INTRODUCTION

Malingering mental disorders is a phenomenon that appears throughout history, occurring in all social spheres. The Bible narrates a case of malingering insanity in Book I of Samuel (21:14, Bible of Jerusalem) and there are documents recording cases of malingering for political purposes and personal gain from ancient Athens and Rome. However, it is in military contexts where malingering has been most associated, although there have been no empirical methods employed to detect malingering mental problems nor any prevalence studies that confirmed what everyone seems to take as true. From the origin of Western culture to the present day, malingering is described as a constant method among soldiers to avoid military conscription or escape from war. There are many historical references, starting with the famous malingering madness of Ulysses to avoid going to the Trojan War or the comments in the Treatise of the Air, the Waters and the Places of Hippocrates. Even the etymology of malingering originated from military contexts and today the psychiatric classification manuals themselves still include the condition of being a member of the military among the criteria for suspecting malingering.

This malingering-military association occurred naturally as a consequence of a set of factors. In first place, it cannot be denied that war has been intrinsic to the history of humanity, especially until the Long Peace and the New Peace. Because of this past, armies needed to recruit thousands of men, for their end and, the end, consisted, not infrequently, in dying. Thus, malingering was associated with the militia intuitively, because it was assumed that it would be used by many. This was helped by the fact that experts in the past classified soldiers with the difficulty that accompanies the diagnosis of invisible health problems, without having objective evidence and, as Vautier, Andruetan, Clervoy and Payen pointed out, being subjected to a role conflict as experts due to the pressure exerted by the chain of command.

Secondly, governments had an explicit interest in classifying psychological problems caused by wars as malingering, because it is synonymous of cowardice or disloyalty and, in addition, they could always find prestigious professionals who defended this option as, for example, the neurologist Gordon Holmes, the doctors who were part of the Research Committee of Southborough or Sir John Collie. Third, military culture has entrenched stereotypes about masculinity and strength, honour and loyalty, which even mattered at national level and are incompatible with mental problems – real or malingering. Thus a double stigma originated: one associated with the mental problem itself and the other associated with being suspected of malingering. This double stigma led to the fact that, in the absence of objective evidence and the impossibility of finding organic harm in psychological problems, individuals were easily classified as weak, cowardly, disloyal or malingerers, since all these terms were perceived as voluntary and intentional acts of duty avoidance. Lastly, the exclusion of the psychosocial perspective from the understanding of mental health problems and the inclusion of psychosocial problems in the category of physical illness did not help to make the malingering debate multidisciplinary and to integrate non-medical factors in the model.

Thus, the military malingering hypothesis – which was biased from the start due to the difficulty of diagnosing invisible health problems, the role conflict of medical experts, the stereotypes, the double stigma, the biological view of mental disorders and the own interests of governments and some professionals – ended up being endorsed by many experts and by the psychiatric diagnosis manuals themselves. There are also exceptions, such as the denunciation by Sigmund Freud into the war crimes Commission at the end of the First World War or the reflections of some other authors.

It seems necessary, therefore, to explore malingering mental disorders in the military, in order to recognize the invisible wounds of war and restore the honour of thousands of soldiers stigmatized, condemned or executed in the past for suffering real mental disorders. In addition, double stigma associated with mental problems in military contexts must be combated. Last but not least, the study of malingering in the military also serves to include non-medical factors in the biological model of mental disorders and malingering, in line with Wade and Halligan and Bass and Halligan.
METHOD

Bibliographical searches with key words «malingering AND (military OR soldier OR veteran)» were done in the most important scientific databases. Results were - from 1847 to 2018 - PsycINFO with 134, MEDLINE with 109, Psychology and Behavioral Sciences Collection with 7 and PsycARTICLES also with 7. Those papers which showed significant contributions and empirical data on the malingering history, malingering detection and prevalence of malingering were selected.

