SIMULATION – A PHENOMENON AND CHALLENGE IN CLINICAL PRACTICE AND FORENSIC PSYCHOLOGICAL EXPERTISE

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ABSTRACT

The article deals with the simulation behavior in the expert situation of subjects who have committed serious criminal offenses. Differentiation of simulative behavior and simulative behavior is made against the background of pathological terrain. Questions are raised regarding the importance of expert opinion in the hypothesis of simulative behavior. The authors vision of the importance of the expert psychological evaluation of the simulation in the expert situation in the case of criminals is supported by case studies from the Department of Forensic Psychiatry of the Center for Mental Health with a Hospital - Rousse, Bulgaria. The article proposes the idea of creating and using a clinical methodology - a set of questionnaires, specific expert behaviors and other clinical strategies to accurately establish simulation in an expert situation in subjects who have committed serious criminal offenses against personality / rape, fornication, attempted murder, murder. The emphasis is on the importance of a standardized methodology for capturing and validating a simulation to assist the pre-trial and judicial investigation.

INTRODUCTION

In the last 10 years, cases of expert subjects who have committed serious criminal offenses with a hypothesis of simulated behavior have increased in the Department of Forensic Psychiatry at the Center for Mental Health with a hospital in Rousse, Bulgaria. A common occurrence is, after committing the criminal act of detention, that the subject manifests through his or her behavior markers of mental or somatic disorder, as well as various deficits or dysfunctions. The expert situation is further complicated by the fact that some of the perpetrators of the crime have already been diagnosed with psychiatric diagnosis or mental dysfunction. Against the background of these phenomena, there is a great challenge for clinical practitioners directly involved in the preparation of forensic psychiatric and forensic psychological expertise of these subjects.

Simulation has been described since ancient times, the most emblematic example being Galen, who was a famous healer of the Roman Empire, describing two cases - the first, a simulation of colic to avoid a public meeting, and the second an injury on the knee in order not to accompany a teacher on a long journey. [1]

Today, simulation is being studied and evaluated in the two major classification systems used by clinical experts:

In the DSM-IV-TP, the heading "Factitious disorder" deals with the simulation of mental or somatic diseases.

"Essential for Factitious Disorder is the deliberate presentation of false or grossly exaggerated bodily or psychological symptoms that are motivated by external motives such as avoiding military service, work, obtaining financial gain, avoiding criminal prosecution, obtaining drugs. In some circumstances, overstatement can be adaptive behavior - e.g. captive illness in captivity for misleading their enemies during war. An overstatement should be particularly suspected if one of the following combinations is found:

1. The medical legal context of the clinical picture (eg, an outburst to the clinic for review by your lawyer).

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2. Know the division between personal claims of stress or disability of the individual and objective findings on the other hand.
3. Lack of action during the diagnostic evaluation and adherence to the prescribed therapeutic regimen.

There is no exact description in ICD-10, but the heading “Z76.5 Disease simulation (conscious simulation)” is introduced. A person simulating a disease (with obvious motivation). ‘This heading does not use or make the heading’ active disorders' or 'perpetual ill' (F68.1).

Metasimulation

In metasimulation, the symptoms experienced in the past are presented as actual and present during the peer review. For example, a patient who has experienced intense sensory fraud during surfactant intoxication / psychoactive substances / in the past presents the same during hospitalization to justify severe mental illness.

Unlike subjects who are actually experiencing and suffering from a mental disorder that disrupts their functioning in different areas, subjects who simulate mental dysfunction or mental disorder have particular behavioral characteristics.

Generally, in clinical practice, simulation is a broad concept and involves a variety of behavioral manifestations that present something wrong. In forensic psychiatry and forensic psychology, by simulation we must understand the conscious and purposeful portrayal of signs of a non-existent mental illness. [3] Considering simulation phenomena in clinical psychiatric and psychological practice, they can be grouped in several ways:

Three types of simulations stand out according to the type of information being presented incorrectly: false history, drug production of disease symptoms; presentation of verbal and nonverbal behaviors of mental illness. We often observe in our expert practice the first type, hours after the subject has been detained, commits a serious crime against a person, his or her relatives, and the subject himself in an attempt to construct a false legend for a nonexistent mental illness. In most cases of pure simulation observed by us, the presented disease picture corresponds to a severe mental disorder (intellectual deficiency or delusions), through which the position of the simulator can be favorably changed. Pure simulation is increasingly common in forensic and forensic practice, as today in the 21st century, most people have access to all kinds of information, including professional information about different types of mental disorders, their symptoms, clinical picture and more. True simulation has two main strands, the former presents a false history and is much easier: the simulator alone or with the help of relatives exposes to experts spent in the recent or distant past, the only or multiple episodes in which he did not know what he was doing. , there are no memories of different events, or he remembers hearing voices, having “wrong thoughts”, or doing various strange things or abusing his loved ones.

