Personality and Individual Differences 98 (2016) 235–238

Contents lists available at ScienceDirect

Personality and Individual Differences

journal homepage: www.elsevier.com/locate/paid

Can we recognise malingerers? The association between malingering, personality traits and clinical impression among complainants in civil compensation cases

Susan Young [a,b], Robin Jacobson [c], Shanah Einzig [d], Kimberley Gray [d], Gisli H. Gudjonsson [d,*]

[a] Centre for Mental Health, Division of Brain Sciences, Department of Medicine, Imperial College, London, W12 0NN, UK
[b] Broadmoor Hospital, West London Mental Health Trust, London RG45 7EG, UK
[c] Keats House, 24-26 St Thomas Street, London, SE1 9RS, UK
[d] King's College London, SE5 8AF, UK

ARTICLE INFO

Article history:
Received 16 February 2016
Received in revised form 11 April 2016
Accepted 12 April 2016
Available online xxxx

Keywords:
Malingering
Personality traits
Civil compensation

ABSTRACT

Malingering of a cognitive deficit (i.e. memory and/or intellectual functioning) commonly occurs in civil and criminal cases. The aim of the study was to investigate the relationship between malingering and personality traits in civil cases. 63 participants (46 male, 17 female) seeking financial compensation following an accidental injury and referred for a neuropsychiatric assessment completed the Test of Malingering (TOMM), Raven's Standard Progressive Matrices (RSPM), and the Eysenck Personality Questionnaire (EPQ-RS). 23 participants (36.5%) malingered on the TOMM and four (6.3%) malingered on the RSPM. No significant difference was found in the personality scores between the malingerers and non-malingerers. Regression analyses, using malingering on the TOMM as a continuous outcome variable, showed no effects of personality on the extent of malingering on Trial 1, Trial 2 or Retention trial. There was no agreement found between independent clinical impressions and malingering on the tests. The lack of a relationship between malingering and personality suggests that malingering is situation specific and influenced by 'adaptational' factors (i.e., a cost–benefit analysis) rather than 'criminological' motivational factors. The findings suggest that malingering tests should be administered routinely in assessments of civil compensation cases.

1. Introduction

People undergoing a neuropsychological examination may, for a variety of reasons, perform below their actual abilities (Rogers, 2008). For example, they may feel anxious or depressed leading them to be unable to exert maximum effort. They may feel tired, poorly motivated to engage in the task or not wish to do their best for some perceived instrumental gain (e.g. to avoid taking responsibility for their actions, or to seek financial compensation). These represent a 'negative response bias' (Lezak, Howieson, & Loring, 2004), which results in 'incomplete' or 'suboptimal effort' (Green, Rohling, Lees-Haley, & Allen, 2001). The term 'malingering' represents an extreme form of 'negative response bias' (i.e. intentional faking of cognitive deficits or symptoms for instrumental gain) (Gudjonsson & Young, 2009).

Gudjonsson and Young (2009) reviewed the literature regarding the frequency with which people malinger in civil and criminal cases for instrumental gain. Numerous studies have been performed and these were typically based on retrospective estimates provided by forensic psychology experts surveyed about their work. Larrabee (2003) found in a review of 11 studies a mean rate of 40% for malingering, ranging from 15% (Trueblood & Schmidt, 1993) to 64% (Heaton, Heaton, Smith, Leman, & Vogt, 1978). Larrabee thought the 15% figure was an underestimate due to the strict criterion used (i.e. performance below chance level) and the 64% figure an overestimate due to a high false positive error rate.

The survey of Mittenberg, Patton, Canyock, and Condit (2002) is particularly revealing about different prevalence rates. Participants were members of the American Board of Clinical Neuropsychology, who had completed a questionnaire to identify the number of cases involving probable symptoms of exaggeration and malingering. The base rate for symptom exaggeration or malingering was 30% for disability cases, 29% for personal injury cases, 19% for criminal cases, and 8% for medical cases.

Rogers, Sewell, and Goldstein (1994) provided empirical support for the classification of the motivation of malingering into three distinct models: 'pathogenic' (i.e. the underlying motivation is mental disorder or some form of psychopathology); 'criminological' (i.e. people with a history of antisocial personality disorder are susceptible to malingering when faced with a forensic evaluation); and 'adaptational' (i.e. a cost–benefit analysis). In a further study, Rogers, Salekin, Sewell, Goldstein,

* Corresponding author at: Institute of Psychiatry, Psychology and Neuroscience, De Crespigny Park, Denmark Hill, London SE5 8AF, England, UK.
E-mail address: gisli.gudjonsson@kcl.ac.uk (G.H. Gudjonsson).

http://dx.doi.org/10.1016/j.paid.2016.04.052
0191-8869/

and Leonard (1998) found that within these three models, it was important to consider the type of referral (forensic versus non-forensic), and type of disorder (i.e. mental disorder or psychopathology, cognitive impairment, medical symptoms). It was found that malingerers of cognitive impairment were to be less influenced by the pathogenic model than those feigning mental disorder and medical symptoms. The authors concluded that this was consistent with an antecedent event (e.g. road traffic accident and head injury), which was more likely to be associated with cognitive impairment than psychopathology. This leaves the 'criminological' and 'adaptational' models being most relevant to malingering of a cognitive impairment. The Principal Axis Factoring (PAF) analysis revealed that antisocial personality traits (e.g. misconduct, chronic lying) are associated with malingering both among forensic and non-forensic malingerers, although these traits were stronger in the former group. This suggests that malingering may be associated with antisocial personality traits, hence supporting the 'criminological' model. Alternatively the 'adaptational' model, which may be more relevant to civil compensation cases, would suggest that there is no relationship between malingering in civil compensation cases and personality.

