

The Determination of Malingered Psychosis

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Abstract

In this pilot study, twelve forensic scientists, qualified under Los Angeles Court, were asked a series of questions about malingering, including methods to determine such a disorder, issues that directly affect this field, as well as potential solutions to improve forensic science. Ultimately, twelve forensic scientists discussed that the best methods for determining psychosis are through in-depth clinical review, gathering information from family or friends, and a DSM diagnostic test, a manual discussing the classifications of mental disorders that explains the symptoms of each. By utilizing these methods, many forensic scientists highlighted that another professional would not have difficulty deciphering true psychosis from malingering, but that it only happens in a case where the scientist lacks training or experience. The issue facing the justice system today is that if a forensic scientist happens to be inexperienced in their field and misdiagnoses a patient with genuine psychosis, how could this affect the rest of the forensic population and other patients? The article highlights some possibilities, such as allowing the patient to escape justice and reviewing the current state of their profession.

Keywords: Psychology; forensic science; criminology; malingering; psychosis.

1. Introduction

In specific settings, the ability to exaggerate specific experiences, feelings, or beliefs might be harmless to most people. However, what if this is not the case at all? One of the most crucial aspects of criminal investigations is the interview with a forensic psychologist. Analyzing an individual based on their criminal history, personal background, current and previous behavior, and responses to questions allows investigators to fully comprehend the full context in which a case is set. Essentially, the forensic psychologist must gather as much information about the individual as possible and can do so by directly asking the patient, questioning the family, and reviewing public records [1]. However, besides gathering basic background information, the forensic psychologist will also do a thorough interview with the patient to determine mental illness or psychosis. By doing so, psychologists can diagnose a suspect, if necessary, after a series of clinical evaluations, which may provide reasoning for the committed crime. However, when there is an issue with the methods used to detect psychosis, false diagnoses can be made of either no psychosis when it is present or psychosis when none is present [2].

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Malingering, the ability of another person to exaggerate or fabricate symptoms of psychosis, psychological issues, or other physical illnesses, is a disorder in and of itself [3]. When suspects malingering, specifically in a criminal interrogation, it is common for them to exaggerate symptoms, which is a defining factor in malingering. In general, people commonly malingering during an interrogation to escape military duty, work, and imprisonment for the benefit of financial gain and hospital admission [4]. However, malingering is a disorder that can easily be falsely diagnosed, especially when the evaluator lacks the necessary working experience in this field. Current inmates, additionally, will fake psychosis in an attempt to be relocated outside of duty or jail, to get on medication, for compensation, attention, or even amusement [5].

The myths in this field significantly affect people's assumptions about people with genuine psychosis. Firstly, many people think that smiling or avoiding eye contact can imply lying about their mental state, even though this is untrue [4]. These signs could indicate symptoms of psychosis. This is one of the reasons why malingering is so challenging to diagnose, as sometimes patients exhibit symptoms that do not genuinely support malingering. Now how do scientists get to the bottom of this issue?

2. Methods

In this study, all forensic scientists from the Superior Court document titled “Approved Panel of Psychiatrists and Psychologists” who are qualified to evaluate issues relating to criminal cases were asked to participate in this survey, which consisted of a series of ten questions about the disorder malingering. It is worth noting that a general forensic psychologist works in laboratories and on crime scenes, specifically by conducting and analyzing research, focusing on the psychological factors that relate to a criminal’s profile, but these scientists have had more experience than the average. Specifically, the Potential respondents were contacted using the addresses provided on this PDF document from the Superior Court document.

The initial contact information included the background of the study, which would be used to gather information about the best way to determine genuine psychosis compared to malingering. It was explained that this study would ask them questions about psychosis considering their own experience. Additionally, the survey specifically questioned the effectiveness of the current methods used to determine such a disorder and how some forensic scientists might have difficulty determining malingering during criminal interrogations. While over one hundred forensic scientists were emailed to participate and sent the survey, only twelve responses to the questionnaire were recorded. Informed consent was gathered by sending these forensic scientists a consent form as part of the approved Institutional Review Board to protect their safety.

See the appendix for a copy of the questionnaire questions. Additionally, see Figure 1 for information about the specific professional focus of the respondents.

