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You Light my Fire: Understanding Pathological Firesetting

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Mary Jane (MJ) is a 30 year-old, never married woman. She was raised by a single alcoholic mother and attended special needs classes through the 8th grade when she dropped out at age 16 years old. She suffered physical and sexual abuse at the hands of her mother's boyfriend. MJ was diagnosed with mild mental retardation at age 6, and diagnosed with schizophrenia at age 22. MJ was living in a group home which she described as, "the last place on earth I wanna live." She tried to tell staff she wanted to move but she claims no one ever listened to her. On July 4, 2007, MJ set the house on fire when all the residents and staff were at the town center watching the fireworks. She admitted setting the blaze and stated, "Now they gotta let me move."

Firesetting or arson destroys property, extinguishes lives, costs huge sums of money, and remains one of the most under-prosecuted felonies. Arson is intentional firesetting with any motivation (i.e., profit, crime concealment, revenge, suicide, homicide, and pleasure). Pathological firesetting is a subset of arson, wherein the firesetter has a psychiatric, developmental, or other medical disorder that significantly contributes to the etiology of the act of setting a fire. Hence all pathological firsetting is arson, but not all arson is pathological firesetting. In elucidating the etiology of pathological firesetting, this brief examines 1) psychopathology and motivation, 2) characteristics of firesetters, and 3) multifactorial explanations. Following these considerations is a proposal for perhaps the most common reason for pathological firesetting, communicative arson.

Psychopathology and Motivation

Using psychopathology as a basis for classifying

firesetting is challenging because motivations are not always easy to tease out and may be complex. Firesetting associated with developmental disorders is receiving increasing attention as institutions for individuals with developmental disabilities close in favor of "community integration." Arson also has been associated with medical or neurologic disorders (e.g., AIDS, seizure disorder) and substance or alcohol use.

Another motivation may be a disorder of thought, perception, or mood. In these cases the motivation may or may not be a derivative of the symptom (e.g., driven by a delusion or hallucination). Too often persons with Axis I psychiatric disorders will report symptoms as motives in an attempt to exculpate themselves. The prevalence of firesetting behaviors in the psychiatric population is difficult to examine and infrequently studied. Two studies in Massachusetts psychiatric hospitals indicated that 27% of patients had lifetime histories of firesetting behavior and 18% had actually set a fire.[1, 2] Informal inquiries among psychiatrists, district attorneys, and police indicated this percentage was much higher than expected.

Characteristics of Firesetters

Attempts to classify firesetters by their characteristics are really attempts at differentiating firesetters from non-firesetters. Typically this occurs in correctional facilities, which does not necessarily generalize to

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firesetters in the general population. Characteristics of firesetters may fall into historical variables (e.g., history of special education, institutionalization, firesetting, other property crimes, and/or prior convictions), familial variables (e.g., parental history of violence, alcoholism, separation during firesetter's childhood, maternal psychiatric history), lifestyle variables (e.g., living alone or living in parents' home, single, without children), and clinical variables (e.g., history of self mutilation, suicide attempts, alcoholism, poor self esteem, feeling unwanted/not understood, dependence, isolation, borderline IQ or MR).

Multifactorial Explanations

There have been several multifactorial explanations. These started with the premise that there are "predisposing factors" and "precipitating factors" for firesetting.[3]

Predisposing factors include a combination of:

- dynamic historical factors predisposing toward mal adaptive behaviors,
- historical and current environmental factors that taught and reinforced firesetting as acceptable, and
- the immediate environmental contingencies that encourage firesetting ("precipitating factors").

Precipitating factors can include:

- a crisis or trauma,
- characteristics of the firesetting act,
- distortions,
- feeling states, and
- external and internal reinforcements.

The most recent and sophisticated multifactorial analysis of firesetting rests on two fundamental principles: 1) an individual deliberately sets fire to a target assumed to be of some relevance to him/her, either directly or indirectly, and 2) persons who set fires according to a particular "mode" or action are distinct from others operating in a different mode. The modes are derived from the observation that a firesetter's target is either person-oriented or object-oriented and the firesetter's motivation is either instrumental or expressive.[4]

Communicative Firesetting

Frankenstein said of himself, "I am malicious because I am miserable." Geller used this linkage of misery and "acting out" as an explanatory concept after recognizing a potential link between deinstitutionalization and firesetting.[5] Coining the term "communicative arson," the author proposed that firesetting was used by persons with social skills/communication deficits to initiate a desire or need for some change, (e.g., a change in residence, a desire for rehospitalization).[6] Communicative arson is a frequent occurrence because firesetting employs the strengths and bypasses the limitations of persons with poor language abilities, impaired social skills, and inadequate means to assert their needs in socially acceptable manners. It is self-reinforcing for persons more familiar with failure than with success. This concept fits much of the contemporary psychiatric literature and is compatible with multifactorial explanations

Conclusions and Recommendations

Persons who are desperate and without other resources are driven to firesetting for a variety of reasons; they are unable to communicate needs, anger, desired changes or other messages by less dramatic means; they are driven by symptoms of medical or mental illness; they wish to destroy others or themselves; they want to be rebels or heroes; they are curious, bored or impulsive; or they simply do not care. There was not much interest in trying to understand adult firesetters through much of the 20th century. Recommendations for future work include:

- Assessing a firesetter requires a thorough psychiatric evaluation and a complete inventory of the firesetting. The history is best taken by having the firesetter describe each episode in reverse chronological order and in exquisite detail. This methodology needs to be incorporated into training for psychiatrists and clinical psychologists.
- The use of assessment tools for firesetting also may prove helpful. For example, the Functional Assessment of Fire-Setting (FAFS) and the Fire Interest Rating Scale (FIRS) were developed in the UK. The reliability and validity of these assessment tools is unclear and they are not in general use. These scales need further study.
- Further research is needed to try and understand adult firesetters and how to prevent communicative arson. This research is hampered by the simple fact that firesetting occurs at a low frequency but is a highly lethal event.

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