RESULTS

Detecting malingering in armies

No other organization has ever needed to mobilize such large groups of men for such bloody ends as armies. Therefore, the history of detecting malingering has its origin in wars. The military doctors always found themselves with the problem of discriminating between those who drop out due to real illnesses and those who escape injury or death by faking them. In the Ancient Age, Galen developed the first treaty of simulated diseases based on observations of slaves, where he listed the most frequent types of malingering in his time and gave rules to differentiate real pains from feigned ones. During the Middle Ages, the decision on those who claimed not to be fit for recruitment resided in the Church, while, in the Modern Age, this decision was professionalized in the figure of the doctor and systematized through the development of guides on detecting malingering. The authors of this period devoted great efforts to the detection of feigned diseases, studied the role that was reserved to the doctor in the middle of the 20th century, were confirmed in the 90s and completed with empirically validated procedures in the Modern Age, was enhanced during Contemporary times.

In the 19th century, soldiers suspected of malingering continued being observed, for example, those of the Great War, those of the Spanish Civil War and those of World War II. In this way, detection accuracy was improved in wars of that time, such as the American Civil War and the First World War on the British front.

In the Second World War, the publications on malingering mental problems in the military stand out, characterized by classifying the different types of malingering, comparing them with the psychopathological pictures described in those years and giving advice or keys for its detection and diagnosis. In these years, they began to develop other detection techniques. Some showed doubtful efficacy, such as the Rorschach test, electroencephalograms or drug use - a technique already used in the mid-nineteenth century. Meanwhile, scientific psychology achieved better results. Hunt and Older pointed out the possibility of using a psychometric test with statistical reliability to compare malingering with the mentally weak. For their part, Meehl and Hathaway convinced of the need to differentiate between fakers and dissimulators, introduced several detection methods in the Minnesota Multiphasic Personality Inventory. In addition, different authors began to evaluate suspected malingering in controlled trial investigations with objective indicators. In the following years, the three fundamental areas of research in malingering detection were consolidated: detection rates, controlled trial and statistical methodology.

Detection rates were developed by using strategies of implausibility of symptoms and amplification of reported symptoms. On the other hand, controlled trial, which had been developed in the middle of the 20th century, were confirmed in the 90s and consolidated at the beginning of the 21st century through the use of specific designs for the detection of malingering, such as analogue groups, known groups, bootstrapping comparisons and differential prevalence. Finally, the statistical methodology applied to the detection of malingering, focused on three types of data analysis: the classification precision by analyzing the area under the curve or ROC curves, correlations with other indicators and the analysis of statistically significant differences in between groups by means of ANOVAs or MANOVAs including the size of the effect.

In conclusion, the precision in malingering detection improved from the Modern Age, was enhanced during Contemporary times and completed with empirically validated procedures in the late 20th Century and early 21st. However, we must not forget that this methodology is not exempt from error and may also lead to the creation of controversies by using the malingering
The consequences of being suspected of malingering in the military

Reflecting on malingering in military contexts requires, necessarily, including the consequences of being labelled as a faker. Because, regardless of whether the armies were voluntary, or forced, or whether or not there were better detection methods for malingering, the truth is that those in the military have been treated unfavourably when, supposedly, were faking. Persecution and severe punishment of malingering in the military have been constant throughout History. For example, in Sparta, soldiers were condemned with capital punishment until Charondas imposed public shaming, like exposing them dressed as women. On the other hand, Augustus sold them as slaves and, in the reigns of the emperors Constantine, Valens and Valentinian, they were marked with a red iron, without prejudice of being used later as soldiers. Later, in the Crusades, a spinning wheel and a spindle (as feminine symbols) were hung from their clothes. In the Modern Age, in particular, in Spain from 1730 to 1789, the so-called «lazy» were forced into regiments of veterans who were later sent to Italy, North Africa or the Indies.

As for the most severe punishment that could be applied for supposed malingerers – execution – used since the Ancient Age, it remained in force in the Napoleonic army, in the Great War on the British front and in the Second World War in the Unified Armed Forces of Nazi Germany and in the United States. Only four years ago (on 13 January 2015), in the United States, a former Vietnam veteran was executed for committing a crime in 1998 under the influence of mental problems that, according to Weiss and Van Dell, were trivialized and classified as malingering during the trial.

