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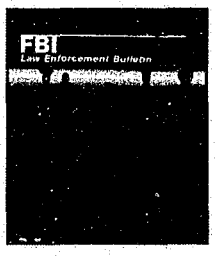

Cover: *Effective management techniques are essential to the success of any organization, including law enforcement agencies. This issue focuses on different police management issues.*

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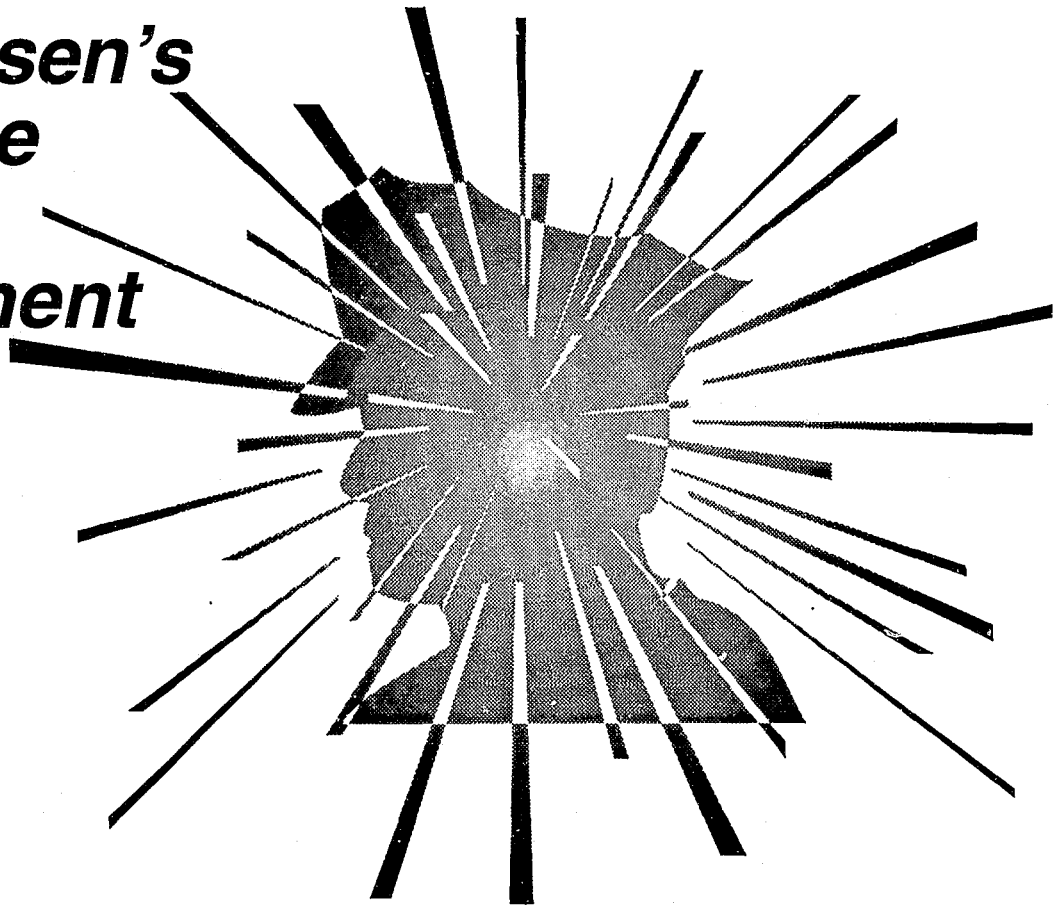
Munchausen's Syndrome in Law Enforcement



By
Peter DiVasto, Ph.D.
and
Gina Saxton

A passing motorist discovers a wounded deputy on a two-lane highway. The citizen frantically radios the sheriff's department and reports that the deputy has been shot and is nearly unconscious. Responding units begin an extensive search for a motorist who, according to the deputy's account, shot him after being stopped for a routine violation. The bullet lodged in the deputy's safety vest.

However, as the deputy recuperates at a nearby trauma center, the massive manhunt fails to produce a suspect. Investigating officers soon become skeptical of the deputy's story and confront him with their doubts. He admits that he shot himself in the vest and planned to do so for several days. The deputy attributed his behavior to stress caused by overwork and to a desire to keep his wife from leaving him.

