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CASE REPORT

PSYCHIATRY & BEHAVIORAL SCIENCES

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A Case of Factitious Pedophilia

ABSTRACT: Factitious disorder involves feigning, exaggerating, or self-inducing physical and/or psychological ailments with the goal of assuming the "sick" or "patient" role. In turn, the sick role entitles the factitious disorder patient to care, nurturance, and protection; it also exempts one from usual responsibilities. In this paper, we present the first reported case of factitious pedophilia. Although it seems counterintuitive, this middle-aged man has falsely claimed or exaggerated sexual desire for minors ostensibly to remain in a state hospital; indeed, he has remained in the same inpatient facility for more than 20 years as a result of his deceptions. At times, his reports have included disconfirmed claims of bizarre accidents and other physical travails. This case enlarges the literature on factitious psychological disorders and shows that some individuals may falsify paraphilic behaviors, although clearly minimization of these behaviors remains more common.

KEYWORDS: forensic science, forensic psychiatry, factitious disorder, Munchausen syndrome, pedophilia, pseudologia fantastica, hospitalization

Within the literature on sex offenders, the issue of denial and minimization has been well reviewed (1–4). This defensive behavior is generally viewed as both a cognitive distortion that condones the behavior and an adaptive response to the highly adversarial setting in which sexual offenders may find themselves (5). Researchers have attempted various means to circumvent this dissembling behavior, including the use of anonymous questionnaires (6–8). These researchers have found that if sex offenders feel secure against legal consequences, they will claim very high amounts of sexual and nonsexual crimes. In some studies, the sex offenders have claimed up to five times more offenses than they were convicted of. The general consensus has been that sex offenders are committing many more offenses than are known by authorities.

However, in 1992, Fedoroff et al. (9) suggested an alternative explanation. It was possible, in some cases, that the research subjects had exaggerated the frequency and/or nature of their sexual behaviors. It was their theory that some individuals make false claims of prior offending behavior, and their article gave several case studies of male patients at the Johns Hopkins Sexual Disorders Clinic who imitated symptoms of zoophilia, hypersexuality, and exhibitionism. The authors suggested that the subjects in their study imitated these conditions for a variety of reasons, including to malinger, to hide ego-dystonic homosexuality or pedophilia/hebephilia, and to attempt to remain hospitalized. The authors indicate that patient self-report is necessary but not sufficient in assessing paraphilias.

Despite questions about the legitimacy of the category (10), an array of factitious disorders of a psychological nature has been reported, including alcohol dependence (11,12), posttraumatic stress disorder (13,14), bereavement (15,16), schizophrenia (17), suicidal ideation (18), and homicidal ideation (19), along with victimization such as rape (20). However, Federoff et al. (9) present the only documented case of factitious paraphilias. Notably, these authors did not report a case of factitious pedophilia. To our knowledge, there has never been a previous published case of a patient's intentionally exaggerating or producing false symptoms of pedophilia. We report on a male patient who has been hospitalized for over 20 years based on his exaggerated claims of pedophilic interest in minors. Preparation and publication of this manuscript were approved by the institutional review boards for both the hospital and state in which it is located.

Case Report

Mr. A, a 45-year-old Caucasian male, has resided in a state hospital in the northeast for 21 years. According to the available records, he was one of nine children, all of whom were removed from his parents' care because of severe neglect. The patient was 5 years old when he was placed in the first of a series of foster homes. Records indicate a history of maternal mental illness and paternal alcohol dependence. The patient resided in the state's receiving home for children from ages 11 to 13. From ages 13 to 14, he appears to have resided with each parent separately, as they had divorced. At age 14, he was hospitalized for 1 month at the state psychiatric facility and given the diagnoses of alcohol abuse and passive-aggressive personality with dependent traits. His discharge note indicates he was dramatic, attention-seeking, had poor impulse control, and had significant early childhood deprivation. Between ages 14 and 19, the patient resided in a school for children with special needs. At some point during this placement, he was diagnosed as having mental retardation although this diagnosis has since been changed to borderline intellectual functioning. He had frequent psychiatric hospitalizations from ages 19 to 24 while residing in a group home.

At age 24, the patient went to the local police and claimed that he had kidnapped and raped a prepubescent child. The victim and his family came to the authorities later and reported a different

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story; there was no kidnapping, and the victim was fondled through his clothing rather than raped. The patient was found guilty of risk of injury to a minor and served 18 months in prison before being placed on probation. Once released, he contacted his probation officer to report that he had technically violated his probation because of homelessness; he then reported fantasies of molesting preadolescent males. He was sent to jail where he attempted to hang himself and then sent to the state hospital where he has resided ever since.

The patient's hospital course has been marked by extended periods of adaptive behavior alternating with brief episodes of dramatic claims. At times, he has requested to be released but then recanted these requests. There have been episodes in which he approached staff and claimed to have wanted to molest the children he saw on the hospital grounds (e.g., at the staff daycare center or among visitors). However, there have never been any actual behaviors connected to these claims, and his clinicians have recorded that the claims were made to elicit attention from staff. Throughout his multiple psychological assessments, the patient has reported both victimization and perpetration of sexual offenses. He reported being molested by his foster parents prior to age 5, although the records indicate that he was still living with his biological parents at that age. He has also reported that he molested younger female relatives at a time when the records show he was residing in a state school and that he molested an adolescent male at a time when he was residing at this hospital in a locked setting. He also claimed to have committed an act of bestiality against the dairy cows of his state school, although a representative of that school denies that the site had any history of keeping dairy cows.