The penalties now received by the military are, fundamentally, deprivation of liberty. In Spain, for example, malingering illness or an injury or causing injury to oneself or another with the aim of exempting oneself from service or duty are crimes against the duties of the service (Articles 52 and 59 of the Military Penal Code, MPC). Malingering is also contemplated in the MPC (Article 55) by means of falsification of documents (such as providing forged medical documents or with modified dates). The minimum punishment is from six months to three years and, the maximum, from four to ten years, depending on the national situation (times of peace, armed conflict, state of siege or critical circumstances). Other crimes related to malingering in the military are abandonment of destination or residence (Article 56), desertion (Article 57) and the special breach of the duty of presence (Article 58). In these cases, malingering could appear after the crime, either to justify the criminal behaviour, or to avoid the penalty of imprisonment.

The attempt of suicide could also be a crime if its intent is to avoid service (Article 59) because it is interpreted as disloyalty. In the United States of America, the Uniform Code of Military Justice punishes malingering and attempted suicide in Article 115. In addition, if the attempt of malingering – or suicide – could harm order and discipline, the interpretation would fall under Article 134. An example of this is the case of a US soldier who had returned from Saudi Arabia four months previously, when he was redeployed for six months in South Korea. The soldier made a suicide attempt by ingesting twenty pills of Benadryl. His superior, worried about the morale of his battalion if this soldier was allowed to «just go home», consulted with the Military Justice and charges by both Articles 134 and 115 were brought against him. The soldier was found hanged in his room the day before the war council hearing.

The double stigma

Given the suspicion of malingering, there is another punishment that is not regulated by the Military Justice but by organizational variables in the culture and climate of the armies, such as stigma (understood according to Crocker, Major & Steele, Goffman, Jones et al. and Link and Phelan) associated with real mental problems (in line with: Corrigan, Corrigan & Kleinlein, Mak, Poon & Cheung and Pascoe & Smart Richman or with the supposedly malingered ones in military contexts. The fear of the effects of stigma for supposed rejection and the negative impact on the military career has been found in militaries from Israel, Germany, the United States, the United Kingdom and Canada.

In military culture, mental problems are synonymous of weakness and suspected malingering in equal parts, and can even lead to derogatory labels such as shirker, slacker, idler, layabout, dead-beat, gold brick, scum, or, in Spanish, jeta. An example of the effects of stigma on soldiers in times of war is the episode known as The Slapping Incident, which occurred in the Campaign of Sicily in August 1943, between General George S. Patton and two soldiers. The double stigma, therefore, leads a member of the military with real psychological problems to have as much fear of being perceived as a malingerer (shirker, slacker, idler, layabout, dead-beat, gold brick) as to be perceived as weak, since both labels are equally pejorative, going against the moral principles of military culture.

Approximately 60% of the military who experience mental health problems do not seek help, so they will be forced to disguise their disorder (understood in line with Baer, Rinaldo & Berry and Paulhus). Although the incidence of dissimulation of psychopathology in the military environment is unknown, its use is frequent to avoid the stigma that accompanies the diagnosis of mental disorder with the corresponding negative impact on the career. Although some authors have drawn attention to the importance of contemplating dissimulation in the military, all efforts were always directed to detecting malingering. However, concealment can also lead to serious negative consequences for the soldier, his/her unit, his/her family, and even, his/her country. For instance, on March 11th 2012 in Afghanistan, NCO Robert Bales murdered 17 Afghan civilians, including nine children, four women and three men, and wounded six others. This fact, known in the media as the Kandahar Massacre, has been explained, among others, as a problem of dissimulation and stigma. Therefore, the phenomenon of dissimulation caused by the fear of double stigma should not be left out of the debate.
In conclusion, it could be said that, in contrast to decisions based on scientific evidence, in the past, decisions were made under the influence of stereotypes and stigma since health professionals are not exempt from stigma towards mental problems.\textsuperscript{111,123} especially when decisions are made under pressure from the chain of command\textsuperscript{7} in the face of a manpower crisis due to casualties in combat\textsuperscript{13,42} and with the endorsement of some professionals\textsuperscript{13-15}. Thus, psychological problems of the soldiers became easily associated with weakness, cowardice or malingering\textsuperscript{8,12}. To a greater or lesser extent, this double stigma persists nowadays in the military, just as the criterion of suspected malingering specific to the military is still maintained in the main psychiatric classification manuals and in the forensic perspective.

