

**Delusory Cleptoparasitosis:
Delusions of Arthropod Infestation in the Home**

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Offprint from

THE PAN-PACIFIC ENTOMOLOGIST

VOLUME 63, NUMBER 1

JANUARY 1987

pp. 1-4

Delusory Cleptoparasitosis: Delusions of Arthropod Infestation in the Home

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Abstract.—We describe two cases where individuals believed that their homes were infected by nonexistent arthropods. These delusions of cleptoparasitosis (nest parasitism) share many of the more dramatic symptoms associated with imagined bodily infestation (delusory parasitosis). These symptoms may precede delusory parasitosis and may be encountered by entomologists and pest control professionals who are not usually involved with public health problems.

The term "delusory parasitosis" refers to a mental disorder in which an individual has an unwarranted belief that insects or mites are infesting his or her body (Waldron, 1962; Ebeling, 1975), i.e., literally a "delusion of parasitosis." This condition is distinct from "entomophobia" or an exaggerated fear of real insects and from "illusions of parasitosis" (Waldron, 1972) where environmental factors such as dust or static electricity are the true sources of physical discomfort attributed erroneously to arthropod infestation.

Persons suffering from delusory parasitosis generally believe that their environment is infested. Items cited by these individuals as sources of the arthropods thought responsible for bodily infestation include automobiles, pieces of furniture, and articles of clothing (B. Keh, pers. comm. and 1983).

In a recent review, Keh (1983) presents a thorough discussion of delusory parasitosis from the point of view of a public health entomologist. However, neither his review nor other references on the subject describe cases where individuals imagine arthropod infestations of their living quarters without the accompanying more dramatic delusion of bodily infestation. Public health entomologists probably encounter such complainants, but would refer them to a pest control professional without investigation unless health problems were mentioned (Keh, pers. comm.). The delusory nature of the complaint would therefore probably not be documented by pest control personnel or entomologists interested in structural pests or public health entomologists. In an effort to correct this situation, we describe two cases which illustrate our extension of the concept of delusory parasitosis to include phenomena that we believe are best described in new terminology as "delusions of cleptoparasitosis" (nest parasitism).

CASE HISTORIES

The first instance was encountered by JKG in California in 1976 as an employee of a pest control company. A middle-aged female resident of a condominium complex receiving monthly pest control service began calling daily, complaining of insect infestation in her rugs and throughout her unit, and requesting immediate service.

Technicians responded to her request several times and chemically treated her condominium unit. Each time, the woman expressed her anger at the supposed inadequacy of the previous treatments and tearfully revealed details of personal problems to the technicians. After several weeks, the pest control company refused to respond to her repeated requests, despite complaints from the concerned manager of the complex that the company was contractually obligated to respond to all requests for service, whatever their basis.

The second case, which prompted this report, was encountered by us in California in 1985. Despite assurances from several pest control companies and private consultants, the male complainant was absolutely convinced that his home, which was to go to his wife as part of a separation agreement, was infested by wood-destroying insects. Old insect tunnels (varnished over) in a picture frame and in a large cabinet were attributed by him to recent insect tunneling activity, and knots falling out of a new redwood fence were thought to be eaten from within. A small decorative box made from an undetermined hardwood also exhibited small tunnels. This box had been stored in the freezer in an attempt to kill any resident insects. Because these tunnels did not contain boring materials and had a dark stain associated with them, we determined that they had been excavated by ambrosia beetles (probably family Scolytidae or Platypodidae) when the tree was cut.

The tenant also provided us with samples of damaged wood and of insects, determined to be the common dermestid beetle *Anthrenus verbasci* (L.). This wood was a 1 x 4 inch Douglas fir board which had been broken in half. Several of the fractures (break lines) in the board had been marked for special attention as suspected insect tunnels. One of the tenant's friends had taken one of the pieces to his home to observe further the imagined insect activity in the fracture zone. Wood technologists determined that the wood had not been subject to decay but exhibited an unusually large-sized early wood with large diameter tracheids.