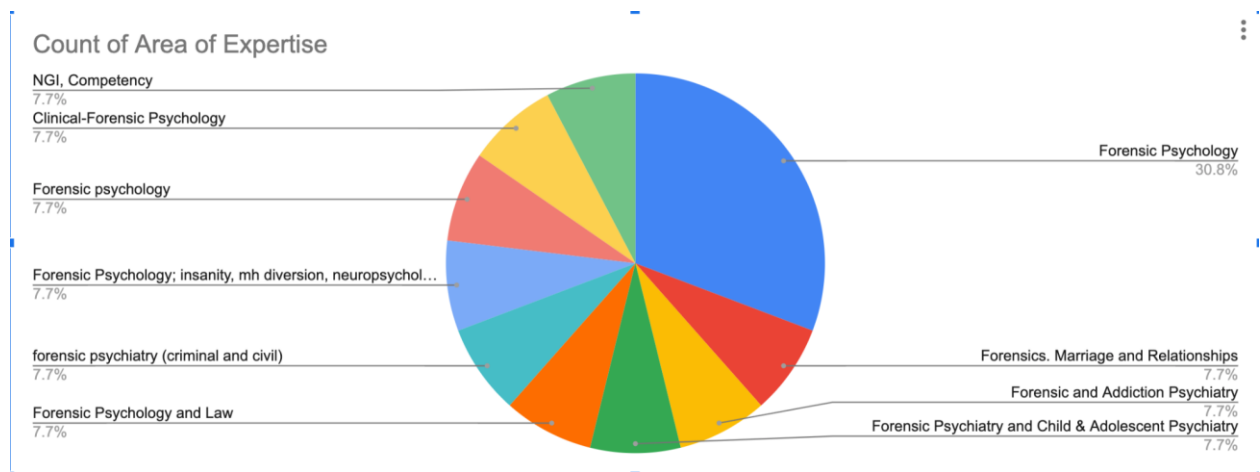


Figure 1: Area of Expertise of Respondents.

3. Results

These forensic scientists responded with methods they use to determine psychosis, common misconceptions about this disorder, and ways malingering could affect the greater community. The twelve responding forensic psychologists/psychiatrists generally reported that the best ways to determine psychosis are through in-depth clinical interviews and symptom observation, gathering information from family and friends, reviewing records, or a DSM diagnostic test. One forensic psychologist, in particular, mentioned that specifically, during a clinical interview, the most effective way to determine psychosis is by asking open-ended questions that allow the patient to speak freely so that the person evaluating them can observe their thought process. By doing so, forensic psychologists can determine whether their story flow is organized or disorganized, which can imply if the patient possibly has psychosis or not. Incorrect diagnoses of psychosis directly result from the lack of experience in forensic populations. However, less than half of the forensic psychologists who were interviewed in this study reported that it is challenging to truly “fake” being psychotic unless the examiner lacks the proper experience necessary to diagnose such an illness. However, most of these interviewed forensic psychologists explained that it is fairly easy to fake being psychotic, as a person can easily act like they hear voices or aren’t capable of answering simple questions [3]. As one forensic psychologist said, “One does not have to put on an academy award-worthy performance to appear psychotic.” Additionally, with a lack of experience usually comes a lack of training, meaning that the examiner has not utilized all available methods to determine malingered psychosis, such as the ones listed above. One forensic psychologist pointed out that “In the past, experts were more confident about the characteristics of genuine vs. malingered psychotic symptoms, such as auditory hallucinations in the context of Schizophrenia. This disorder is characterized as one where people interpret reality abnormally by experiencing hallucinations, delusions, or disordered thinking and behavior [3]. More recent research has demonstrated that those “rules of thumb” are not reliable and genuine psychotic symptoms are much more heterogeneous than previously believed.” Additionally, they highlighted the fact that only about 8% of criminals fake psychotic disorders, meaning that while it is rare, it is not a negligible group of people.

A test that one of the interviewed forensic psychologists performs is the process of asking simple questions [1].

For example, they will ask the patient or suspect, “what is 1 plus 1?” If they answer “5” or another completely wrong number, they purposely lie to look so impaired that this indicates psychosis. A forensic psychologist mentioned that is important to “Assess whether the chronological history makes sense; i.e., is the psychosis typical in that it occurs at an age when psychosis commonly occurs, and in a manner in which it usually evolves (slow onset with gradual deterioration observed by multiple sources), or an unusual onset (sudden onset just before one commits a crime and resolves immediately after committing the crime).” See tables 1 and 2 for more details on the survey results.

Table 1: Responses of Issues with Misdiagnosing Psychosis.

