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# The Political Psychology of Deception Research

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Abstract. This article describes some substantive and ethical complexities in research on the psychology of deception.

To Hamlet the question was "To be or not to be?" To deception researchers employing psychological assessment instruments, the question was, is, and will be "Can one engage in deception research without increasing the capabilities of deceivers and often invalidating the findings of deception research?" What follows is a brief sketch of the Issues.

The two most basic Issues with any psychological assessment instrument are whether it is reliable and valid. Reliability denotes that a person should keep on looking the same, e.g., get the same score on an instrument, if nothing of consequence has occurred between each assessment. Validity denotes that the assessment instrument does indeed assess what it is supposed to--e.g., depression not anxiety, honesty not friendliness.

One significant threat to assessing the reliability and validity of a psychological assessment instrument is the deceptiveness of the person being assessed. (The deceptiveness of the assessor is not of concern in this article.) For a number of motives--conscious and unconscious--the person being assessed may seek to look a certain way--consciously and unconsciously--on an assessment instrument by engaging in various tactics and strategies--conscious and unconscious.

Thus when a psychologist finds that an individual looks like a schizophrenic--e.g., has a high score on a scale or combination of scales, exhibits a certain pattern of scores, or produces certain signs or symbols--the immediate conclusion that the individual is a schizophrenic can not immediately be supported. That is, in the psychological assessment business, what walks and quacks and looks like a duck may be anything but. Before the referent of duck or schizophrenic is assigned to the individual, the psychologist must assess--among other Issues--what deceptive tactics and strategies are significantly responsible for at least some of the assessment instrument results.

Unfortunately, merely asking if and how the individual is being deceptive may not do the trick. The individual may be unconsciously deceiving and, therefore, not report it. Or the individual may have vested interests--e.g., finances, vanity, or interpersonal idiosyncrasies--in concealing the deception. So some psychological researchers have asked experimental subjects to purposely fake the assessment--i.e., to present themselves in ways they (the subjects) believe they are really not or to take on a specific response style: always answering yes or no, or attempting to answer randomly or to some other preconceived pattern. By setting these tasks, researchers believe they can get some idea of what assessment results look like that have been faked in specific ways. However, these researchers may be inducing people to believe that being deceptive is at least at times valuable and socially acceptable or to find better and better ways to look different than they believe they really are.

Other researchers actually have taught experimental subjects how to look a certain way and what symptoms or other characteristics should be exhibited to suggest a certain referent, e.g., schizophrenia.

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To escape some of the more obvious ethical dilemmas--e.g., are these researchers turning out sophisticated malingerers or stimulating psychopathic or schizophrenic tendencies--still other researchers do the following. They compare experimental subjects who are asked to look schizophrenic on a psychological assessment instrument with schizophrenic outpatients who are not given any special instructions. Some of the experimental subjects are not and have no need to be taught how to look like a schizophrenic for they are psychiatric residents, psychiatric fellows, and clinical psychology graduate students--allegedly knowing quite a bit about schizophrenia. The rest of the experimental subjects are undergraduate students who are given no training in looking like a schizophrenic and presumably have less sophistication in looking like one than the residents, fellows, and graduate students. (Of course, some of the experimental subjects may have been or are schizophrenics, schizotypals, or schizoids and not know it. Some may have consciously and unconsciously deceived the researchers about their psychiatric status and their experience and knowledge concerning schizophrenia.)

Of concern in the present article is less which experimental subjects looked more or less like real schizophrenics and more whether the ethical issues have been more closely resolved. Even though subjects are not now being taught how to look like a schizophrenic, other individuals interested in looking like one now have another article to consult. In fact, as information about how to look various ways becomes easier and easier to access--e.g., via the Internet, and through common and popular milieus for entertainment and education--a case can be made that what "true schizophrenics" look like may then change. In the quest to more accurately apply a referent to an individual or group, subsets of that referent's characteristics may change in quantity and quality, sometimes to the point that the referent itself is subverted, its ecological validity imploded. Then lay and professional psychologists are operating in the Old World within a Brave New World.

Such may be the case not only for deception and psychiatric diagnoses but for other kinds of referents towards which psychological assessment instruments from paper tests to interviewing and observations procedures are applied for selection, identification, and evaluation purposes. For example, the research literature on detecting deception from facial expressions is currently focusing on whether deception and detection skills in low stakes situations--"white" and day-to-day lies--generalize as much as those in high stakes situations--passing customs, making it through a police interrogation, convincing a jury. Again, however, as deceivers become more familiar with the research, a social transformation of knowledge may well occur rendering reliable and valid knowledge unreliable and invalid. A tangled web indeed. (See Bagby, R.M., Rogers, R., Nicholson, R., Buis, T., Seeman, M.V., Rector, N. (1997.) Does clinical training facilitate feigning schizophrenia on the MMPI-2? *Psychological Assessment*, 9, 106-112; Bloom, R. W. (1993.) Psychological assessment for security clearances, special access, and sensitive positions. *Military Medicine*, 158, 609-613; Frank, M. G., & Ekman, P. (1997.) The ability to detect deceit generalizes across different types of high-stake lies. *Journal of Personality and Social Psychology*, 72, 1429-1439.)(Keywords: Deception, Personality, Personnel Security, Typology.)