BushFIRE Arson Bulletin



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The arsonist's mind: part 2 - pyromania

Pyromania is a term that often arises when bushfire arson is discussed – whether in the media, among members of the public or between those involved with tackling bushfires. Deliberately lit bushfires are often attributed to the work of pyromaniacs. Studies have shown that there is a great deal of misunderstanding among investigators and law enforcement officers about what pyromania really means. The term is used loosely by the media and the public, and is often meant as a shorthand label for any kind of malicious and apparently senseless firesetting. What is pyromania, how common is it, and how useful is it to our understanding of arson?

Pyromania is an established psychiatric diagnosis in the *Diagnostic and statistical manual of mental disorders*, fourth edition (DSM-IV). It falls into the category of 'impulse control disorders', along with disorders like kleptomania (stealing), intermittent explosive disorder (violent and destructive outbursts) and pathological gambling. These disorders are characterised by a failure to resist impulses, such as the impulse to light a fire. The diagnostic criteria for pyromania are:

- 1. deliberate and purposeful firesetting on more than one occasion;
- 2. tension or emotional arousal before the act;
- 3. intense interest, curiosity or fascination about fire (which can include fire equipment and the consequences of fire);
- 4. pleasure, gratification or relief when setting or witnessing fires and their aftermath;
- 5. the firesetting is not done for another motive such as financial gain, anger or revenge, to gain recognition or to relieve boredom, and is not done in response to a delusion or hallucination or due to impaired judgment (such as through intoxication); and
- 6. the firesetting is not better accounted for by conduct disorder, antisocial personality disorder or a manic episode.

In pyromania there is a fascination with fire that goes well beyond the curiosity and experimentation often displayed by children. A true pyromaniac will not feel remorse and will not be concerned with the threat their fires may pose to life and property. For the pyromaniac, the fire is not a means to an end but an end in itself. There is no definitive treatment for pyromania but a combination of behaviour and cognitive therapy and drug treatment can help.

Pyromania is very rare. The reported incidence of the disorder in most recent studies is less than one per cent, and pyromaniacs constitute only a tiny proportion of psychiatric hospital admissions.

An understanding of the different motives and actions of firesetters can provide a platform for building prevention and education campaigns, informing investigations and applying the right interventions to those who are caught. Dismissing all firesetters as pyromaniacs can discourage these efforts. Unlike true pyromaniacs, most arsonists are in control of the decision to light a fire and, with the right influences, can decide not to.

For more information:

Doley R 2003. Pyromania: fact or fiction? British journal of criminology 43: 797-807

eMedicine.com 2005. Psychiatric illness associated with criminality http://www.emedicine.com/med/topic3485.htm

Shea P 2002. The lighting of fires in a bushland setting. Judicial officers' bulletin 14(1): 1–4, 8

