MALINGERING IN MENTAL DISEASE

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Reprinted from United States Naval Medical Bulletin, Volume 10, No. 4

WASHINGTON
GOVERNMENT PRINTING OFFICE
1916
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A great deal has been written about malingering, most of which concerns the subject in its legal phase where it is involved in litigation attending alleged negligence. We are especially interested in malingering in mental disease or the malingering of mental symptoms.

Malingering in this sense is the effort of an individual to overcome a difficult situation by the production of mental symptoms. This usually occurs in subnormal characters such as psychopaths and defectives. There is getting to be a more generally held opinion that it never occurs in normal persons, that if looked for there will always be found coexisting evidence of actual mental disease. It is extremely doubtful if pure malingering exists at all. Willmams in a series of 277 cases of insanity in prisoners failed to find one of malingering, and Bonhoeffer, in a study of 221 cases of insane criminals, found but 0.5 of 1 per cent that he considered malingerers.

It is not always true that malingering is an acutely conscious reaction, as it is often beyond the awareness of the individual, occurring in the subconscious. It is this which makes it difficult to determine which of the symptoms presented are genuine and which are malingered.

It is quite frequently that we see patients with mental disease who malingre. Individuals who have had some mental symptoms for a number of years, with an irregular history of aggravations and remissions, when placed in a particularly stressful situation assume mental symptoms to present a convincing picture, probably using their own psychic material. They oftentimes show a considerable degree of insight into their mental condition. Because of this abnormal make-up these individuals are apt to cause difficulties if they succeed in getting into the military service. Oftentimes they are physically desirable and are enlisted without question. After enlistment, when compelled to contend with service demands and restrictions, because of their psychotic make-up it is not long before they get into difficulties by coming into conflict with authority or by deserting. If this results in placing them under stress, what appeals to them as the easiest way out is to exhibit mental symptoms. The following case-history well shows the tendency of this type of individual to gravitate into the service as a place of least resistance and his inevitable reaction to his consequent difficulties.

Medical certificate states: Father alcoholic; patient alcoholic since 12 years of age; frequently drunk; has always had uncontrollable temper, with a history of numerous difficulties; syphilitic infection February 4, 1914; first mental symptoms became manifest on December 9, 1915, when he shot a corporal who accused him of being drunk on post. There is evidence of mental irritability of long standing. Present symptoms: Hysterical at times; has auditory hallucinations and persecutory delusions; probable cause, alcohol. Homicidal tendencies exist.

Family history: Grandmother was a somnambulist; father alcoholic. Personal history: Born in Chicago June 1, 1881. He was brought up by his paternal grandfather. Early life was uneventful; he claims to have gotten along well at school and states he was sociable. He started to work at the age of 16 years at various occupations, usually leaving his place of employment for some inadequate reason. He enlisted in the Army about 1908 and was sent to Fort Modoc, Cal. In about 16 months after enlistment he had some difficulty with a noncommissioned officer, whom he assaulted, for which offense he was court-martialed. Following this, he had another difficulty, for which he was also court-martialed and sentenced to Alcatraz Prison for one year. While there he lost his allowance for good time. After the expiration of his sentence he returned to Chicago in 1912. He was unable to secure employment there, and went to St. Louis, where he worked in various places for one year, when he enlisted in the United States Marine Corps. Subsequently, while serving on U. S. S. North Dakota, he had some difficulty, as a result of which he was court-martialed. Following this he was on duty at the marine barracks, Norfolk, where his present difficulty occurred. He admits the excessive use of alcohol, denies abnormal sexual habits, admits having had gonorrhea several years ago and a venereal lesion in 1904. He received specific treatment.

Present illness: He states his difficulty began while he was on guard duty, when one of the corporals accused him of being drunk. He argued with him, believing that the corporal was after him too much. He lost his temper, dropped his hand to his belt and felt for his gun; he drew back several feet and gave the corporal a chance to protect himself, but the corporal ran toward him, whereupon the patient shot him in the abdomen. He was tried by a general court-martial and was sentenced to seven years’ imprisonment, which was reduced to five years. As a result of evidence submitted at the trial, which indicated that he was of a psychopathic make-up
and thought to be in the early stages of a dementia precox, and therefore not responsible, it was recommended that he be sent to this hospital for observation before carrying out his sentence.