<u>Treatment</u>	<u>Injustice</u>
<ul style="list-style-type: none"> -The person may receive unnecessary medical treatment -If she says no psychosis and there is psychosis, the patient will not get the appropriate tx. If she says psychosis and there is no psychosis, the patient may be given medications he doesn't need. BTW, there needs to be more than psychosis for legal matters, especially with a plea of NGRI. -Incorrect diagnosis and subsequent placement or treatment -Not considering other diagnoses and the impact of substances + motivation to malingering -Treatment issues! If a patient is misdiagnosed, they could be given the wrong medications and the treatment modality would differ from someone who presents with other diagnoses such as depression or anxiety. -Incorrect diagnosis and treatment 	<ul style="list-style-type: none"> -They could become a predator or violent with patients at the state hospitals -Incorrectly opining that someone is not guilty because of insanity (literally "getting away with murder") or they may opine that someone is not competent to stand trial or may not be competent to be executed (in other states like Texas that actually carry out the death penalty) -Escaping justice, inappropriate or ineffective treatment/rehabilitation -Generally people malingering psychosis for secondary gain, such as avoiding military service, obtaining financial benefits for disability or personal injury, or avoiding criminal responsibility for a crime they committed. -Incorrect verdict in a trial or disposition -The person will carry a label that is not appropriate, and this may have legal ramifications depending on what type of psycho-legal evaluation the forensic psychologist is completing at the time (i.e., criminal responsibility or competency evaluation).

4. Discussion

1-in-20 patients get misdiagnosed with illness [6], so why would the misdiagnosis of psychosis matter if it happens so often? If a patient is falsely diagnosed with psychosis, they may be given medication they do not need and thus escape justice by getting sent to a hospital instead of prison [7]. On the flip side, if no psychosis is detected when it is indeed present, the patient will possibly not get the appropriate treatment. Similarly, 3 out of 5 people with a history of mental illness do not receive treatment in prison [8]. This diagnosis sometimes correlates with the Not Guilty for Reasons of Insanity defense, being a plea from the defendant (or by the verdict of the jury) in a criminal trial where they say that they were mentally disturbed at the time of the crime

and therefore did not have the intention to commit it [9]. This essentially protects people with true psychosis from being prosecuted for a crime if this diagnosis interferes with their ability to function properly.

Ultimately, it has been found that some of the old rules of thumb that people used for determining psychosis have been contradicted by certain cases, meaning that old methods are turning out to be ineffective. See table 2 for summarized information about myths in the field.

Table 2: Examples of Malingering.

Observational Data	Logical Data
Misperceiving psychosis as being incompetent	Not being able to answer simple questions after previously doing so
Over-explaining symptoms	Not making their story chronological
Focusing on talking about their psychosis	Seeing specific bizarre hallucinations

An example of such is if a person only focuses their attention on talking about their psychosis, as opposed to anything else. It was previously believed that people with psychosis only needed to explain that they heard voices or saw things that weren't there to be considered "psychotic." However, it has been found that people who malingering will hyperfocus on describing their symptoms. Society wants a more objective measure of the illness, and relying on a person's account may seem contradictory. What follows will be different techniques related to malingering. Essentially, malingerers often "misperceive severe cognitive impairments and psychosis" as a state of being where someone is completely incapable of answering simple questions to which they should know the answer, such as their birthday or name. Additionally, malingering people usually agree with every symptom the evaluator mentions, no matter how bizarre. An example of a bizarre symptom is someone asking if the patient has ever seen tiny green men as a visual hallucination. Since these are rare in general, and symptoms like this are not common among people experiencing psychosis, forensic psychologists can determine if the patient is lying by asking this strange question. An important piece to also analyze is if the story in which a patient is experiencing psychosis makes sense logically and chronologically. Ultimately, if the story's chronology does not make sense, this can reveal the deceptive nature of the patient's symptoms. This supports the biggest misconception in the field that all people with psychosis are confused, disoriented, unable to complete easy tasks, and have a low IQ. However, the truth is that most people with psychosis present themselves as what any "normal" person would look like in knowing their name, the current date, and the location of their interrogation, and can add and subtract or correctly identify everyday objects.

One of the biggest misconceptions is that feigning psychosis is an easy task or that people can do it successfully. However, people who are successful in malingering do not realize that this will not alter the course of their legal proceedings in a significant way. People who successfully malingering and are determined Not Guilty for Reason of Insanity in California usually spend more time in a hospital than they would spend in prison had they been convicted, which is a disincentive to try to malingering psychosis. Another common misconception about psychosis is that people automatically assume that they are psychotic when they hear voices. However, this isn't always

the case. In some patients, the “voices” that they report in their heads are just their thoughts. Lastly, according to one of the forensic psychologists who participated in this study, one of the biggest misdiagnoses occurs with co-occurring disorders. In other words, if a patient uses drugs that mimic psychotic disorders (ex., methamphetamines), a professional could misdiagnose the patient. However, if a thorough review of the patient’s history is completed, there would be a meager chance of this happening. Ultimately, genuine psychosis should not be difficult to properly diagnose if a forensic psychologist or psychiatrist utilizes the many effective techniques made available to them, such as in-depth clinical review, observation, interviews, information from family or friends, and a DSM diagnostic test. However, if a forensic scientist lacks training, experience, or exposure to patients with genuine psychosis, this will limit their ability to diagnose patients accurately. Therefore, with the proper training and experience in forensic populations, all scientists should be able to diagnose patients with either malingering or genuine psychosis without a doubt in their minds. See table 3 to see the best methods to determine malingering.