Prevalence of malingering mental problems in the military

The study of the prevalence of malingering is complex and controversial. First, because fakers actively seek not to be detected, which makes it difficult or impossible to know their real incidence.\textsuperscript{124} Second, the diagnostic criteria that operationally define malingering in the manuals has been recently established\textsuperscript{125} but are still limited and not reliable as a detection method, because they can easily lead to create false positives\textsuperscript{126}. Third, clinicians are reluctant to make favourable malingering reports\textsuperscript{127} because a large number of diagnoses must be discarded before being diagnosed\textsuperscript{129}, or a misclassification of malingering can lead to the stigmatization and subsequent disqualification from receiving adequate treatments\textsuperscript{25} or because by labelling someone as a malingering, clinicians face the possibility of being sued for defamation and even be physically assaulted\textsuperscript{127}. Fourth, because the expectation of finding this pattern is more common in the forensic area than among clinicians, although this is not always true\textsuperscript{10,124,130-133}, causing professionals who evaluate psychopathology in non-forensic contexts to ignore it. Fifth, because malingering presents a variable rate depending on the context analyzed.\textsuperscript{131,134} Finally, because it is a complex evaluation pattern that requires its own methods and empirically validated strategies, for which not all professionals who evaluate mental health are trained.

Despite the above, has frequently been pointed out, military malingering is rare. For instance, alleged self-mutilations for the avoidance of conscription in Napoleon’s army, in fact, were accidents due to inexperience.\textsuperscript{7} More examples are found among soldiers of the Soviet Union,\textsuperscript{135} the First World War or interwar period\textsuperscript{136-139}, in the Spanish Civil War,\textsuperscript{2} in both soldiers\textsuperscript{10} and sailors\textsuperscript{142} of the United States in World War II and in Vietnam\textsuperscript{143}, whose psychological problems were considered faked but, in reality, were true.

Recent studies of the military population reflect this same reality. Lande and Williams\textsuperscript{10} conclude that, of the 28,065,568 visits made by the US military to health centres, between 2006 and 2011, only 985 (1,074) were malingering and factitious cases. In another study\textsuperscript{132} of active duty servicemen in the United States, which analyzed the incidence of malingering over 15 years (from 1998 to 2012), an incidence of 4,456 primary diagnoses is reflected (annual rate of 2.08 cases per 10,000 military personnel) and 2,308 secondary diagnoses (annual rate of 1.08 per 10,000 military personnel). Of these, only 164 primary diagnoses (0.08 x 10,000) and 65 secondary diagnoses (0.03 x 10,000), also including factitious disorder, occurred during deployments.

From the point of view of Military Justice, the crime of malingering or voluntary disablement in Spanish soldiers was recorded seven times, between 2000 and 2016, out of a total of 4,089 military crimes\textsuperscript{144}. Even when military service was compulsory in Spain, for example, between 1976 and 1986, there were only 9 cases out of a total of 6,286 crimes\textsuperscript{145}. On the other hand, from the point of view of the Military Health, conclusive data cannot be extracted because the professionals who evaluate mental health in the military – even in forensic contexts – do not evaluate within the legal sphere\textsuperscript{46}, so it is very difficult to classify a soldier with a malingering mental disorder code. For example, in Spain, the Psychiatric Expert Medical Board (PEMB – that evaluates the veracity, causes and consequences of mental disorders of the Spanish military) determined that between 2000 and 2018 there were approximately 400 military personnel out of a total of 2,040 that were classified as «useful and fit» (information provided by the PEMB). Therefore, all that is known, on the one hand, is the number of soldiers who are discharged for an objectively demonstrated mental disorder and, on the other, those who, after a period of medical leave, return to service.