Mental status: The patient readily entered the examining room and showed no apprehension or suspicion. He made no complaints, except that his sleep was disturbed; states that this is due to his eyes, which at night sometimes go back into his head. Stream of talk: Free and coherent, but at times rather circumstantial. Emotional status and attitude of mind: Indifferent and rather seclusive; hallucinations and delusions; states he hears voices at night, telling him that he is a faker; these come through the ceiling or roof; he also states that some one has been putting some sort of metal apparatus on his mind. He believes this is done to test his mind. Sleep and dreams: States his sleep is disturbed because of this apparatus; he denies dreams. Insight and judgment: He believes the best thing that could be done for him would be to let him serve out his sentence and then let him go; states the court was not right, because if he was insane he should not have been tried. Habits and character: Has always been seclusive; spent most of his spare time playing musical instruments; has used alcohol to excess, and has always associated with women. Orientation: Correct in all spheres. Memory: Both for remote and recent events is good. Special memory tests were well done. The intelligence tests were adequately done. The forward and backward associations correctly given. The calculations were all well done. He has a good knowledge of current events and a fair fund of general information. The ethical reactions were apparently normal.

Physical examination: Shows numerous scars on the skull and over the trunk, which he states are results of injuries. There is a well-marked scar on the penis. Neurological examination: Negative. Laboratory findings: Urinalysis negative, Wassermann reaction of the blood serum negative.

Summary of notes: Following the patient's admission he conducted himself in an exemplary manner and did not show any conduct disorder; he was quiet and seclusive, but a willing and efficient worker. When questioned about the difficulty which led to his admission to this hospital he defended himself by insisting that the corporal whom he shot had made it difficult for him, and that other men had this same idea about the corporal. During April he continued in a seclusive and indifferent state, rarely conversing with those about him and associating very little with the other patients. On occasions, when interviewed, he was surly and easily became irritable. He declined to discuss his ideas about thought reading, but still admitted that people could read his mind. Emotionally he is easily disturbed; he seemed only approximately oriented to time; he stated that he
was not much interested in anything. Lately his condition has not changed.

In June the patient was presented at conference for an opinion and it was agreed that he is a psychopathic individual who has given a history of trouble throughout his life and who has been arrested a number of times. There is not very definite evidence since being here of hallucinations or delusions, and it was thought that the fact should be taken into consideration that this prisoner no doubt is now aware of the charge of insanity which was brought out in his trial, and he also knows that his sentence would be mitigated if it is determined that he has a mental disease. Because of this, it must be taken into consideration whether or not he is malingering. In view of his past history, which shows that he has had hallucinations and delusions, it is considered probable that he is a psychopathic character, who has shown a reaction of dementia precox of the paranoid form and that he should be retained in this hospital, as if he were returned to prison he would not get along well and would no doubt be returned here.

The whole career of this individual reflects his inadequacy to cope with the ordinary demands of society, with which he comes into conflict on slight provocation. Then, when he is court-martialed for his last offense, he readily grasps the idea that he is crazy, and no doubt magnifies his innate characteristics. Since admission he has not shown any active symptoms. It is only when closely questioned that he becomes surly and disagreeable, and evidences of his psychopathic make-up creep to the foreground. He has readily adjusted to the hospital régime and has not come into conflict with his environment in any way.

In the following case we have a patient who admits malingering mental symptoms, but consideration of his history leaves no doubt that he has merely availed himself of the symptom material he has stored up to attain his result, and that we have to deal with a true psychosis in which he has shown periods of remission and in whom there is a remarkable degree of insight into his condition. This is also instructive as showing the difficulty and expense that may be caused by the enlisting of this type of individual. In the Navy, when the demand for men is not pressing, it would seem that much could be done to exclude this type from the service by requiring them to present references as to their previous career when they apply for enlistment.