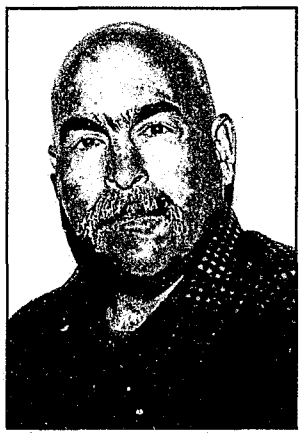
A thorough psychological evaluation is conducted, which reveals the deputy to be somewhat depressed, nonpsychotic, and lacking in self-esteem. Treatment for these problems, as well as marital therapy, is recommended.

MUNCHAUSEN'S SYNDROME

Definition

This case illustrates a classic example of Munchausen's Syndrome—so named after the Baron Karl Friedrich Hieronymus Von Munchausen, a colorful figure who delighted the royal courts of late 18th century Europe with tales of his heroic exploits. Although his veracity was never directly questioned in polite society, it was widely believed that the baron was perhaps the greatest liar on the continent. In his eagerness to impress audiences, he routinely invented encounters in which he received seemingly life-threatening wounds, only to recover again to set out for more adventures.

Today, Munchausen's Syndrome falls into the category of mental illness known as factitious



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disorder, first identified in a psychiatric sense in the early 1950s.[1] In a typical scenario, an individual self-inflicts illness or injury (or complains of illness) and then defies medical treatment by remaining ill, despite the best efforts of doctors.[2]

While Munchausen's Syndrome is in no way limited to the law enforcement community, the unique demands of the law enforcement profession create an atmosphere in which this type of disorder may be more common than in the general population. For this reason, law enforcement managers should be aware of the specific causes and possible clues to this baffling and troubling disorder.

General Characteristics

Patients exhibiting Munchausen's Syndrome present themselves to a clinic or emergency room with acute and dramatic symptoms.[3] They are usually admitted to a hospital, where their symptoms ebb and flow and cause great consternation among the medical staff. Symptoms appear, seemingly at will, and abnormal lab studies soon fill the patient's records. If suspicion is aroused, it is often discovered that the patient actively takes steps to remain ill. When confronted with this information, the patient usually leaves the hospital, only to reappear later at another health care center.

One of the most curious features of Munchausen's Syndrome is the apparent lack of obvious reward. The motivation for the disorder is thought to lie within the patient's psyche, amid such dangerous psychological corridors as symbolic castration, masochism, the cheating of authority, or erotic desires.[4]

Munchausen's patients should be distinguished from those persons who are malingerers or those who may injure themselves for other reasons. Malingerers have a specific goal in mind, such as in worker's compensation cases. Prolonging an illness has a definite purpose, i.e., financial reward. Those who injure themselves out of low self-esteem or poor impulse control usually do so in a direct manner and do not deny their active involvement.

Munchausen's patients, on the other hand, cling to denial, even in the face of overwhelming evidence that they have been the source of their own illness or injury. If questioned in detail, these patients often engage in "pseudologia fantastica," (uncontrolled pathological lying).[5] Munchausen's Syndrome often persists for years and can lead to serious medical complications, and even death, as a consequence of self-induced illness.

MUNCHAUSEN'S IN LAW ENFORCEMENT

As mentioned previously, the occurrence of Munchausen's Syndrome in law enforcement may stem from specific factors in an officer's life, such as deteriorating personal relationships, job-related frustrations, or other problems. There are two general models of Munchausen's Syndrome identified within the law enforcement context. The two models, distinguished as Type A and Type B, share similar characteristics, but are induced by different factors.

Type A Dynamics

The role of the police officer in modern society is complex and often difficult. Performing duties under the scrutiny of the public, press, and courts demands competence and decisiveness. The ability to project these qualities is valued highly within the law enforcement culture. However, mastery of these skills does not come without a potential price.

Law enforcement officers, who strive to be in control at all times, may find it difficult to admit when they, their relationships, or their jobs are out of balance. However, this need for control may prove highly dysfunctional and counterproductive when it inhibits an officer from seeking needed help.

It is this uneasiness with loss of control that leads to the most common source of "Officer Munchausen" incidents. An officer, faced with overwhelming interpersonal stress or threat of loss, creates an incident in which he (very few, if any, female officers have reportedly been involved in these occurrences) is the victim, and occasionally, the hero.

The common thread that runs through Type A incidents is that of the officer who is experiencing significant stress from interpersonal issues and is unable to cope. The opening scenario depicted the typical characteristics of the Type A incident. In an attempt to manipulate the other party's behavior, the officer creates a situation in which he becomes the focus of sympathy, concern, and care. In this regard, the Type A dynamic is much like that of the suicide gesture.