The second way of pure simulation is "depiction of madness", it requires considerable effort, individual skills to pretend and certain knowledge. Usually, individual symptoms or syndromes (dementia, forgetfulness, immobility, agitation, hallucinations, etc.) are simulated. Even when the simulator seeks to present a picture of schizophrenia, for example, it concentrates on selected symptoms (delusional attitude and affect, voices, sounding or interrupted thoughts, etc.). It should be noted that there is a simulation of symptoms that require minimal focus, attention and energy expenditure, a minimum of specialized knowledge and which can be easily automated. N. I Felinskaya also notes that more often sluggish monotonous states of immobility and depression, or pictures of stupidity with refusal of food, impurity, etc. [3]

For the sake of persuasion, simulants can attempt suicide attempts without a fatal end, mix up smudges and eat feces. The duration of the simulation behavior is different. Sometimes it takes weeks, despite the failure and distrust of the experts. Quite often in our practice we notice the exhaustion of the
simulator under a series of provocative behavior by the experts. Very often, in the background of simulation, accompanied by ridiculous statements, the subject "misses" a logical motive for committing his crime, which indicates the presence of an organized and normal psych process against the background of simulative behavior.

A.F. A 35-year-old man charged with fornication with underage boys and collecting photo material with young children has been admitted to the inpatient center of the Mental Health Center-Ruse on an attempt to hang himself in the detention cell. Until the time of his detention, he had not been consulted or treated by a psychiatrist and had not been admitted to a psychiatric clinic. He shares that his voices are telling him to fornicate with little boys, that he sees demons, that he is purified in this way. He wrote books, wanted to make the world a better place. In one of the expert interviews when asked: "Why does he sexually affect young boys?", he spontaneously replied: "Because other big and beautiful men will refuse me." After trying to present different symptoms of different mental illnesses during his stay, AF was returned to Investigative Arrests with a conclusion: simulation in an accentuated person with mental immaturity.

The choice and form of behavior in the simulation depends, in our view, on a number of individual factors of the simulator: knowledge and experience, ability to play a role, special awareness, topical perceptions in the public about mental disorders, criminal experience, personality structure and capabilities. Our experience confirms, for example, the frequent coincidence of the simulative experience with recurrent offenses, with the primary personality traits.

It should be noted that in recent years there has been an increase in attempts by criminal offenders to simulate "crazy ideas" with persecution, impacts with particular modern techniques, impacts from other extraterrestrial civilizations, hypochondriacal complaints of incurable disease. We have come to the conclusion that careful study of personal experience is of great importance, which allows us to establish a connection between the simulation idea with already manifested personal interests and inclinations. As we go deeper into the phenomenon of pure simulation, it should be noted that simulative behavior is associated not only with the presentation of a mental illness, but also with somatic symptoms, without actually having real somatic suffering. Sometimes the criminal offender who is simulating, is presented in a vague and inconsistent manner with the details or symptoms of the disease; has a wealth of hospitalizations and medical records; manifests knowledge of their "illnesses" that depend on the subject's cognitive and educational abilities; sometimes the fantastic pseudology "pseudologiaphantastica" is observed, the subject lying as he paints with fantastic descriptions real or unreal events of his life; the calm acceptance of severe surgery and / or the imposition of medication occurs; only when observed by experts the behavior is activated and / or intensified and again, depending on the subject's intellectual abilities, new medical symptoms develop if the old ones are refuted.

Other aspects of this behavior include hostility to the medical team or law enforcement, which is controlled and attention-grabbing. In recent times, cases of severe self-harm have also become more frequent in order to maintain the behavior of others. It should be noted here that simulation bias should not be confused with Munchausen Syndrome: "Unlike simulants, subjects with Munchausen syndrome do not seek benefits or benefits in the form of sick leave or avoid criminal liability. This is manifested against a background of severe personality disorder."[4]

When a deliberately targeted depiction of a non-existent psychiatric disorder is somehow associated with a psychiatric pathology in the subject, the simulation is no longer pure or true, but "pathological" or pathological simulation. This kind of simulation is also quite common in our practice and has a very interesting picture from a professional point of view as well as different nuances. Pathological terrain simulation can be grouped into three forms: agitation, sursimulation, and metasimulation.