Drawing on his theoretical framework of personality, Eysenck postulated that malingering is related to high Psychoticism through its association with antisocial personality traits and criminality (Eysenck & Gudjonsson, 1989; Gudjonsson, 1997). This would be consistent with the criminality model of malingering proposed by Rogers (1990a, 1990b). In a recent study, a negative relationship was found between EPQ Psychoticism and both cognitive and affective empathy in mentally disordered offenders (Young et al., 2015). Secondly, Eysenck postulated that Extraversion (i.e. sociability, assertiveness and sensation seeking) is related to criminality, but the evidence for this proposition is weak (Gudjonsson, 1997). However, Extraversion is of potential interest to the concept of malingering, because it is the personality trait found to be particularly high among conmen (Eysenck, Rust, & Eysenck, 1977).

The present study aimed to investigate which of the malingering models is more consistent with the empirical evidence of malingering among complainants engaged in civil compensation cases. We posed the research question: Is malingering in civil compensation cases related to personality, including antisocial personality traits and extraversion? There are two ways of answering this question. First, conducting a comparison of the personality scores between the malingerers and non-malingers (categorical analysis), and secondly using a correlational design to investigate to what extent personality variables predict malingering on tests. The correlational design is more powerful when malingering represents a continuous score. A significant finding from either of these two different methods would support the criminality model, whereas a non-significant relationship supports the 'adaptational' model. Whilst the Psychoticism and Extraversion scales were those of specific interest in the present study, the entire scale was administered to explore the potential influence of the Neuroticism and Lie scales.

2. Method

2.1. Participants

There were 63 participants, all of whom were seeking financial compensation following an accidental injury and referred for a neuropsychiatric assessment. The mean age was 38.6 (SD = 12.3, range 18–62); 46 (73%) males and 17 (27%) females.

2.2. Material

2.2.1. Test of Malingering (TOMM, Tombaugh, 1996, 1997).

This measure examines the exaggeration of memory deficits over a total of three trials (Tombaugh, 1996). The TOMM was selected as the forced-choice memory test because it does not create difficulties with people with dyslexia and appears relatively culture free. During each trial the participant is shown 50 line drawings of common objects, presented one at a time for a period of 3 s. Each of the 50 drawings is then paired with another previously unseen picture, and the participants have to identify which picture of the pair is original. The possible range of scores is 0–50. With regard to malingering, there are two separate 'decision rules'. The first 'decision rule' is that a score of 18 or below on any of the three trials represents a performance below chance and "indicates the possibility of malingering" (Page 19). The second 'decision rule' is that a score of below 45 on either Trial 2 or the Retention Trial "indicates the possibility of malingering" (p. 19). It seems erroneous to have identical decision rules for both, considering the author's comment that "with the likelihood of malingering increasing as the score deviates further from the normative baseline for each specific diagnostic group" (p. 19). For the purpose of the current paper we refer to the first rule as indicating the 'possibility of malingering' and the second rule as indicating the 'probability of malingering'.

The reported sensitivity and specificity for the cut-off score of 45 on the retention trial is 89% and 100%, respectively. Teichner and Wagner (2004) have warned that the recommended cut-off of 45 (i.e. any score below 45) for Trial 2 or the Retention Trial is effective in normal people and those people with cognitive impairment, but specificity was found to be poor for people with dementia. Similar problems have been noted in people with learning disabilities (Ray, 2012; Shandera et al., 2010). Genuine psychiatric symptoms have not been reported to impair performance on the TOMM, although negative symptoms of schizophrenia have (Green, Rosenfeld, Belfi, Rohlehr, & Pierson, 2012), an impairment also observed with Green's (2003) Word Memory Test (WMT) (Gorissen, Sanz, & Schmand, 2005).

The author of the TOMM argues that a low score provides evidence that there may be false or exaggerated underperformance, but for a diagnosis of malingering there also has to be independent evidence that it was intentionally produced and motivated by external incentives.

2.2.2. Raven's Standard Progressive Matrices (RSPM, Raven, Court, & Raven, 1998)

This is a test of non-verbal intelligence. It consists of 60 items presented in five sets, with 12 items per set. Gudjonsson and Shackleton (1986) devised a formula for detecting malingering on the RSPM, which is determined by the 'rate of decay' across the five sets of scores, taking into account the total score. It is based on a 'performance curve analysis' (Millis & Volinsky, 2001) and it is much more effective at detecting malingering than the formula provided in the RSPM Manual, with a high rate of sensitivity (83%) and specificity (95%). It has been found to be an effective tool for detecting malingering (Gudjonsson & Young, 2009).

2.2.3. Eysenck Personality Questionnaire-R Short scale (EPQ-RS; Eysenck & Eysenck, 1991)

The EPQ-RS measures three personality traits: Psychoticism (P), Extraversion (E), and Neuroticism (N). There is also a Lie (L) scale measuring social desirability. Each of the four scales is comprised of 12 items, giving a total of 48 items. Psychoticism measures antisocial personality traits, Extraversion measures sociability, and Neuroticism measures emotional lability. The Cronbach's α for P, E, N and L in the present study were 0.49, 0.84, 0.78 and 0.79, respectively.

2.3. Procedure

Civil litigants attending a clinic for a neuropsychiatric assessment of traumatic brain injury were invited to participate in the study. They were approached after their neuropsychiatric assessment had been conducted and, if agreed, signed a consent form. They were informed that the purpose of the study was to investigate 'cognitive problems'. They were not informed that the purpose of the study was to investigate malingering as this would have compromised the study aims. The patients were informed that the data would be anonymous, that the