

9-26-1997

## The Political Psychology of Deception Research II

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### Recommended Citation

(1997) "The Political Psychology of Deception Research II," *International Bulletin of Political Psychology*: Vol. 3 : Iss. 9 , Article 2.  
Available at: <https://commons.erau.edu/ibpp/vol3/iss9/2>

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International Bulletin of Political Psychology

Title: The Political Psychology of Deception Research II

Author: Editor

Volume: 3

Issue: 9

Date: 1997-09-26

Keywords: Deception, Personnel Security; Psychological Assessment

Abstract. A previous IBPP article (V. 2, No. 9, "The Political Psychology of Deception Research" described some of the complexities in assessing how psychological assessment instruments are vulnerable to deception--e.g., the purposeful "faking bad" of test takers. That article focused on some ethical issues of deception research and the concept of the social transformation of knowledge that threatens reliability and validity of assessment instruments through time. The present article focuses on a methodological consideration in documenting the threat of deception to psychological assessment.

The political import of deception research in the area of psychological assessment is quite significant. Assessment instruments from tests through coding of personnel records to unstructured behavioral observations are frequently used to help make--sometimes and wrongly to solely make--decisions such as who becomes employed, how well people are performing, how much and how quickly people have learned, and who can be trusted. Depending on the a priori-judged consequences of psychological assessment, an individual may decide it is beneficial to "fake good," "fake bad," or engage in some other mode of impression management.

For example, "faking bad" may lead to (1) being authorized more help on the job or a specific task; (2) being perceived as somehow disadvantaged and, thus, legally entitled to a job or protected from dismissal by a thicket of regulations or criteria; (3) being entitled to compensation or pity; (4) being absolved from various responsibilities; and so on. Can the psychological assessor detect "faking bad" with an acceptable degree of sensitivity (high enough true positives and true negatives) and specificity (low enough false positives and false negatives to thwart the faker)?

The Psychological Assessment article partially analyzed by IBPP in "The Political Psychology of Deception Research" seems to take the position that "faking bad" may be difficult to implement and relatively easy to detect by a sophisticated psychological assessor--at least when faking schizophrenia is the issue. This position is taken partly because psychiatric residents, psychiatric fellows, and clinical psychology graduate students were not able to "look like" schizophrenics looked on a psychological assessment instrument: the Minnesota Multiphasic Personality Inventory-2. (Of course, one might muse that if the professionals and professionals-to-be can't even fake bad in a simulation, how can they catch the people who fake bad for real? A sufficient rejoinder might be that if the "pros" can't fake, the great unwashed will have even more trouble. Rejoinders to this sufficient rejoinder might be that the "pros" are not the real "pros and faking faking is not the same as faking when the chips are down."

In any case, IBPP maintains that with proper conditions, the faking of schizophrenia may be implemented effectively. Anyone, that is, can successfully feign schizophrenia on the MMPI-2 who studies and understands the MMPI-2 manual and a few research articles in refereed journals about faking on the MMPI-2. In fact, unless one has accurate information about a person's access to and understanding of the MMPI-2 manual and relevant research--a very difficult task--the use of the MMPI-2 in employment, compensation, and other political decisions can quite rightly be questioned as suspect.

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IBPP recommends, then, that MMPI-2 deception researchers try the above in the ongoing attempt to improve the psychological and political value of psychological assessment. The observation that at least in some situations mental health professionals can have significant difficulty in employing records reviews, behavioral observations, and interview data to identify individuals who are "faking bad" (Rosenhan, 1970) underlines this recommendation. (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; Resnick, P.J. (1997.) Malingered psychosis. In R. Rogers (Ed.), *Clinical assessment of malingering and deception*. 2nd ed. NY: The Guilford Press; Rosenhan, D. (1970.) On being sane in insane places. *Science*, 179, 250-258; The Political Psychology of Deception Research. (June 27, 1997.) *International Bulletin of Political Psychology*, 2(9).) (Keywords: Deception, Personnel Security; Psychological Assessment.)