Although dermestids and other pests of stored food products can damage wood when an extensive infestation is present (Grace, 1985), only three specimens were collected by the homeowner, two of them outside the structure. *A. verbasci* is a common detritivore and has not been reported to damage wood.

DISCUSSION

These two cases have several elements in common besides the conviction of the complainants that their homes were infested by apparently nonexistent insects. Both individuals were living alone at the time of the complaint, and volunteered details of recent emotionally disturbing personal problems. The husband of the woman in the first case had recently separated from her and she complained of having little contact with her grown son. In the second instance, the male complainant volunteered that he was involved in upsetting separation proceedings. Emotional trauma, particularly from marital problems, is reported to be characteristic of delusory parasitosis (cf. Ebeling, 1975; Keh, 1983).

If there is an emotional basis for the delusion of home infestation, it may be very difficult for the entomological investigator to play a role in directing afflicted individuals to sources of psychological counseling. In instances of imagined bodily invasion, entomologists and pest control professionals are sometimes able to communicate with the physician(s) that the victim has contacted. Physicians are certainly in a better position to help these individuals obtain treatment for

psychological problems. When there has been no medical complaint, the entomological investigator appears to have little choice but to determine whether or not arthropods are present. If this conclusion is unacceptable to the affected individual, he or she may be advised to consult another professional. However, the complainant likely will resist recommendations for psychological counseling.

In the 1985 case we have described, our protocol was to inspect the premises and "damaged" wood, and identify the insect samples provided to us. During our telephone conversations and the inspection by DLW of the complainant's home, no mention was made of insects biting or parasitizing him. Several weeks after our initial contacts with the complainant, he then began to claim that insects were burrowing into his skin, a typical expression of delusory parasitosis. In an unusual development (B. Keh and Professor R. S. Lane, pers. comm.), a male friend of the complainant, who did not live in the house, expressed the same symptoms. We then referred both men to Professor Lane, a medical entomologist. After being shown samples which appeared to be skin scrapings, he interviewed both men and determined that no parasitic arthropods were present. Apparently, these two persons from separate homes were reinforcing each other's mental condition and anxiety over the perceived problem. Finally, we encouraged both complainants to seek medical (not necessarily psychological) advice for their problems.

Our conclusions in this case were not acceptable to the complainants. They continued to call and visit us without appointments and their manner towards us became increasingly demanding and hostile. At the request of campus police, we refused to engage in further conversation with the complainants and notified them that any further contact would constitute harassment.

We do not know how often delusions of cleptoparasitosis are encountered by entomologists and pest control professionals, since published reports involve only imagined bodily infestations (cf. Keh, 1983). This may reflect the fact that medical and public health investigators, who are familiar with the syndrome of delusory parasitosis, are not usually contacted by individuals suffering from the delusion of infested premises alone. This delusion could represent a different manifestation of emotional problems similar to those associated with delusions of bodily infestation. However, our experience in the 1985 case described here suggests that this complaint may simply precede expression of the more dramatic symptoms of delusory parasitosis. Contact with the complainant in the 1976 case was interrupted before further symptoms could be observed.

ACKNOWLEDGMENTS

We are grateful to R. P. Akers for establishing contact with the complainant in the 1985 case and providing technical assistance; R. S. Lane for analyzing the complaints of bodily infestation; R. S. Beal, Jr. (Emeritus, Northern Arizona University, Flagstaff, Arizona) for dermestid species determinations; and W. A. Dost (Head, Wood Building Research Center, Richmond, California) for wood examination. We thank B. A. Barr, L. W. Barclay, M. A. Hoy, W. C. Schaupp, and A. R. Weinhold for describing their interactions with the complainants. G. W. Frankie, B. Keh and R. S. Lane reviewed drafts of the manuscript and provided pertinent information. R. P. Akers, J. W. Fox and L. D. Merrill also read early drafts of the manuscript and offered helpful suggestions.

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