

MALINGERING TRAUMATIC MENTAL DISORDER ON THE
BECK DEPRESSION INVENTORY:
CANCERPHOBIA AND TOXIC EXPOSURE¹

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Summary.—The revised Beck Depression Inventory is widely used to measure severity of depression, and it is often used in personal injury litigation as evidence of trauma. However, the potential vulnerability of the inventory to malingering has not been assessed. Of a group of 52 untrained volunteers, 96% were able to fake depression on the inventory and 58% successfully faked extremely severe depression. Users are cautioned against treating Beck's inventory as a literal measuring instrument in contexts where manipulation of responses is a potential issue.

The revised Beck Depression Inventory is a 21-item inventory designed to assess the severity of depression in adolescents and adults (Beck, Rush, Shaw, & Emery, 1979). The revised inventory was introduced at the University of Pennsylvania Medical School Center for Cognitive Therapy in 1971 and replaced the original inventory developed by Beck, Ward, Mendelson, Mock, and Erbaugh (1961).

The original inventory was based upon clinical observations and descriptions of symptoms given by depressed as opposed to nondepressed psychiatric patients (Beck, *et al.*, 1961). The items were chosen only to assess severity of depression, not to endorse any particular theoretical orientation. The inventory was designed for use with psychiatrically diagnosed patients; however, it is widely applied as a screening instrument for detecting the presence of depressive syndromes in normal populations (Steer, *et al.*, 1986).

The manual (Beck & Steer, 1987) notes that the inventory has become one of the most widely accepted instruments in clinical psychology and psychiatry for assessing the intensity of depression in psychiatric patients (Piotrowski, Sherry, & Keller, 1985) and for detecting depression in normal populations (Steer, Beck, & Garrison, 1985). Further evidence of the widespread acceptance is indicated by reviews (Beck & Beamesderfer, 1974; Boyle, 1985; Edwards, *et al.*, 1984; Lambert, Hatch, Kingston, & Edwards, 1986; Moran & Lambert, 1983; Snaith & Taylor, 1985; Lips & Ng, 1985; Steer, *et al.*, 1986).

The inventory as described in the manual is an instrument with which to measure the severity of the patient's depression, and it is used in this

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fashion by clinicians, especially in treatment settings. However, the inventory is also used in personal injury forensic evaluations as evidence that the plaintiff is suffering a psychiatric disorder as a result of a traumatic experience (Lees-Haley, 1988). The forensic environment raises difficult problems which complicate evaluation procedures designed for treatment settings.

As noted in DSM-III—R, medicolegal context is one of the four indicators which lead one to strongly suspect malingering (American Psychiatric Association, 1987). Malingering is the deliberate simulation or exaggeration of an illness or disability, for example, to avoid an unpleasant situation or to obtain some type of personal gain (Stone, 1988).

Resnick (1984) notes that malingered mental illness appears to be as old as mental illness itself. Resnick cites examples of malingering and efforts to detect malingering from sources as diverse as the Bible and a three-thousand-year-old papyrus. Odysseus malingered insanity in an attempt to dodge the draft into the Trojan war (Resnick, 1984).

The courts have long recognized that malingering is a real and persistent problem (Keeton, 1984). In fact, the threat of malingering was one of the primary reasons the courts for years resisted hearing psychological cases at all (Dobbs, 1985). However, clinicians often support their diagnoses exclusively with the claimants' self-reports of unverifiable symptoms and often presume that the claimants are telling the truth (Raifman, 1983; Lasky, 1988).

Psychological testing is one resource for obtaining outside, objective corroboration of psychological diagnosis, and test data are frequently used in forming diagnoses associated with litigated issues. This is widely recognized as appropriate practice. However, to the extent that experts rely on test data in forming opinions for expert testimony, failure to account for the vulnerability of tests to malingering has the effect of producing invalid opinions.

Psychologists' test-related opinions are also used as a basis for the opinions of other experts including, for example, psychiatrists, vocational experts and economists. Our failure to recognize malingering indirectly precipitates further errors on the part of other experts. These consequences point to the need to investigate this problem further.

Although at first blush it may seem obvious that a self-report inventory can be faked, there is reason to believe that such inventories are being handled naively by psychological clinicians, and so demonstration of the extent of the vulnerability of this inventory is needed. One judge with extensive experience with psychiatric disability claims remarked that many psychological evaluators simply fail to consider the possibility that a patient may not be telling the truth (Laskey, 1988). Based on my review of psychiatric and psychological personal injury evaluation reports from throughout the United

States and two provinces of Canada, it is clear that some clinicians naively perceive virtually all exaggeration as a cry for help.

It behooves clinicians providing forensic evaluations to become more aware of the test behavior of individuals who are malingering and of the similarity between the scores of malingerers and those of genuinely injured persons. This report describes the results of attempts by untrained examinees to fake depression on the Beck Depression Inventory.

METHOD

Subjects were a group of 52 volunteering college students. Fifty percent (26) were women and 50% were men. Their ages ranged from 17 to 47 yr. and averaged 20.7 yr. Forty-six (88%) were 24 yr. old or younger, and 49 (94%) were 27 yr. old or younger. All were enrolled in an introductory psychology class at a southern university. Almost all were in the first or second year of college. None had any training as to the nature, purposes or contents of the inventory.

Volunteering students completed the inventory under simulated conditions in which they simulated psychological reactions to exposure to a toxic substance from a hazardous waste site. They were asked to complete the Beck Inventory as they would if they were involved in a lawsuit for damages associated with this experience and had been sent to a psychologist's office for an examination. Their goal was to fake a psychological disturbance in a manner calculated to convince the psychologist that they were psychologically disturbed and "cancerphobic" as a result of the litigated stressful experience. They were warned that their answers could come out in court, so they should use a response style which would deceive the psychologist and the jury.

