FACTITIOUS DISORDER (MUNCHHAUSEN TYPE) INVOLVING ALLEGATIONS OF RITUAL SATANIC ABUSE: A CASE REPORT
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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 voluminously 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-
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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 (Galenberg, 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


