MALINGERING AND MALINGERING-LIKE BEHAVIOR:
SOME CLINICAL AND CONCEPTUAL ISSUES

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Malingering phenomena are reconceptualized along a continuum of other-deceptive, and “malingering-like” mixed-deceptive and self-deceptive categories, depending upon the degree of the subject’s conscious self-awareness. This schema heuristically expands the malingering concept to include its multivaried range of clinical presentations which are ubiquitously encountered but underdiscussed in the literature.

Malingering has always been a profoundly problematic area of psychiatric inquiry. DSM-III delimits malingering as a voluntary production or gross exaggeration of symptoms with an obvious recognizable goal. The advantage of this behaviorally oriented definition of malingering is that it is most applicable to a medicolegal context where personal responsibility is at issue. In this area, clinical conclusions are demanded in dichotomous, yes or no fashion. The disadvantage of this focus is that it tends to exclude consideration of malingering in its more variegated psychiatric presentations. This would especially include the individual’s subjective state of mind. The purpose of this paper is to heuristically expand on the malingering concept by considering a wider range of subjective clinical phenomena which the authors refer to as “malingering-like.” These phenomena, the authors believe, have been underacknowledged in the psychiatric literature. The probable reason for this is a reluctance by many investigators to consider less operationalizable unconscious phenomena in the light of the close association of malingering with forensic concerns.

Malingering is viewed by the present authors as a social psychological process which is influenced by both external and internal factors interacting with each other and serving an adaptive function. The external factors are the consensually perceived context and goals which make for a high index of suspicion for diagnosing malingering. The internal factors refer to the inferred intrapsychic state of the malinger. This intrapsychic state can be con-
ceptualized as on a malingering through malingering-like continuum, from relatively full conscious awareness by the subject of the derivation of the presented "symptoms," i.e., that he is feigning them, to relatively less awareness (more unconscious level) of the source of these symptoms.

As we move on the continuum toward the area of increased unconscious considerations, we are more accurately in the range of malingering-like phenomena. Specifically, it is suggested that there are three non-discrete and overlapping demarcation points on this continuum: (1) other-deceivers—more like the "pure" malingering of DSM-III with the subject fully aware and in control of making up the presented symptom; (2) a mid-range category of malingering-like mixed-deceivers—the subject is aware that he is making up some aspect of the presented symptom but is not aware that other aspects of the symptom are beyond his control; and (3) an end-range category of malingering-like self-deceivers—the subject more completely deceives himself in not realizing the reality of the presented symptoms, believing it to be almost entirely feigned.

The process of self-deception or being able to keep something from conscious awareness, though implicit throughout the psychodynamic literature, has received a novel and direct treatment by Fingarette. He points out that "Rather than taking explicit consciousness for granted, we must come to take its absence for granted." According to Fingarette, in order for an individual to become explicitly conscious of something it is necessary for him to actively spell it out in a clear, elaborate and apparent way as a means to engage the world. In our latter two categories (mixed-deceivers and self-deceivers) where there is an increasing degree of self-deception, it is suggested that this spelling out process is deficient.

The proposed intrapsychic continuum cuts through the usual conventional diagnostic entities which are often seen in a unidimensional way. In this respect, the malingered or malingered-like behavior is conceptualized as an act which can occur in normal people, the antisocial personality disorder and a wide range of other mental conditions. It is conceivable therefore that most diagnostic entities at particular times can be situated at various places in this continuum. For example, a schizophrenic over time with various fluctuations of compensated ego functionings, can display predominant other, mixed, or self-deceiver elements. Bellak, in this regard, has written about the varying components of intact ego-functioning that exist in even the more severe psychopathological entities.

In addition to the above outlined external and internal factors, a broadened view of malingering and malingering-like phenomena must include countertransferential factors that are operative in the diagnostic process. This will be amplified in a separate section. Although this paper does not directly address itself to the operationalized detection of malingering, per se, we feel it has implications for this topic.