Besides claiming multiple unsubstantiated sexual offenses and victimizations, Mr. A also reported multiple episodes of significant medical emergencies, such as having three fingers "crushed in a drill press" and requiring seven corrective surgeries; being shot in the back during a liquor store robbery; surviving a car crash in which his vehicle "flipped four times" and left him "partially crippled, having to learn to walk again"; and having to wear a cranial traction device following another car crash. Despite these dramatic claims, Mr. A has no related scars on his head or hands as would be expected.

This patient underwent a penile plethysmography assessment 2 years after his admission. There was only one visual stimulus assessment, which makes any findings tentative. He was also given multiple trials of audio assessment. However, the majority of these tests were uninterpretable because of the patient's uniform arousal to all stimuli. During a final audio assessment, the patient showed arousal to prepubescent females and violence. As the patient has a history of offending only against a prepubescent male and has no history of violence to minors, these results are problematic; one would expect a higher degree of concordance between the plethysmography results and the patient's behavior. The patient's multiple psychometric assessments, including intelligence and personality testing, both objective and projective, have suggested that he showed anxiety rather than depressive symptoms; poor self-control; a poor grasp of social conventions; paranoia; and a self-image based on fantasy rather than reality.

Discussion

After more than two decade years of residing at a state hospital, where he has had numerous occasions to act on his claimed sexual desire for children, the patient has not done so. He has attended various treatment groups, including a men's trauma group. However, when enrolled in a sex offender treatment group, which would facilitate his discharge from the hospital, the patient immediately violated confidentiality and was dismissed from the group. While this patient does have a documented history of fondling a child, the remainder of his claims appears to be a conscious embellishment and exaggeration with elements of complete fabrication.

The patient does not appear to have engaged in confabulation, as there are no tested memory deficits. His neuropsychological assessment did not find evidence of Korsakoff's syndrome or other impairments related to confabulating behavior, nor does he appear to be malingering for external incentives. Malingering generally involves intentional faking or exaggeration of symptoms either to avoid something (e.g., military duty, work, criminal prosecution) or to receive something (e.g., financial reward, opioids). While individuals may malinger symptoms briefly to achieve temporary housing, it is unlikely that anyone would view long-term state psychiatric hospitalization as desirable housing. The patient does not receive any direct funds from the state or other sources, so there is no financial reward involved.

Considering multiple factors, it appears that this patient meets the criteria for factitious disorder. He does not demonstrate signs of psychotic, mood, or anxiety disorders, and his substance abuse diagnosis appears to have been based solely on self-report. He does not meet the minimum criteria for any single personality disorder but he does have narcissistic, dependent, and histrionic traits. Rather than resisting institutionalization, this individual appears very comfortable with his role as a patient. Further, he does not appear to be concerned regarding any stigma from being categorized as a pedophile; he openly makes claims to staff regarding his alleged behavior in the past. His behavior, rather than being characterized by planning and executing actual sexual offenses against minors, shows a repetitive pattern of making claims that have been instrumental in maintaining his residency at the hospital. He has even sabotaged interventions that might have facilitated his discharge, including violating confidentiality in his sex offender treatment group. Gregory and Jindal (18) have reported characteristics of individuals with factitious disorder which Mr. A manifested, including a worsening of claimed symptoms when he was being observed or assessed, gross discrepancies between what he reported and what could be verified, and a belief that hospitalization is "better" than outpatient care.

Mr. A intentionally claims psychological symptoms with a primary motivation to maintain his role as a patient. The sick or patient role entitles one to be viewed as requiring care, rescue, nurturance, and protection and exempts one from normal obligations (20). Other potential goals are to enhance the self and feel important (21). As noted by Newmark et al. (22), the stories told by these patients—their *pseudologia fantastica*—always includes the patient as either the hero or the victim. In this patient's case, he was both victim and villain, with significant temporal and internal inconsistencies regarding his employment, childhood, health, victimization, and perpetration of criminal behavior. The grandiosity appears to be a defense against the sense of unworthiness he experienced growing up in a neglectful environment. Given his severe early childhood deprivation, it is not surprising that he developed a fantasy life wherein he was the victim/villain. Throughout his childhood, he felt unworthy of care, but once he established himself as a patient, he no longer had to prove his legitimacy to be cared for (23). His institutionalization may have been a positive and stable experience for him in comparison with his early childhood; therefore, he has needed to find a way to maintain that role. By exaggerating claims of severe and dangerous pedophilic interests, he chose a virtually ideal—albeit dysfunctional—way to elicit care behavior in others; after all, pedophiles are often kept

institutionalized in modern society. In some ways, claiming to be a dangerous pedophile is no worse than behaviors seen in factitious disorder with physical symptoms, such as undergoing multiple unnecessary surgeries to maintain the patient role (24).

It is noteworthy that while this patient fabricates and/or exaggerates some events, he minimizes or ignores significant events. For example, during his assessment, Mr. A did not report his well-documented life-threatening hanging attempt while in the county's jail, yet claimed his fingers were smashed in a bizarre industrial accident. It appears that this patient is more comfortable telling fantastical stories than relating actual painful events.

Conclusion

Contrary to our expectations and the extant medical literature, pedophilia can be added to the list of signs and symptoms falsified in factitious disorder. It now must be recognized that individuals may exaggerate and falsify paraphilic behaviors, although minimization of these remains more common. In working with individuals who voluntarily claim sexually deviant behaviors, it is necessary to investigate the motivation for such disclosures, especially given the current social and cultural context where such revelations are likely to result in significant negative consequences.

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