

FACTITIOUS DISORDER
(MUNCHAUSEN TYPE)
INVOLVING
ALLEGATIONS
OF RITUAL SATANIC
ABUSE: A CASE
REPORT

Philip M. Coons, M.D., and
Finlay Grier, Ph.D.

Philip M. Coons, M.D., is staff psychiatrist at Larue D. Carter Memorial Hospital and Associate Professor of Psychiatry at Indiana University School of Medicine, Indianapolis, Indiana.

Finlay Grier, Ph.D., is staff psychologist at Larue D. Carter Memorial Hospital and Assistant Professor of Psychiatry (Psychology Division) at Indiana University School of Medicine, Indianapolis, Indiana.

For reprints write Philip M. Coons, M.D., Larue D. Carter Memorial Hospital, 1315 West 10th Street, Indianapolis, Indiana 46202.

ABSTRACT

A 25-year-old woman was hospitalized after threatening suicide. She alleged that she had been the victim of ritual Satanic abuse. A careful evaluation including history-taking, clinical observation, request for collateral information, and psychological testing not only failed to corroborate her story, but pointed instead to a diagnosis of factitious disorder of the Munchausen type.

INTRODUCTION

Ritual abuse involving Satanic cults has recently been linked to dissociative disorders (Kelley, 1988; Kluff, 1989; Fraser, 1990; Van Benschoten, 1990; Young, Sachs, Braun, & Watkins, in press). One of the problems with nearly all contemporary case reports of Satanic abuse is the lack of independent corroboration. This is important because some contemporary accounts of Satanic abuse strain credibility, while other accounts are regarded by clinicians as legitimate (Hill & Goodwin, 1989). Alternative explanations for these "memories" include delusion, hallucination, screen memory, fantasy, and hypnotic confabulation. (Ganaway, 1989).

CASE REPORT

A 25-year-old woman was hospitalized in a community mental health center after making a dramatic suicide attempt. She alleged having escaped from a Satanic cult several months previously and subsequently utilized women's shelters and "underground safe houses" in a transcontinental flight. She also alleged having been the victim of ritual physical and sexual abuse by her father and other cult members, witnessing animal sacrifice and the ritual killing of her mother, and acting as a "breeder" of babies used for

sacrifice. At the time of her admission she had been living with a Christian "foster family" for about a month. Immediately subsequent to a ritual exorcism she became "deaf" and attempted to kill herself.

Early in her hospitalization she was mute and claimed amnesia for a recent two-year period, although she was able to write a voluminous detailed account of her abuse during her first twenty-three years. She claimed fifteen to twenty pregnancies with over two-thirds ending in miscarriage.

In her writings she indicated that she was having flashbacks of previous abuse. Accordingly, a preliminary diagnosis of post-traumatic stress disorder (PTSD) was made. Because of her amnesia and regressive, almost child-like behavior, a diagnosis of multiple personality disorder (MPD) was entertained. No attempt was made to collect collateral information or to administer psychological testing during this hospitalization. Treatment, both psychological and psychopharmacological, was immediately instituted for PTSD. Numerous lengthy abreactive sessions were held, but were without benefit. At the end of her three-week hospitalization, she was transferred to a tertiary-care treatment facility on a commitment. At that time, her psychiatrist, psychologist primary therapist, nursing personnel, and "foster family" all firmly believed that she had been a bona fide victim of a Satanic cult.

Upon her admission to the second hospital she repeated essentially the same story in her writing. Although she was mute upon admission, her ability to talk magically reappeared on the next day. Stating that Satanic symbols had been carved into her back and abdomen, she refused a complete physical examination. Casual inspection of her arms revealed numerous scars. She vehemently denied that they were due to self-mutilation, although this had not been suggested. She refused to allow collateral interviews or to give permission to obtain old records.

Over the course of several days careful observation failed to reveal evidence of PTSD or any other discomforting symptomatology. In fact, she evidenced a comfort and familiarity with psychiatric hospitals which was inconsistent with her history of having had no previous hospitalizations. She was noted to be extremely well-dressed in designer clothes, which she had amassed from numerous well-meaning people whom she had met on her transcontinental journey. She was the best-dressed patient on the ward and certainly did not look like the typical itinerant.

As part of her treatment plan she was informed that she could not move to an open unit until she cooperated with routine assessment procedures. She reluctantly gave permis-

sion to obtain old records, completed her physical examination, and took psychological testing. No Satanic symbols were found on her skin, although two surgical scars were found on her lower abdomen.

