Malingering In Forensic Psychiatry Evaluation

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Abstract

Malingering and deception are of the most important issues facing forensic psychologist. Noticeable point in malingering cases is that almost always external motivation for creating deliberate and conscious physical and mental symptoms exist. Many of these cases deliberately expressed vague and subjective symptoms. Therefore it is necessary for forensic evaluator to be familiar with this diagnosis and to try to determine real and faking symptoms.

Case Presentation

A 26-year-old man with no psychiatric or medical history was brought to the Tehran psychiatric department of legal medicine center with a juridical order to evaluate psychiatric status. He was assaulted on a 2-year-old boy in his apartment. He claimed that he had problems since six months ago when he tried alcohol for the first time. He claimed that his father was trying to harm him and perceived strayed ghosts flying around his head in the morning, when he is still in bed. He had scrambled when sitting on a chair and was hostile to the retainer and tried to dodge the debate.

Discussion

Malingering and deception are of the most important issues facing forensic psychologist (1). Noticeable point in malingering cases is that almost always external motivation for creating deliberate and conscious physical and mental symptoms is exist (2). Many of these cases deliberately expressed vague and subjective symptoms; and even when represent symptoms of a specific disorder, usually announced symptoms sometimes exist and sometimes resolved (1). Most studies evaluate diagnostic tests in this context, however limited studies in faked psychiatric symptoms in forensic court conducted around the world (2). Rogres and et al. compared malingering symptoms as mental disorders, cognitive disorders and clinical syndromes in forensic and non-forensic cases. They showed that more forensic cases fake mental disorder, and faked clinical symptoms were more common than cognitive symptoms (3). Cornell showed that auditory hallucination is the most common faked symptom followed by exaggerated behavior in cases mimic symptoms of mental disorder. Disproportionate affect, neologism, non-abstract thinking and low personal hygiene rarely been faked. Sexual offenses, robbery and assault were the most common cases that fake mental disorders (4). According to Cochrane and et al. (5) kidnapping, state crimes and illicit drug crimes compared others requiring more cognitive potential to make an appropriate map, hence profound psychiatric disorder such as psychosis rarely correlate with these complex crimes. The unexpected finding in this study was lower rate of malingering of psychiatric disorder in cases charged with murder. Kucharski and et al. Show that diagnosis can be made confidently in 90% of cases because of unusual symptoms being claimed by suspected malingering individuals. Often, performance do not match with mentioned mental symptoms, unusual signs exists and often expressed hallucination that does not in esse in mental disorders (6). Poythress evaluate symptoms of psychopathic personality disorder cases and compared them with faked symptoms of depression, mania, paranoia and schizophrenia; there was significant difference between two groups (7). Mittenburg showed that patient's status, not correlate to severity of cognitive impairment, is the most helpful clue in detection of malingering (8). In our case, delusional thought, confabulation, visual hallucinatory perceptions and relation to people status were faked and exaggerated by the defendant. His symptoms were attributed to malingering due to release from responsibility in his criminal pertinence.

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