Malingering has existed in various forms throughout the ages. However, the term malingering was originally associated with the deliberate evasion of military duties. Malingering continues to occur in our society, both in and out of the military. It is important for psychiatric practitioners to be able to detect malingering and to understand the unique aspects of malingering in the military environment.

An early definition of malingering can be found in Grove's Dictionary of the Vulgar Tongue, where malingering was defined as a “military term for one who, under the pretense of sickness, evades his duty.” Over time, a host of terms have been used for malingers, including faker, goldbrick, scrimmage, racketeer, sickbay commando, shirker, and slacker. These terms are clearly pejorative in nature.

DEFINITIONS AND CRITERIA

Malingering is defined in the Diagnostic and Statistical Manual, 4th edition (DSM-IV) as the “intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives such as avoiding military duty, avoiding work, obtaining financial compensation, evading criminal prosecution, or obtaining drugs.” This definition is more encompassing than the military definition of malingering, which is set forth in Article 115 of the Uniform Code of Military Justice as follows: “Any person subject to this chapter who for the purpose of avoiding work, duty, or service feigns illness, physical disablement, mental lapse or derangement; or intentionally inflicts self-injury.”

There are specific elements that must be fulfilled for a military member to be found guilty of malingering. According to The Manual for Courts Martial, these elements include:

[T]hat the accused was assigned to, or was aware of prospective assignment to, or availability for the performance of work, duty, or service; that the accused feigned illness, physical disablement, mental lapse or derangement, or intentionally inflicted injury upon himself or herself; and that the accused’s purpose or intent in doing so was to avoid the work, duty, or service.

The manual further explains:

The essence of this offense is the design to avoid performance of any work, duty, or service which may properly or normally be expected of
one in the military service. Whether to avoid all duty, or only a particular job, it is the purpose to shirk which characterizes the offence. Hence, the nature or permanency of a self-inflicted injury is not material on the question of guilt, nor is the seriousness of a physical or mental disability which is a sham. Evidence of the extent of the self-inflicted injury or feigned disability may, however, be relevant as a factor indicating the presence or absence of the purpose.

The manual states:
The injury may be inflicted by nonviolent as well as by violent means and may be accomplished by any act or omission which produces, prolongs, or aggravates any sickness, or disability. Thus, voluntary starvation which results in debility is a self-inflicted injury and when done for the purpose of avoiding work, duty, or service constitutes a violation of this article.

EDUCATIONAL OBJECTIVES

1. Define the required elements for a military member to be found guilty of malingering.
2. Discuss the history of malingering.
3. Identify common psychiatric complaints that are mangled in the military.
If an individual has intentionally harmed himself or herself but it cannot be proven that it was done avoid duty, they can be charged under Article 134 of the UCMJ: “Self-injury without intent to avoid service.” The elements required for this charge include “that the accused intentionally inflicted injury upon himself or herself; that, under the circumstances, the conduct of the accused was to the prejudice of good order and discipline in the armed forces or was of a nature to bring discredit upon the armed forces.”

The penalties for malingering or self-injury can vary depending on the circumstances. An additional element is added if the offense was committed in time of war or in a hostile-fire pay zone. The penalty for feigning illness is generally less than the penalty for intentional self-inflicted injury. The maximum penalty is usually reserved for intentional self-inflicted injury in a hostile-fire pay zone or in time of war. This penalty may include dishonorable discharge, forfeiture of all pay and allowances, and confinement for 10 years.

**HISTORICAL EXAMPLES**

Malingering has been found in the military throughout history. Ancient Greeks of rank maledgered to avoid military service. In the Bible, David wrote that he “feigned himself mad” to avoid the wrath of Achish, the king of Gath. In 1403, the first Earl of Northumberland “lay crafty sick” to avoid going to the Battle of Shrewsbury.

Napoleon noted in 1813 that a large number of individuals had injured their fingers. After an investigation was ordered, it was noted that 3,000 men were found with one or more fingers shot from their hands.

Hulett reported that in 1918 in France there was the case of an entire ward with dysentery of undetermined etiology. It was later determined that the patients had been taking stolen cathartics nightly. In another hospital during World War I, patients who had a highly infectious strain of gonorrhea were selling their gonorrheal discharge to other patients who wished to prolong their hospital stay. Hulett also reported on men who had chopped off fingers, toes, hands, or feet. There were cases of men extracting their teeth, puncturing their own eardrums, blinding one eye, slashing tendons, and producing rectal and nasal ulcerations, all for the purpose of avoiding military duty.