Psychological testing consisted of a battery of tests including Shipley-Hartford Intelligence Scale, Sentence-Completion Test, Selected Box Designs, Proverbs, Draw-a-Person Test, Thematic Apperception Test (TAT), Rorschach, and the Minnesota Multiphasic Personality Inventory (MMPI). Her IQ of 113 and excellent use of vocabulary on the Sentence Completion and Proverbs tests were not compatible with her previous claim of a sixth-grade education. There was no evidence of organicity on the Box Designs. Her MMPI was felt to be valid and the only clinical scale elevated above a T-score of 70 was the *Pa* scale ($T = 76$). On the TAT she refused to "make up" a story to the blank card. As the testing progressed she became increasingly defensive and launched into a diatribe about psychiatrists, psychological testing, and how no one would believe her. When she was confronted with the discrepancies between her responses and previous history, she became even more defensive and altered her story to fit more closely with the observed data. Her score on the dissociative experiences scale (Bernstein & Putnam, 1986) was 7, and this essentially normal score did not fit with her previous history of marked dissociation.

Her history, pieced together from old records, revealed lying, stealing, and runaway behavior during her pre-teen years, unproven accusations of paternal incest at age fifteen, and withdrawal from school in the eleventh grade. The accusations of incest began in the late 1970s when incest became a popular topic. She produced two children out-of-wedlock and both were removed to foster care. By age twenty-five she had been hospitalized at least ten times in five states and had a lengthy criminal record including theft, making false accusations of rape, and threatening the foster parents of one of her children. While living in one state, she successfully completed her GED and obtained nearly two years of credits at a community college. She worked off and on. Her most recent flight was thought secondary to breaking up with a boyfriend, according to the police. Her mother was alive but she had been abandoned by her husband. The stories of Satanic abuse did not begin until after she had observed the Geraldo Rivera television special on Satanism.

After one month of hospitalization and just prior to the initial receipt of her old records, she eloped from the hospital. Several weeks later she reappeared and returned to live with her foster family, but she was asked to leave when they eventually discovered her elaborate ruse. Since then she has been lost to follow-up.

DISCUSSION

Although extreme abuse by Satanic cult members may exist (Fraser, 1990; Van Benschoten, 1990; Young, Braun, Sachs, & Watkins, in press), the clinical picture in this case is more compatible with a diagnosis of factitious disorder. The evidence for factitious disorder in this patient was extensive and included pseudologia fantastica, repeated changes in her story to fit known data, inconsistencies in her history,

numerous hospitalizations in many states, refusal to cooperate with the evaluation, extensive knowledge of hospital routine, lack of observable symptomatology, extreme disdain for treatment personnel, and rapid discharge AMA once her real history had become obvious. Because of the factitious nature of her complaints, pseudologia fantastica, extensive traveling, and numerous hospital admissions in many states, this patient was felt to meet the criteria for Munchausen's syndrome (American Psychiatric Association, 1987), but with a psychiatric presentation (Gelenberg, 1977).

Because the nature of her story was not easily corroborated, it lent itself to fraudulent admissions to women's shelters and underground safe houses. The exact incidence of this type of factitious disorder is unknown, but it will probably become increasingly common as more victims of ritual abuse present for evaluation. Recommendations for evaluation of patients with histories of ritual abuse really do not differ from the careful evaluation of any other patient where the diagnosis is uncertain. This evaluation should include a careful history taken over several days, careful clinical observation, collection of collateral information, and psychological testing. Treatment should not begin in earnest until the evaluation is complete. ■

REFERENCES

- American Psychiatric Association. (1987). *Diagnostic and Statistical Manual of Mental Disorders* (3rd edition - revised). Washington, DC: American Psychiatric Press.
- Bernstein, E.M., & Putnam, F.W. (1986). The development, reliability, and validity of a dissociation scale. *Journal of Nervous and Mental Disease*, 174, 727-735.
- Fraser, G.A. (1990). Satanic ritual abuse: A cause of multiple personality disorder. *Journal of Child and Youth Care*, (Special Issue), 55-65.
- Ganaway, G.K. (1989). Historical truth versus narrative truth: Clarifying the role of exogenous trauma in the etiology of multiple personality disorder and its variants. *DISSOCIATION*, 2, 205-220.
- Gelenberg, A.J. (1977). Munchausen's syndrome with a psychiatric presentation. *Diseases of the Nervous System*, 38, 378-380.
- Hill, S., & Goodwin, J. (1989). Satanism: Similarities between patient accounts and pre-inquisition historical sources. *DISSOCIATION*, 2, 39-44.
- Kelley, S.J. (1988). Ritualistic abuse of children: Dynamics and impact. *Cultic Studies Journal*, 5, 228-236.
- Kluft, R.P. (1989). Editorial: Reflections on allegations of ritual abuse. *DISSOCIATION*, 2, 191.
- Van Benschoten, S.E. (1990). Multiple personality disorder and Satanic ritual abuse: The issue of credibility. *DISSOCIATION*, 3, 22-30.
- Young, W.C., Sachs, R.G., Braun, B.G., & Watkins, R.T. (in press). Patients reporting ritual abuse in childhood: A clinical syndrome. *Child Abuse and Neglect*.