Medical certificate: Paternal uncle insane; one brother died of tuberculosis. For the past four years patient has used alcohol to excess at every opportunity. In 1911, while at the recruit depot, he was regarded as peculiar. He did not associate with other men of the company and in eight months never left the depot. He believes he has had tuberculosis. At 19 years of age he was indicted for arson in the second degree, but was adjudged insane and committed to the Matteawan (State) Hospital on January 10, 1903, and was discharged on March 17, 1906. First symptoms: These evidently occurred between 17 and 19 years of age, when he had delusions of persecution and auditory hallucinations. During this time he was confined to his home. Present symptoms: Grandiose delusions. He believes that he is a great inventor and that he is possessed of a wonderful mind. He has visual, auditory, and olfactory hallucinations.

Status on admission: A very well developed adult man; he denied all hallucinations and delusions; claimed he had malingered insanity in order to get a medical discharge from the Army. He was clearly oriented in all spheres. His conversation appeared to be normal, his appearance was unusually neat; he was worried only because he was in this kind of a hospital.

Family history: Negative, except that one paternal uncle was insane and addicted to the excessive use of alcohol.

Personal history: Patient was born in Christiania, Norway, August 18, 1885. He was brought to America as an infant. He began school at the age of 5 and continued until 12, but was a persistent truant, on account of which he was sent to a reform school by the board of education. He remained there six months. Upon release he refused to attend school any longer and went to work. He stayed in one place for seven months and then went to Kansas, where he worked on his brother’s farm for two years. From there he went to Texas, but never worked in any one place for over six months. He spent most of his money for drink and was frequently discharged for drunkenness. He then returned to New York, where he worked irregularly at various occupations. At the age of 17 he evidently had a mental breakdown. He had been masturbating excessively. He developed hallucinations of hearing and thought that people jeered at him when he went out on the street, and on account of this he stayed in the house during the day and only went out at night. One night he set fire to the auditorium in Westerly, Staten Island, and the building burned down. The next night he attempted to set fire to the Odd Fellows Hall because he had a grievance against the Odd Fellows, as they had turned him out of their hall one night for disorderly conduct. This was the offense for which he was sent to Matteawan. After his discharge from that
institution he worked as a machinist's apprentice but lost his employment. He enlisted in the Army March 18, 1908.

Military service: First enlistment March 18, 1908; discharged March 18, 1911, as first-class private of Engineers. Reenlisted April 8, 1911, and deserted October 11, 1911; surrendered November 3, 1915. States that during his first enlistment he attempted to reform and bought $135 worth of books on many subjects, including chemistry and physics, with the idea of trying to make something out of himself. He states that during this whole enlistment he did not drink, but during this entire time he was constantly masturbating. He stated his reasons for deserting were that his mind was breaking down again, which he attributed to study and his autoeroticism. Before deserting he burned all his books in the furnace of the barracks. For two years after this he worked very little and used alcohol to excess. He developed a cough and his physical condition became poor, which alarmed him. He went to Bellevue Hospital (New York) for medical advice; there he was informed that his lungs were affected and that he required hospital treatment. About that time he met a recruiting sergeant on the street, who advised him to surrender as a deserter, telling him that he would be sent to Fort Bayard, N. Mex., for treatment.

Present illness: After surrendering as a deserter he was placed on the sick report and sent to the hospital, where he was examined and informed that his lungs were all right. He then regretted having given himself up, and, in order to get out of the situation, he pretended to be insane and claimed to have hallucinations of sight and hearing and grandiose delusions. He stated he saw a man named Miller, who was in his company in a former enlistment and had committed suicide, and that this man visited him at night, because of which he was afraid to sleep in the dark. Said he heard voices talking to him in the room next to his own; said that the dripping of water in the bathroom seemed to be the voices of his mother and sister, and he heard his name mentioned by other men in the dining room at mealtime. At times he smelled lilies in his room, which made him fear he was going to die. At other times he experienced a peculiar and disagreeable taste in his mouth, which he said was caused by his lungs being decayed. He also believed that his brain had become soft and cracked. He stated that he had mastered chemistry and that his atomic theory explained all unusual phenomena. He believed that some one will invent an instrument which when a horse or a cow dies and decays will cause the electrons and molecules to assemble and the meat will be put back on the bones again. He stated that everything was living and moving and that the eraser on the desk was alive because it was made
up of trillions of electrons. He believes he is a great inventor but has been hampered because of his lack of laboratory facilities. He said that he had a mental picture of a country which was isolated from the rest of the world and which had libraries and laboratories free to all. Here each workingman was given a piece of land and required to spend a certain amount of time each day in these laboratories. The vast knowledge thus gained was to be used in protecting the country from invasion and to raise wonderful crops. He believed that if the whole nation is working in harmony and there is an attack by a hostile force he will be able to see the enemy’s ships 200 miles, and that by his wonderful knowledge of chemistry and of the atoms and molecules he would be able to produce a terrible storm to engulf the enemy’s ships. He said he was the creator of this force and was hailed by the multitudes as the emperor of the world and the cause of the millenium. He says, in order to make a very strong impression on the medical officer in charge of him, he put on a little more every day, so that finally he was adjudged insane and sent here.