Agitation / exaggeration / - The conscious and purposeful display of non-existent symptoms of a mental disorder has to do with the actual presence of mental pathology in the simulating subject. Here the real manifestations / symptoms / are the starting point for the false portrayals and are a kind of justification for the simulator. As practitioners of clinical and case law, we recognize that agitation is easier for the simulator and more difficult to detect than the experts.

Sursimulation - a phenomenon in which the simulative signs build on the picture of a real existing mental defect. These are very rare conditions that, by mechanism, remain akin to agitation, but in contrast, are rarely the result of histrionic fixation. They are found mainly in psychologically ill subjects and profoundly defective individuals. They are easily distinguished by the "incompatibility" of the symptoms of the ground state and the simulated state.

Metasimulation - in the case of metasimulation, the symptoms experienced in the past are presented as actual and present during the peer review. For example, a patient who has experienced intense sensory fraud during surfactant intoxication / psychoactive substances / in the past presents the same during hospitalization to justify severe mental illness. Unlike subjects who are actually experiencing and suffering from a mental disorder that disrupts their functioning in different areas, subjects who simulate mental dysfunction or mental disorder have particular behavioral characteristics.

It is important to note that simulation on a pathological or disease basis is the most common diagnosis: personality disorder / psychopathy /, about 60% of our observations based on clinical and expert experience, followed by a diagnosis of mild intellectual deficiency, traumatic disease, and schizophrenia. The crimes the subjects simulate are 90% serious - attempted murder, murder, a series of acts of fornication against minors. In half of the cases, the simulated symptoms are delusions and hallucinations, in about 15% of the cases, "stupidity" is simulated, and otherwise, amnesia, agitation or stupor and seizures are simulated. Of course, specific examples from our practice can be cited to support the hypothesis that the simulation of pathological terrain in subjects who have committed serious criminal offenses is quite common, although it is still viewed as a phenomenon by lay people. As the authors of this publication, we reserve the right to propose a separate development that includes a thorough
examination of case studies that suggest a phenomenon such as pathological simulation.

Of particular importance for the clinical and expert psychiatric and psychological practice is the methodology we are developing for the exact detection and refinement of simulative behavior by subjects who have committed serious criminal offenses, which includes a clinical and psychological component. Providing such an instrument will facilitate psychiatric and forensic psychiatric expert practice and facilitate investigative and judicial authorities at all stages of the pre-trial and judicial process. The statistics on the punctuality of this type of instrument are yet to be presented with a view to its continued incorporation into forensic practice in the field of forensic psychology.

In the 21st century, thanks to the access to a vast amount of information, the simulator who committed a serious criminal offense, or the subject of forensic examination may be made aware of the various symptoms of certain mental illnesses in order to mislead the law enforcement authorities to mitigate or eliminate the sentence or try to avoid punishment within the meaning of existing laws in the Republic of Bulgaria. Depending on his / her intellectual abilities, the simulator may try to engage his / her relatives and friends in order to maintain his / her story that he / she is trying to build.

Diagnostic behavior is not an easy task for the specialist in forensic psychiatry and forensic psychology. The main role in identifying this phenomenon and behavior is the high professional qualification of the specialist and the precision toolkit, which should include not only personal questionnaires, but also adequately selected projective methodologies that exclude the simulator's ability to manipulate his answers. The clinical tools that the expert supports to diagnose the simulation phenomenon should be able to reflect the unconscious attitudes and conflicts of the individual for the precise refinement of the simulation phenomenon.

Finally, we note that finding and proving the hypothesis of simulative behavior in subjects who have committed serious criminal offenses is a huge challenge for the specialist expert in the field of forensic psychiatry and forensic psychology. The emphasis in this professional mastery is on the need to develop a specialized methodology that is closely profiled on simulation in clinical and forensic practice. Distinguishing this phenomenon from real psychiatric disorders is important not only for the field of judicial and psychological practice as a branch of the science of personality behavior, but also an important element supporting the pre-trial and judicial investigation itself, as well as an important point in criminal law, in principle is located on the territory of the Republic of Bulgaria.

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