Malingering was also a significant problem during the Civil War, when the Union army would pay recruits $300 to join the service. Recruits would conceal an illness when they joined the service, then present with symptoms after they were inducted. As they had already received their $300, they would be discharged from the service wealthier. They would then be free to re-enlist in another area of the country and repeat the deception.

Other reports from the Civil War era reveal inventive methods to avoid service. Individuals were know to insert a peeled, wild onion into the rectum to stimulate tachycardia and flushing of the face. Some would swallow tobacco to produce nausea. A blow pipe could be used to inflat tissue to simulate a hernia. A particularly ingenious method was to chew gun powder and vinegar to produce a furry, brown tongue that simulated typhoid.

However, psychiatric symptoms were usually not feigned during the Civil War. A general order was issued that forbade the discharge of insane soldiers. Members who were considered too mentally ill to fight were transferred to US government hospitals for the insane. This was a fate most considered worse than military service.

During this same period of time, tactics to unmask malingering were used that would not be allowed today. For example, a man who was suspected of faking blindness was taken to the edge of the river and told to walk forward. He promptly fell into the river. Another man who claimed he could not straighten his back was placed in a large cask of water. The cask was filled, and he was given a choice of either straightening his back or drowning. He subsequently was able to stand up straight. Firing a pistol near the ear was a method used to expose feigned deafness. Individuals who were suspected of feigning paralysis had their good arm tied up. When the individual fell asleep, his nose would be tickled with a feather. Instinctively, his “paralyzed” arm would brush away the irritant, and the deception would be revealed.

**MODERN MALINGERING**

Today’s military is all-volunteer force. The vast majority of these men and women in uniform serve honestly and faithfully. However, there are still a small number of individuals who will mangle. No published statistics are available to determine the actual numbers involved, or how these numbers vary compared to draftee military populations. Also, it would be interesting to note what the effect of recent military operations has had on the rate of malingering in the military population. In my experience, the number of individuals actually charged and penalized for malingering is significantly less than those detected and dealt with in a non-
judicial fashion.

The most common reason to mangle is to avoid difficult or arduous duty. For example, in the US Navy, individuals may mangle so that they can obtain shore duty instead of shipboard duty. In the US Marine Corps or Army, individuals may prefer to be at a desk job instead of out in the field. The rationale is to be “sick, but not too sick.” This way, one can avoid arduous or dangerous duty but continue to draw a military salary at an easier and safer job. In times of war, individuals have a strong incentive to mangle so that they are not put in harm’s way. This behavior could be considered adaptive from a psychiatric viewpoint.

It is more difficult to feign physical conditions today than in previous eras. With sophisticated medical technologies such as CT and MRI scans, laboratory testing, and forensic advances, it is easier to detect individuals malingering most physical conditions. For example, with today’s technology, it is virtually impossible for an individual to present with a self-administered gunshot wound that will not be detected. Despite this, individuals in the military continue to literally shoot themselves in the leg or foot to avoid duty. When confronted with the self-inflicted nature of their injury, their story may evolve. They may claim they were depressed or suicidal, and continue to deny the malingering nature of their actions.

Physical symptoms that are more difficult to objectively assess such as chronic low back pain and migraine headaches may still be feigned. Resourceful individuals still attempt to fool physicians with techniques such as placing blood in their urine or atropine in their eyes. Thus, a history that is not consistent with physical findings warrants further evaluation.

Because of the difficulties and risk of exposure when feigning physical conditions, malingering psychiatric conditions has become problematic. An important exception to note is malingering of psychotic symptoms in the military environment. In civilian life, it is not uncommon for individuals facing criminal charges to mangle psychoses for the purpose of appearing incompetent or insane. This is less common and less successful in the military, because the military is a closely monitored population where individuals with psychotic disorders are usually detected and quickly discharged.

On the other hand, false claims of depression and suicidal behavior are more successful tools of the military manger. Suicidal claims commonly arise on the eve of a unit deployment or pending legal action. Suicidal service members are typically removed from all duties and referred for psychiatric evaluation. In these cases, there is usually no history of psychiatric illness, and no objective evidence of depression or other legitimate psychiatric disorders. The common factor in most of these cases is job dissatisfaction. When the manger is removed from that work environment, the suicidal claim is withdrawn. In a short period of time, he or she may be seen laughing, joking with friends, and otherwise acting normally.