Table 3: Methods to Determine Psychosis.

1) In-depth clinical review and observational interview	2) Gathering information from family in friends about medical history and history in general	3) Administrating a DSM Test to the patient with peer review
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How might the public support forensic science so that all these professionals can attain the proper training? One of the best resources for learning about malingering that was mentioned by these forensic scientists is the book “*Clinical Assessment of Malingering and Deception*” by Richard Rogers, published in 2012. This book encapsulates everything about malingered psychosis that a professional must know to determine it in patients. In this book, Rogers discusses the myths and misconceptions that disrupt the forensics area while also providing information about what signs forensic scientists can look for to determine malingering. The interviewed forensic scientists believe that by using this source, all professionals will be able to determine this disorder and have the confidence to ensure absolute justice for all.

5. Conclusion

From a list of one-hundred forensic psychologists and psychiatrists, twelve respondents described methods to determine malingering, issues relating to forensic science, and potential methods to improve this field. These scientists explained that the best methods for determining psychosis are an in-depth clinical review, gathering information from family or friends, and a DSM diagnostic test. By utilizing these methods, many forensic scientists highlighted that a professional should not have difficulty deciphering psychosis from malingering but only happens in a case where the scientist lacks experience. The issue facing the justice system today is that if a forensic scientist happens to be inexperienced in their field and misdiagnoses a patient with genuine psychosis, how could this affect the rest of the forensic population and other patients? The article highlights some possibilities, such as allowing the patient to escape justice and reviews the current state of their profession.

6. Ethical Compliance Section

Funding: *The authors have no funding to disclose.*

Compliance with Ethical Standards: *All procedures performed in studies involving human participants were in accordance with the ethical standards of the College of Micronesia's Summer Internship Institutional Review Board and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.*

Conflicts of Interest: *The authors declare they have no conflict of interest.*

Informed Consent: *Informed consent was obtained from all individual adult participants included in the study.*

References

- [1] (n.d.). *Psychosis Screening - Home*, <https://www.psychosisscreening.org/>. Accessed 18 May 2022.
- [2] "Study Suggests Overdiagnosis of Schizophrenia." *Johns Hopkins Medicine*, 22 April 2019, <https://www.hopkinsmedicine.org/news/newsroom/news-releases/study-suggests-overdiagnosis-of-schizophrenia>. Accessed 21 September 2022.
- [3] "Schizophrenia - Symptoms and causes." *Mayo Clinic*, 7 January 2020, <https://www.mayoclinic.org/diseases-conditions/schizophrenia/symptoms-causes/syc-20354443>. Accessed 18 May 2022.
- [4] "How to distinguish between malingering, genuine psychosis." *Healio*, September 14 2015. <https://www.healio.com/news/psychiatry/20150914/how-to-distinguish-between-malingering-genuine-psychosis>. Accessed September 21, 2022
- [5] Pierre, Joseph M. "Assessing Malingered Auditory Verbal Hallucinations in Forensic and Clinical Settings." *AAPL*, <http://jaapl.org/content/early/2019/09/13/JAAPL.003867-19#:~:text=Whereas%20criminals%20typically%20feign%20psychiatric,other%20clinical%20and%20social%20services>.
- [6] "How Common Is Misdiagnosis or Missed Diagnosis?" *Bertram Law Group*, 27 July 2020, <https://www.blg-dc.com/blog/how-common-is-misdiagnosis/>. Accessed 18 May 2022.
- [7] Judah, Sam, and Vanessa Barford. "Ian Brady: How easy is it to fake mental illness?" *BBC*, 27 June 2013, <https://www.bbc.com/news/magazine-23063124>.
- [8] "Mental Health By the Numbers." *NAMI*, <https://www.nami.org/mhstats>. Accessed 18 May 2022.
- [9] "not guilty by reason of insanity | Wex | US Law | LII / Legal Information Institute." *Legal Information Institute*, https://www.law.cornell.edu/wex/not_guilty_by_reason_of_insanity. Accessed 18 May 2022.