocognitive (Child)

- Cognitive symptoms of anxiety and depression, including poor concentration, rigidity, and slow processing speed
- Physical symptoms of anxiety and depression, including poor sleep, muscle tension, aches/pains, sensory sensitivities
- Physical "deconditioning" from inactivity leading to increased symptoms
- Reduced medical and/or psychological immunity leads to being sick more often which causes more symptoms
- Symptoms tend to be vague and mutable
- Symptoms perform a function (e.g., allowing the child to avoid/escape)
- Symptoms not present during preferred activities



Thoughts That Maintain the illness Cycle

- Psychological problems or family functioning are not relevant - "We are not that sort of family", "There were no problems before this/there are no problems besides this"; "The behavior is completely unpredictable"
- My child is damaged or fragile
- "Avoidance of difficult things causes fewer symptoms than engagement, so avoidance must be the better choice"
- If there is no medical reason, are you implying there is something morally 'wrong' with my child, or me as a parent, or that my child is faking?"
- Parent Defense Mechanisms: Denial, Angry Distrust of "mainstream" Doctors, Overprotection ("no one understands my child")

Social/External Pressures

- Beliefs of others - if there is not a diagnosed "reason" for child's problems, you must be "bad parents"
- Social pressure - Some illnesses are more "legitimate" than others
- Child benefit - You must be very special parents to be able to cope with a child this sick

Family Behaviors That Maintain the Illness Cycle

- Spending large amounts of time/effort searching for the "right" diagnosis; postponing any treatment until cause found
- Reorganization of family life around illness - parent may quit job, for example; couple relationship changes
- High levels of family enmeshment and role confusion
- Poor family sleep routines
- Child inadvertently gets attention for illness behaviors