When countries have a mandatory recruitment system, the estimated malingering rate is between 5% and 25%\textsuperscript{147}. For example, Vetter et al.\textsuperscript{91} found a rate of 4-72% in recruitment phases in the Swiss army in 2003 and Iancu et al\textsuperscript{146}, recorded 25% in soldiers requiring health services in the Israeli army. But none of the instruments used by both studies have high specificity\textsuperscript{149} and neither have reliable malingering detection scales. In particular, PST scale (from SCL-90-R) is made with the number of items rated higher than zero, so it is an exaggeration scale of multiple symptoms. But exaggeration is not equivalent to fake bad. In fact, exaggeration may be due to many reasons, such as, anguish towards the evaluation itself, distrust in showing real psychopathology, (doubting if it will be enough to require a sick leave or help), or hopelessness before the circumstance to which they are subjected (compulsory conscription).

On the other hand, the criteria for suspicion of malingering on which Iancu et al.\textsuperscript{146} were based -inconsistencies, extravagant complaints, exaggeration of symptoms and secondary gain-, are stereotyped clues. Against intuition, different authors have pointed out that recognition of lies is not a simple task for evaluators\textsuperscript{134,138-135} and, also, signals such as exaggeration or inconsistencies, taken alone, do not necessarily imply malingering\textsuperscript{133,134,155} nor the existence of a genuine disorder\textsuperscript{156}.

It seems obvious that the type of recruitment (mandatory or voluntary) is a variable to be considered by the evaluators, but this should not lead to identifying more suspects when compulsory conscripts, because this would not be a helpful criterion when making an empirical and fair decision, however, it could lead to making stereotyped decisions.

CONCLUSION

Even though the incidence of malingering in the military is unknown\textsuperscript{157}, some authors indicate very low rates. In addition, studies find high malingering rates in different civil contexts\textsuperscript{158-165}. 
Yet, the diagnostic criterion of being a member of the military is still included in the psychiatric classification manuals when there is no other occupation or profession tagged as suspected of malingering.

Although prevalence studies in other contexts indicate higher rates of malingering than in the military, the criterion of being in the military remains a reason for suspicion in the diagnostic manuals. Why aren’t other occupations like lawyers, police officers, firemen, electricians, waiters, etc. not suspected of malingering so as not to be included among the criteria of suspicion? Why is this suspicion only attributed to military personnel? Who benefited from this criterion when it was included and why is it still maintained? Is there any fear about eliminating it? What is the relationship between, on the one hand, the invention of Post Traumatic Stress Disorder in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) together with the inclusion, the same year and in this same manual, the criterion of being in the military in the diagnosis of malingering and, on the other hand, the Vietnam war veterans of the United States? Could the presence of this criterion really encourage defeatism in times of low morals?

It seems that suspected malingering is not related to occupation or profession, but to the complexity of the biopsychosocial context in which the person finds him or herself. While the criteria for suspected malingering continue to be based on a stereotyped criminalistic model and not on empirical criteria, these criteria will continue to promote stereotypes and stigma, which does not help to reduce the fear of double stigma associated with mental health problems in the military population.

Judicial decisions about mental illness have sometimes been criticized for their simplicity. However, Finkel and Handel showed that the simplicity did not reside with the judges, but in the medical tests with which they had to decide. Even now that experts have empirical evaluation procedures, psychodiagnosis remains a delicate task. Thus, nowadays there are validated instruments, there is some recognition to the stigma associated with mental problems and there is independence between mental health problems and malingering separate from the illness model, as proposed by Wade and Halligan and Bass and Halligan. This model would be broad enough to differentiate between contexts and include a wide range of psychosocial variables, in which no occupation or profession should be stereotyped.

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