**MILITARY-SPECIFIC POINTS**

Most psychiatrists, including those in the military, want to help their patients and do what is best for them. The fact is that some people are simply not fit for service in the military, based on their general personality style and the rigors of military service. These individuals will often diagnose with a personality disorder for the purpose of being dismissed from the service. Directly or indirectly, this can be a deception between the doctor and patient. To expedite a desired discharge for a service member with a personality disorder diagnosis, the individual must be a danger to self or others. A common practice is for the physician to inform the patient of this qualifier, and the patient will then state that he or she is suicidal.

The unique military environment may preclude service by individuals with enuresis or sleepwalking disorder. Therefore, claiming to wet the bed or to sleepwalk can lead to a desired discharge. Some patients have claimed to wet the bed but have been unable to provide the evidence. Others will purposefully urinate in their beds, much to the chagrin of their bunkmates.

In cases of sleepwalking disorder, the patient must have at least two signed statements from witnesses claiming that they have witnessed the sleepwalking. In my experience, these two signed statements tend to come from close friends, and there is no objective evidence from a neutral observer that these people are actually sleepwalking. Often, the sleepwalking is described in a comical fashion, with the individual holding out his or her hands in a “Frankenstein” way. These individuals sometimes have withdrawn claims of this disorder when informed they were being sent for formal sleep studies.

Although malingering is narrowly defined in the military as an attempt to avoid military service or duties, some individuals in the military may be guilty of malingering according to DSM-IV criteria for financial gain. In fact, the military offers some unique financial incentives that could be exploited by those willing to exaggerate medical conditions. If an individual is deemed medically unfit for further military service, they may be eligible for a financially advantageous medical discharge. A service-connected disability can give one many benefits when out of the service, including money, health care, educational benefits, home loans, and job preferences. Therefore, someone who may be mildly ill could be tempted to exaggerate symptoms for the sake of these benefits.

Active duty members are encouraged in various ways to visit sick call on a regular basis during their last year of service. They are encouraged to have every medical problem listed in their medical record for the purpose of documenting any basis for
future benefits and medical care. Frequently, people will go to sick call with lists of minor complaints. These are not representative of malingering, but rather reflect inherent institutional practices. Although this may present an undue burden to the sick call practitioner, it is important to place these visits in their proper context.

Post-Traumatic Stress Disorder

Malingering of post-traumatic stress disorder (PTSD) has been a problem in the Veterans Administration (VA) system.\textsuperscript{15,21} Because this is an illness that is primarily diagnosed by self-reported symptoms, it is difficult for a physician to determine whether an individual is malingering.\textsuperscript{15,21} A particular problem in the VA occurs when individuals from the Vietnam era present with symptoms of PTSD when they were never actually in Vietnam.\textsuperscript{19,20}

Sparrow and Pankratz\textsuperscript{20} reported on five cases of factitious PTSD. In their report, they noted that four of the five patients had never actually been in Vietnam, and two had never even been in the military. When confronted with service record discrepancies that reveal their deception, such applicants may claim to have worked in special units or classified operations. These types of claims are likely to decrease in number for later military conflicts due to improved recordkeeping and computerized tracking. The VA now extensively checks service records to document whether individuals actually served in an area of conflict.

Criminal Charges

The military, like the civilian world, has people that are involved in illegal or criminal acts. The ruses, ploys, and deceptions used to try to avoid taking responsibility for criminal charges are similar to those in the civilian world. One major difference, however, is that people in the military can be charged with actions that would not be considered crimes in the civilian world.\textsuperscript{5} For example, if an individual does not show up for work, he or she can be charged with an unauthorized absence and can be incarcerated. Individuals in the military are also subject to routine, random drug screens. They can be criminally charged if they have a positive drug test. Therefore, military members may try to make up excuses or malingering psychiatric symptoms to avoid being held responsible for actions that would not be considered criminal in the civilian world.

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SUMMARY

The military is a unique environment with physical and psychological stresses different from those encountered in civilian life. Additionally, the military has its own system of rules, regulations, and penalties. In essence, military service is a high-risk profession, and members cannot quit when dissatisfied. This is precisely why malingering has existed in the military throughout history, and is likely to continue in the future.

REFERENCES

5. 1 Samuel 21:12-15 (KJV).