RESULTS AND DISCUSSION

Women in this sample obtained scores ranging from 9 to 63, with a mean score of 33.8 and standard deviation of 13.82. Men's scores ranged from 2 to 48, with a mean of 31.0 and standard deviation of 9.25. Note that the mean score for these malingerers falls at a level associated with extreme or severe depression, according to the guidelines for interpretation presented in the Beck manual.

A clinician using the manual's recommended cut-off scores would have classified 1 man as normal or asymptomatic, 11 men as suffering moderate to severe depression, and 13 (50%) of the men as suffering extreme or severe depression. For women 1 would have been classified as normal, 4 as suffering mild to moderate depression, 5 as moderately to severely depressed, and 16 (62%) as suffering extreme or severe depression.

Much of the literature on psychological malingering is based on situationally nonspecific instructions to experimental subjects to fake psychological disturbance. This experiment is somewhat different in that subjects were asked not merely to malingering a psychological disturbance but to do so in a manner which would be effective in the specific context of litigation. This instructional set was intended to produce a more relevant response pattern from *in vitro* subjects for researchers studying malingering associated with civil litigation.

If 96% of a group of untrained subjects can fake depression on the Beck Depression Inventory and 58% can fake extremely severe depression, then clearly psychological examiners need to employ the inventory with caution and perhaps with scepticism in contexts where deception is an issue.

These findings do not undermine the obvious utility of the inventory as a clinical device; however, they suggest the need for great caution in treating the Beck scales as a measure of severity of depression in situations in which deliberate exaggeration or manipulation of responses is a potential problem.

REFERENCES

- AMERICAN PSYCHIATRIC ASSOCIATION. (1987) *Diagnostic and statistical manual of mental disorders*. (3rd ed. rev.) Washington, DC: Author.
- BECK, A. T., & BEAMESDERFER, A. (1974) Assessment of depression: The Depression Inventory. In P. Pichot (Ed.), *Modern problems in pharmacopsychiatry*. Basel, Switzerland: Karger. Pp. 15-169.
- BECK, A. T., RUSH, A. J., SHAW, B. F., & EMERY, G. (1979) *Cognitive therapy of depression*. New York: Guilford.
- BECK, A. T., & STEER, R. A. (1987) *Beck Depression Inventory manual*. Harcourt, Brace, Jovanovich.
- BECK, A. T., WARD, C. H., MENDELSON, M., MOCK, J., & ERBAUGH, J. (1961) An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571.
- BOYLE, G. J. (1985) Self-report measures of depression: some psychometric considerations. *British Journal of Clinical Psychology*, 24, 45-59.
- DOBBS, D. B. (1985) *Torts and compensation*. St. Paul, MN: West.
- EDWARDS, B. C., LAMBERT, M. J., MORAN, P. W., McCULLY, T., SMITH, K. C., & ELLINGTON, A. G. (1984) A meta-analytic comparison of the Beck Depression Inventory and the Hamilton Rating Scale for Depression as measures of treatment outcome. *British Journal of Clinical Psychology*, 23, 93-99.
- KEETON, W. P. (1984) *Prosser and Keeton on torts*. St. Paul, MN: West.
- LAMBERT, M. J., HATCH, D. R., KINGSTON, M. D., & EDWARDS, B. C. (1986) Zung, Beck, and Hamilton rating scales as measures of treatment outcome: a meta-analytic comparison. *Journal of Consulting and Clinical Psychology*, 54, 54-59.
- LASKY, H. (1988) *Guidelines for handling psychiatric issues in workers' compensation cases*. Rancho Palos Verdes, CA: Lex-Com Enterprises.
- LEES-HALEY, P. (1988) Address to the Insurance Rehabilitation Liaison Committee, Toronto, Canada.
- LIPS, H. M., & NG, M. (1985) Use of the Beck Depression Inventory with three non-clinical populations. *Canadian Journal of Behavioral Science*, 18, 62-74.
- MORAN, P. W., & LAMBERT, M. J. (1983) A review of current assessment tools for monitoring changes in depression. In M. S. Lambert, E. R. Christensen, & S. S. DeJulio (Eds.), *The assessment of psychotherapy outcome*. New York: Wiley. Pp. 263-303.
- PIOTROWSKI, C., SHERRY, D., & KELLER, J. W. (1985) Psychodiagnostic test usage: a survey of the Society for Personality Assessment. *Journal of Personality Assessment*, 49, 115-119.
- RAIFMAN, L. J. (1983) Problems of diagnosis and legal causation in courtroom use of PTSD. *Behavioral Sciences and the Law*, 1(3), 115-130.
- RESNICK, P. J. (1984) The detection of malingered mental illness. *Behavioral Sciences and the Law*, 2(1), 21-38.
- SNAITH, R. P., & TAYLOR, C. M. (1985) Rating scales for depression and anxiety: a current perspective. *British Journal of Clinical Pharmacology*, 19, 178-208.
- STEER, R. A., BECK, A. T., & GARRISON, B. (1985) Applications of the Beck Depression Inventory. In N. Sartorius & T. A. Ban (Eds.), *Assessment of depression*. New York: Springer-Verlag. Pp. 121-142.
- STEER, R. A., BECK, A. T., RISKIND, J., & BROWN, G. (1986) Differentiation of depressive disorders from generalized anxiety by the Beck Depression Inventory. *Journal of Clinical Psychology*, 40, 475-478.
- STONE, E. M. (1988) *American psychiatric glossary*. Washington, DC: American Psychiatric Press.

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