Type B Dynamics

The theme that underlies the other common cause of Munchausen's Syndrome cases in law enforcement is that of affiliation. In many ways, a police organization resembles a fraternal society, in which bonding is important and there are varying degrees of status. This hierarchy is determined less by rank than by a combination of length of service and the accumulation of milestones. These milestones include such events as arrests of dangerous persons, riot control, gunfights, and pursuits. It is the successful performance under pressure in these critical incidents that earns one the position of a full-fledged member of the order. The rookie officer may not be accepted as a legitimate peer until successfully involved in a critical incident.

The officer who has not been exposed to danger may feel the need to invent such an incident to achieve credibility. Thus, the dynamics of the Type B incident appear, as illustrated in the following actual case:

> A deputy is assigned to an elite park patrol unit that has a history of physical encounters with various law breakers. The "esprit de corps" of the 12-member unit is very high; volunteers for assignment to the unit are many.
>
> ***"The officer who has not been exposed to danger may feel the need to invent such an incident to achieve credibility."***
>
> The deputy has served in the unit for 2 years, and although he has made several arrests, he has not been involved in any major physical confrontation. While unusual for the unit, this has not been the basis for any harassment directed at the deputy by other members of the force.
>
> During an undercover drug operation, another member of the police department covertly observes the deputy inflicting injuries on himself. Specifically, he is seen hitting his face five times against a brick wall in a secluded area of the park. After inflicting the wounds, he transmits an "officer needs assistance" call.
>
> When the true source of his injuries is revealed, however, the deputy is indirectly castigated by the other members of the unit. He eventually requests, and is granted, a transfer to another assignment.[6]

Obviously, the pressure to achieve parity and acceptance in a law enforcement environment is strong, as evidenced by this case. An officer who feels the need to fabricate a critical incident may be manifesting perceived ego deficits or may simply be reacting to that pressure, often combined with boredom. Whether an individual will repeat this behavior again is difficult to predict, but is dependent, in part, on the department's willingness to confront the officer with the serious personal and departmental issues involved.

CONCLUSION

The demands placed upon law enforcement officers are great. Occasionally, these demands, coupled with a perceived lack of community appreciation or other more personal issues, cause officers to react in ways detrimental to both themselves and their departments.

Officers who intentionally inflict injuries to themselves generally do so for specific reasons. They

may be trying to alter unsatisfactory career or personal circumstances (Type A Dynamics), or they may be attempting to gain the acceptance of their peers (Type B Dynamics).

In any case, police supervisors and counselors should be aware of the causes of Munchausen's Syndrome. The specific circumstances that lead an officer to take this action should be carefully analyzed. For, as with most disorders of this type, understanding the causes will usually assist in determining the most appropriate solutions.

Endnotes

[1] R. Asher, "Munchausen's Syndrome," *The Lancet*, i, pp. 339-341.

[2] P.J. Connelly and F. Gilmour, "Munchausen Syndrome: New Causes for Concerns," *Journal of Clinical Psychiatry*, 50, p. 73; G. Baran, W.G. Vas, M. Sundaram, and C. Markivee, *Skeletal Radiology*, 18, pp. 459-461; G. Caradoc-Davies, "Feigned Alcohol Abuse," *British Journal of Psychiatry*, 152, pp. 418-420.

[3] Ibid.

[4] K. Menninger, "Polysurgery and Polysurgical Addiction," *Psychoanalytical Quarterly*, 3, pp. 173-199; H.R. Spiro, "Chronic Factitious Illness," *Archives of General Psychiatry*, 18, p. 569; H. Schoefeld, J. Margolin, and S. Baum, "Munchausen as a Suicide Equivalent: Abolition of Syndrome by Psychotherapy," *American Journal of Psychotherapy*, XLI, pp. 604-612; see also L. Puig, M. Perez, A. Llavrado, J. Esquius, A. Moreno, and J. Made Maragos, "Fictitional Dermatosis of the Breast: A Possible Dermatologic Manifestation of Munchausen's Syndrome," *Cutis*, 44, pp. 292-294.

[5] B.H. King and C.V. Ford, "Pseudologia Fantastica," *Acta Psychiatrica Scandinavia*, 77, pp. 1-6.

[6] Based upon an eyewitness account by Lt. Michael Harpster of the Bernalillo County, New Mexico, Sheriff's Department. Additional research and accounts provided by Hugh Miller, M.A., of the Tampa, Florida, Police Department.