Mental status—General attitude on admission: Patient seems to be interested in reading and helping with the ward work. He converses with the other patients and appears to be sociable. He entered the examining room willingly and remained in an attentive attitude; stated he slept well, but at times was kept awake by other patients; he made no complaint. Stream of talk: Free, relevant, and coherent.

Emotional status: He is not depressed or apprehensive; states he is very anxious to get out of the hospital; says he is not happy because he wonders how long he will be kept here. When asked when his troubles began replies “I gave myself up upon the 3d of November, 1913. I had been drinking heavily and got pains in my chest and used to wake up in the mornings with a cold sweat. I had headaches and occasional fever, so I thought I had tuberculosis; that was why I went to Bellevue Hospital, and as a result of which I gave myself up. At Fort Slocum they examined my sputum three times and it was negative. Then when I discovered I was not going to be sent to Fort Bayard I decided to feign insanity; I could do this, as I had been confined in Matteawan. When the medical officer took my history I started in by telling him about the man who had committed suicide and who bothered me by coming to see me every night. Finally I became convinced that I was not putting on strong enough, so I told him I was an expert in electrons, atoms, and molecules, and with the aid of my knowledge of science I hoped to bring on the millenium and invent many different things. Still I thought this was not strong enough and that words alone were not sufficiently convincing and that I must go into a state of excitement to make the impression perfect, so whenever the doctor talked to me I would become excited, look
fearful, and frequently peer behind myself; I could tell by the
doctor's expression that I had made good and also by the behavior
of the hospital corpsmen. They evidently thought I was insane. I
even requested that a light be kept burning in my room at night to
keep me from seeing the ghost of this man. The doctor told the corps-
man to take me out for a walk around the reservation, but I refused
to go. Finally I heard it said that I was to receive a discharge and
I did very little acting after that. They started me off and I was
under the impression that I was going to the Walter Reed Hospital
for observation for a while and then be discharged; I believed this
until I arrived at this hospital. When I found out where I really
was I made up my mind to make a full confession to the doctors here
and be sent back for a court-martial because my mind would be safe
in prison, while it might not be in a place like this.”

Hallucinations and delusions: None can be elicited; states he has
not heard any voices since the year before he left Matteawan.

Dreams: States he has none.

Insight and judgment: States he was brought here because of
what he told the Army medical officer, that he did not want to
come here, and that had he known that he was to be sent here he
would not have gone on sick report, nor would he have told any
of his past history. He states that he is not sick and that there
is nothing the matter with his mind.

Habits and character: States he does not care for city life; de-
sires to work on a farm. Admits having drunk a great deal period-
ically and that after taking a few drinks he can not stop; states
he has been a wanderer all his life; he denies perverted sexual
habits and all venereal disease.

Orientation: Correct in all spheres.

Memory: Good for both recent and remote events, and the spe-
cial memory tests were answered correctly.

Intelligence tests: All were adequately given. The calculations
were poorly done. Forward and backward associations correctly
given.

General information: Adequate.

Ethical reactions: Apparently normal.

Physical examination: Entirely negative.

Neurological examination: Shows color blindness.

Laboratory findings: Urinalysis negative; Wassermann reaction
of the blood serum negative.